

volume 20  
SUPPL. 1  
2026 May

pISSN 1877-9344  
eISSN 1877-9352



# Italian Journal of Medicine

*A Journal of Hospital  
and Internal Medicine*

Editors-in-Chief  
Francesco Dentali  
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The official journal of the Federation of Associations  
of Hospital Doctors on Internal Medicine (FADOI)

**XXXI Congresso Nazionale della Società Scientifica FADOI**  
Rimini, 23-25 maggio 2026

Presidente: A. Montagnani

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

**Impact Factor 2024: 0.2**

**Editore:** PAGEPress srl, via A. Cavagna Sangiuliani 5, 27100 Pavia, Italy - [www.pagepress.org](http://www.pagepress.org)

**Direttore Responsabile:** Camillo Porta

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

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**Italian Journal of Medicine 2026; vol. 20, supplement 1**

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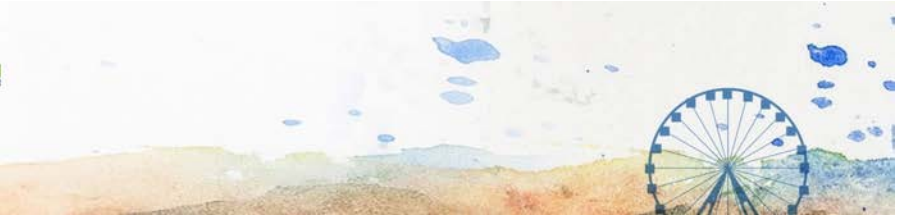
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- FDI24709-73 MEDICAL-NURSING OUTPATIENT CLINIC FOR THE MANAGEMENT OF CIRRHOTIC PATIENTS BETWEEN HOSPITAL AND COMMUNITY: PILOT STUDY PROPOSAL**  
A. Ziglioli, C. Platto, A. Luccini, G.E.M. Boari



**Abstract Code: FDI25060-64**

**ANALYSIS OF LNCRNA EXPRESSION PROFILES AND CORRELATIONS WITH CLINICAL AND ECHOCARDIOGRAPHIC PARAMETERS IN SUBJECTS WITH PREDIABETES AND NEWLY DIAGNOSED TYPE 2 DIABETES MELLITUS**

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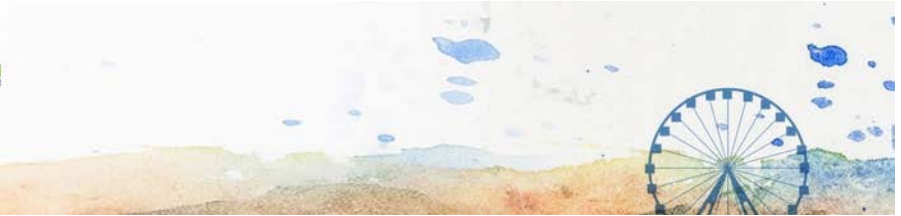
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**Introduction and Aim.** Type 2 diabetes mellitus (T2DM) is associated with early structural and functional cardiac alterations. Some long non-coding RNAs (lncRNAs) are markers of cardiac damage in diabetic cardiomyopathy; data in prediabetics remain unknown. This study aimed to evaluate the expression of lncRNAs related to myocardial fibrosis, epicardial adipose tissue (EAT) accumulation, and heart failure (HF) risk in subjects with prediabetes or newly diagnosed T2DM, and to explore correlations with clinical and echocardiographic parameters.

**Materials and Methods.** Thirty-three subjects with prediabetes or newly diagnosed T2DM, asymptomatic for HF, were enrolled. All participants underwent clinical evaluation, blood sampling, and transthoracic echocardiography. lncRNA expression was measured by real-time PCR using actin as reference gene. The analyzed lncRNAs were CCDC68-2: 1, ARL4C-2: 3, RNF145-1: 1, NOS2P3, and MALAT1.

**Results.** Subjects were divided according to median NT-proBNP levels into Group 1 (n=16, <75 pg/mL) and Group 2 (n=17, ≥75 pg/mL). BMI did not differ between groups. Group 2 showed higher C-reactive protein levels, greater prevalence of E/A ratio <0.7, and increased EAT thickness (all p=0.05). No differences were observed in indexed left atrial volume, E/e' ratio, or isovolumic relaxation time. Expression of CCDC68-2: 1, ARL4C-2: 3, RNF145-1: 1, and MALAT1 was significantly higher in Group 2.

**Conclusions.** lncRNAs, combined with laboratory and echocardiographic parameters, may enable very early identification of individuals at increased risk of diabetic cardiomyopathy.



**Abstract Code: FDI24925-73**

**HEART FAILURE WITH PRESERVED EJECTION FRACTION AND TRANSTHYRETIN CARDIAC AMYLOIDOSIS: AN INTERNAL MEDICINE-LED HEART FAILURE CLINIC AS A KEY HUB FOR EARLY DIAGNOSIS AND MULTIDISCIPLINARY CARE**

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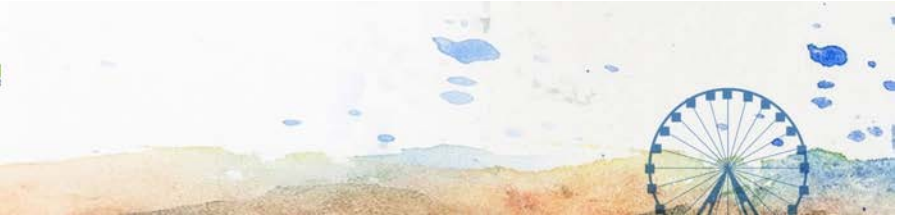
**Introduction.** Heart failure (HF) is a leading cause of hospitalization in Internal Medicine and HF with preserved ejection fraction (HFpEF) accounts for approximately 50% of cases. Transthyretin cardiac amyloidosis (ATTR-CM) is an underdiagnosed cause of HFpEF with adverse prognostic implications. Although multidisciplinary care for this systemic disease is recommended, the role of the internist is frequently underestimated.

**Aim of the study.** to evaluate the contribution of an Internal Medicine HF clinic to early diagnosis and coordination of multidisciplinary care for ATTR-CM.

**Methods.** Descriptive observational study of the first 6 months of activity of an Internal Medicine HF clinic. Suspicion of ATTR-CM was based on integration of red flags from medical history and physical examination with internist-performed echocardiography; a targeted amyloidosis work-up was then initiated (monoclonal protein screen, bone-tracer cardiac scintigraphy).

**Results.** Twenty-five patients were evaluated (EF: 11 preserved, 9 mildly reduced, 5 reduced). Two ATTR-CM diagnoses were made (8%), both in HFpEF (2/11; 18%) with extracardiac red flags (bilateral carpal tunnel syndrome) and suggestive echocardiography (left ventricular wall thickening, diastolic dysfunction). Emblematic case: an 80-year-old woman discharged from the Emergency Department with an echocardiographic diagnosis of hypertensive heart disease.

**Conclusions.** ATTR-CM is not an exceptional diagnosis in HFpEF (prevalence up to 11% in selected populations) and an internist-led HF clinic can serve as a key hub for early detection and coordination of multidisciplinary care.



**Abstract Code: FDI25002-60**

## **DIGITAL INNOVATION AND HOSPITAL–COMMUNITY INTEGRATION: TELEMEDICINE IN OUTPATIENT PARENTERAL ANTIMICROBIAL THERAPY**

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**Background.** Home-based parenteral antimicrobial therapy allows continuation of intravenous antibiotic treatment outside the hospital, promoting integration between hospital and community care. Telemedicine enables structured remote surveillance and early identification of complications.

**Objectives.** To evaluate the feasibility, safety, and clinical and economic impact of a pilot home-based parenteral antimicrobial therapy program integrated with telemonitoring at the Ospedale dei Castelli (Ariccia, Rome).

**Methods.** In September 2025 we started an observational pilot study, designed to enroll 100 patients; to date, 28 adult patients have been enrolled. The pathway included home intravenous antibiotics, daily telemonitoring, and laboratory reassessment 7 days after protected discharge. Clinical outcomes, inflammatory markers, early readmissions, and hospital days avoided were analyzed.

**Results.** Mean age was 76 years. Treatment was completed without early readmission in 82.1% of patients. Five patients were readmitted within 7 days; in all cases, readmission was preceded by fever detected through telemonitoring. In patients completing the program, inflammatory markers decreased between discharge and follow-up. The presence of invasive devices was associated with higher readmission risk. In non-rehospitalized patients, 138 hospital days were estimated to have been avoided with a saving of approximately 82,800 €.

**Conclusions.** Home-based parenteral antimicrobial therapy integrated with telemedicine appears feasible and safe and may provide clinical and economic benefits.

**Abstract Code: FDI25059-72**

**A RARE CASE OF DISSEMINATED CYTOMEGALOVIRUS INFECTION AND COLITIS COMPLICATED BY PERFORATION IN A PATIENT WITH EOSINOPHILIC FASCIITIS**

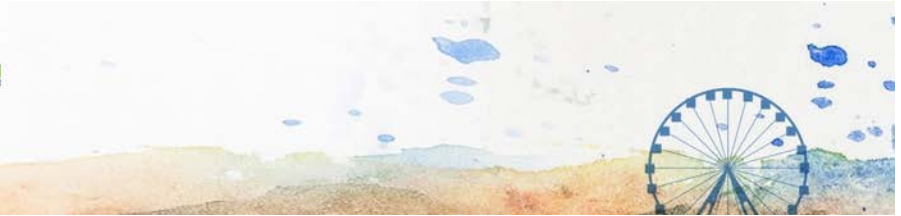
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**Introduction.** Eosinophilic fasciitis (EF) is a rare connective tissue disorder typically managed with corticosteroids and immunosuppressive agents. These therapies increase the risk of opportunistic viral infections. Cytomegalovirus (CMV) colitis is a severe complication in immunocompromised hosts which can impact pre-existing gastrointestinal conditions. This report describes a rare case of CMV colitis precipitating perforated diverticulitis and causing CMV disseminated disease in patient under treatment for EF.

**Description.** A 68-year-old female with EF, treated with prednisone and methotrexate and admitted for interstitial pneumonia, presented with acute left lower quadrant pain and hematochezia. Computed tomography revealed sigmoid diverticulitis with pneumoperitoneum, necessitating an emergent Hartmann's procedure. Histopathological examination of the resected colon identified deep ulcerations and endothelial cells with "owl's eye" intranuclear inclusions, confirming invasive CMV colitis. A high serum viral load supported the diagnosis. The patient was successfully managed with intravenous ganciclovir and a reduction in immunosuppression.

**Conclusions.** This case underscores the complex interplay between autoimmune management and iatrogenic immunosuppression. Clinicians should suspect CMV infections in patients with EF presenting with systemic symptoms. Early identification of viral pathology is crucial, as CMV can induce ischemia and perforation in diverticular disease, requiring distinct management strategies involving antiviral therapy alongside surgical intervention.



**Abstract Code: FDI24684-75**

## **A RARE CASE OF INTRACRANIAL MENINGIOMA AND TUMOR-INDUCED OSTEOMALACIA**

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**Introduction.** Tumour-induced osteomalacia (TIO) is due to an overproduction of fibroblast growth factor 23 (FGF23) by mesenchymal tumours, causing hypophosphatemia, osteomalacia and muscle weakness. TIO is cured by tumour resection, but neoplasms may be unidentifiable/ unresectable or the patient may refuse surgery.

**Description.** We reported the case of a 64 years old female with multiple non-traumatic fractures, low bone mineral density, pain and reduced independence of activities of daily living. Biochemical evaluation showed hypophosphatemia, high alkaline phosphatase/C-terminal telopeptide, slightly high parathyroid hormone and normal albumin-corrected total calcium/vitamin D. Tubular phosphate reabsorption was slow (80%) whereas FGF23 was elevated. A 68Ga-DOTATOC PET identified a lesion in the skull, compatible with a 27×18×28 mm meningioma. Total body computed tomography and cerebral magnetic resonance confirmed the meningioma. Neurosurgeon excluded intracranial surgery/biopsy so medical treatment with oral phosphate and calcitriol was started, with improve of pain severity/fatigue and phosphate normalization. Neither adverse events nor tumour progression occurred during follow-up.

**Conclusions.** Meningioma was identified as the cause of TIO, although the limited knowledge about meningiomas causing TIO. Indeed, this is the third case reported of TIO induced by intracranial meningioma. However, intracranial mass may hide a low-grade phosphaturic mesenchymal tumor, mixed connective tissue variant (PMTMCT).

**Abstract Code: FDI24783-75**

**WHEN A FUNCTIONAL DISORDER IS NOT FUNCTIONAL AND AN ILEITIS IS NOT ILEITIS: A CASE OF GASTROINTESTINAL MALT LYMPHOMA**

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**Introduction.** A 50-year-old woman with a past diagnosis of nervous gastritis presented with a 10- day history of epigastric pain and appetite loss, initially attributed to emotional stress. She later developed fever and occasional diarrhea.

**Description.** Initial blood tests were unremarkable, except for mildly elevated C-reactive protein (3 mg/dL). Stool studies excluded infection but revealed markedly increased fecal calprotectin (>1000 µg/g). Abdominal ultrasound and CT imaging demonstrated ileitis. Suspecting inflammatory bowel disease, endoscopy with biopsies from the stomach, colon, and ileum was performed. Histology revealed lymphoepithelial lesions with small- to medium-sized lymphocytes across all sites. Immunohistochemistry confirmed extranodal marginal zone B-cell lymphoma (MALT), positive for CD20 and Bcl-2, with a Ki-67 index of 2%. *Helicobacter pylori* was detected in gastric biopsies. The patient started eradication therapy with proton pump inhibitors and combined antibiotics. She was also referred to hematology for further management. She achieved complete remission without the need to start chemotherapy.

**Conclusions.** *H. pylori*-positive MALT lymphomas are indolent neoplasms driven by chronic antigenic stimulation and often regress after successful eradication, as in this patient. Additional treatments are reserved for refractory or advanced disease. Although initially appearing trivial, this case underscores how thorough diagnostic evaluation is essential, even in mild presentations, to ensure timely identification of clinically relevant conditions.

**Abstract Code: FDI24752-71**

**PREVALENCE, COMORBID FACTORS AND CLINICAL CHARACTERIZATION OF MASLD AMONG PATIENTS WITH DIABETES MELLITUS ATTENDING ST. JOHN XXIII HOSPITAL ABER, NORTHERN RURAL UGANDA**

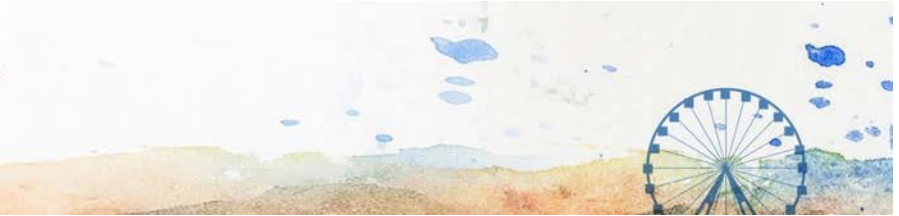
C. Berra<sup>1</sup>, F. Pezzato<sup>1</sup>, P. Burra<sup>1</sup>, N. Cazzagon<sup>1</sup>, F.P. Russo<sup>1</sup>, J. Ictho<sup>2</sup>, G. Putoto<sup>3</sup>, A. Kanapari<sup>1</sup>, D. Gasparini<sup>1</sup>, D. Piazza<sup>4</sup>  
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**Introduction.** Metabolic dysfunction-associated steatotic liver disease (MASLD) is an increasing global burden, particularly in patients with type 2 diabetes mellitus (T2D). Data from sub-Saharan Africa remain scarce. This study assessed the prevalence of MASLD and associated risk factors among patients with T2D receiving care at a rural hospital in northern Uganda.

**Materials and Methods.** A cross-sectional study was conducted from August 2024 to April 2025 among 176 patients with diabetes. Sociodemographic, clinical, biochemical, and lifestyle data were collected, and hepatic steatosis was assessed by abdominal ultrasound. Univariate, multivariate, and principal component analyses were performed.

**Results.** The prevalence of steatotic liver disease was 25.9% among patients with type 2 diabetes, with the majority of cases being of pure metabolic origin (~75%). Female sex was associated with significantly lower odds of severe MASLD, whereas obesity, greater waist circumference, higher total cholesterol levels, and metformin use were associated with increased odds of severe disease.

**Conclusions.** In this rural-low-resource setting, the prevalence of MASLD among patients with T2D was lower than expected, but the pattern of associated risk factors closely resembled those observed in westernized populations. Metformin use acts as a marker of metabolic severity rather than a causal factor, in a context with limited antidiabetic options. Findings highlight the need of early prevention campaigns even in low-resource settings.



**Abstract Code: FDI24735-72**

**IMPACT OF BEMPEDOIC ACID ON HEPATIC STEATOSIS, NON-ALCOHOLIC STEATOHEPATITIS, AND FIBROSIS: A CLINICAL EVALUATION USING ADVANCED ELASTOSONOGRAPHY TECHNIQUES**

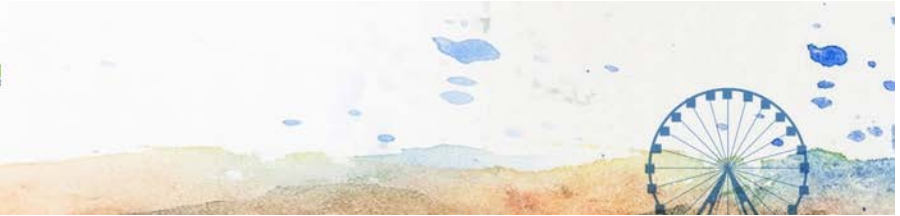
G. Bombardieri<sup>1</sup>, M. Calabrese<sup>1</sup>, I. Carlino<sup>1</sup>, S. Dingeo<sup>1</sup>, S. Pacini<sup>2</sup>, S. Bisogno<sup>2</sup>, L. Gennari<sup>1</sup>

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**Introduction.** Bempedoic acid is an innovative oral drug that lowers low density lipoprotein (LDL) cholesterol levels and also provides benefits in glycometabolic control and systemic inflammation. While its impact on cardiovascular risk is well-documented, the effects of bempedoic acid on liver diseases, such as hepatic steatosis, non-alcoholic steatohepatitis (NASH), and hepatic fibrosis, remain under investigation. Recent studies, including those published in *Cell* in 2025, have begun exploring the potential of bempedoic acid in treating hepatic steatosis.

**Description.** This study evaluates the effects of bempedoic acid on hepatic steatosis and fibrosis using hepatic elastosonography to assess liver stiffness and its correlation with biochemical markers and fibrosis indices (Fibrosis Index-4, Fatty Liver Index). We enrolled 100 patients with dyslipidemia, metabolic syndrome, or familial hypercholesterolemia treated with bempedoic acid or statins at the Metabolic Disease Outpatient Clinic of the University Hospital of Siena. All patients underwent clinical assessment, including lipid profile, liver enzymes, uric acid, creatinine, and glycometabolic parameters. Abdominal ultrasound and elastosonography were performed at baseline and at 3, 6, and 12 months.

**Conclusion.** We hypothesize that bempedoic acid therapy will significantly reduce hepatic steatosis, steatohepatitis, and liver fibrosis, as assessed by abdominal ultrasonography and hepatic biomarkers.



**Abstract Code: FDI24952-73**

**EARLY PROTHROMBIN TIME-INTERNATIONAL NORMALIZED RATIO (PT-INR) TRAJECTORIES IDENTIFY DISTINCT COAGULOPATHY PHENOTYPES AND PREDICT MORTALITY IN SEPSIS: A PROSPECTIVE OBSERVATIONAL STUDY**

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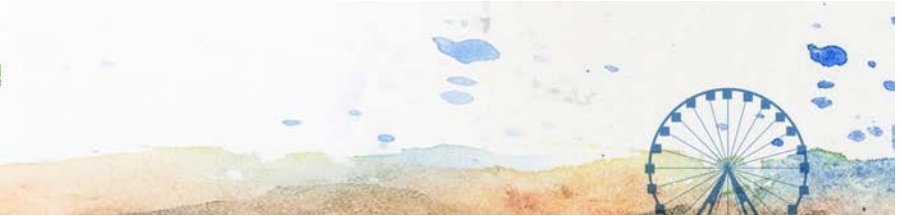
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**Introduction.** Endothelial dysfunction and coagulopathy are key in sepsis. We assessed whether prothrombin time-international normalized ratio (PT-INR) patterns reveal coagulopathy phenotypes and their association with severity and outcomes.

**Materials and Methods.** 389 adults with community-acquired sepsis admitted to an IMCU underwent PT-INR measurement at admission and daily for 3 days. PT-INR kinetics variables were used for k-means clustering. Clinical characteristics, 30-day mortality, thrombotic and bleeding events were compared across clusters. Sensitivity analyses excluded oral anticoagulant-treated patients. Multivariable models with bootstrap validation assessed prognostic value, rare events were evaluated using Monte Carlo simulation.

**Results.** Three PT-INR trajectory phenotypes emerged: Cluster 1 (C1, n=43) with progressive PT-INR worsening; Cluster 2 (C2, n=39) with elevated baseline PT-INR and rapid improvement; and Cluster 3 (C3, n=307) with stable near-normal PT-INR. Severity and comorbidity burden were highest in C1 and C2. 30-day mortality varied across clusters (46.5% in C1, 30.8% in C2, 12.4% in C3;  $p < 0.001$ ). C1 remained an independent mortality predictor after adjustment (OR 4.22, 95% CI 2.01–8.99). Phenotypes persisted in the anticoagulant-free cohort (n=282). Thrombotic events were infrequent, while bleeding risk peaked in C2 during PT-INR normalization.

**Conclusions.** PT-INR trajectories identify coagulopathy phenotypes in sepsis. Persistent PT-INR worsening predicts mortality, improving and near-normal trajectories show intermediate and lower risks.



**Abstract Code: FDI24640-67**

## **INTENTION-TO-STAY IN MEDICINA INTERNA: UNA REVISIONE DELLA LETTERATURA**

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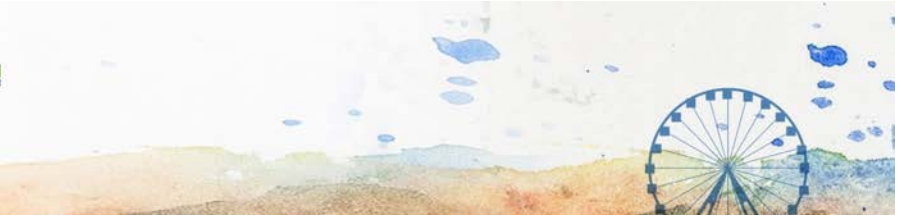
(1) IRCCS Ospedale San Raffaele, Milano, (2) AUSL Piacenza, (3) IRCCS Ospedale San Raffaele Milano, (4) IRCCS Ospedale San Raffaele, Italy.

**Introduzione.** La carenza infermieristica è una criticità crescente nei reparti ospedalieri, soprattutto in Medicina Generale, dove la complessità assistenziale richiede continuità e competenze avanzate. Comprendere i fattori che favoriscono la permanenza degli infermieri è essenziale per definire interventi efficaci di retention. Questo studio sintetizza le evidenze sui determinanti dell'intenzione a rimanere e sulle strategie di leadership utili a sostenerla.

**Materiali e Metodi.** È stata condotta una revisione narrativa della letteratura dalla quale venti studi sono risultati eleggibili ai criteri di inclusione ed esclusione.

**Risultati.** Emergono tre gruppi di fattori associati all'intenzione di rimanere: individuali, relazionali e organizzativi. Centrali risultano soddisfazione lavorativa, benessere professionale, supporto tra colleghi, qualità della leadership, clima di lavoro e opportunità di sviluppo. Stili di leadership basati su coinvolgimento, riconoscimento e supporto del personale si associano a una maggiore propensione alla permanenza.

**Conclusioni.** Gli interventi di retention devono concentrarsi sui fattori modificabili, come soddisfazione, benessere, supporto relazionale, leadership efficace e organizzazione. Nel contesto italiano mancano studi empirici strutturati e sistemi di valutazione continua del benessere infermieristico. L'adozione di strumenti regolari di monitoraggio e modelli di leadership basati sull'evidenza è essenziale per sostenere la qualità dell'assistenza.



**Abstract Code: FDI25063-67**

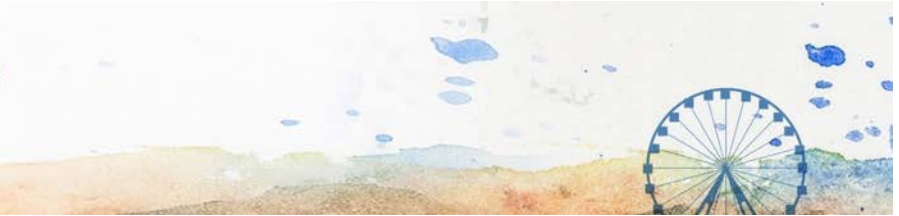
**RHEUMATOID NODULES TREATMENT: SEVEN CASES**

R. Buono<sup>1</sup>, A. Parisi<sup>1</sup>, A. Abate<sup>1</sup>, F. Gallucci<sup>1</sup>, G. Di Monda<sup>1</sup>, E. La Fata<sup>1</sup>, A. Magliocca<sup>1</sup>, E. Marrone<sup>1</sup>, D. Morelli<sup>1</sup>, U. Valentino<sup>1</sup>  
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**Background.** Rheumatoid nodules (RN) are a common extra-articular manifestation in rheumatoid arthritis (RA), occurring in up to 30% of patients, and are associated with more severe disease. They most commonly occur on the skin and occasionally in the lungs. RN may be refractory to disease-modifying antirheumatic drugs (DMARDs), but small case series have suggested that Janus kinase inhibitors (JAKi) may be effective in RN treatment. We present seven cases of RN that markedly improved following treatment with upadacitinib.

**Case Report.** Seven women, mean age 60 years, previously diagnosed with RA, developed multiple RN. Six developed multiple subcutaneous nodules over the extensor surfaces of the hands and elbows, which caused severe functional impairment, while one presented at chest CT scan with lung nodules in the absence of cutaneous nodules. Six patients with multiple subcutaneous nodules had a history of inadequate response to multiple DMARDs, including methotrexate, sulfasalazine, hydroxychloroquine. So their treatment was switched to upadacitinib 15 mg daily. This regimen resulted in improvement of the subcutaneous RN after six months and achievement of clinical remission. The patient with lung nodules started upadacitinib in monotherapy as first line, led to significant regression of pulmonary RN in six months.

**Conclusion.** In summary, upadacitinib led to significant regression of cutaneous and pulmonary RN in seven patients with refractory seropositive RA, with complete articular remission.



**Abstract Code: FDI24919-76**

**SEVERITY-STRATIFIED OUTCOMES OF ACUTELY ILL MEDICAL PATIENTS IN AN INTERMEDIATE CARE UNIT. A PROSPECTIVE COHORT STUDY**

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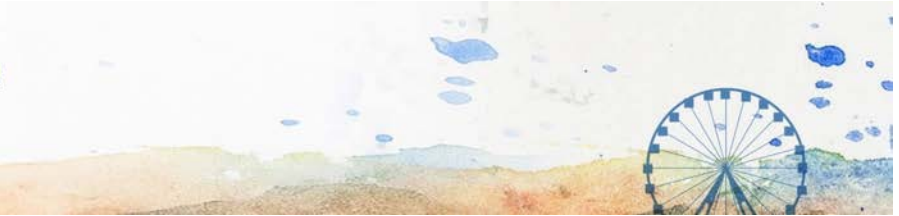
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**Introduction.** Intermediate Medical Care Units (IMCUs), positioned between general medical wards and Intensive Care Units (ICUs), have seen increasing implementation. Evidence regarding outcomes in high-acuity patients remains limited. The aim is to describe outcomes of critically ill medical patients managed in an IMCU, stratified by severity and by number of organ failures, and to compare these outcomes with those reported for similar populations treated in ICUs.

**Materials and Methods.** Through a prospective cohort of patients consecutively admitted to an IMCU between January and December 2024, patients were stratified according to APACHE II score and the number of organ failures at admission. The primary outcome was 72-hour and 30-day mortality. A subpopulation potentially eligible for ICU care was also identified based on high APACHE II scores and/or presence of multiple organ failures.

**Results.** 678 patients were included. Of these, 30.7% met criteria for high clinical complexity (APACHE II >20 and/or  $\geq 3$  organ failures). The overall 30-day mortality was 13.7%. Mortality was 14.2% among patients with APACHE II between 10 and 20, and 31.5% in those with APACHE II >20. In the high-acuity subgroup (n=208), the 30-day mortality was 24.5%. Outcomes were consistent with those reported in literature for patients with similar clinical profiles managed in ICUs.

**Conclusions.** This study shows real-world outcomes of managing acutely ill medical patients in an IMCU, aligning with ICU results and supporting IMCUs as a safe bridge between general and intensive care.



**Abstract Code: FDI24688-79**

## **OUTPATIENT MANAGEMENT OF HEART FAILURE IN OLDER ADULTS: CLINICAL FEATURES AND OUTCOMES FROM A THREE-YEAR RETROSPECTIVE ANALYSIS**

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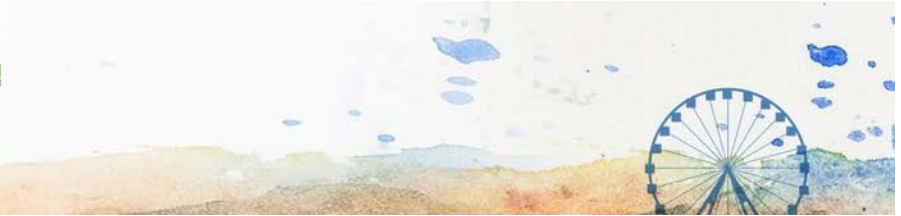
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**Introduction.** Heart failure (HF) is a major cause of morbidity and hospitalization in older adults, who often present frailty and multiple comorbidities. Structured outpatient follow-up allows close monitoring and guideline-directed therapy titration. Our HF clinic, held 4 times per month, follows patients discharged from Internal Medicine or referred by general practitioners to reduce rehospitalizations.

**Materials and Methods.** We performed a retrospective observational study including all patients evaluated in our HF clinic over the past 3 years. Stable patients were reviewed 2–3 times per year, with additional visits in case of instability. Collected data included demographics, HF etiology, comorbidities, NYHA class, baseline and follow-up therapy, total visits, and hospitalizations.

**Results.** We included 198 patients (45% male): HFpEF 62%, mrEF 20%, rEF 18%. Etiologies were hypertensive (53%), ischemic (23%), valvular (6%), and tachycardiomyopathy (6%). NYHA class was I in 44%, II in 40%, III in 14%, IV in 2%. Comorbidities were frequent (mean CIRS 6); hypertension (82%), CKD (58%), AF (50%), diabetes (34%), and COPD (35%). During the 1st year, 11% died (mainly non-HF causes); 70% had no hospitalizations, 13% were admitted for HF, and 6% for other causes. SGLT2 inhibitors were prescribed in 55% of patients.

**Conclusions.** Structured HF clinic follow-up in an elderly, comorbid population was associated with clinical stability, low rehospitalization rates, and broader use of evidence-based therapies. These findings support multidisciplinary outpatient HF management.



**Abstract Code: FDI24990-75**

**PERIPHERAL FACIAL NERVE PALSY AS THE FIRST MANIFESTATION OF MULTISYSTEM RICKETTSIOSIS**

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**Introduction.** Rickettsioses are endothelial-tropic infections that may present without pathognomonic signs, causing diagnostic delay. Neurological manifestations, including cranial neuropathies, can represent an early clue to systemic disease even in the absence of eschar.

**Discussion.** A 71-year-old man presented with two weeks of high-grade fever and acute onset of complete peripheral right facial nerve palsy. The absence of vesicles, otalgia, or prodromal symptoms made herpetic infection unlikely. Diffuse maculopapular rash, ankle edema, and markedly elevated C-reactive protein (128.8 mg/L) with preserved organ function suggested acute endothelial dysfunction rather than primary neuropathy. The association of fever, rash, edema, and cranial neuropathy led to early suspicion of rickettsiosis and prompt initiation of doxycycline. Chest CT revealed pleural effusion and bilateral ground-glass opacities. Tests for *Mycoplasma pneumoniae*, *Legionella pneumophila* (urinary antigen), EBV, and a multiplex respiratory panel were negative. Rapid clinical improvement followed. The diagnosis was confirmed by positive IgM antibodies against *Rickettsia conorii*.

**Conclusion.** Peripheral facial nerve palsy may be the first manifestation of multisystem rickettsiosis. Early recognition and serological confirmation allow timely doxycycline therapy and prevent severe systemic involvement

**Abstract Code: FDI25029-69**

**A DIAGNOSTIC CHALLENGE: CRYOGLOBULINEMIC VASCULITIS MANIFESTING WITH INTERSTITIAL LUNG DISEASE, MESENTERIC PANNICULITIS AND MYELODYSPLASIA**

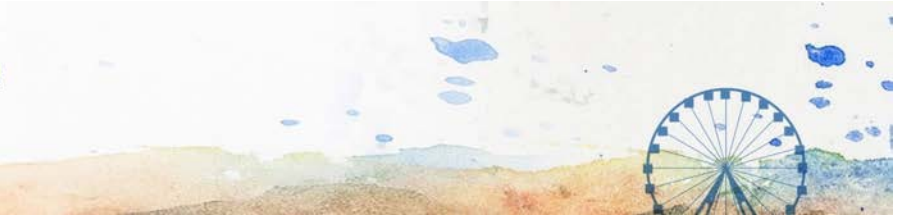
F. Cicconi<sup>1</sup>, A. Falco<sup>1</sup>

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**Introduction.** Mixed cryoglobulinemia is a systemic vasculitis frequently associated with Hepatitis C Virus (HCV) infection. Its clinical presentation is highly polymorphic, often leading to significant diagnostic delays when unusual organ involvement occurs.

**Description.** We report the case of an HCV-positive patient presenting with a complex multisystemic clinical picture. Initial evaluations revealed interstitial lung disease (ILD) and imaging findings consistent with mesenteric panniculitis (mesenterite). Concurrently, the patient exhibited persistent cytopenia; a bone marrow biopsy was performed, confirming the suspicion of myelodysplastic syndrome (MDS). Given the coexistence of HCV, pulmonary involvement, and abdominal inflammatory findings, a systemic vasculitis was suspected. Further laboratory testing confirmed the presence of circulating cryoglobulins and low complement levels. The final diagnosis was identified as HCV-related cryoglobulinemic vasculitis. This systemic process unified the seemingly disparate findings of ILD, mesenteric involvement, and the hematological abnormalities mimicking MDS.

**Conclusions.** This case highlights the "chameleonic" nature of cryoglobulinemia. It emphasizes the necessity of screening for cryoglobulins in HCV-positive patients presenting with atypical manifestations like interstitial pneumonia or mesenteric inflammation. Recognizing this association is crucial to initiating targeted antiviral and immunosuppressive therapy, potentially reversing multi-organ damage.



**Abstract Code: FDI24943-73**

**OTTIMIZZAZIONE DELLA GESTIONE DELLE INFEZIONI BATTERICHE COMPLESSE: STRATEGIE DI GOVERNANCE E RUOLO DELLA TERAPIA ANTIBIOTICA LONG-ACTING**

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**Background.** La dalbavancina è un lipoglicopeptide long-acting approvato per la terapia delle Infezioni Acute Batteriche di Cute e Tessuti molli (ABSSSI) da Gram-positivi, di crescente interesse nel trattamento di infezioni complesse.

**Obiettivi dello studio.** Impatto del farmaco sulla durata di degenza rispetto all'ipotetica terapia standard (SoC) e relativi outcome clinici.

**Materiali e Metodi.** Studio osservazionale prospettico con dati storici, monocentrico, in pazienti trattati con dalbavancina per infezioni batteriche complesse, ricoverati presso l'A. O. Mauriziano di Torino tra il 01/01/2020 e il 31/12/2023.

**Risultati.** Arruolati 94 pazienti con età media di 71 anni, Charleston Comorbidity Index (CCI) medio di 4, con ABSSSI nel 29.8%, endocarditi infettive nel 25%, infezioni protesiche nel 20.2% e osteomieliti nel 12.8%. L'eziologia era nota nel 77.7% e *Stafilococcus aureus* nel 46.6%. Dalbavancina è stata utilizzata in singola somministrazione nel 56.4% e una seconda somministrazione a 7 giorni nel 40.4%, almeno dopo 1 linea di SoC. La guarigione clinica è avvenuta nel 89.4% con un tasso di re-ricovero del 12.8% a 30 giorni e 19.1% a 90 giorni, con durata media di 21 giorni rispetto ai 28 ipotetici con la terapia SoC e riduzione del ricovero più significativa nel gruppo con CCI 5 (-0.34), specie in ambito off-label (-0.39). Gli eventi avversi sono stati rilevati in 2 casi.

**Conclusioni.** Dalbavancina è un'alternativa efficace e sicura per la terapia delle infezioni complicate da Gram-positivi con una riduzione della durata della degenza, soprattutto nei pazienti più fragili.

**Abstract Code: FDI24953-74**

**FRAILITY, COMORBIDITY, AND RISK OF HOSPITAL READMISSION: A 2025 COHORT STUDY IN A SUBURBAN HOSPITAL WITHOUT INTERMEDIATE CARE FACILITIES**

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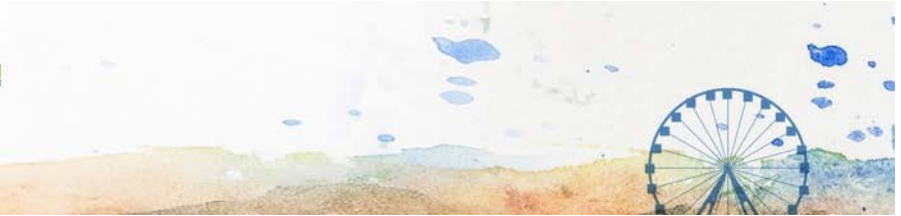
(1) *Medicina Interana Ospedale San Giacomo, Novi Ligure, ASL al*, (2) *Università di Genova, Italy*.

**Background.** Thirty-day hospital readmission is a key quality indicator in internal medicine. Administrative tools like the Charlson Comorbidity Index (CCI), LACE index, and Hospital Frailty Risk Score (HFRS) estimate post-discharge risk, but their performance in hospitals lacking intermediate care facilities remains unclear.

**Materials and Methods.** This retrospective observational study included 851 adult patients admitted to a suburban general hospital in 2025. In-hospital deaths and elective admissions were excluded. The primary outcome was unplanned 30-day readmission. Associations between readmission and CCI, LACE, HFRS, length of stay (LOS), and discharge destination were assessed using univariate and multivariate analyses.

**Results.** Thirty-day readmission occurred in a minority of cases.  $HFRS \geq 5$  was significantly associated with readmission, identifying a high-risk subgroup; no readmissions occurred among patients with  $HFRS < 5$ . Conversely, CCI, LACE score, LOS, and discharge destination showed no significant association with readmission. In multivariable analysis, frailty measured by HFRS demonstrated the strongest association with readmission risk.

**Conclusions.** In a suburban hospital without intermediate care units, HFRS outperformed traditional comorbidity and readmission scores in predicting 30-day readmission. Frailty-based tools may better support discharge planning and risk stratification in similar healthcare settings.



**Abstract Code: FDI24641-68**

**THE PHENOMENON OF CAREGIVER BURDEN IN DEMENTIA: A CROSS-SECTIONAL STUDY IN THE ASCOLI PICENO LOCAL HEALTH AUTHORITY**

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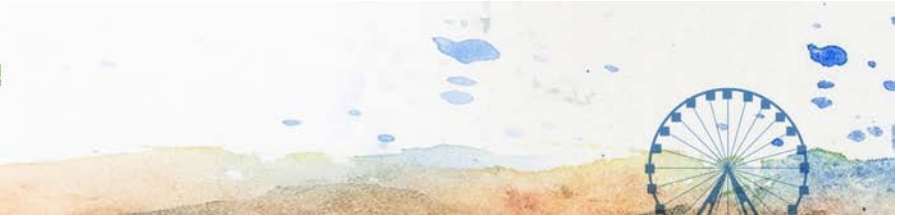
*(1) Laurea Infermieristica Univpm, Ascoli Piceno, (2) Laurea Infermieristica Univpm, Ascoli Piceno, (3) U.O.C. Neurologia, AST Ascoli Piceno, (4) IFO SOD Cardiocirurgia e Cardiologia Pediatrica e Congenita Utip, AOU Marche, (5) Corso di Laurea Magistrale in Scienze Infermieristiche Univpm, Fermo, (6) Professioni Sanitarie Area Infermieristica-Ostetrica, AST Ascoli Piceno, (7) Corso di Laurea Infermieristica Univpm, Ascoli Piceno, Italy.*

**Introduction and Aim.** Dementia is a neurocognitive disorder characterized by a progressive and chronic decline in cognitive functions. In this context, the role of the caregiver is fundamental for the management of activities of daily living (ADL), but highly exposed to a marked physical, psychological, and economic overload, defined as “caregiver burden”. The present study aims to explore the burnout experienced by caregivers of individuals with dementia.

**Materials and Methods.** A single-center cross-sectional study was conducted on 100 patients at the Dementia Clinic of the “Madonna del Soccorso” Neurology Unit of the Local Health Authority (AST) of Ascoli Piceno from March 11, 2025, to August 26, 2025, using a validated questionnaire.

**Results.** Data shows an average age of patients diagnosed with Alzheimer's disease (70%) of 81 years, females (67%), while caregivers are women (75%), daughters (52%) 60 years old. The CBI showed a high burden (>40), finding a significant correlation (Spearman) between the number of caregiver pathologies and CBI score ( $p=0.017$ ) and a highly significant correlation between patient clinical complications and CBI score ( $p=0.0003$ ).

**Conclusions.** The study confirms a high burden, influenced both by the caregiver's state of health and the complexity of the patient's care, which falls mainly on female caregivers. Although recent legislation has provided for specific funds, it is still desirable to adopt more uniform national regulations capable of providing integrated support to the family network and the social and healthcare system.



**Abstract Code: FDI24643-70**

## **NURSES AND QUALITY OF LIFE IN PATIENTS WITH DIABETES MELLITUS A CROSS-SECTIONAL SURVEY USING THE SF-36**

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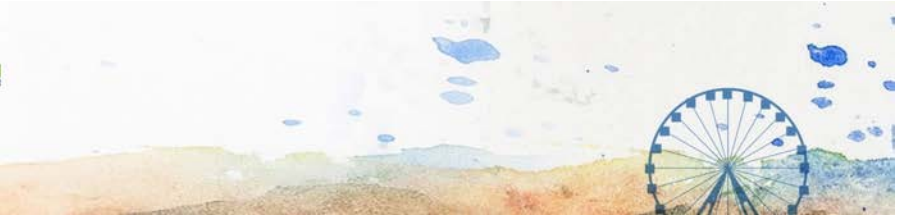
*(1) Laurea Infermieristica Univpm, Ascoli Piceno, (2) Laurea Infermieristica Univpm, Ascoli Piceno, (3) IFO Diabetologia, AST Ascoli Piceno, (4) AST Ascoli Piceno, (5) IFO SOD Cardiochirurgia e Cardiologia Pediatrica e Congenita Utip, AOU Marche, (6) Laurea Magistrale in Scienze Infermieristiche Univpm, Fermo, (7) Professioni Sanitarie Area Infermieristica-Ostetrica, AST Ascoli Piceno, (8) Corso di Laurea Infermieristica Univpm, Ascoli Piceno, Italy.*

**Introduction.** Diabetes mellitus is one of the leading chronic diseases worldwide, with a significant impact not only on clinical outcomes but also on patients' quality of life. In this context, nurses play a central role in managing chronic conditions, promoting self-care, providing educational and relational support to patients. The aim of this study was to assess the quality of life of patients with type 1 and type 2 diabetes mellitus.

**Materials and Methods.** A cross-sectional observational study was conducted at the Diabetes Unit of the "C. & G. Mazzoni" Hospital in Ascoli Piceno between March and June 2025 through the Short Form-36 (SF-36) questionnaire including 205 adult patients.

**Results.** Patients with type 1 diabetes reported higher average scores in the domains of Physical Functioning and Social Functioning domains compared to patients with type 2 diabetes. The comparison between patients on polytherapy (>5 drugs/day) showed statistically significant differences ( $p < 0.005$ ) in Physical Functioning, Role Limitations (physical and emotional), Energy/Fatigue, Pain and General Health. Overall, analysis by gender shows a negative impact on women's quality of life, while significantly higher scores for males in almost all domains of the SF-36, both physical and psychological.

**Conclusions.** The results underscore the importance of personalized, multidimensional nursing care aimed at early recognition of frailty and offering educational and support interventions that improve the quality of life of people with diabetes, especially women.



**Abstract Code: FDI24762-72**

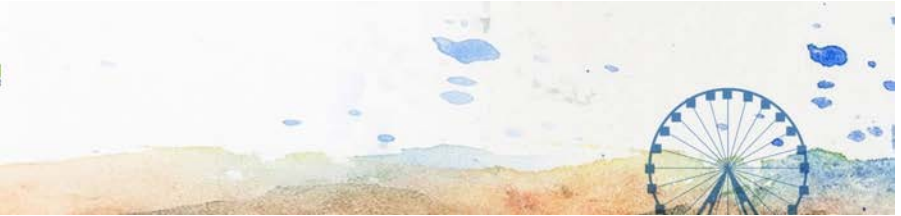
**IDIOPATHIC RETROPERITONEAL FIBROSIS IN PREVIOUS ABDOMINAL AORTIC ANEURYSM TREATED WITH AORTO-AORTIC GRAFT**

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**Introduction.** Retroperitoneal fibrosis may be associated with inflammatory abdominal aortic aneurysms, sharing a common pathogenesis involving autoimmune and periaortic inflammatory processes.

**Case Report.** We report a 67-year-old male with diabetes, smoking history, subcritical bilateral carotid atherosclerosis and revascularized ischemic cardiomyopathy. In 2023 he underwent resection of a pararenal abdominal aortic aneurysm with aorto-aortic graft placement and was treated for endocarditis (moderate mitral regurgitation). He presented with a two-months history of hyporexia, 20kg weight loss, dyspnea. Initial workup revealed high C-reactive protein, erythrocyte sedimentation rate and ferritin, right ventricular overload without vegetations on echocardiography. Angio-CT excluded pulmonary embolism. Blood and urine cultures, as well as serological tests, were negative. Abdominal CT showed perianeurysmal soft tissue thickening with a multiloculated mass anterior to the iliac bifurcation. Fluorodeoxyglucose-Positron Emission Tomography demonstrated active inflammatory uptake, and contrast-enhanced ultrasound revealed arterial vascularization. Echo-guided biopsy showed diffuse histiocytic inflammatory infiltration, positive for CD68 (Pgm1), negative for BRAF, pancytokeratin and S100. UBA1 mutation (VEXAS), Erdheim-Chester molecular biology, immunoglobulin G4 were negative. Retrospective review of 2023 imaging confirmed an inflammatory aortic aneurysm. Idiopathic retroperitoneal fibrosis was diagnosed and treated with prednisone and tocilizumab, highlighting the importance of recognizing this entity in patients with aortic surgery.



**Abstract Code: FDI24898-82**

## **INCIDENZA E FATTORI DI RISCHIO DELLE TROMBOSI CORRELATE A CATETERE MIDLINE IN MEDICINA INTERNA: STUDIO PROSPETTICO OSSERVAZIONALE**

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**Introduzione.** L'utilizzo dei cateteri Midline nei reparti di Medicina Interna è in aumento come alternativa ai cateteri venosi centrali nei pazienti con scarso patrimonio venoso. Tuttavia, l'incidenza delle trombosi correlate a Midline e i fattori di rischio associati non sono completamente definiti. Obiettivo dello studio è stato valutare l'incidenza di trombosi venosa correlata a catetere Midline e identificare possibili determinanti clinici e procedurali.

**Materiali e Metodi.** Studio osservazionale prospettico monocentrico che ha incluso pazienti ricoverati in Medicina Interna sottoposti a posizionamento di catetere Midline, confrontati con un gruppo di controllo con accesso venoso periferico standard. Sono stati esclusi i pazienti portatori di Peripherally Inserted Central Catheter (PICC) o di Central Venous Catheter (CVC) e quelli con permanenza del dispositivo inferiore a ventiquattro ore. La diagnosi di trombosi venosa è stata effettuata mediante ecocolordoppler al primo giorno e dopo sette giorni dall'impianto o in caso di sospetto clinico.

**Risultati.** Tra il 15 luglio e il 16 ottobre sono stati arruolati 176 pazienti, con esclusione di sei soggetti. Nel gruppo Midline sono stati osservati tre eventi trombotici, tutti in presenza di vene di piccolo calibro con diametro pari o inferiore a quattro millimetri.

**Conclusioni.** I dati preliminari suggeriscono un possibile ruolo del diametro venoso come fattore di rischio per trombosi correlate a catetere Midline nel paziente medico e la necessità di un'accurata selezione del dispositivo.

**Abstract Code: FDI24757-76**

## **LEAN HEALTHCARE: EFFICACIA DEL METODO 5S PER LO STOCCAGGIO DEI FARMACI IN SETTING MEDICO**

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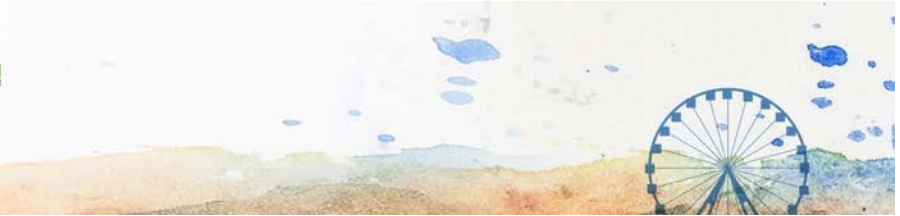
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**Introduzione.** Il metodo 5S è una tecnica di Lean Management per l'organizzazione dello spazio di lavoro in base a fasi specifiche di ordinamento, per eliminare gli sprechi e massimizzare l'efficienza logistica. L'obiettivo dello studio era di valutare l'impatto dell'implementazione del metodo Lean-5S nell'area di stoccaggio farmaci in setting medico.

**Materiali e Metodi.** È stato condotto uno studio osservazionale pre e post intervento, su 3 livelli di indagine: valutazione dell'organizzazione (checklist 5S), rilevazione della soddisfazione del personale infermieristico (questionario) e misurazione dei tempi di reperimento dei farmaci di Infermieri e di Studenti di Infermieristica (scavenger hunt). L'intervento 5S è stato realizzato nel 2025, nel setting medico di un ospedale DEA di II livello, coinvolgendo gli Infermieri in un percorso formativo e operativo per la riorganizzazione delle aree di stoccaggio farmaci secondo metodo Lean-5S.

**Risultati.** La conformità complessiva alla checklist 5S è incrementata dal 40% al 93,3%, soprattutto nell'area relativa alla standardizzazione. La soddisfazione del personale infermieristico è aumentata, in particolare riguardo alla percezione di ordine e facilità di reperimento dei farmaci. I tempi di reperimento dei farmaci si sono ridotti del 44.4% per gli Infermieri e del 59.7% per gli studenti.

**Conclusioni.** L'implementazione del metodo Lean 5S ha avuto un impatto positivo e misurabile sull'organizzazione delle aree di stoccaggio dei farmaci, migliorando sia l'efficienza operativa che la soddisfazione del personale.



**Abstract Code: FDI24955-76**

## **INTRAVENOUS IMMUNOGLOBULIN FOR CUTANEOUS FEATURES OF VEXAS SYNDROME: A CASE REPORT**

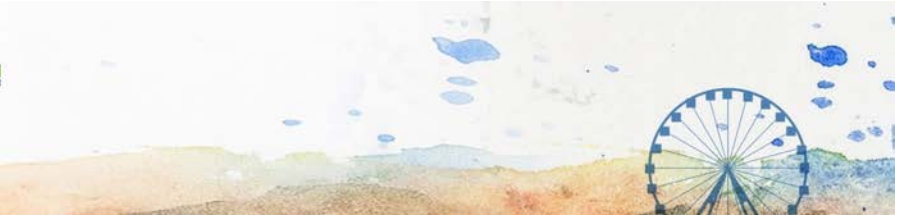
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**Premises.** VEXAS syndrome is an autoinflammatory disorder caused by somatic mutations in the UBA1 gene and is characterized by severe inflammation and hematologic disorders with systemic manifestations. Cutaneous involvement is the most frequent feature and is often refractory to therapy.

**Case Report.** We describe an otherwise healthy 60-year-old man with VEXAS syndrome presenting with systemic inflammation (fever, arthralgia, elevated inflammatory markers) and myelodysplastic syndrome. Initial treatment with high dose glucocorticoids (2 mg/kg) was complicated by Candida parapsilosis sepsis. Following resolution of the infection after antifungal therapy, the patient developed severe cutaneous manifestations consisting of erythematous papules and plaques involving the chest, neck, face, and gluteal. Histopathological examination of a skin biopsy revealed leukocytoclastic vasculitis. Given the recent patient's immunocompromised status, intravenous immunoglobulin (IVIg) was administered at a dose of 2 g/kg over five days, while maintaining a stable glucocorticoid dosage. Treatment with IVIg resulted in marked improvement, with near- complete resolution of skin lesions after completion of the treatment course.

**Conclusions.** Management of VEXAS syndrome remains challenging, as no consistently effective therapies have been established. In our case, IVIg led to rapid and sustained improvement of cutaneous manifestations, suggesting that it may represent a safe and effective therapy. Further studies in larger cohorts are needed to define the role of IVIg in the treatment of VEXAS syndrome.



**Abstract Code: FDI24840-69**

**IMPLEMENTATION OF HIGH CARE IN INTERNAL MEDICINE: IMPACT OF ADVANCED MULTIPARAMETRIC MONITORING AND THE NURSE SPECIALIST ROLE IN MANAGING CLINICAL COMPLEXITY**

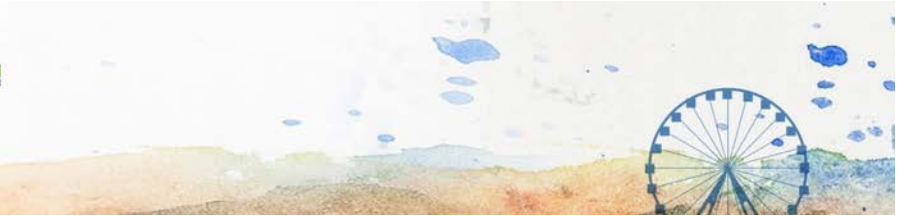
G. Filannino<sup>1</sup>, B. Dibenedetto<sup>2</sup>, G. Liuzzi<sup>1</sup>, G. Sguera<sup>1</sup>, A. Sgarra<sup>1</sup>, M. Di Bari<sup>1</sup>, E. Di Lorenzo<sup>1</sup>, M. Giusti<sup>3</sup>, C. Di Bari<sup>1</sup>, S. Lenti<sup>1</sup>  
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**Introduction.** The implementation of the high-intensity care model (High Care), as per DGR Puglia 1710/2023, required a profound evolution of the nurse specialist role in medical area care processes, with advanced expertise in managing high-complexity patients.

**Materials and Methods.** This 8-month observational study (Feb 4–Sep 30, 2025) was conducted in the Internal Medicine ward of “L. Bonomo” Hospital – Andria – ASL BT. The sample included 149 patients. Four multiparametric devices were used for an average of 91h 33m. Module utilization rates were: SpO<sub>2</sub> 100%, ECG 94%, NIBP 91%, position 47%, temperature 19%. Nursing staff applied clinical governance strategies and quality improvement through calibration of monitoring tools and early warning systems, alongside specific on-field training.

**Results.** The population showed high frailty, frequent motor impairment, dysionies, arrhythmias, anemia, and respiratory support. Pre–post High Care comparison revealed improvements in early warning systems: Padua Score 4.9→2.2, qSOFA 3.3→1.1, NEWS2 4.8→2.4. Reduced mortality was documented in levels 2A–2; increased SDO complexity index, improved length-of-stay performance, and perceived quality >80% by patients and staff.

**Conclusions.** High Care implementation in Internal Medicine improved care safety and outcomes, highlighting the strategic role of nurses in advanced surveillance and proactive clinical instability management



**Abstract Code: FDI24977-80**

**SARCOPENIA IN TRANSFUSION-DEPENDENT THALASSEMIA: AN EMERGING CLINICAL CHALLENGE. PREVALENCE, RISK FACTORS AND ASSOCIATIONS IN A SINGLE-CENTER OBSERVATIONAL STUDY**

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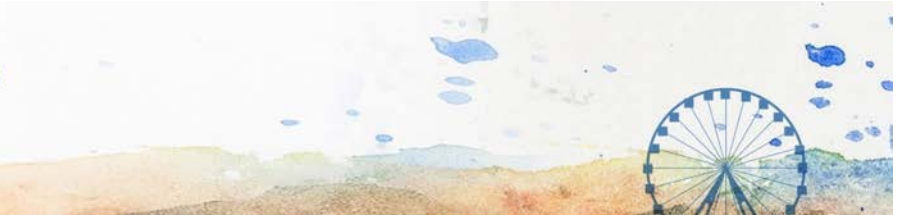
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**Introduction.** Advances in transfusion and iron chelation have prolonged survival in Transfusion-Dependent  $\beta$ -Thalassemia (TDT), leading to new chronic complications. Sarcopenia, usually age-related, is emerging as a marker of premature frailty in TDT, driven by multimorbidity, metabolic dysfunction, inflammation and iron overload. This study assessed its prevalence and determinants in adult TDT patients.

**Materials and Methods.** In this monocentric, retrospective, cross-sectional study, 87 adult TDT patients followed in Genoa (Italy) were evaluated. Sarcopenia was defined according to European Working Group on Sarcopenia in Older People 2 criteria using handgrip strength and appendicular muscle mass by Dual-Energy X-ray Absorptiometry. Data on bone mineral density, nutritional status, comorbidities, iron overload and chelation were collected. Multivariate analyses identified independent predictors.

**Results.** Probable and confirmed sarcopenia were found in 59.8% and 42.6% of patients (mean age  $47 \pm 12.7$  years). More than half had osteoporosis. Sarcopenia was associated with lower Body Mass Index, poor nutritional status, iron overload (ferritin  $\geq 1000$  ng/mL), diabetes and smoking, while Deferasirox therapy showed a protective effect.

**Conclusions.** Sarcopenia is common in adult TDT patients and closely linked to nutritional deficits, iron overload, metabolic comorbidities and lifestyle factors. Its association with osteoporosis increases functional vulnerability, supporting the need for multidisciplinary strategies to preserve musculoskeletal health and quality of life.



**Abstract Code: FDI24875-77**

## **INFECTIONS IN HOSPITALIZED CIRRHOTIC PATIENTS: A RETROSPECTIVE STUDY IN AN INTERNAL MEDICINE DEPARTMENT**

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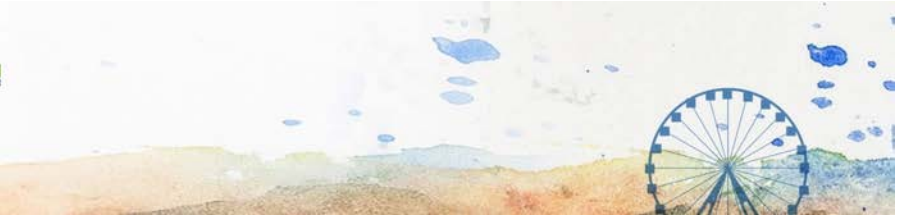
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**Background.** Patients with liver cirrhosis are particularly vulnerable to infections and this condition is associated with a worsen prognosis and high risk of decompensation. This study aims to analyze the prevalence and characteristics of infections in cirrhotic patients hospitalized in internal medicine (IM) department.

**Materials and Methods.** We retrospectively analyzed hospitalizations in our IM Unit over a 72-week period. Were admitted 1.434 patients, in 105 patients was diagnosed a liver cirrhosis.

**Results.** Among the 105 cirrhotic patients, 31 (29.5%) developed an infection. A microbiological agent was isolated in 15 cases and the most common was *E. coli*, followed by *Staphylococcus aureus*. Urinary tract infection was the most frequent (38.7%), followed by spontaneous bacterial peritonitis. Decompensation occurred in 68 patients: 21 with infection and 47 without. In the infected group, ascites was the leading cause of decompensation, followed by encephalopathy. In the non-infected group, ascites remained predominant, followed by gastrointestinal bleeding. The median time of hospitalization was 14 days in infected patients vs 8 days in non-infected.

**Discussion.** Infections are common among hospitalized cirrhotic patients and are associated with a longer hospitalization and higher rates of decompensation.



**Abstract Code: FDI24852-72**

**RELATIONSHIP BETWEEN FRAILTY, GASTROINTESTINAL SYMPTOMS, AND SLEEP QUALITY AMONG HOSPITALIZED OLDER ADULTS: A CROSS-SECTIONAL STUDY**

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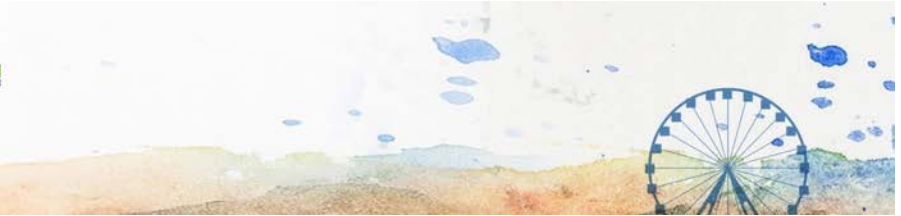
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**Background.** Gastrointestinal and sleep symptoms are common in older adults, but their association with frailty is not well established. This cross-sectional study examined the relationship between frailty, gastrointestinal symptoms, and sleep quality in hospitalized older adults.

**Methods.** Data were obtained from the FRailty Project, an ongoing multicenter observational study evaluating the impact of frailty on adverse health outcomes in hospitalized middle-aged and older patients. Participants completed the Gastrointestinal Symptom Rating Scale (GSRS) and the Pittsburgh Sleep Quality Index (PSQI). Frailty was assessed using the Fried frailty phenotype. Associations between GSRS, PSQI, and frailty were analyzed using median regression models.

**Results.** A total of 181 patients (47.5% women; median age 76 years) were included, of whom 61.3% were classified as frail. Frail participants showed significantly higher GSRS scores than pre-frail participants (median 18.0 vs. 5.0), corresponding to a clinically relevant difference that remained significant after adjustment for age, sex, and comorbidities. PSQI scores were also higher in frail individuals (median 8.0 vs. 6.0), but this association was no longer significant after adjustment.

**Conclusions.** Gastrointestinal symptoms are independently associated with frailty in hospitalized older adults, while the relationship between sleep quality and frailty appears to be confounded by clinical factors.



**Abstract Code: FDI25045-67**

**MICROCIRCULATORY ALTERATIONS IN PATIENTS WITH PSORIATIC ARTHRITIS:  
VIDEOCAPILLAROSCOPIC FINDINGS**

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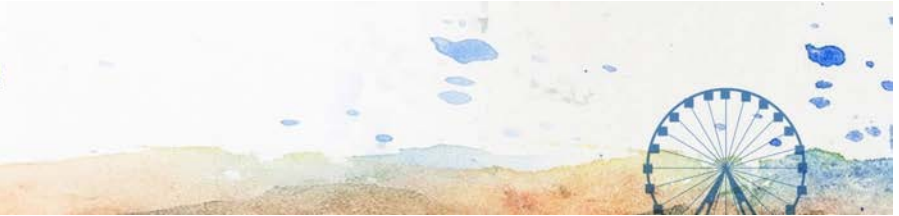
(1) *Uosc Internal Medicine 3. AORN A. Cardarelli, Napoli, Italy.*

**Background and Aim.** s. Nailfold-videocapillaroscopy (NVC) is a non-invasive diagnostic tool, very effective in evaluating the microcirculation. Psoriatic arthritis (PsA) is a chronic inflammatory rheumatic condition that can impact up to 30% of patients (pts) with psoriasis. Timely detection and effective monitoring of PsA are essential, as prompt therapy can limit disease progression, prevent joint erosion, joint deformity and systemic complications, and improve quality of life. In these pts there isn't a specific pattern at the NVC: however, it was often found a reduction in loop length (dwarf loops) unlike rheumatoid arthritis (elongated capillaries).

**Materials and Methods.** 26 outpatients (20F and 6M; 42±15 mean years old) with PsA fulfilling CASPAR classification criteria were enrolled; 26 age- and sex-matched controls were selected. NVC was conducted using the VideoCap 3.0 workstation (DS Medica, Milan, Italy) by an experienced videocapillaroscopist.

**Results.** A significantly higher number of tortuous capillaries and a reduction in loop length (dwarf loops) was observed in the PsA group ( $p<0.01$ ) compared to the control group. Additionally, trends were noted for lower capillary density and a higher number of dilated capillaries in the PsA group.

**Discussion.** NVC cannot be considered of diagnostic value in routine clinical practice to distinguish pts with PsA from healthy controls, our data demonstrate that some alterations in the microcirculation are more frequent in these pts, representing a picture which is, if not diagnostic, at least suggestive of this pathology.



**Abstract Code: FDI24838-76**

**EVALUATION OF CLINICAL COMPLEXITY AND SHORT-TERM PROGNOSIS IN MEDICAL PATIENTS THROUGH THE DEVELOPMENT OF THE PRAIA INTERNAL MEDICINE VULNERABILITY SCORE**

V. Gaudio<sup>1</sup>, L. Tramontano<sup>1</sup>

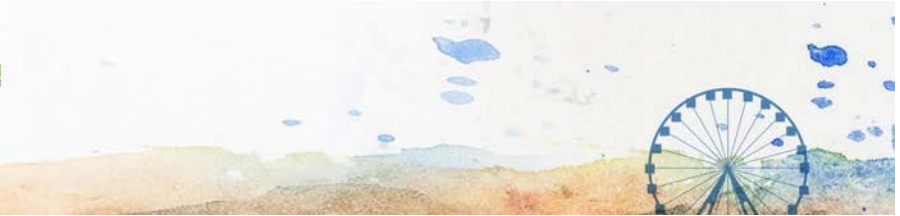
(1) UOC Medicina Interna Ospedale, Praia a Mare (CS), Italy.

**Introduction.** Managing complexity in Internal Medicine requires tools that capture not only the number of diseases but also their biological interactions. This study aims to develop and present the Praia Internal Medicine Vulnerability Score (PIM-VS), a predictive algorithm for assessing clinical vulnerability and the 30-day risk of mortality or readmission.

**Methods.** A retrospective analysis was conducted on the 2024 Hospital Discharge Records of the Internal Medicine Unit of Praia a Mare. From 254 admissions, a sample of 127 patients was analyzed. The demographic profile showed a mean age of 76.1 years, with 53% females and 47% males, confirming a predominantly geriatric, multimorbid population. The PIM-VS (range 0-100) integrates five domains: Synergistic Comorbidity Burden; Care Intensity (length of stay/DRG weight ratio); Functional Frailty Index; polypharmacy; and biological instability markers. Statistical analysis employed regression models, Receiver Operating Characteristic curves, and Kaplan-Meier survival analysis.

**Results.** indicate that the interaction-based approach identifies higher risks compared to traditional linear models. Patients with high scores (Red Class >50) had a high incidence of post-discharge adverse events. The model stratifies the population into four risk classes, facilitating the identification of candidates for protected discharge or intermediate care.

**Conclusions.** The Praia Internal Medicine Vulnerability Score proposes itself as a precision medicine tool to optimize community follow-up and improve clinical and managerial appropriateness.



**Abstract Code: FDI24869-80**

## **CAN BEDSIDE CONTRAST-ENHANCED ULTRASOUND (BED-CEUS) BE USEFUL IN INTERNAL MEDICINE DEPARTMENTS?**

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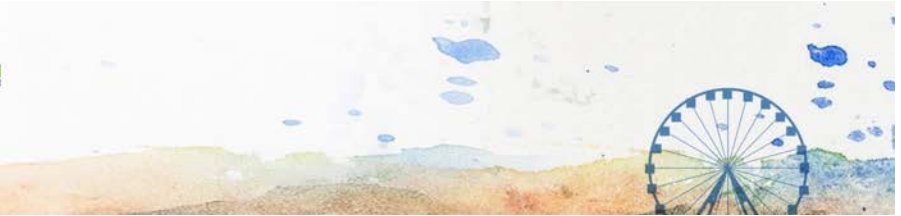
*(1) Medicina Interna, Ospedale Val Tidone, Castel San Giovanni, Piacenza, Italy.*

**Introduction.** CEUS is increasingly used in clinical settings, safe (even in patients with organ failure or allergies) and feasible bedside. This study evaluates its clinical efficacy, ability to reduce CT/MRI scans, and resulting economic and hospital stay savings.

**Materials and Methods.** Study (2021-2025) on 268 patients. Contrast agent (Sulfur hexafluoride, Sonovue) with Mindray MX7 ultrasound: 149 abdominal, 108 lung, 10 muscle, 1 vascular exams. Usefulness assessed in characterizing lesions (benign/malignant), avoiding additional tests, and savings (costs/wait times). Sensitivity, specificity, accuracy (DA, AUROC) calculated. Savings estimated based on avoided CT costs and hospital days.

**Results.** BED-CEUS characterized benign lesions in 180 exams (80 abdomen, 89 chest, 10 muscle, 1 vascular), evaluated 88 oncology patients (69 abdominal, 19 thoracic). Total cases (268): True+: 238; True-: 23; False+: 6; False-: 1 (SENS: 99.6%; SPEC: 79.3%; DA: 97.3%) (AU-ROC: 0.97). Characterization (180): (SENS: 99%; SPEC: 81%; DA: 97.1%). Oncology (88): (SENS: 100%; SPEC: 75%; DA: 97.6%). BED-CEUS changed the diagnostic process in 235/268 patients (87.6%) and made other exams unnecessary in 187/268 (69.7%). Estimated economic saving: €31,880.65; time saved: 3.5 days.

**Conclusions.** New technology has made CEUS easy to perform bedside and as reliable as high-end machines. BED-CEUS avoided further radiological exams in 70% of patients, saving ~€32,000 and 3.5 hospital days. This supports increased BED-CEUS use in internal medicine departments



**Abstract Code: FDI25032-63**

## **OUTCOMES OF DIRECT ORAL ANTICOAGULANTS IN UNUSUAL-SITE THROMBOSIS: IMPACT OF ACTIVE CANCER**

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**Introduction.** Splanchnic vein thrombosis (SVT) and cerebral venous thrombosis (CVT) are unusual site of thrombosis. Cancer is a common predisposing factor and is associated with worse outcomes and increased bleeding risk. Evidence supporting the use of direct oral anticoagulants (DOACs), especially in patients with active malignancy, is limited.

**Materials and Methods.** This single-center longitudinal observational study included adult patients with imaging-confirmed SVT or CVT treated with DOACs between January 2018 and October 2025. Inclusion was retrospective with prospective follow-up. Primary outcomes were radiological recanalization and thrombotic recurrence. Secondary outcomes included major bleeding, clinically relevant non-major bleeding (CRNMB), and all-cause mortality.

**Results.** 43 patients were included (median age 58 years; 46.5% male), 26 with SVT and 17 with CVT; 16 had active cancer. Median follow-up was 17 months. Recanalization was assessable in 41 patients and was complete in 43.9%, partial in 29.3%, and absent in 26.8%. Active cancer was associated with a lower likelihood and longer time to recanalization. Two thrombotic recurrences (4.7%) occurred. Clinically relevant bleeding was observed in 16.3%, including 7.0% major bleeding. Seven deaths occurred, all in patients with active cancer.

**Conclusion.** In this cohort of SVT and CVT treated with DOACs, recurrence and bleeding rates were acceptable. Active cancer identified a high-risk subgroup with reduced recanalization and increased mortality, supporting tailored management strategies.

**Abstract Code: FDI25356-72**

**DUPILUMAB EFFICACY IN PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND CARDIOVASCULAR OR METABOLIC DISEASE: BOREAS AND NOTUS**

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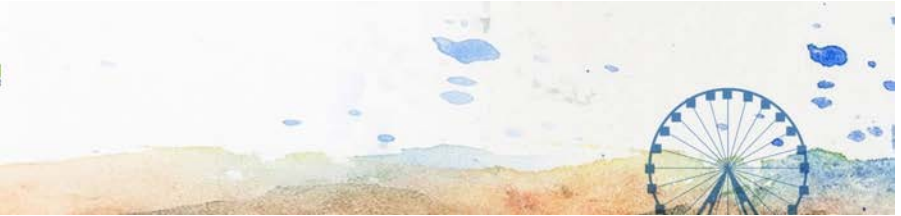
(1) UCL Respiratory, University College London, London, UK, (2) UOC Internal Medicine - Grosseto Department of Internal Medicine and Specialties USL Toscana Sud-Est, Grosseto, (3) University of Rome Tor Vergata, Rome, (4) Lungenclinic Grosshansdorf, Airway Research Center North, Grosshansdorf Christian-Albrechts University, Kiel, (5) Centre for Cardiovascular Innovation University of British Columbia, Vancouver, BC, Canada, (6) Johns Hopkins University School of Medicine, Baltimore, MD, USA, (7) University of Marburg, German Center for Lung Research (DZL), Marburg, Germany, (8) University of Alabama at Birmingham, Birmingham, al, USA, (9) Regeneron Pharmaceuticals Inc., Tarrytown, NY, USA, (10) Sanofi, Morristown, NJ, USA.

**Introduction and Aim.** Cardiovascular disease (CVD) and metabolic disease (metD) are common comorbidities in COPD and may modulate clinical outcomes and therapy response. In BOREAS/NOTUS, add-on dupilumab reduced exacerbations and improved lung function in patients with COPD. This post hoc analysis assessed dupilumab efficacy in patients with COPD with/without CVD or metD.

**Methods.** Patients with COPD, moderate-to-severe airflow limitation, and Type 2 inflammation (screening blood eosinophils  $\geq 300$  cells/ $\mu$ L) on triple therapy received add-on dupilumab 300 mg or placebo every 2 weeks for 52 weeks. Exacerbation rate and change from baseline in pre-bronchodilator (BD) forced expiratory volume in 1 second (FEV1) were assessed at Week 52 in the pooled intention-to-treat populations with/without investigator reported CVD or metD.

**Results.** Of 1874 enrolled patients, 1253(66.9%) and 758 (40.4%) had a history of CVD and metD, respectively. Dupilumab reduced exacerbation rates by 31–33% across all subgroups. Relative risk vs placebo (95% CI) with/without CVD: 0.69(0.59,0.82),  $P < 0.001$ /0.67 (0.51,0.89),  $P = 0.005$ ; with/without metD: 0.68 (0.54,0.85),  $P < 0.001$ /0.69 (0.57,0.84),  $P < 0.001$ . Dupilumab also improved pre-BD FEV1 across all subgroups (Least Square mean difference vs placebo [95% CI] with/without CVD: 55 mL [18,92],  $P = 0.004$ /104 mL [42,166],  $P = 0.001$ ; with/without metD: 62 mL [12,112],  $P = 0.015$ /77 mL [35, 119],  $P < 0.001$ ).

**Conclusion.** Dupilumab reduced moderate or severe exacerbation rates and improved lung function in patients with COPD and type 2 inflammation regardless of comorbid CVD or metD.



**Abstract Code: FDI24598-79**

**ORAL SEMAGLUTIDE IN ELDERLY ADULTS WITH TYPE 2 DIABETES: EFFICACY AND SAFETY IN REAL-WORLD PRACTICE**

A.M. Labate<sup>1</sup>, P. Villari<sup>2</sup>

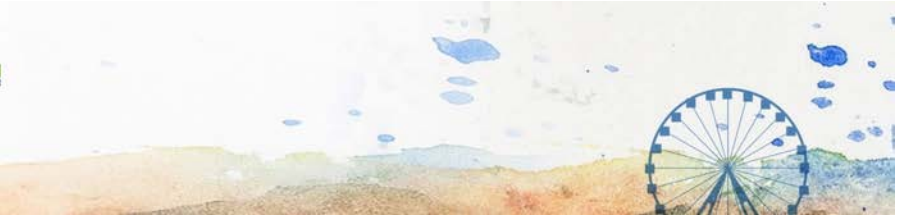
(1) ASST Franciacorta (BS), (2) ASST Garda (BS), Italy.

**Objective.** According to AMD data, about 67% of Italian people with diabetes are  $\geq 65$  years old, and only 55% of outpatients achieve the HbA1c target  $< 7\%$ . We retrospectively evaluated 81 subjects  $\geq 65$  years treated with oral semaglutide for 12 months, assessing whether age influenced treatment discontinuation or failure to achieve glycemic targets.

**Materials and Methods.** Clinical and anthropometric parameters, metabolic and lipid profile, Visceral Adiposity Index (VAI), TyG index, and LAP index were recorded at baseline and after 12 months of oral semaglutide therapy.

**Results.** Oral semaglutide significantly reduced ( $p < 0.001$  vs baseline) fasting blood glucose, HbA1c, body weight, BMI, waist circumference, total and LDL cholesterol, triglycerides, microalbuminuria, VAI, TyG and LAP indices. Systolic and diastolic blood pressure also improved significantly, while HDL cholesterol and eGFR increased. No therapy discontinuations or hypoglycemic events occurred during follow-up.

**Conclusions.** In this cohort of older adults with type 2 diabetes, oral semaglutide demonstrated marked efficacy on glycemic control and cardiometabolic risk factors, with an optimal safety and tolerability profile. These findings support its use as a valuable therapeutic option for elderly patients in real-world clinical practice.



**Abstract Code: FDI24588-78**

**ADDRESSING SEXUALITY IN SPINAL CORD INJURY PATIENTS: THE NURSE'S PERSPECTIVE**

J.F.J. Leon Garcia<sup>1</sup>, M. Ghiani<sup>2</sup>, A. Sorrenti<sup>1</sup>

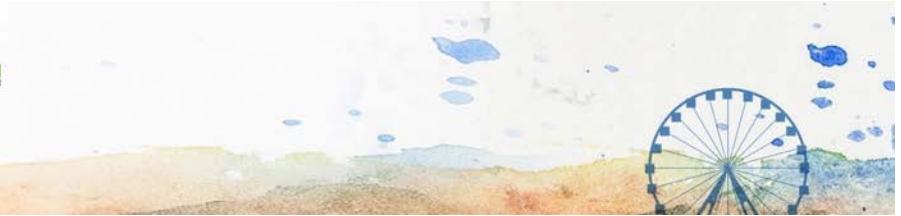
(1) Fondazione IRCCS Ca' Granda - Ospedale Maggiore Policlinico, Milano, (2) Fondazione IRCCS San Gerardo dei Tintori, Monza, Italy.

**Introduction.** Individuals with spinal cord injuries (SCI) remain sexual beings and require appropriate education, attention, and rehabilitation to maintain their sexual health. Sexuality remains underexplored and often neglected in clinical practice. In Italy no standardized guidelines or structured nurse training exist on this topic. This study explored Italian nurses' knowledge, attitudes, and relational approaches toward sexuality in adult SCI patients.

**Materials and Methods.** A qualitative descriptive phenomenological study was conducted in three specialized centres in Milan. 23 nurses participated in semi-structured face-to-face interviews between August and September 2024. Data were analyzed inductively to identify recurring themes.

**Results.** Three themes emerged: Nurses' education strongly influenced their ability to recognize, discuss, and address sexual issues, often delegating to other professionals; Facilitating factors included biological awareness, empathetic communication, and situational readiness; Barriers were related to moral conflict, cultural bias, embarrassment, and the absence of private spaces or dedicated time. Nurses expressed uncertainty about their role, yet recognized the relevance of sexuality to holistic rehabilitation and patient well-being.

**Conclusions.** Nurses address multiple aspects of sexuality, acknowledging its role as an integral human need. Strengthening education, reflective practice, and interdisciplinary collaboration can enhance nurses' competence and confidence in discussing sexuality with SCI patients.



**Abstract Code: FDI24609-72**

## **ASSOCIATIONS BETWEEN MUKBANG VIEWING AND ADVERSE HEALTH EFFECTS: A COMPREHENSIVE REVIEW**

J.F.J. Leon Garcia<sup>1</sup>, S.P. Mitra<sup>1</sup>, R. Accardi<sup>1</sup>

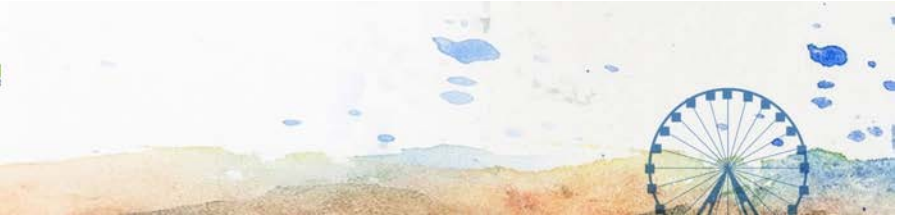
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**Introduction.** The mukbang phenomenon, increasingly popular among adolescents through social media, offers entertainment and a sense of virtual companionship. However, growing evidence highlights potential risks to viewers' physical and mental health. This study aimed to synthesize the negative health effects associated with mukbang consumption and identify evidence-based prevention strategies.

**Materials and Methods.** A review was conducted between February and October 2025 using PubMed, PsycInfo, Embase and CINAHL databases. Specific search strings were applied, and 29 primary studies met inclusion criteria following the PRISMA screening process.

**Results.** Mukbang exposure was consistently associated with unhealthy food choices, negative influences on eating habits, eating disorders, depressive and anxiety symptoms, stress, problematic viewing patterns and addictive behaviours, distorted body perception, overweight/obesity, and hazardous compensatory behaviours. Preventive strategies identified in the literature included early risk indicators and screening approaches, awareness and warning systems, institutional and educational health-promotion initiatives, and targeted psychological support.

**Conclusions.** Mukbang consumption is linked to significant physical and mental health risks, particularly among younger-adults viewers. Effective prevention requires multidimensional, interprofessional approaches that prioritise early detection, health education, and tailored support for individuals at risk or already experiencing mukbang-related harms.



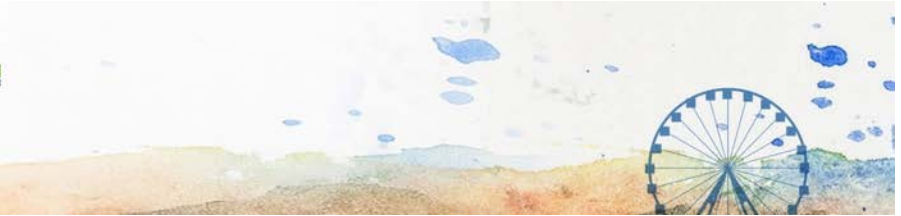
**Abstract Code: FDI25049-71**

**HEART FAILURE: A NOVEL APPROACH AT DISCHARGE FROM MEDICINA GENERALE WARD,  
SAN LUCA HOSPITAL, VALLO DELLA LUCANIA, ASL SALERNO**

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Heart failure is a major cause of rehospitalization, especially among older adults with complex needs and multiple comorbidities. Discharge processes are often fragmented and poorly coordinated, highlighting the need for stronger integration between hospital and community services. This project proposes the use of artificial intelligence (AI) to optimize the discharge pathway for heart-failure patients at the Hospital of Vallo della Lucania. Objectives include reducing avoidable rehospitalizations, improving quality of life and continuity of care, supporting clinicians with intelligent tools, engaging patients in their care, and optimizing hospital resources. Methods include early risk identification through automated record analysis and personalized profiles; AI-based decision support for optimal discharge timing and follow-up type; automatic generation of discharge letters with diagnoses, therapies, risk factors, and post-discharge plans sent to general practitioners and community services; activation of community hubs, GPs, and home-care services; patient empowerment through guides or mobile apps covering diet, medications, physical activity, and appointments, plus telemedicine for remote monitoring of vital parameters; digital follow-up with smartphone data transmission and alerts for weight gain, abnormal heart rate, or missed medications; weekly reports for the care team. The model aligns with PNRR goals, strengthens hospital-community integration and promotes a modern, efficient, patient-centered approach to internal medicine.



**Abstract Code: FDI24904-70**

## **HEALTH LITERACY AS A CORRELATE OF SELF-CARE BEHAVIORS IN INDIVIDUALS WITH CHRONIC ILLNESSES: A SYSTEMATIC REVIEW AND META-ANALYSIS**

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**Introduction.** Effective self-care is essential in chronic disease management, and health literacy may influence patients' ability to adopt and sustain such behaviors. This study synthesized evidence on the association between health literacy and self-care in adults with chronic illnesses, including mediating and moderating factors.

**Materials and Methods.** A systematic review and correlation-based meta-analysis were conducted according to Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. Observational studies assessing health literacy and self-care in adults with chronic conditions were included. Risk of bias was systematically evaluated.

**Results.** One hundred thirty-eight studies including 39,677 participants (mean age 59.8 years; 54.2% women) were included, of which 52 were eligible for meta-analysis. Type 2 diabetes (45%), heart failure (19%), and hypertension (14%) were the most represented conditions. Health literacy showed a moderate association with self-care (correlation coefficient 0.29, 95% confidence interval 0.26-0.31;  $p$  value  $<0.001$ ), with consistent effects across conditions. Psychological distress and depression emerged as key moderators. Overall, 44.9% of studies showed high risk of bias.

**Conclusions.** Higher levels of health literacy are associated with better self-care across chronic illnesses, although this relationship is shaped by contextual and psychological factors. Integrated interventions combining health literacy, tailored education, and psychological support may enhance chronic disease management.

**Abstract Code: FDI24582-72**

## **RIGHT VENTRICULAR FUNCTION ACROSS DIFFERENT RESPIRATORY SUPPORT STRATEGIES IN SEVERE COMMUNITY-ACQUIRED PNEUMONIA**

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**Introduction.** Severe community-acquired pneumonia (CAP) often causes acute respiratory failure. The right ventricle (RV) is sensitive to increases in pulmonary vascular resistance from hypoxemia, hypercapnia and acidosis. Non-invasive respiratory support may add positive pressure and raise RV afterload. We evaluated, in PSI IV–V CAP, (1) the association between oxygenation modality—non-invasive ventilation (NIV), high-flow nasal cannula (HFNC), Venturi Mask—and RV systolic function by tricuspid annular plane systolic excursion (TAPSE) and lateral systolic velocity (TDI); (2) the relationship with length of stay (LOS).

**Materials and Methods.** Monocentric observational study in an Internal Medicine Unit. Consecutive severe CAP were enrolled; we excluded conditions independently altering RV load. NIV was pressure-support with PEEP; HFNC used high flow and FiO<sub>2</sub>; Venturi Mask delivered oxygen without positive pressure.

**Results.** Seventy patients: NIV 21, HFNC 22, Venturi Mask 27. RV performance differed across groups (Kruskal–Wallis  $p < 0.001$ ). NIV had the lowest TAPSE/TDI, Venturi Mask preserved mechanics. LOS was longer with NIV and HFNC than Venturi Mask ( $p < 0.001$ ). TAPSE and TDI inversely correlated with LOS.

**Conclusions.** In severe CAP, respiratory strategy influences RV systolic function and hospitalization. Early RV-focused echocardiography may support hemodynamically protective oxygenation choices in Internal Medicine.

**Abstract Code: FDI24552-69**

**RHYTHM CONTROL STRATEGY AND OUTCOMES IN VERY ELDERLY ATRIAL FIBRILLATION PATIENTS: AN ANALYSIS OF THE NATIONWIDE ITALIAN START REGISTRY**

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**Background and Aim.** of the study: Evidence on antiarrhythmic drug (AAD) use in very elderly patients with atrial fibrillation (AF) is limited. We investigated clinical characteristics and outcomes associated with AAD use in this population.

**Materials and Methods.** 4,244 very elderly (age  $\geq 80$  years) AF patients from the nationwide START registry were included. Patients were divided into 3 groups: no AADs (n=3,573), class 1c-AAD (n=207), Amiodarone (n=464). Risks of all-cause mortality and Cardiovascular Events (CVEs) were analysed according to AAD.

**Results.** Mean age was  $84.8 \pm 3.8$  years; 54.9% were women. AADs were used in 15.8% of patients. Class 1c-AADs use was directly associated with paroxysmal AF and inversely with older age, female sex, diabetes, heart failure, digoxin, COPD/OSAS, beta-blockers and lack of familial/social support. Amiodarone use was directly associated with paroxysmal AF, coronary artery disease, wheelchair use, and inversely associated with age, peripheral artery disease, living alone, digoxin use, beta-blockers and lack of familial/social support. Over a mean follow-up of  $685.6 \pm 537.7$  days, 492 all-cause deaths, and 548 CVEs events occurred. In univariable Cox analysis, Class 1c AADs were associated with lower mortality (HR 0.371, 95%CI 0.191-0.717) and CVEs (sHR 0.443, 95%CI 0.250- 0.786), while amiodarone was not. These associations did not persist in multivariable analysis.

**Conclusions.** Among very elderly AF patients, the choice of rhythm control strategy is influenced by frailty elements. AADs use was not associated with better survival.



**Abstract Code: FDI24679-79**

**CONFRONTO TRA IGIENE INTIMA TRADIZIONALE E DOCCIA IDROMOLECOLARE:  
VALUTAZIONE DEI RISCHI MICROBIOLOGICI ASSOCIATI ALL'USO DI ACQUA STAGNANTE E DEI  
BENEFICI DELL'ACQUA CORRENTE PER SICUREZZA, COMFORT E PREVENZIONE DELLE ICA**

S. Mercatelli<sup>1</sup>, G. Ferrini<sup>1</sup>, B. Pisani<sup>1</sup>

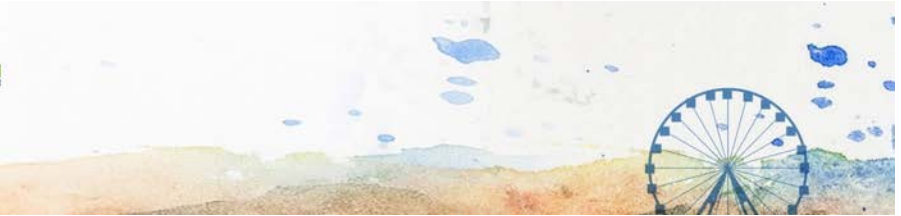
(1) *Dipio, Italy.*

**Introduzione.** L'igiene intima dei pazienti allettati è una pratica assistenziale fondamentale. L'uso tradizionale di contenitori con acqua e manopole è diffuso, ma può costituire un serbatoio di colonizzazione batterica per le ICA. L'idrodoccia molecolare, rappresenta un'alternativa alle tradizionali modalità per effettuare l'igiene, oltre a coadiuvare il controllo delle ICA

**Materiali e Metodi.** È stata condotta un'analisi comparativa tra igiene tradizionale e idrodoccia, considerando aspetti microbiologici, ergonomici e di sicurezza. I dati di campionamento su 50 contenitori per l'igiene utilizzati nei reparti di due Ospedali dell'ASL Sud Est Toscana, evidenziando la presenza di gram+ e gram-

**Risultati.** I contenitori da bagno hanno mostrato contaminazione da microrganismi, inclusi enterococchi 54%, *S. aureus* 23%, *P. aeruginosa* 5%, gram- 32% *E. coli* 2%. L'acqua stagnante favorisce la proliferazione batterica. L'idrodoccia ha garantito migliore rimozione dei residui biologici, ridotta esposizione microbica, nessun tampone effettuato sul dispositivo è risultato positivo, inoltre sono stati rilevati: minore frizione cutanea, maggiore comfort del paziente, migliore l'ergonomia operatore.

**Conclusioni.** I contenitori da bagno utilizzati nell'igiene tradizionale sono una fonte di trasmissione delle ICA. La doccia idromolecolare, grazie all'acqua corrente, offre un livello superiore di sicurezza. Promuovere una cultura dell'igiene moderna è essenziale per prevenire la trasmissione di microrganismi nosocomiali infezioni e per la tutela di pazienti e operatori.



**Abstract Code: FDI24574-73**

**SEX-RELATED DIFFERENCES IN MULTIDRUG RESISTANCE AND OUTCOMES AMONG EMERGENCY DEPARTMENT PATIENTS WITH URINARY TRACT INFECTIONS: THE UTILY STUDY**

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**Background.** Urinary tract infection represents one of the most common causes of admission to the emergency department. Biological sex may influence microbiological profiles and outcomes, but it is unclear whether these differences persist after accounting for age and comorbidity.

**Methods.** A prospective multicentre cohort study was conducted across eight emergency departments in Italy (February 2023–July 2024). Adults with a clinical or microbiological diagnosis of urinary tract infection were enrolled. Data on demographics, comorbidities, microbiology, and outcomes were analysed by sex. Logistic regression adjusted for age and Charlson Comorbidity Index identified predictors of multidrug-resistant infection and 30-day mortality.

**Results.** A total of 679 patients were included (52.7% male; mean age 65.7 years). Men were older and had a higher comorbidity burden. Multidrug-resistant infection was more frequent in males (46.5%) than in females (33.5%). After adjustment for age and comorbidities, male sex remained an independent predictor of multidrug resistance (odds ratio 1.45; 95% confidence interval 1.03–2.10). Mortality and hospitalization rates were similar between sexes after adjustment.

**Conclusions.** Male sex independently predicts multidrug-resistant urinary tract infection in the emergency department. These findings support a sex- and risk-based approach to empirical antibiotic therapy and stewardship in acute care.

**Abstract Code: FDI24989-83**

## **ANTICOAGULATION THERAPY VS CLINICAL SURVEILLANCE IN ISOLATED SUBSEGMENTAL PULMONARY EMBOLISM: A SYSTEMATIC REVIEW AND META-ANALYSIS**

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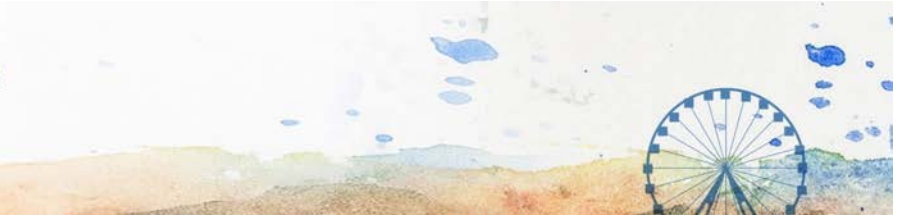
**Introduction.** Isolated subsegmental pulmonary embolism (iSSPE) is being diagnosed with increasing frequency, but its optimal treatment remains uncertain.

**Objectives.** This systematic review and meta-analysis aimed to investigate the efficacy and safety of anticoagulation versus clinical surveillance for the management of iSSPE.

**Methods.** The Medline and EMBASE databases were searched up to April 2025 for all studies that compared anticoagulation therapy against clinical surveillance in patients with iSSPE. Clinical outcomes included venous thromboembolism (VTE) recurrence, bleeding complications and all-cause mortality. Pooled risk ratios (RRs) and 95% Confidence Intervals (CI) were estimated by random-effects model.

**Results.** Eight observational studies reported data on VTE recurrence, encompassing 674 patients. The risk of VTE recurrence did not differ statistically significantly between anticoagulated and non-anticoagulated patients (RR 0.61, 95% CI 0.28-1.35, I<sup>2</sup> = 0%). Conversely, nine studies reported data on safety outcomes, encompassing 862 patients. The incidence of any bleeding complication was higher in anticoagulated patients compared with those managed by clinical surveillance (RR 3.10, 95% CI 1.39-6.88, I<sup>2</sup> = 0%). A similar association was observed when the analysis was restricted to major bleeding events. Finally, all-cause mortality did not differ statistically significantly between the two groups (RR 0.70, 95% CI 0.44-1.12, I<sup>2</sup> = 45%).

**Conclusions.** Available evidence does not support a net clinical benefit from routine anticoagulation in patients with iSSPE.



**Abstract Code: FDI25009-67**

**EMERGENCY DEPARTMENT CARE MODEL FOR GERIATRIC/INTERNOLOGY PATIENTS:  
RESULTS OF ONE YEAR OF ACTIVITY**

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**Introduction and Aim.** The increasing number of emergency department (ED) visits by geriatric and internal medicine patients, characterized by frailty, multimorbidity, and high clinical complexity, requires dedicated organizational models to ensure appropriateness and continuity of care. To describe and evaluate the results of one year of activity of a structured care model for geriatric/internal medicine patients in the Emergency Department.

**Materials and Methods.** A model based on early and multidimensional clinical assessment, multidisciplinary integration between emergency physicians, internists/geriatricians, and nursing staff, and dedicated clinical-care pathways was implemented. Process and outcome indicators were analyzed, including ED length of stay, hospitalization rate, appropriateness of care destination, and level of clinical complexity of patients taken in charge.

**Results.** During the 2024–2025 period, a 4% increase in clinical complexity was observed. At the same time, the risk of inappropriate care decreased by 7%, and the average length of stay was reduced by 37%, indicating improved management of highly complex patients and more efficient use of healthcare resources.

**Conclusions.** The care model proved to be effective and sustainable, improving appropriateness, continuity of care, and management of complex geriatric/internal medicine patients in the Emergency Department. This approach represents a valuable organizational strategy that can be replicated in similar healthcare settings.

**Abstract Code: FDI25019-68**

**MULTIDIMENSIONAL PROGNOSTIC INDEX AND ITS DOMAINS AS TOOLS FOR RISK STRATIFICATION, CLINICAL DECISION-MAKING, AND DISCHARGE PLANNING IN ELDERLY HOSPITALIZED PATIENTS**

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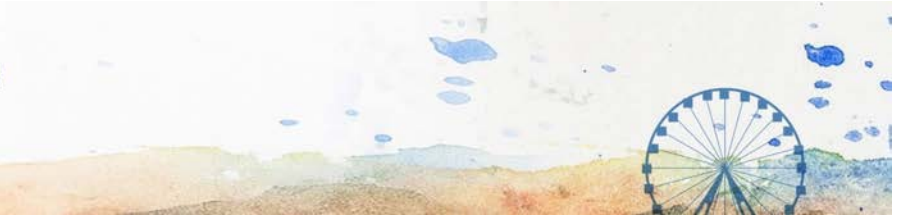
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**Introduction and Aim.** of the study: Elderly patients often present high clinical complexity and frailty making prognostic assessment challenging. The MPI has been proposed as a reliable tool for global risk stratification in older hospitalized patients. The aim of the study was to evaluate the association between MPI risk classes and in-hospital outcomes and to explore the prognostic role of individual MPI domains.

**Materials and Methods.** single-center observational study included 99 elderly patients admitted at Geriatrics of "Miulli" Hospital during 2025. At admission clinical, and functional data were collected and MPI was calculated. Patients were classified into low (<0.33), moderate (0.33–0.66), and high (>0.66) risk categories. Outcomes were categorized as home discharge, other destination or exitus.

**Results.** Overall, 74% of patients were discharged home, 10% to other destinations and 16% died. Adverse outcomes were significantly associated with poorer functional status, greater cognitive impairment, worse nutritional status, and higher risk of pressure ulcers ( $p < 0.05$ ). MPI showed a strong association with outcome: mortality was mainly observed in the high-risk group, whereas low-risk patients were predominantly discharged home ( $p < 0.001$ ).

**Conclusions.** MPI is confirmed as an effective prognostic tool in elderly patients. Both MPI risk classes and individual domains were associated with in-hospital outcomes, supporting the routine use of comprehensive geriatric assessment to improve risk stratification and clinical decision-making in internal medicine settings



**Abstract Code: FDI24973-76**

**EARLY QUANTITATIVE AND QUALITATIVE MUSCLE LOSS DETECTED BY BEDSIDE  
ULTRASOUND: THE ASSETTO MUSCOLARE STUDY**

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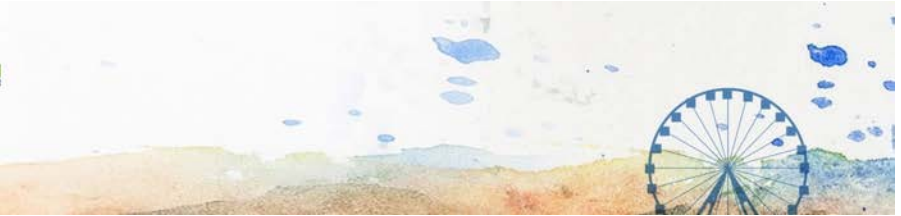
(1) *Medicina Interna, Ospedale Michele e Pietro Ferrero, Verduno*, (2) *Medicina Interna, Ospedale Mauriziano, Torino*, (3) *Medicina Interna, Ospedale Molinette, Torino, Italy*.

**Introduction and Aim.** Frailty, dynapenia and sarcopenia significantly affect ageing societies; yet accessible screening tools in clinical settings remain limited. This study aims to investigate changes in muscle thickness and quality in hospitalized patients using bedside musculoskeletal ultrasound (US) in an Internal Medicine ward.

**Materials and Methods.** This is an ongoing, prospective, multicentre observational study. Rectus femoris (RF) thickness, cross-sectional area (CSA), and vastus lateralis (VL) echo intensity and pennation angle were assessed using bedside US within 48 hours of admission and after 7-10 days. Muscle quality was evaluated through pixel intensity analysis of the VL using ImageJ software. In addition to ultrasound parameters, serum proteins and micronutrient levels were assessed through routine blood tests.

**Results.** A total of 54 patients (31 male and 23 female) with a median age of 81 years (interquartile range, IQR, 70-87) were included. The main cause of admission was sepsis (31.5%) and 30% had active cancer. 40% of patients had at least 4 points on the SARC-F questionnaire. A statistically significant decrease in the CSA ( $p=0.0001$ ) and longitudinal section ( $p=0.0009$ ) of the RF, as well as in the pennation angle ( $p=0.0002$ ) was observed during hospitalisation.

**Conclusions.** A significant quantitative and qualitative reduction in muscle mass was observed after 7 days of hospitalization, supporting the role of US in the early identification of physical decline, nutritional risk and functional disability associated with prolonged hospital stay.



**Abstract Code: FDI24831-69**

**THE COMPLEX PATIENT IN MAJOR ORTHOPEDIC SURGERY:  
THE PERIOPERATIVE INTERNAL MEDICINE MODEL**

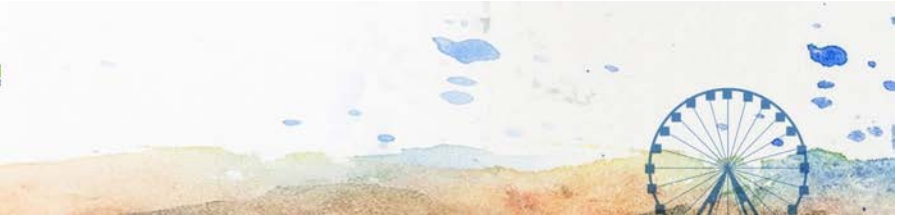
S. Parro<sup>1</sup>, P. Zamboni<sup>1</sup>, M. Fotinidi<sup>1</sup>, A. La Froschia<sup>1</sup>, L. Lenzi<sup>1</sup>, R. Rana<sup>1</sup>, I. Ziatsikava<sup>1</sup>, E. Lisi<sup>1</sup>, R. Bentivegna<sup>2</sup>, M. Romagnoli<sup>3</sup>  
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**Introduction.** A Perioperative Internal Medicine model for the integrated management of medically complex patients undergoing major orthopedic surgery is presented. The model is structured around a co-management organizational framework involving internists, orthopedic surgeons, anesthesiologists and physiatrists, and is designed to ensure continuity of care throughout the perioperative pathway while reducing length of stay and postoperative complications.

**Materials and Methods.** The Perioperative Medicine Unit at Argenta Hospital consists of six dedicated beds. Patient eligibility is defined by orthopedic criteria (prosthetic surgery), internal medicine criteria (at least two chronic conditions or one or more unstable clinical states), and anesthesiological criteria (ASA class II–III).

**Results.** From June 2022 to June 2025, 541 admissions were recorded (67% female, 33% male; age range 19-105 years), with 33% urgent and 77% elective procedures. Observed medical complications included myocardial infarction 0.70%, acute heart failure 3.70%, arrhythmias 1%, deep vein thrombosis and pulmonary embolism 1%, pneumonia 2.90%, surgical site infection 3% and sepsis 1.70%. Mean overall length of stay was 7.82 days. At discharge, 34.5% of patients returned home, 36.64% were transferred to long-term care and 3.45% to rehabilitation.

**Conclusions.** The Argenta Perioperative Medicine model represents an effective application of multidisciplinary co-management in medically complex orthopedic patients, associated with reduced complications and optimized hospital length of stay.



**Abstract Code: FDI24744-72**

**STANDARDIZING VENOUS ACCESS SELECTION AND MANAGEMENT IN INTERNAL MEDICINE,  
WITH POTENTIAL INTEGRATION OF AI SYSTEMS**

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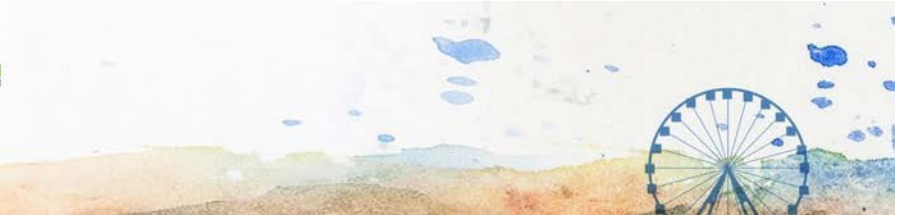
(1) ASST Pavia - Ospedale Civile di Voghera (PV), Italy.

**Introduction.** Vascular access is a fundamental clinical tool, as more than 80 percent of hospitalized patients receive at least one intravenous therapy. Catheter use is associated with relevant complications, including phlebitis, infiltration, infections, and thrombosis, which may prolong hospitalization and negatively affect clinical outcomes.

**Materials and Methods.** This study, developed by the Internal Medicine Unit of Voghera Hospital, aims to standardize venous access selection and management through an operational flowchart based on patient and treatment characteristics. An evidence-based approach is applied to identify the most appropriate device among short peripheral catheters, long peripheral catheters, midline catheters, and central vascular access devices. Nursing staff evaluates therapies according to chemical and physical properties, including osmolarity, pH, and endothelial damage potential, using data from scientific literature. Requests for complex devices are managed by a dedicated vascular access team. Device management includes skin antisepsis with 2% chlorhexidine in 70% alcohol, daily site inspection, transparent semipermeable dressings replaced every five to seven days, sutureless fixation systems, saline flushing, and predefined dwell times.

**Results.** The expected outcome is improved vascular access management with a reduction in complications, with the potential use of AI.

**Conclusion.** Create a standardized model, based on therapy chemical and physical characteristics, aims to enhance patient safety and optimize clinical outcomes.



**Abstract Code: FDI25031-62**

**PATTERN PRESCRITTIVI DELLA TERAPIA ANTICOAGULANTE IN UNA COORTE DI PAZIENTI GRANDI ANZIANI CON FIBRILLAZIONE ATRIALE**

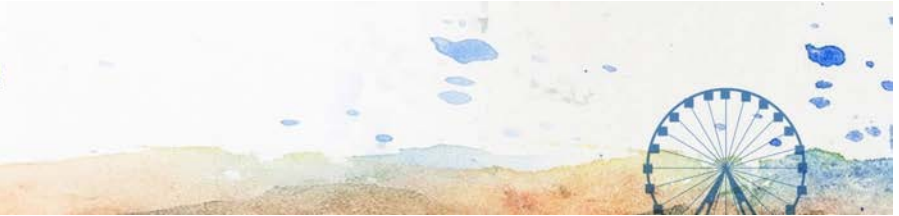
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**Introduzione.** La terapia anticoagulante (AC) nei pazienti grandi anziani fragili con fibrillazione atriale (FA) rappresenta una sfida per il complesso equilibrio tra rischio tromboembolico ed emorragico.

**Materiali e Metodi.** In uno studio retrospettivo abbiamo analizzato i pattern prescrittivi AC in 83 pazienti di età  $\geq 85$  anni ricoverati con FA nella nostra unità operativa. Sono state investigate variabili demografiche, cliniche, laboratoristiche, e scale di valutazione geriatrica (NEWS, IDA, BRADEN, MORSE). I pazienti sono stati suddivisi in 2 gruppi in base all'appropriatezza prescrittiva AC: inappropriata (iAC), appropriata (aAC).

**Risultati.** L'età media era  $90 \pm 4$  anni, i pazienti presentavano in media  $4 \pm 1$  patologie croniche, ed assumevano  $6 \pm 3$  farmaci all'ingresso. La prescrizione AC era iAC in 22 casi (27,5%): 9 no AC, 8 AC dose ridotta, 5 enoxaparina. All'analisi univariata, età, Hb media, e pregresso sanguinamento erano significativamente differenti tra i 2 gruppi: Hb (gr/dl) iAC  $10 \pm 3$  vs aAC  $12 \pm 1$ ,  $p=.004$ ; sanguinamento (% casi) iAC 41% vs aAC 16%,  $p=.015$ . In analisi multivariata (regressione logistica) Hb  $< 11$  gr/dl (OR 3,5, 95%CI 1,2-10,8,  $p=.027$ ) e pregressa emorragia (OR 5,5, 95%CI 1,5-19,3,  $p=.008$ ) si confermavano unici predittori di inappropriata prescrizione AC in FA, mentre l'età non risultava significativa ( $>94$  vs 85-89 anni, OR 2,4, 95%CI 0,5-11,0,  $p=.243$ ) Conclusioni: I risultati preliminari dello studio evidenziano come variabili correlate alla sicurezza AC siano il fattore più rilevante nella gestione non appropriata AC.



**Abstract Code: FDI24586-76**

**COMPARING NEURON-SPECIFIC ENOLASE, INFLAMMATORY BIOMARKERS, AND NEUROLOGICAL SCORES IN ACUTE INFECTIONS. INSIGHTS FROM AN EXPLORATORY REPORT**

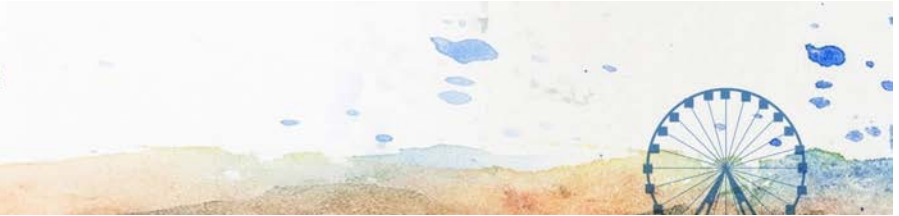
G. Re<sup>1</sup>, A. Comitangelo<sup>1</sup>, E. Porfido<sup>1</sup>, I. Veneziano<sup>1</sup>, V. Oliva<sup>1</sup>, V. Bozzardi<sup>1</sup>, F. Palumbo<sup>2</sup>, N. Argese<sup>2</sup>, C. Tortorella<sup>1</sup>, A. Vozza<sup>1</sup>  
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**Introduction.** Sepsis-associated encephalopathy (SAE) is a frequent but underestimated complication of acute infections, usually diagnosed with non-specific clinical tools. Neuron-specific enolase (NSE) has been proposed as a marker of infection-related brain injury, but evidence comparing it with inflammatory biomarkers and neurological scores in non-intensive care unit settings is limited. This study aimed to assess the ability of admission NSE to predict in-hospital mortality and to compare its prognostic performance with inflammatory biomarkers and bedside neurological scores.

**Materials and Methods.** We conducted a prospective study in 28 adults hospitalized with acute infections. Within 12 hours of admission, NSE, C-reactive protein (CRP), procalcitonin, interleukin-6 (IL-6), lactate, and neurological scores (GCS, AVPU) were assessed. The primary outcome was in-hospital mortality.

**Results.** Eight patients (28.6%) died. Non-survivors showed significantly higher NSE, CRP, IL-6 and lactate, while neurological scores did not differ. NSE correlated with mortality, CRP and lactate, whereas neurological scores showed no meaningful associations. ROC analysis confirmed excellent discrimination for NSE (AUC 0.90), which remained independently linked to mortality after adjustment.

**Conclusions.** In non-ICU infections, NSE outperformed neurological scores in predicting in-hospital mortality and showed meaningful correlations with systemic inflammation. These findings support its role as an early marker of infection-associated brain dysfunction.



**Abstract Code: FDI24602-65**

**DIGNITÀ E CRONICITÀ: SVILUPPO E VALIDAZIONE DI UNA VERSIONE BREVE DEL PATIENT DIGNITY INVENTORY**

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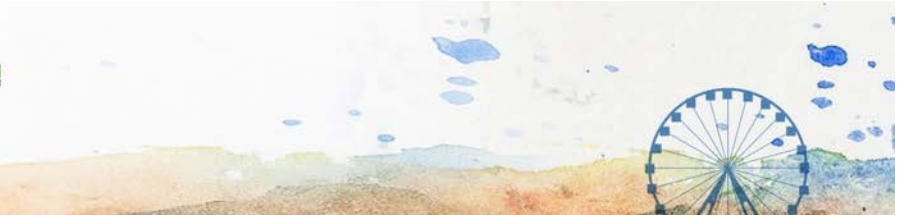
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**Introduzione.** La dignità è centrale nell'assistenza centrata sulla persona. Il Patient Dignity Inventory è ampiamente utilizzato, ma i suoi 25 items sono poco adatti ai contesti di cronicità, che richiedono strumenti brevi e a basso carico. Obiettivo è sviluppare e validare una versione breve del Patient Dignity Inventory per persone con patologie croniche.

**Materiali e Metodi.** Studio osservazionale condotto da giugno 2024 a maggio 2025 all'interno dell'Azienda Ospedaliera Universitaria Senese e nella USL Toscana Sud Est. Sono stati arruolati 240 pazienti con condizioni croniche cardiovascolari, respiratorie, renali, metaboliche, muscoloscheletriche e dolore cronico. Le analisi psicometriche hanno incluso modellizzazione Rasch, consistenza interna, affidabilità test-retest, validità convergente con la Psychological Well-Being Scale a 42 item e Differential Item Functioning per età e genere.

**Risultati.** L'analisi Rasch ha confermato il buon adattamento degli 11 item selezionati. La consistenza interna è risultata elevata e l'affidabilità nel tempo eccellente. La validità convergente è stata confermata e il Differential Item Functioning ha mostrato un bias minimo tra sottogruppi di età e genere.

**Conclusioni.** La versione breve del Patient Dignity Inventory si è dimostrata psicometricamente solida, di rapida somministrazione e adatta al monitoraggio del distress legato alla dignità nelle malattie croniche. Lo strumento appare idoneo all'integrazione nella pratica clinica e nella ricerca su popolazioni croniche.



**Abstract Code: FDI24873-75**

**EFFICACY OF THE VENOUS EXCESS ULTRASOUND SCORE (VEXUS) AS A PREDICTOR OF OUTCOME IN PATIENTS HOSPITALIZED FOR HEART FAILURE: A PROSPECTIVE STUDY**

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**Introduction.** The multiorgan POCUS assessment (lung ultrasound, inferior vena cava, echocardiography, and VExUS score) allows for a complete and noninvasive assessment of venous congestion. VExUS score has a diagnostic value but also a prognostic role: several studies have demonstrated how a high score is associated with an increased risk of acute kidney injury and unfavorable clinical outcomes. On the basis of these premises, our study assessed the potential predictive value of the VExUS score in a population of patients hospitalized in our Unit, analyzing its association with mortality and 30-day rehospitalization.

**Materials and Methods.** A prospective, single-center study was conducted in Internal Medicine and Critical Care Department of AOU Modena in July 2025: all enrolled 26 patients hospitalized for acute heart failure underwent multiorgan POCUS evaluation at the admission and before discharge.

**Results.** VExUS score was strongly associated with 30-day prognosis: both the score at admission, at discharge and its variation over time ( $\Delta$ VExUS) showed a significant correlation with outcome. In multivariate analysis, the VExUS score at discharge was confirmed to be independently associated with an adverse outcome, with a high negative predictive value (94.7%).

**Conclusions.** The strength that emerged from our work, is the availability of a standardized and reproducible ultrasound parameter capable of objectively assessing residual systemic congestion optimizing the hospitalization process, guiding treatment and defining a personalized follow-up.

**Abstract Code: FDI25041-63**

**RADIOTHERAPY IN PROSTATE CANCER IN THE ELDERLY: THE CRUCIAL ROLE OF ADVANCED IMAGING AND PATIENT SELECTION BASED ON MULTIDIMENSIONAL GERIATRIC ASSESSMENT**

S. Rotunno<sup>1</sup>, F. Todi<sup>2</sup>, A. Di Palma<sup>3</sup>

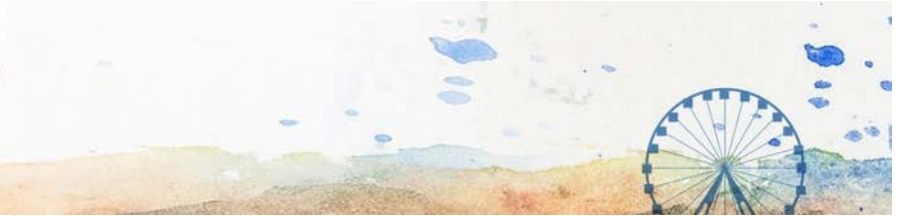
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**Background.** In elderly patients (pz) with prostate cancer (PC), genitourinary (GU), gastrointestinal (GI) toxicity related to radiotherapy (RT) represents a key determinant of treatment adherence, quality of life, hospital admissions. The evolution of integrated imaging (MRI and PET/CT) is reshaping target definition, while geriatric assessment enables pz selection and optimization prior to RT initiation.

**Materials and Methods.** This retrospective study included 63 elderly pz with PC (2023-25) with definitive intensity-modulated RT (IMRT/VMAT) using integrated image-guided RT (IGRT) and hypofractionation or SBRT. All pz underwent G8 geriatric screening; those with a score <14 were subsequently referred for Comprehensive Geriatric Assessment (CGA). MRI integrated into the linear accelerator enabled improved target delineation and reduction of urethral and rectal target volumes compared with IGRT based on CT/CBCT alone, resulting in reduction and lower dose to organs at risk. Endpoints Acute and late toxicity (CTCAE/RTOG), treatment interruptions or delays, hospitalizations, quality of life, and biochemical control.

**Results.** Imaging-guided RT allowed high treatment adherence, with a low incidence of  $\geq$ G3 toxicity and limited treatment interruptions n=3. Consistent with available evidence, selected elderly pz showed overall toxicity profiles comparable to younger to genitourinary toxicity.

**Conclusions.** Geriatric stratification supported treatment intensity decisions and preventive measures, reducing the risk of poor tolerance and reduction in selected long-term urinary endpoints.



**Abstract Code: FDI24792-75**

**ADVANTAGE OF 16S RRNA SEQUENCING ANALYSIS IN COMBINATION WITH CULTURAL METHODS FOR THE MANAGEMENT OF COMPLICATED INFECTIOUS ENDOCARDITIS REQUIRING SURGERY**

V. Scheggi<sup>1</sup>, I. Merilli<sup>2</sup>

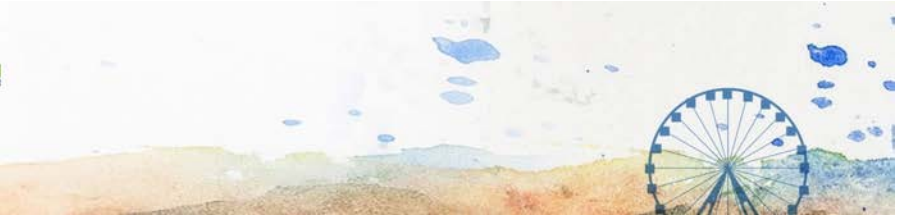
(1) AOU Careggi, Firenze, (2) Firenze, Italy.

**Introduction.** Infective endocarditis (IE) remains a major clinical challenge due to difficulties in microbiological diagnosis. Conventional blood cultures often fail, resulting in culture-negative IE and limiting targeted antimicrobial therapy. This study aimed to evaluate the impact of 16S rRNA gene sequencing on etiologic diagnosis and management of non-device-related IE requiring surgery.

**Materials and Methods.** We prospectively analyzed 149 patients who underwent surgery for non-device-related IE between 2022 and 2024. All patients had blood cultures, valve tissue cultures, and molecular analysis of excised valves using 16S rRNA sequencing. Outcomes were compared with a retrospective cohort of 512 surgically treated IE patients with similar characteristics but without molecular diagnostics.

**Results.** Mean age was 64 years, with females representing one third of cases. The aortic valve was most frequently involved. Valve cultures were positive in 10–12% of cases, whereas 16S rRNA sequencing identified pathogens in 37–39%. The combined use of molecular diagnostics and blood cultures reduced culture-negative IE from approximately 16% to 9–11%. Molecular findings enabled optimization of antimicrobial therapy and were associated with reduced mortality.

**Conclusions.** Incorporation of 16S rRNA sequencing improves etiologic diagnosis and management of IE. Given the high concordance with blood cultures, molecular testing may be reserved for cases with negative blood cultures or suspected atypical pathogens.



**Abstract Code: FDI24595-76**

**FRAILITY AS AN INDEPENDENT RISK FACTOR FOR MULTIDRUG-RESISTANT BACTERIAL INFECTIONS IN HOSPITALIZED OLDER ADULTS: AN OBSERVATIONAL STUDY**

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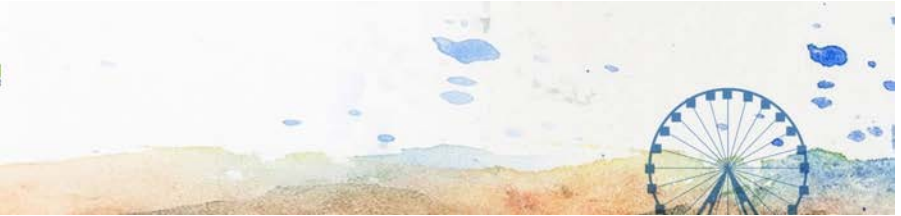
(1) U.O. Medicina Interna di Continuità-Azienda Ospedaliero Universitaria di Parma, (2) Università degli Studi di Parma, Italy.

**Introduction.** Multidrug-resistant (MDR) bacterial infections are an emerging threat in older patients, but the role of global frailty, beyond age and comorbidity, has not been fully clarified.

**Materials and Methods.** We conducted an observational study including 208 acutely hospitalized older adults. Patients were stratified into 3 groups: 1) culture-negative; 2) positive for non- multidrug-resistant bacterial infections and 3) multidrug-resistant bacterial infections. Frailty was assessed using the Clinical Frailty Scale and a multidimensional frailty index. We performed multinomial logistic regression to identify independent predictors of multidrug-resistant status.

**Results.** Of the 208 patients, 119 (57%) were culture-negative, 60 (29%) had non multidrug-resistant infections, and 29 (14%) had multidrug-resistant infections. Age and sex distribution were similar across groups. In contrast, frailty increased progressively from culture-negative to non-multidrug-resistant to multidrug-resistant patients: median CFS 5, 6 and 6, respectively ( $p = 0.004$ ;  $p$  for trend = 0.002), and median PC-FI 0.20, 0.24 and 0.28 ( $p = 0.021$ ). The proportion of patients with Clinical Frailty Scale  $> 4$  rose from 56% to 70% to 83% across the 3 groups ( $p = 0.015$ ). Multidrug-resistant positive patients more frequently required professional 24-hour caregivers, broad-spectrum antibiotics, and had longer length of stay compared with the other groups.

**Conclusions.** Frailty was more strongly associated with Multidrug-Resistant Bacterial Infections than age or traditional comorbidities.



**Abstract Code: FDI24652-70**

**EFFECTIVENESS OF A JOINT MEDICAL-NURSING WOUND CARE SERVICE IN AN ACUTE CARE HOSPITAL SETTING: AN OVERVIEW AFTER 5 YEARS OF ACTIVITY**

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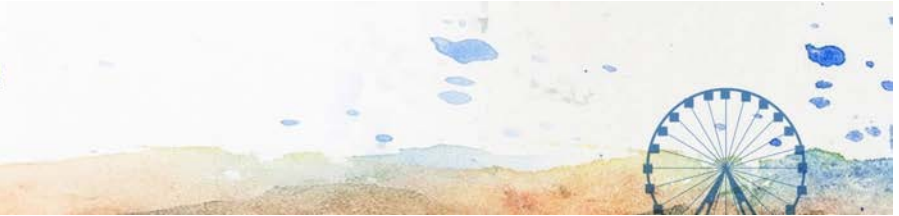
*(1) Ospedale di Montichiari - ASST Spedali Civili di Brescia, (2) Università di Brescia, (3) Ospedale di Montichiari - ASST Spedali Civili di Brescia, Università di Brescia, Italy.*

**Introduction.** Wound care represents a growing clinical challenge: the number of affected subjects in Italy surpasses two million. At the Medical Department of Montichiari Hospital (ASST Spedali Civili di Brescia), a Wound Care service has been settled according to an integrated specialist model, staffed by an Advanced Practice Nurse (APN) and an Internal Medicine specialist. Patients population comes both from the community and the hospital itself. The option of a consultation during hospital staying is available for all departments.

**Materials and Methods.** We analysed the results of the first 5 years of activity, both overall and based on the type of service and type of consultancy.

**Results.** From January 2021 to December 2025, more than 3,200 services were overall performed (with a trend to increase every year): approximately 2,300 medication in outpatient clinic and more than 900 consultations (and subsequent treatments) during hospital stays, in various departments. While the outpatient clinic's patients come from a wide range of backgrounds, it is interesting how 90% of the consults was required by clinical departments (60% of which were from Internal Medicine and Geriatrics), while only 5% involved surgical patients. The remaining 5% included Emergency departments, Psychiatry, Haematology, and others.

**Conclusion.** The integrated Wound Care service with medical-nursing management is an important resource for both outpatient and inpatient care; strategies are needed to increase its visibility and attractiveness to surgical disciplines.



**Abstract Code: FDI24712-67**

## **ADHERENCE TO THE MEDITERRANEAN DIET AMONG MEDICAL STUDENTS AT THE UNIVERSITY OF BARI**

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**Introduction.** Despite the recognized health benefits and cultural role of the Mediterranean Diet (MD), Westernized eating patterns are increasing in Italy. This study assessed MD adherence among medical students, presumed to be health-conscious.

**Materials and Methods.** MD adherence was evaluated with the PREDIMED questionnaire in 300 students from the University of Bari "Aldo Moro," equally distributed across six academic years. Anthropometric data were also collected.

**Results.** Overall adherence was moderate. Sixth-year students showed the highest adherence (14%) and first-years the lowest (2%). Females demonstrated higher adherence and lower overweight prevalence (18% vs 34%) than males. Adherence was not significantly associated with body mass index or waist-to-height ratio; notably, no obese students belonged to the high adherence group. Local and non-local students did not differ significantly, but eating meals outside was associated with lower adherence. Areas of concern included low fruit and vegetable intake, while more than half consumed processed foods regularly.

**Conclusions.** Adherence varied by sex and year, with better scores in final-year students, possibly reflecting cumulative nutritional knowledge. Early nutrition education and improved campus access to fruits and vegetables, alongside reduced processed foods, may foster healthier habits. As future physicians, medical students must both practice and promote healthy lifestyles, underscoring the need for stronger nutritional training and supportive food environments.

**Abstract Code: FDI24631-67**

## **HYDROXYCHLOROQUINE FOR RECURRENT PERICARDITIS: A MULTICENTRE OBSERVATIONAL STUDY**

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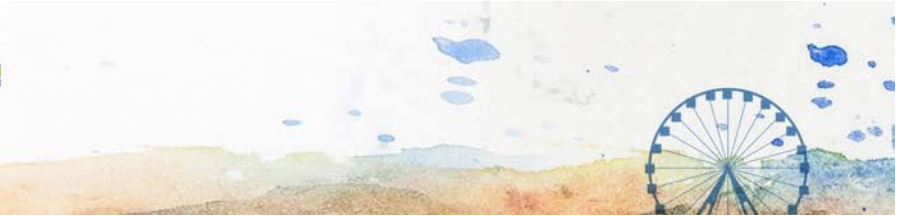
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**Introduction.** Hydroxychloroquine (HCQ) has been proposed as a third-step treatment for recurrent pericarditis (RP), mostly as a steroid-sparing drug. The study aims to assess the effect of HCQ in RP.

**Methods.** Multicentre longitudinal observational study involving 80 patients with idiopathic or post-cardiac injury RP, treated with HCQ for at least 6 months (April 2014-August 2025). Recurrences, hospitalizations, side effects, and therapies were evaluated before and after HCQ. Patient and physician-reported effectiveness were recorded.

**Results.** Females were 57/80 (71%); median age 51.5 years [IQR 43.8-62.8]. The daily dose of HCQ was 400 mg in 52 patients (65%) and 200 mg in 28 (35%). Among the 62 patients treated with HCQ for at least 12 months, recurrences decreased in the 12 months following treatment (median 1 [0-2]) compared with the 12 months preceding it (2 [1-3]) ( $p < 0.001$ ), as well as hospitalizations (5 vs 32) ( $p < 0.001$ ). HCQ was effective in CRP-positive or CRP-negative subjects. Fifty-four patients (67.5%) were on steroids when HCQ was started, but only 21 (26.3%) continued them at the last follow-up ( $p < 0.001$ ); the median daily dose of prednisone was reduced from 10.0 mg [7.5-17.5] to 5.0 [2.5-5.0] ( $p < 0.001$ ). Regarding patients' opinions about HCQ effectiveness, 64 pts (80%) judged it useful, 16 (20%) neutral; the physicians' opinions were similar (concordance rate 74 (93.7%),  $k$  0.777;  $p < 0.001$ ).

**Conclusions.** HCQ reduced recurrences, hospitalizations, and corticosteroid dose in RP, with no relevant side effects.



**Abstract Code: FDI24887-80**

**COMPARISON OF HAS-BLED AND DOAC SCORE FOR BLEEDING RISK PREDICTION IN PATIENTS WITH NON-VALVULAR ATRIAL FIBRILLATION TREATED WITH DIRECT ORAL ANTICOAGULANTS: A REAL-WORLD COHORT STUDY**

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**Introduction.** Bleeding risk assessment is recommended in patients with atrial fibrillation (AF) receiving oral anticoagulant therapy. HAS-BLED is the most commonly used score, but it was developed in vitamin K antagonist-treated populations and shows limited predictive ability. As direct oral anticoagulants (DOACs) are now first-line therapy in non-valvular AF, a DOAC-specific bleeding risk score was proposed in 2023, called “DOAC score”. This study aimed to compare the predictive accuracy of the two scores.

**Materials and Methods.** We conducted a retrospective observational study including patients with non-valvular AF treated with DOACs and followed at the Anticoagulation Center of Pavullo Hospital (AUSL Modena). HAS-BLED and DOAC scores were calculated. Predictive performance for major bleeding (MB) and for the combined endpoint of MB and clinically relevant non-major bleeding (CRNMB) was assessed using ROC curve analysis.

**Results.** The analysis included 228 patients (mean age  $80.7 \pm 8.6$  years; 41.7% women). Major bleeding occurred in 16.2% of patients, while 25.0% experienced clinically significant bleeding. Both scores showed modest predictive ability for major bleeding (AUC 0.63 for DOAC score and 0.59 for HAS-BLED). The DOAC score demonstrated superior performance for both major bleeding and the combined endpoint of MB and CRNMB (AUC 0.66 vs 0.57;  $p = 0.02$ ).

**Conclusions.** In a real-world cohort of patients with non-valvular AF treated with DOACs, the DOAC score outperformed HAS-BLED in predicting bleeding events, despite overall modest discrimination.

**Abstract Code: FDI24555-72**

**CORRELATION BETWEEN CK RATIO AND PRIMARY CANCER SCREENING: CRICK STUDY.  
THREE-YEAR EXPERIENCE (2023-2025)**

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**Introduction.** In the three year period 2023-2025, the authors enrolled 30 patients with CK-MB values equal or superior to those of total CK. In the 30 patients an acute coronary disease was excluded. All patients underwent total body CT scan with contrast material and in all patients an undetected and asymptomatic neoplasm was identified as an incidental finding. The "CRICK" study, an acronym deriving from "Creatine kinase (ck) mb - to - total CK ratio", indicates in the CK - MB an indicator for the screening of neoplasia. The "CRICK" study proposes the following

**Objectives.** 1) to verify the CK ratio values in the 30 patients with unrecognized neoplasia; 2) verify the statistical significance found by applying the Cochran Q test to determine if the degree of lysis takes statistical significance.

**Materials and Methods.** The 3 comparative variables, "K conditions", were named with the letter A (CK ratio <1), B (CK ratio = 1), C (CK RATIO > 1). The 30 patients (100%) presented the C condition (CK ratio > 1). With the abbreviation tQ the name of the Cochran test is indicated applied to the 3 conditions according to the formula  $xA^2 + xB^2 + xC^2$ .

**Results.** The Cochran Q test applied to the 30 patients, shows, to the comparative analysis, highly significant differences ( $p < 0.001$ ). In fact, the value of  $X^2$  obtained is 60 and the CV (critical value) of  $X^2$  for  $p = 0.001$  is 13.86 with GL = 2

**Conclusions.** The CRICK study demonstrates that there is a statistically insignificant correlation between CK ratio values and the mismatched tumor weight.

**Abstract Code: FDI24700-64**

## **L'ATTIVAZIONE DELLA PERSONA ASSISTITA: LA PROSPETTIVA INFERMIERISTICA**

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**Introduzione.** L'attivazione della persona assistita è un tema trattato da tutte le discipline che riguardano la persona e la sua salute, tra cui l'infermieristica. Tuttavia, la disponibilità di studi in questo ambito è limitata. L'obiettivo dello studio è proporre una concettualizzazione del fenomeno "attivazione" della persona assistita e dei suoi determinanti da una prospettiva infermieristica, declinati nell'area medica ospedaliera.

**Materiali e Metodi.** E' stata elaborata una definizione operativa del concetto e individuati i suoi fattori determinanti con un approccio costruttivistico. Sono state somministrate delle interviste semi-strutturate e un questionario ad esperti iscritti ANIMO, per identificare i più rilevanti per tale processo in area medica ospedaliera.

**Risultati.** Sono emersi 11 determinanti. I più influenti sull'attivazione della persona in area medica ospedaliera sono: risorse affettive e sociali, volontà, alfabetizzazione sanitaria, fase della vita, emozioni. Da questi risultati è stato elaborato il profilo della persona attivata nell'area, descrivendone manifestazioni e comportamenti osservabili.

**Conclusioni.** Lo studio intende contribuire allo sviluppo delle conoscenze disciplinari infermieristiche sul piano concettuale ed esperienziale, a sostegno del ragionamento clinico dell'infermiere e della personalizzazione dell'assistenza. Quanto emerso può arricchire il dibattito sulle cure fondamentali e approfondire la dimensione della responsabilità della persona.

**Abstract Code: FDI24570-69**

## **THE IMPORTANCE OF VITAL SIGNS DETECTION AT TRIAGE**

A. Villa<sup>1</sup>, G. Dossi<sup>1</sup>, E. Colosio<sup>1</sup>, M. Pisanello<sup>1</sup>

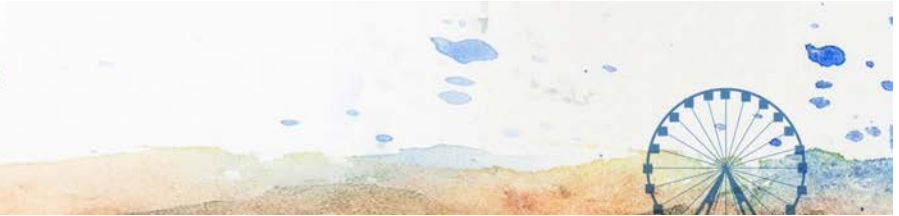
*(1) Corso di Laurea Infermieristica – Sezione Fatebenefratelli, Università Statale di Milano, Italy.*

**Introduction and Aim.** of the study. Detecting and recognizing the deterioration of vital signs (VS) is a priority in the assessment of critically ill patients (pts). The most commonly reported VS are: blood pressure (BP), heart rate (HR), respiratory rate (RR), oxygen saturation (SO<sub>2</sub>), temperature (T), and level of consciousness (LC). We analyzed the detection of VS in a cohort of pts admitted to triage with suspected sepsis.

**Materials and Methods.** We analyzed 542 pts admitted to the Emergency Department of an Hospital in Milan, selected based on the presence of fever or acute organ dysfunction due to a non-infectious cause and therefore classified as suspected sepsis using the NEWS2 score.

**Results.** Only 62.7% of pts had a complete recording of all VS, as follows: 100% of cases LC; 94.3% SO<sub>2</sub>; 93.7% HR; 93.0% BP; 92.6% T; 69.6% RR.

**Conclusions.** RR is a key parameter for the early identification of clinical conditions such as sepsis. In the literature, RR is also the least frequently documented VS, with omission rates ranging 14%-84%. Unlike other parameters measured by devices, RR requires direct observation: this manual process may be considered “slow” in emergency settings, where time is critical. Another contributing factor may be that some operators regard SO<sub>2</sub> as sufficient to assess respiratory function, overlooking the fact that even optimal SO<sub>2</sub> levels can mask an abnormal RR. RR is often the first sign of clinical deterioration; therefore, inaccurate or missing detection may delay the activation of rapid response protocols, increasing the risk of adverse events.



**Abstract Code: FDI25036-67**

**SEMAGLUTIDE PLUS EMPAGLIFLOZIN IMPROVES RENAL OUTCOMES COMPARED WITH MONOTHERAPIES IN TYPE 2 DIABETES: A REAL-WORLD STUDY**

P. Villari<sup>1</sup>, A.M. Labate<sup>2</sup>

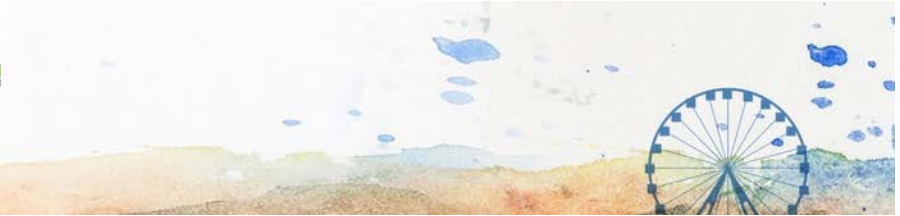
*(1) ASST Garda, Specialistica Ambulatoriale Branca Diabetologia, Località Monte Croce, Desenzano del Garda, (2) ASST Mantova, Specialistica Ambulatoriale Diabetologia, Mantova, Italy.*

**Introduction and Aim.** In people with type 2 diabetes mellitus, glucagon-like peptide-1 receptor agonists and sodium-glucose cotransporter 2 inhibitors provide cardio-renal benefits, but the additive effect of their combination on renal outcomes in clinical practice is less defined.

**Materials and Methods.** Observational study (312 patients) with a baseline assessment and follow-up at 24 months. We compared semaglutide, empagliflozin, and combined semaglutide plus empagliflozin therapy. Primary endpoint: composite renal responder (non-negative change in estimated glomerular filtration rate, eGFR, and no worsening in albuminuria category). Analyses used adjusted models and inverse probability of treatment weighting.

**Results.** The renal responder rate differed across groups (empagliflozin 52.9%, semaglutide 73.2%, combination 97.1%; global  $p < 0.00001$ ). In adjusted models, the combination outperformed empagliflozin (odds ratio 33.55;  $p < 0.00001$ ) and semaglutide (odds ratio 13.99;  $p = 0.0004$ ), with consistent findings after weighting (global  $p = 0.0007$ ). The combination also improved change in eGFR ( $\beta$  11.17;  $p = 0.0055$ ). The triglyceride-glucose body mass index (TyG-BMI) showed no significant between-group differences after adjustment (global  $p = 0.4719$ ).

**Conclusions.** In this real-world cohort, combined semaglutide plus empagliflozin therapy was associated with better renal outcomes than either monotherapy, with robust results after adjustment and weighting.



**Abstract Code: FDI24646-73**

**SARCOPENIA AND HEART FAILURE: THE USEFULNESS OF MUSCLE ULTRASOUND AND THE DYNAMOMETER IN CLINICAL PRACTICE**

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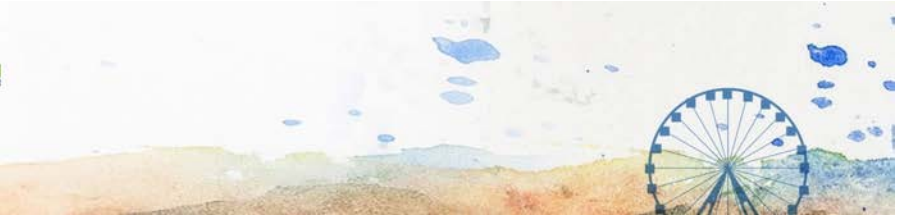
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**Introduction.** In clinical practice, ultrasound can be a valid tool, easy to apply and reproducible for the sarcopenia's diagnosis. The aim of this study is to evaluate the relationship between sarcopenia data (by ultrasound and dynamometer) and NT-proBNP in elderly pts hospitalized for Heart Failure (HF).

**Materials and Methods.** At the Int. Med. Dep, a cross-sectional observational study was conducted on 30 ( $\geq 65$  yrs) pts with HF. All pts underwent to lab tests, ultrasound measurement of the rectus femoris muscle and muscle strength by dynamometer (hand grip test). Spearman test, Student t-test and chi-square were used for statistical test.

**Results.** According to hand grip test, 93.3% of pts were sarcopenic and had higher NT-proBNP ( $p=0.031$ ). Prealbumin, urea and creatinine were lower in sarcopenic pts ( $p=0.033$ ,  $p=0.001$  and  $p=0.030$ , respectively). According to ultrasound measurements, the thickness of the subcutaneous tissue was lower in sarcopenic pts (0.64 vs 1.23 mm,  $p=0.052$ ). A significant correlation ( $p=0.016$ ) emerged between the values measured by dynamometer and the rectus femoris muscle thickness of the X-axis. Hand grip values correlated with both prealbumin ( $p=0.011$ ) and systolic fraction ( $p=0.033$ ).

**Conclusions.** Muscle ultrasound represents a potential tool for the study of sarcopenia in clinical practice, able to provide information compared to the dynamometer, which remains fundamental. HF and sarcopenia are closely interconnected and mutually reinforcing, so the assessment of muscle status is an important field of study for future therapeutic options.



**Abstract Code: FDI24968-80**

## **A RARE CASE OF TUBERCULOUS SPONDYLODISCITIS CAUSED BY INTRAVESICAL BACILLUS CALMETTE-GUÉRIN INSTILLATIONS**

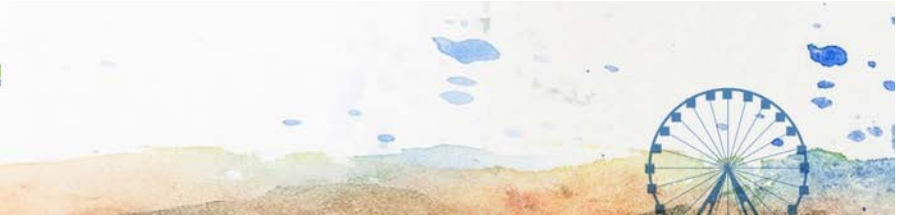
C. Ambrosi<sup>1</sup>, G. Gilli<sup>1</sup>, F. Gravina<sup>1</sup>, G. Orlando<sup>1</sup>

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**Introduction.** Spondylodiscitis is an infection of the intervertebral disc with subsequent infection of the adjacent vertebral bodies. The main causes are pyogenic, granulomatous (tuberculous) and parasitic organisms. There are rare cases of tuberculosis (TBC) spondylitis after the treatment of bladder cancer with Bacillus Calmette-Guerin (BCG), an attenuated strain of *Mycobacterium bovis*. Usually, they develop several months after intravesical BCG therapy. The Quantiferon (QFT) test is useful for the differential diagnosis of *M. bovis* BCG and *M. tuberculosis* when there is no history of TBC.

**Description.** A 72-years-old man with a history of bladder cancer undergoing BCG instillation was admitted to our department for severe metabolic acidosis, fever, dyspnoea and lower back pain. He was recently hospitalised for multiple organ failure secondary to urosepsis by *Klebsiella pneumoniae*. Lab test showed neutrophilic leukocytosis, PCR 179 mg/L, procalcitonin 11,6 ug/L. Blood and urine cultures, swabs for respiratory viruses were negative. An abdominal CT scan raised suspicion of spondylodiscitis at L4-L5, which was confirmed by RMN imaging. At biopsy, polymerase chain reaction was positive for Koch's bacillus (BK) and cultures were positive for *M. bovis*, consistent with his history of bladder BCG instillations. At lab exams QTS was negative.

**Conclusions.** BCG spondylitis are rare but many cases may not have been reported for the lack of microbiological examination, which is important even in complex patients with a consistent history, negative for previous TBC.



**Abstract Code: FDI24916-73**

**ACQUIRED HEMOPHILIA A AND ANTIPHOSPHOLIPID ANTIBODIES: DIAGNOSTIC PITFALLS AND THERAPEUTIC CHALLENGES IN A FRAIL ELDERLY PATIENT**

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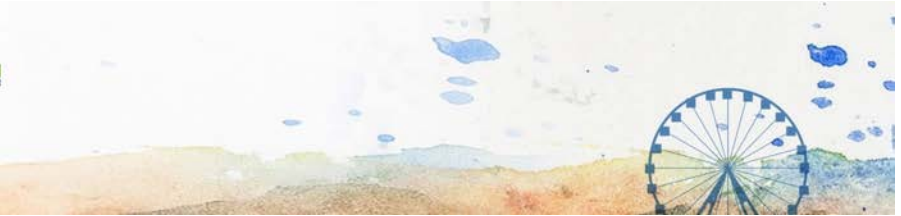
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*Department of Primary Health Care, Internal Medicine Unit Addressed to Frailty and Aging, AUSL Romagna, Ravenna, Italy.*

**Introduction.** Acquired Hemophilia A (AHA) is a rare autoimmune bleeding disorder caused by autoantibodies against coagulation Factor VIII, often affecting elderly patients and associated with high morbidity.

**Description.** An 80-year-old man with hypertension, diabetes and obesity, not on antithrombotic therapy, was admitted for recurrent muscle hematomas, ecchymoses and hemoptysis. Laboratory tests showed an isolated prolonged activated partial thromboplastin time (aPTT) of 77 seconds, Factor VIII activity <1%, high-titer Factor VIII inhibitor, normal Prothrombin Time (PT), and elevated D-dimer. Imaging excluded neoplastic causes. Immunological assessment revealed triple antiphospholipid antibody (aPL) positivity, including Lupus Anticoagulant, without clinical criteria for antiphospholipid syndrome. This co-occurrence created a diagnostic paradox between bleeding and prothrombotic markers. Immunosuppressive therapy with prednisone (1 mg/kg/day) induced complete clinical remission with inhibitor negativization. However, steroid treatment was complicated by severe hyperglycemia and Mycoplasma pneumoniae pneumonia. After steroid withdrawal, a laboratory relapse occurred. Considering patient frailty and comorbidities, second-line therapy with Rituximab was initiated after specialist consultation, achieving clinical stability.

**Conclusion.** This case highlights the diagnostic challenges of AHA with aPL and supports Rituximab as an effective second-line treatment when steroid-related toxicity limits standard protocols in frail internistic patients



**Abstract Code: FDI24601-64**

## **CLIMATE CHANGE AND HEALTH: CROSS-SECTIONAL STUDY ON THE KNOWLEDGE AND ATTITUDES OF HEALTH PROFESSIONALS**

A. Arnone<sup>1</sup>, F. Riccardo<sup>2</sup>, G. Gioiello<sup>3</sup>

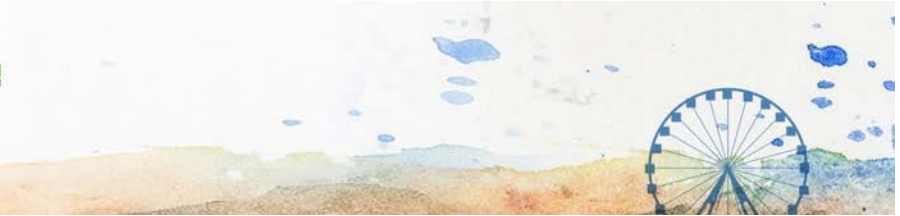
(1) AOU Federico II, (2) ASL NA 2, (3) Università "Kore" Enna, Italy.

**Introduction.** Climate change represents the greatest health threat of the twenty-first century, as it directly and indirectly affects the health and well-being of the population. Health professionals have a critical role to play in combating the health consequences of climate change. However, specific knowledge on the subject is scarcely investigated in Italy. The study assessed the level of knowledge, attitudes and behaviours of Italian healthcare professionals with respect to climate change and its implications on health.

**Materials and Methods.** The cross-sectional study, conducted between April and August 2024, involved 162 health professionals in Campania, selected through an online self-administered questionnaire.

**Results.** 50% of participants reported an average level of knowledge. The main causes of climate change indicated were air pollution (83.3%) and the destruction of forests and agricultural land (64.8%). Only 39.5% believe that the actions of health workers can mitigate climate change. Among the limitations of the study are a possible selection bias and limited geographical representativeness.

**Conclusions.** The implementation of training and awareness-raising programmes is necessary to strengthen health literacy on climate change.



**Abstract Code: FDI24856-76**

**LIFE-THREATENING MEDICAL COMPLICATIONS OF EXTREME ANOREXIA NERVOSA: A CASE MANAGED IN INTERNAL MEDICINE**

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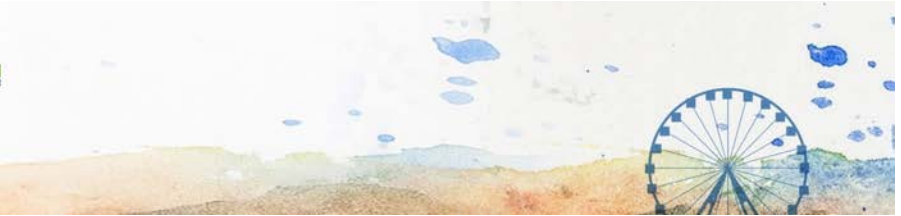
*(1) SC Medicina, Ospedale di Luino, ASST dei Sette Laghi di Varese, (2) Dietista, ASST dei Sette Laghi di Varese, (3) SC Medicina, Ospedale di Varese, ASST dei Sette Laghi di Varese, (4) Dapss, Ospedale di Luino, ASST dei Sette Laghi di Varese, (5) Psichiatra, Italy.*

**Background.** Anorexia nervosa is associated with high medical morbidity and mortality, when complicated by profound malnutrition, metabolic derangements, and infectious complications.

**Case Presentation.** We report the case of a 22-year-old girl with anorexia nervosa admitted to an internal medicine ward for severe malnutrition and acute hepatic dysfunction with marked hypertransaminasemia and mixed hyperbilirubinemia. During hospitalization, the clinical course was complicated by viral respiratory infection, bacterial pneumonia, and candidemia due to *Candida albicans*, requiring prolonged antifungal therapy. The patient underwent an intensive, carefully monitored nutritional rehabilitation program combining parenteral and enteral nutrition, with gradual transition to oral intake to minimize the risk of Refeeding Syndrome.

**Results.** The patient showed progressive clinical stabilization, resolution of hepatic dysfunction and infectious complications, improvement of hematologic parameters, and a gradual weight gain, allowing eventual discontinuation of artificial nutrition and discharge with structured nutritional follow-up. Despite persistent psychiatric vulnerability a shared care plan was established to ensure continuity after discharge.

**Conclusions.** Internists are increasingly required to manage these complex patients within medical wards, coordinating multidisciplinary care and addressing life-threatening complications. Early recognition of complications, cautious refeeding, and strong multidisciplinary collaboration are crucial to improve outcomes in these high-risk patients.



**Abstract Code: FDI24997-82**

**PREVENZIONE IN AMBITO OSPEDALIERO: INTEGRAZIONE MULTIPROFESSIONALE IN NELL'IMPLEMENTAZIONE DI UN PROCESSO VACCINALE STRUTTURATO IN MEDICINA INTERNA**

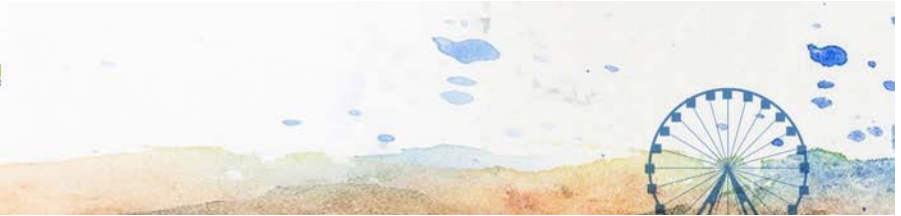
I.M. Banfi<sup>1</sup>, M. Turrini<sup>1</sup>, M. Degani<sup>1</sup>, A.M.G. Staffa<sup>1</sup>, F. Dentali<sup>1</sup>

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**Introduzione.** La degenza in Medicina Interna costituisce un'opportunità strategica per interventi di prevenzione vaccinale nei pazienti anziani e fragili e nei loro caregiver. In Regione Lombardia, solo circa la metà delle strutture ospedaliere dichiara di somministrare attivamente vaccinazioni ai soggetti fragili, pur in presenza di un contesto favorevole all'intercettazione dei bisogni preventivi. L'adesione alle vaccinazioni antinfluenzale, anti COVID-19, anti-herpes zoster e anti-pneumococco rimane subottimale. In tale contesto, l'implementazione di percorsi organizzativi strutturati e la collaborazione interprofessionale rappresentano una leva per migliorare l'offerta e l'adesione vaccinale.

**Descrizione.** Nel reparto di Medicina Interna è stato implementato un processo vaccinale strutturato rivolto a pazienti ricoverati e caregiver, integrato nel percorso di degenza. Le vaccinazioni antinfluenzale, anti COVID-19, anti-herpes zoster e anti-pneumococco sono offerte ai pazienti direttamente in reparto dal personale sanitario, con il supporto degli Educatori Professionali operanti nell'équipe multiprofessionale; per i caregiver è prevista la prenotazione dell'appuntamento presso un centro vaccinale tramite il software regionale ARVAX.

**Conclusioni.** L'implementazione di un processo vaccinale strutturato in Medicina Interna favorisce l'accesso e l'adesione alle vaccinazioni raccomandate nei pazienti ricoverati e nei caregiver ed è associata a un incremento del 178% delle vaccinazioni somministrate rispetto al 2024.



**Abstract Code: FDI24999-84**

## **INTERVENTI EDUCATIVI IN MEDICINA INTERNA DURANTE LA FASE ACUTA DI MALATTIA: UN MODELLO INTEGRATO A SUPPORTO DEI PROCESSI CLINICO-ASSISTENZIALI**

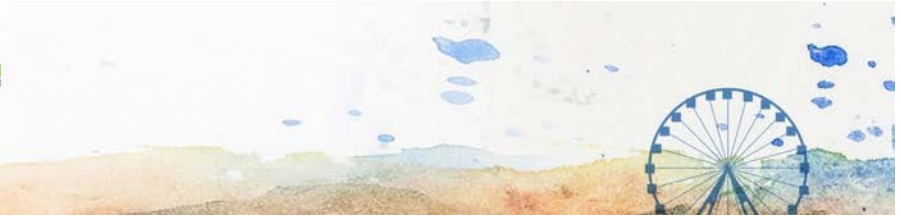
I.M. Banfi<sup>1</sup>, M. Turrini<sup>1</sup>, A.M.G. Staffa<sup>1</sup>, F. Dentali<sup>1</sup>

(1) ASST Sette Laghi, Varese, Italy.

**Introduzione.** Il ricovero in Medicina Interna è un evento complesso che coinvolge dimensioni cliniche e decisionali, in particolare nei pazienti anziani e fragili. La gestione della fase acuta di malattia, orientata alla stabilizzazione clinica, può ridurre l'attenzione ai bisogni educativi, con ricadute sull'adesione ai trattamenti, sull'autonomia e sulla continuità assistenziale. In tale contesto, l'integrazione di interventi educativi strutturati risponde all'esigenza di una presa in carico globale della persona.

**Descrizione.** Nel reparto di Medicina Interna è stato sviluppato un modello di intervento educativo integrato nell'attività dell'équipe multiprofessionale, finalizzato a supportare i processi decisionali del paziente e dei caregiver durante il ricovero. L'analisi dei bisogni ha evidenziato criticità quali scarsa adesione ai trattamenti, ridotta motivazione ai percorsi di cura e carico emotivo dei familiari, con potenziali ricadute sulla durata della degenza, sull'appropriatezza della dimissione e sul rischio di riospedalizzazione precoce. Gli interventi prevedono colloqui strutturati e facilitazione della comunicazione tra paziente, caregiver ed équipe.

**Conclusioni.** L'integrazione di interventi educativi strutturati in Medicina Interna, anche durante la fase acuta di malattia, contribuisce a migliorare l'appropriatezza dei percorsi assistenziali e la qualità della dimissione. Il modello risulta sostenibile e replicabile in altri contesti assistenziali.



**Abstract Code: FDI24932-71**

**FOSFOMYCIN IN INTERNAL MEDICINE PATIENTS AS COMBO-THERAPY**

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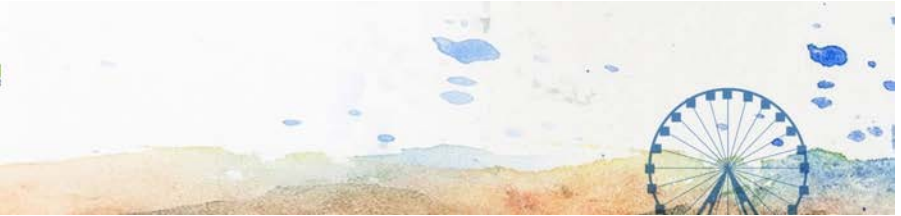
(1) U.O. Medicina Generale, Ospedale S. Martino, ULSS1 Dolomiti, Belluno, Italy.

**Introduction and Aim.** Adverse effects have led clinicians to avoid fosfomycin in comorbid patients. The aim of this study is to analyze risk factors for hypokalemia during fosfomycin combo-therapy.

**Materials and Methods.** A retrospective observational study of cases with fosfomycin combo-therapy admitted to Department of Internal Medicine of S. Martino Hospital (Belluno) in 2025 was performed.

**Results.** 14 patients were recorded, median age 69yrs (IQR 52-74), male sex 64.3%, median Charlson Comorbidity Index (CCI) 6. Fosfomycin was combined mostly with ceftriaxone (50.0%), cefazolin (21.4%). Median duration of fosfomycin therapy was 14dy, of total antibiotic therapy 42dy. Kidney abscess was treated in 35.7%, osteomyelitis (foot-clavicle), spondylodiscitis, prostatic abscess, cholecystitis in 14.3% each, pneumonia abscess, fasciitis in 7.1% each. Identified pathogens were mostly *Escherichia coli* (42.9%) and *Staphylococcus aureus* (28.6%). Clinical cure was observed in 85.7%. Hypokalemia appeared in 35.7%. Univariate analysis revealed diabetes, cardiovascular disease, chronic renal failure are not associated with hypokalemia ( $p>0.05$ ). In multivariate analysis age ( $p=0.38$ , OR 1.11, IC95% 0.88-1.39), CCI ( $p=0.82$ , OR 1.12, IC95% 0.43-2.87), obesity ( $p=0.61$ , OR 3.17, IC95% 0.04- 251.61), acute renal failure ( $p=0.77$ , OR 1.71, IC95% 0.04-65.72) are not associated with hypokalemia.

**Conclusions.** Renal or cardiovascular disease are not associated with hypokalemia during fosfomycin combo-therapy; these data suggest fosfomycin can be used safely in comorbid patients.



**Abstract Code: FDI25040-62**

**EXTRAPULMONARY LYMPH NODE TUBERCULOSIS AS A CAUSE OF FEVER OF UNKNOWN ORIGIN IN A HEMODIALYSIS PATIENT WITH COMPLEX AORTIC PROTHESES AND CONCOMITANT LATENT SYPHILIS**

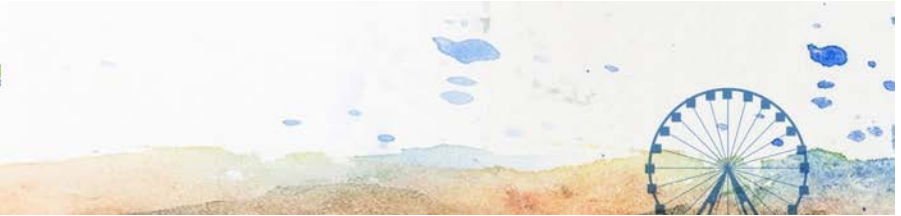
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**Introduction.** Fever of unknown origin (FUO) in haemodialysis patients with vascular protheses poses significant diagnostic challenges, particularly due to the need to exclude infectious aortitis and other prothesis-related infections.

**Description.** We report the case of a 73 years old male patient on haemodialysis, admitted for persistent hyperpyrexia refractory to empirical antibiotics. Medical history included thoracoabdominal aortic surgical and endovascular procedures due to type 2 aortic aneurysm. Laboratory tests showed elevated inflammatory markers. Computed tomography of thoraco-abdominal vessels revealed periaortic inflammatory changes and gas adjacent to a thoracic aortic prothesis, raising concern for infectious aortitis. An extensive diagnostic work-up was performed. Serological testing was positive for syphilis, interpreted as latent infection and treated with ceftriaxone, without resolution of fever. Positron emission tomography showed only mild aortic uptake but intense uptake of mediastinal and supraclavicular lymph nodes. Quantiferon testing was indeterminate. Excisional biopsy of a right supraclavicular lymph node demonstrated necrotizing infection positive for *Mycobacterium tuberculosis*, establishing the diagnosis of extrapulmonary tuberculosis. Targeted antitubercular therapy led to clinical improvement.

**Conclusions.** This case underscores the importance of comprehensive etiological screening in suspected infectious aortitis and highlights extrapulmonary tuberculosis as a critical cause of FUO, even in the presence of confounding findings.



**Abstract Code: FDI24978-81**

**CAPNOCYTOPHAGA CANIMORSUS SPONDYLODISCITIS: AN UNUSUAL PRESENTATION OF A ZONOTIC INFECTION**

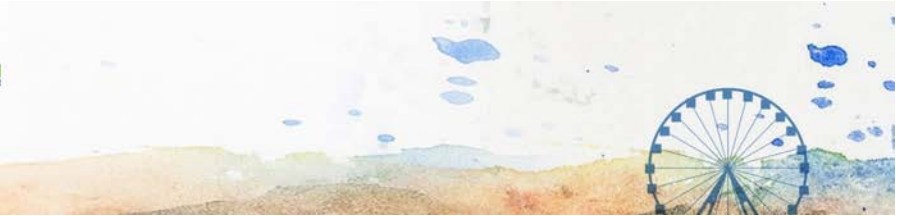
R.T. Benedetto<sup>1</sup>, P. Del Vecchio<sup>2</sup>, R. Graffeo<sup>3</sup>, M. Mariotti<sup>3</sup>, M.L. Summa<sup>1</sup>, M. Occhiuto<sup>1</sup>, M. Giovinale<sup>1</sup>, M. Mastropasqua<sup>1</sup>, M.L. Burzo<sup>1</sup>, P. Magnani<sup>1</sup>

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**Introduction.** Capnocytophaga canimorsus is a slow-growing Gram-negative bacterium associated with severe infections following dog bites. Spondylodiscitis from this pathogen involving previously operated spinal segments is extremely rare.

**Description.** A 52-year-old immunocompetent woman working in a dog daycare presented with 10-day fever (40°C), headache, photophobia, and lumbar pain after superficial dog bites. History included L5-S1 hemilaminectomy 9 years prior. Examination showed fever, neck stiffness, and L4-L5 tenderness. Laboratory revealed leukocytosis with elevated C-reactive protein (264 mg/dL). Magnetic resonance imaging showed L4-L5 spondylodiscitis without epidural abscess. Computed tomography-guided disc biopsy yielded *C. canimorsus* after 72 hours anaerobic incubation, identified via Matrix-Assisted Laser Desorption/Ionization Time-of-Flight mass spectrometry and 16S ribosomal ribonucleic acid sequencing. Blood cultures were negative; echocardiography excluded endocarditis. Treatment with ceftriaxone then oral amoxicillin/clavulanic acid for 6 weeks achieved complete resolution.

**Conclusions.** This case demonstrates unusual *C. canimorsus* spondylodiscitis affecting a spinal segment adjacent to surgery nine years later. The interval suggests hematogenous seeding through occupational exposure rather than surgical contamination. Previously operated sites may remain vulnerable years post-intervention. Clinicians should obtain occupational histories and consider zoonotic pathogens in spondylodiscitis in patients with animal exposure and prior spinal surgery.



**Abstract Code: FDI24666-75**

## **THE ROLE OF INTERMEDIATE CARE UNIT IN INTERNAL MEDICINE: INSIGHTS FROM A 21-MONTH OBSERVATIONAL STUDY**

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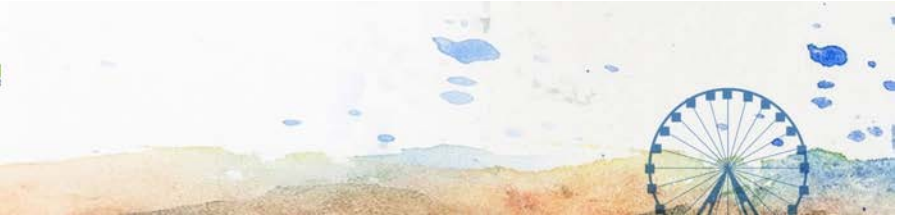
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**Introduction.** The increasing clinical complexity of patients admitted to Internal Medicine wards has led to the establishment of Intermediate Care Units (IMCUs). This study aimed to describe the characteristics, clinical profile, and outcomes of patients admitted to an IMCU within an Internal Medicine Department over a 21-month observation period.

**Materials and Methods.** We retrospectively analysed 2,000 hospitalizations (Jan 2024–Oct 2025), of which 282 (14.1%) involved the IMCU. Demographic, clinical, and laboratory data—including comorbidities (Charlson Comorbidity Index), frailty (Clinical Frailty Scale, CFS), and clinical severity at admission (NEWS2)—were compared between IMCU and standard ward patients.

**Results.** IMCU patients were significantly younger (mean age 73.9 vs.80.1 years, $p<0.01$ ), less frail (CFS 4.5 vs.5.3, $p<0.01$ ), and more frequently autonomous in mobility (non-bedridden 94.3% vs.82.7%, $p<0.01$ ). They presented with higher NEWS2 scores (5.4 vs.4.3,  $p<0.001$ ), indicating greater clinical instability. Mortality did not differ significantly between IMCU and standard ward patients (14.9% vs.17.8%, $p=0.23$ ). Mean hospital stay was longer in the IMCU group (13.9vs.11.8 days, $p=0.03$ ).

**Conclusions.** Patients admitted to the Intermediate Care Unit showed higher acute severity, but lower frailty and comorbidity burden compared to those in the ordinary ward, with similar mortality but longer hospitalization. These findings underscore the complementary role of IMCUs in Internal Medicine for the management of acutely unstable yet functionally resilient patients.



**Abstract Code: FDI24814-70**

## **A RARE CASE OF PNEUMOCOCCAL ORCHIEPIDIDYMITIS**

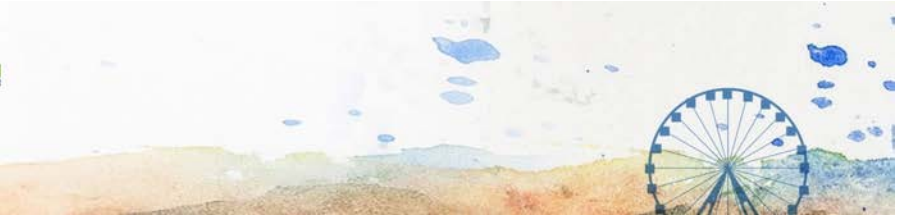
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**Introduction.** We present a rare case of invasive pneumococcal disease with clinical signs of left-sided orchiepididymitis, observed in the Internal Medicine Department of San Vito al Tagliamento Hospital.

**Description.** A 61-year-old man was admitted for high-grade fever and right shoulder pain, which had progressively worsened in the days preceding hospitalization. He also reported the onset of left testicular pain, dysuria, and urinary frequency. His medical history included peripheral psoriatic arthritis, in stable remission under treatment with etanercept, and polyglobulia without evidence of lymphoproliferative disease, currently under follow-up. Radiological evaluation showed no joint effusion or traumatic lesions of the right shoulder; MRI findings were consistent with an arthrosic process. Testicular ultrasound revealed inflammatory changes compatible with left orchiepididymitis. Microbiological investigations showed blood cultures positive for *Streptococcus pneumoniae*, and urinary antigen testing was also positive for pneumococcus. TAM analysis demonstrated CD64 hyperactivation with a ratio of 5. Chest X-ray showed no parenchymal consolidations, transthoracic echocardiography revealed no valvular vegetations suggestive of endocarditis, and abdominal ultrasound showed no significant abnormalities.

**Conclusions.** This case was diagnosed as invasive pneumococcal disease presenting with epididymitis. The patient showed an excellent clinical response to antibiotic therapy, initially with a ureidopenicillin and subsequently de-escalated to amoxicillin-clavulanate.



**Abstract Code: FDI24954-75**

## **INTRAHEPATIC LITHIASIS IN ADULTS: A GENETIC ISSUE?**

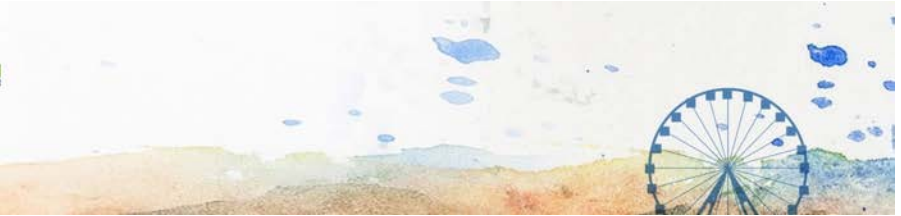
L. Bettazzoni<sup>1</sup>, L. Napoli<sup>2</sup>, F. Conti<sup>2</sup>, F.G. Foschi<sup>2</sup>

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**Introduction.** We present a case of low-phospholipid-associated cholelithiasis (LPAC) syndrome, a genetic cholestatic liver disease characterized by cholelithiasis at age <40, recurrence after cholecystectomy and intrahepatic lithiasis.

**Description.** A 55-year-old man presented to the ED with emesis and epigastric pain without fever. Laboratory tests showed elevated liver enzymes, cholestasis, and bilirubin. CRP and lipase were normal. In history: recurrent episodes of uncomplicated biliary lithiasis since age 18. MRI showed alithiasic intra- and extrahepatic dilatation of the biliary tree (up to 8 mm) and an inflammatory periampullary stenosis of the choledochal duct. FDG-PET didn't detect areas of pathological activity. AMA/ANA/LKM/ANCAs autoantibodies were negative; IgG subclasses and biliary acid were normal. With fasting and IV crystalloid, clinical-laboratory resolution was achieved. At echoendoscopy, intrahepatic lithiasis of the left lobe was discovered. Because of symptom recurrence, MRI was repeated, revealing intrahepatic microlithiasis of the caudal lobe. A surgical approach was chosen, and a left hepatectomy extended to S1 was performed. Genetic analysis was ordered, which proved compatible with LPAC. Ursodeoxycholic acid was started, and at 18 months no recurrence of symptoms was recorded.

**Conclusion.** Genetic cholestatic diseases are not exclusively paediatric conditions; they can also manifest in adults with serious complications, as in our case. Therefore, as it is a treatable disease, it is important to include genetic testing in the differential diagnosis.



**Abstract Code: FDI24882-75**

## **OPTIMIZATION OF HEART FAILURE PATIENTS THERAPY: THE DAY HOSPITAL OPPORTUNITY**

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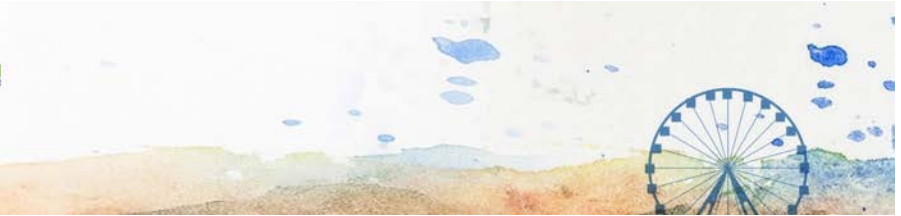
Italy.

**Introduction.** Heart failure represents a major public health issue affecting more than 55 million people worldwide and is a leading cause of morbidity and mortality. Despite recommendations the early introduction of the four “cornerstone” molecules, guideline-based medical therapy remains underutilized and underdosed in patients with heart failure.

**Materials and Methods.** 350 patients diagnosed with heart failure were admitted at day hospital during 1/1/2025-31/12/2025; 158 patients (45%) with HF<sub>r</sub>EF were evaluated at the initial visit to the day hospital (T0) and at the 6-month follow-up (T1). The general practitioner and local nurse were involved in the home management.

**Results.** Age 80 ± 10.5, HF<sub>r</sub>EF (60%), HF<sub>m</sub>rEF (40%); males (70%); NYHA IIa 40% IIIa-IVa 60% etiology: ischaemic 36.6%, dilated 38%, valvular 15.4%, hypertensive 10%; comorbidity: high BP 70% AF 45% COPD 18% stroke 21% CKD 52% diabetes 20% ICD 26% clinical features: EF 38.4% ± 6.8 vs 42.4% ± 4.2 (p < 0,001); SBP 122.7 ± 3.3 mmHg vs 109.2 ± 6.2 mmHg (p < 0,001); FC 64.6 ± 5.8 vs 65 ± 3.3 (ns); CrCl 1.49 ml/min ± 0.4 vs 1.28 ml/min ± 0.2 (p < 0,001); NT-proBNP 6758 ± 3687 vs 4586 ± 3085 (p < 0,001); mitral regurgitation 98% (53% moderate, 31% mild, 14% severe); therapy: SGLT2 70% vs 99% BB 78% vs 86% ACEi/ARNI 75% vs 89% MRA 59% vs 60%

**Conclusions.** day hospital care represent an opportunity to optimize therapy, improve quality of life and reduce hospitalizations. The observed increase in prescription rate highlights the potential impact of day hospital in optimizing heart failure care.



**Abstract Code: FDI24620-65**

**BEYOND A YELLOW FEVER: A CASE OF CHOLESTATIC LIVER INJURY**

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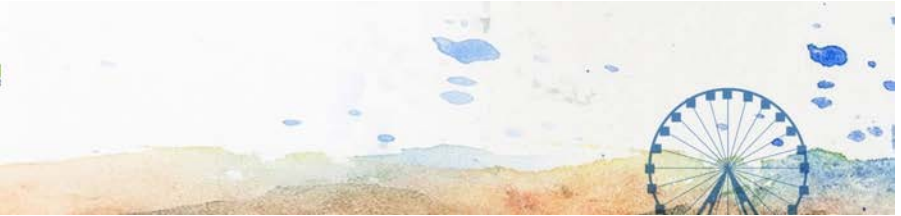
(1) *UO di Medicina Interna, Ospedale di Vaio, Fidenza (PR), Italy.*

**Introduction.** Liver injury with cholestatic pattern implies various etiologies (p.e. infectious, toxic, mechanical).

**Description.** A 93 years old woman was admitted for fever (T 37,5°C) and jaundice.

Blood chemistry was remarkable for a normal blood cell count and renal function, total bilirubin 11 mg/dl (direct bilirubin 7 mg/dl), alkaline phosphatase 826 U/l, GGT 456 U/l, SGOT 154 U/l, SGPT 156 U/l. Serology for viruses (HAV,HBV,HCV,HEV, herpesviruses) were negative as well as liver autoimmunity. Liver ultrasound and MRI cholangiography were unremarkable. Blood and urine cultures were negative for microbial growth. The patient took clarithromycin for bronchitis about 2 weeks before the current presentation. Hence we suspected Drug induced liver injury (DILI), a diagnosis of exclusion supported by medical history (the patient assumed a notorious culprit drug). Liver biopsy may support the diagnosis but histologic findings are not pathognomonic. After supportive care and initiation of ursodeoxycholic acid, patient began to improve and liver chemistry normalized. She was advised to stop taking macrolides because there is risk of cross reaction between molecules of this class.

**Conclusions.** DILI can be an important cause of hepatic derangement. In fact many drugs may impair liver function either by cytotoxic mechanism or cholestatic (or both). Its crucial to stop the offending drug as soon as possibile; ursodeoxycholic acid may help liver recovery in cholestatic forms. Internists must acknowledge this entity when formulating differential diagnosis in patient with liver disfunction



**Abstract Code: FDI25071-66**

**A RARE CHRONIC PRESENTATION OF REITER'S SYNDROME SECONDARY TO *ESCHERICHIA COLI***

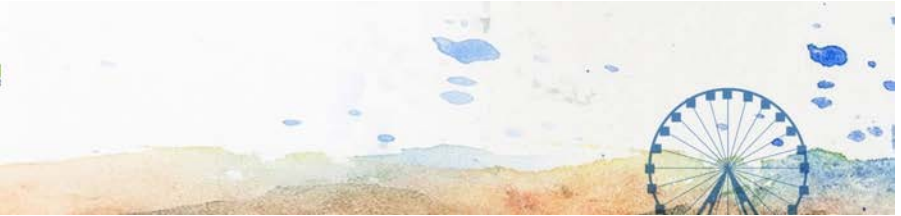
M. Boi<sup>1</sup>, F. Musu<sup>1</sup>, R. Cossu<sup>1</sup>, L. Pisu<sup>1</sup>, N. Battino<sup>1</sup>, A. Pisano<sup>1</sup>

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**Introduction.** Reiter's syndrome is a rare inflammatory disease (prevalence 1: 1000) that mainly affects young adults after genitourinary or gastrointestinal infections, most commonly due to Chlamydia or enteric pathogens. We report an atypical case of chronic Reiter's syndrome following a urinary infection caused by *Escherichia coli*.

**Description.** A 60-year-old man presented with fever, arthritis of the hands and feet, low back pain, conjunctivitis, photophobia, and testicular pain. Three weeks after a dental implant procedure, he was hospitalized elsewhere for fever and orchiepididymitis and treated with ceftriaxone and anti-inflammatory drugs, with transient improvement. One week later, symptoms relapsed with bilateral Achilles and toe extensor tenosynovitis, thrombosis of the right gastrocnemius veins, and thrombophlebitis of the left great saphenous vein. Microbiological and autoimmune tests were negative, including HLA-B27. Multisensitive *Escherichia coli* urethritis was diagnosed and treated with antibiotics. The disease course was marked by three flares within six months during corticosteroid tapering.

**Conclusions.** Reactive arthritis secondary to *E. coli* accounts for less than 1% of cases, and chronic Reiter's syndrome has not been previously reported. Approximately 80% of chronic cases are HLA-B27 positive, unlike our patient. Only 15–30% develop chronic disease requiring immunosuppressive therapy. Although uncommon, deep vein thrombosis and tenosynovitis were highly disabling. Clinical remission was achieved with corticosteroids and azathioprine.



**Abstract Code: FDI25000-58**

**IATROGENIC HYPOPHOSPHATEMIA IN RENDU-OSLER-WEBER SYNDROME:  
A CASE OF IRON AND CLODRONIC ACID INTERACTION**

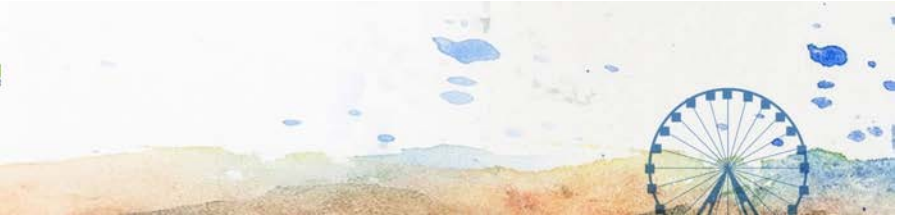
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**Introduction.** Rendu–Osler–Weber syndrome, or hereditary hemorrhagic telangiectasia (HHT), is an autosomal dominant disorder with arteriovenous malformations (AVMs) and recurrent bleeding, often causing chronic iron-deficiency anemia. Rarely HHT is associated with juvenile polyposis syndrome, which increases gastrointestinal bleeding risk.

**Description.** This case is about a 40-year-old woman with HHT, juvenile polyposis syndrome, and seronegative arthritis treated with periodic chronic intravenous iron for microcytic anemia. Two months before admission, she developed right-sided algodystrophy and received clodronic acid. She presented with severe diffuse myalgia and ankle pain, with anemia (hemoglobin 88 g/L). Imaging excluded fractures. Laboratory tests showed severe hypophosphatemia (1.29 mg/dl), other electrolytes were normal; electrocardiogram showed no repolarization abnormalities. Phosphate was supplemented intravenously and orally and clodronic acid was discontinued, resulting in symptom resolution and phosphate normalization. Gastrointestinal endoscopy and capsule endoscopy revealed multiple AVMs prone to spontaneous bleeding but without active hemorrhage.

**Conclusions.** Both intravenous iron therapy and clodronic acid are recognized causes of hypophosphatemia via distinct mechanisms, including increased FGF23-mediated renal phosphate wasting and reduced bone phosphate release. In patients with HHT requiring chronic iron supplementation, careful monitoring of phosphate levels and avoidance of concomitant therapies that may exacerbate hypophosphatemia are essential.



**Abstract Code: FDI24787-79**

## **DYSLIPIDEMIA CLINIC IN INTERNAL MEDICINE: A MODEL FOR CARDIOVASCULAR PREVENTION**

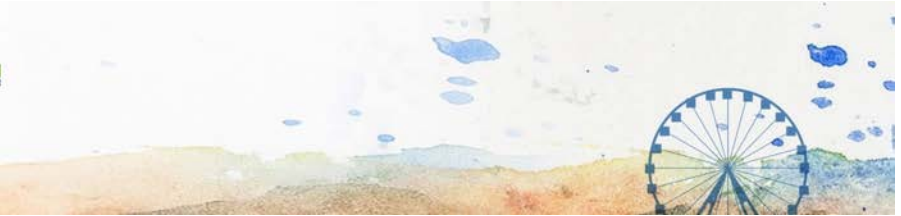
A. Bonelli<sup>1</sup>, G. Nicoletti<sup>1</sup>, P. Santarcangelo<sup>1</sup>, D. Clemente<sup>1</sup>, F. Labanca<sup>2</sup>

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**Background.** LDL cholesterol represent the causal factor of atherosclerotic cardiovascular disease, thus constituting the primary target of lipid-lowering therapy. Nevertheless the literature shows that the greatest part of the patients, despite treatment, fail to achieve the recommended LDL-C levels, remaining exposed to future cardiovascular events.

**Materials and Methods.** In January 2023 we set up an outpatient department for dyslipidemia in our Internal Medicine Unit. Until December 2025 we have enrolled 162 patients including 65 males and 97 females, with an average age of 57 years and the following levels of cardiovascular risk: low 9%, moderate 33%, high 45% and very high 13%. They presented an initial LDL-C average of 144 mg/dl and, after optimal medical therapy, of 80 mg/dl. Patients have received the recommended pharmacological treatment in relation to their cardiovascular risk. Among patients who returned to control, we recorded the achievement of the LDL-C goal in 75% of cases regardless of the level of risk. The percentage of target patients is much higher than in the literature (in the Da Vinci study this percentage was 33%!). The percentage of very high cardiovascular risk patients who reached their LDL-C goal in our study was 67%, compared to the Santorini study, which reported only 20.7%.

**Conclusions.** Establishing a dedicated dyslipidemia clinic within Internal Medicine department would significantly increase the percentage of patients reaching LDL-C targets, thereby preventing the onset of cardiovascular events.



**Abstract Code: FDI24903-69**

**BLOOD CULTURES PRE-ANALYTICAL STEWARDSHIP: 1 YEAR OF MONITORING THE IMPACT OF BLOOD VOLUMES IN THE DIAGNOSTIC QUALITY IN A SMALL HOSPITAL**

S. Bottali<sup>1</sup>, E. Marenco<sup>1</sup>, L. Bertoncini<sup>1</sup>, P.G. Giuri<sup>2</sup>

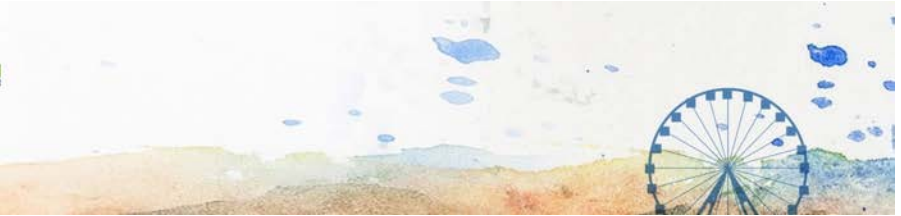
*(1) U.O. Patologia Clinica, AUSL Parma, S. Maria Borgo Val di Taro, (2) U.O.C. Medicina Interna, AUSL Parma, S. Maria Borgo Val di Taro (PR), Italy.*

**Introduction.** Blood cultures are critical for the diagnosis of bloodstream infections and sepsis. The quality of the pre-analytical phase is important to ensure appropriate diagnosis. Guidelines recommend a blood volume of 8-10 ml per bottle as incorrect volumes result in decreased sensitivity and prolonged time to positivity.

**Materials and Methods.** From December 2024 to December 2025, we measured collected blood volumes by weighing all blood culture containers from inpatient samples at the hospital of Borgo Val di Taro (PR). We analyzed blood cultures reaching recommended volumes, outcomes and time to positivity.

**Results.** We evaluated a total of 1.500 blood culture bottles collected from 398 patients. Of these, 487 (32.47%) contained the recommended filling volume of 8-10 ml. Among all positive samples, our positivity rate was 33.76% with correctly filled bottles.

**Conclusions.** In clinical practice there is a significant proportion of blood cultures which are inadequately filled. However, no significant correlation between the filling volume, the positivity rate, and the time to positivity was found. The false positive rate was lower with recommended filling volumes.



**Abstract Code: FDI25030-61**

**TOO FAST**

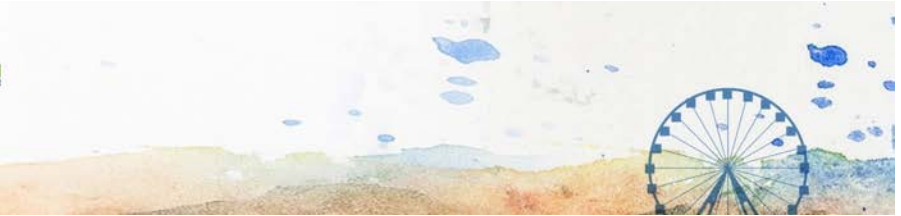
A. Bovero<sup>1</sup>, M. Rubino<sup>1</sup>, F. Artom<sup>1</sup>, E. Lecini<sup>1</sup>

(1) ASL2 Savonese, Italy.

**Introduction.** A 76-year-old man was hospitalized for fever, diffuse arthralgias; history of prostatectomy and pacemaker implantation for cardiac block.

**Description.** At admission we performed cultures and virological tests (negative), blood chemistry (modest neutrophilic leukocytosis and thrombocytopenia, normal coagulation, hyposodiaemia, LDH 1400 U/l, CRP 80); in subsequent tests progressive thrombocytopenia (up to 11000/mm<sup>3</sup>) and collapse of fibrinogen (up to 50 mg/dl), LDH >3000 u/l, ferritin > 4000 microg/l. Negative oncological markers, autoimmunity, chest and abdominal CT for neoplastic lesions (modest hepatosplenomegaly). In the meantime, the patient developed acute respiratory failure and bleeding diathesis (mucous membranes, venous access sites) On the third day of hospitalization, bone marrow aspiration was performed with a diagnosis of acute leukemia of the monocyte line and presence of hemophagocytosis. The patient was treated urgently with fibrinogen, high-dose steroid, etoposide without success. He died next day.

**Discussion.** Hemophagocytic Lymphohistiocytosis (HLH) is associated with infections, solid or hematologic malignancies, rheumatological or autoimmune diseases, transplantation, CAR-T). In this patient it was related to acute monoblastic leukemia and led to rapid disseminated intravascular coagulation. Treatment includes support, control of the inflammatory state and therapy of the underlying pathology (steroid, immunoglobulins, etoposide, cyclosporine or anakinra). Mortality remains high even in case of early treatment (60-80%).



**Abstract Code: FDI25084-70**

**BEYOND THE PELVIS: A RARE CASE OF CONCURRENT HEMATOLOGICAL AND ENDOCRINE PARANEOPLASTIC SYNDROMES IN ENDOMETRIAL CARCINOMA**

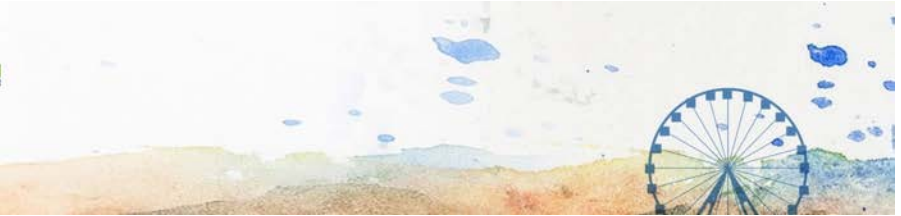
A. Bruno<sup>1</sup>, E. Zappa<sup>2</sup>, L. Moretti<sup>1</sup>, E. Di Mauro<sup>1</sup>, L. Annarumma<sup>1</sup>, V. Traversa<sup>1</sup>, L. Bazzurini<sup>3</sup>, E. Allemand<sup>1</sup>

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**Introduction.** Endometrial carcinoma is the most common gynecological cancer in developing countries. Its association with multiple, simultaneous paraneoplastic manifestations is poorly documented. We present a rare case of endometrial cancer with both hematological (leukocytosis and thrombocytosis) and endocrine (hypercalcemia) syndromes.

**Description.** A 46-year-old lady presented with acute abdominal pain. Medical history was unremarkable. Laboratory data showed neutrophilic leucocytosis (white cells 25,600/ $\mu$ L neutrophils 90%), elevated C Reactive Protein (CRP) levels, marked thrombocytosis (1,190,000/ $\mu$ L) and elevated ionised calcium (1.45 mmol/L). Computer tomography showed perforated gastric ulcer, treated laparoscopically, and an incidental pelvic mass. Despite post-operative improvement, leucocytosis ( $>30,000$  WBC/ $\text{mm}^3$ ), thrombocytosis ( $>1,000,000/\text{mm}^3$ ) and a parathormone-independent hypercalcemia (15,4 mg/dL) persisted. Sepsis and hematologic workups were negative. Biopsy revealed endometrioid carcinoma so radical hysterectomy plus bilateral adnexectomy were performed. Postoperatively, neutrophils, platelets, calcium and CRP levels normalized. After chemotherapy and radiotherapy, no recurrence was observed.

**Conclusions.** Paraneoplastic leukocytosis and thrombocytosis are rare in malignant gynaecological tumours. Hypercalcaemia is frequent in malignancy, but it's uncommon in endometrial cancer and it is usually related to ectopic secretion of parathormone-related peptide, that is the mechanism that we postulated in our case.



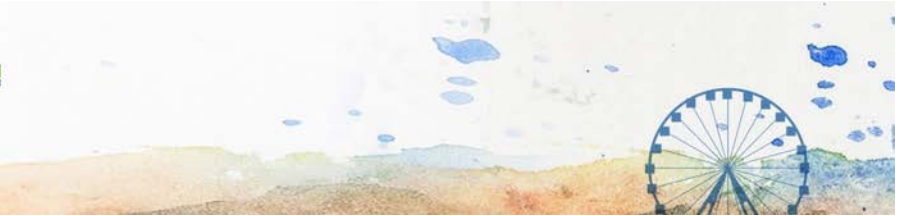
**Abstract Code: FDI24985-79**

**THE CURIOUS CASE OF A FEVER**

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A 43-year-old female arrived to the Emergency Department (ED) with altered cognitive status and respiratory failure. Her medical history included intravenous drug abuse, HCV and HBV infections and tricuspid valve insufficiency. No chronic therapy. In the ED, *S. pneumoniae* bacteremia was detected, along with elevated inflammatory markers and pulmonary consolidation on chest X-ray. She experienced a cardiac arrest due to hypoxia, with return of spontaneous circulation four minutes after the initiation of cardiopulmonary resuscitation. She was intubated and admitted to the Intensive Care Unit, where gradual clinical improvement was observed. After being transferred to the Internal Medicine ward, she developed persistent fever without evidence of new etiological causes on radiological investigations; inflammatory markers were normal, and all cultures tested negative. A bone marrow biopsy (BMB) was performed, showing histological evidence of trilineage dysplasia and signs of hemophagocytosis. Treatment with dexamethasone and etoposide was initiated, with clinical improvement. Hemophagocytic lymphohistiocytosis is a condition characterized by excessive immune activation, presenting with fever associated with hepatitis, splenomegaly, hemophagocytosis on BMB, multilineage cytopenia, central nervous system involvement, hypertriglyceridemia and hyperferritinemia. Triggers include infections, rheumatologic disorders and neoplastic diseases. The main therapeutic approach, as applied in this case, consists of a combination of etoposide (150 mg/m<sup>2</sup>) and dexamethasone with gradual tapering.



**Abstract Code: FDI24993-78**

**INTRAPLEURAL UROKINASE IN COMPLICATED PLEURAL EMPYEMA: A CONSERVATIVE, ULTRASOUND-GUIDED APPROACH**

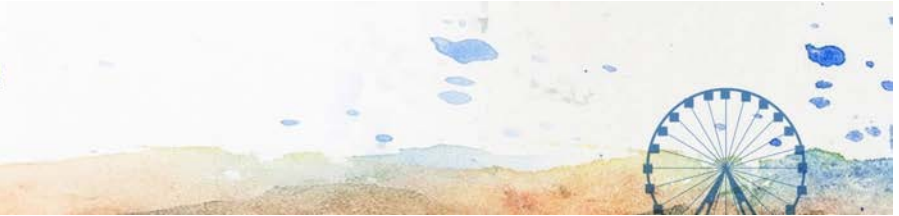
B. Calcaterra<sup>1</sup>, P. Ghiringhelli<sup>1</sup>

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**Introduction.** Pleural empyema is a severe complication of respiratory infections, associated with high morbidity and often insufficient response to drainage alone. Early diagnosis and a stepwise approach are crucial to optimize outcomes and avoid surgery.

**Description.** A 45-year-old patient with unremarkable medical history was admitted for persistent fever, pleuritic chest pain, and dyspnea for 10 days. Examination revealed reduced breath sounds on the right. Labs showed neutrophilic leukocytosis (WBC 20,000/mm<sup>3</sup>) and elevated CRP (300 mg/L). Thoracic ultrasound detected a complex right pleural effusion with fibrinous septations, prompting immediate broad-spectrum intravenous antibiotics and thoracentesis, aspirating ~600 mL purulent fluid (acidic pH, low glucose, high LDH); cultures were negative. Chest CT confirmed a multiloculated pleural collection with thickened pleura. Despite further thoracenteses, persistence of fluid required ultrasound-guided chest tube placement. Over 5 days, ~1,800 mL seropurulent fluid was drained, initially incomplete due to septations. Intrapleural fibrinolysis with urokinase (100,000 IU/day for 3 days) led to rapid clinical improvement, reduced inflammatory markers, and progressive lung re-expansion. The chest tube was removed, and the patient discharged in good condition.

**Conclusions.** Thoracic ultrasound allows early diagnosis and guides progressive, minimally invasive treatment. Intrapleural fibrinolysis is an effective conservative strategy, reducing the need for surgical intervention.



**Abstract Code: FDI24986-80**

## **A CASE OF THROMBOTIC THROMBOCYTOPENIC PURPURA**

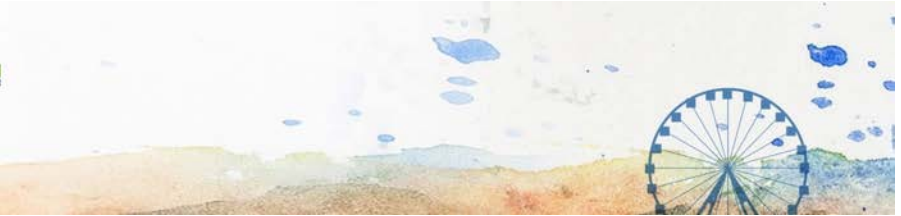
M. Candigliota<sup>1</sup>, I. Carè<sup>1</sup>, A. Madaia<sup>1</sup>, A. Loprete<sup>1</sup>, R. Oliverio<sup>1</sup>, C. Falcone<sup>1</sup>, C.A. Riolo<sup>1</sup>, R. Costa<sup>1</sup>

(1) UOC di Medicina Interna Ospedale "San Giovanni di Dio" di Crotona, Italy.

**Introduction.** Thrombotic thrombocytopenic purpura (TTP) is a life-threatening type of thrombotic microangiopathy (TMA). High suspicion of TTP is valid in patients with thrombocytopenia and microangiopathic haemolytic anaemia, despite variable severity and presentation of ischemic organ damage (often brain and kidneys), and needs to be differentially diagnosed from other life-threatening TMAs. Measurement of ADAMTS13 activity helps in the differential diagnosis.

**Description.** A 59-years-old woman was hospitalized with weakness, dyspnea, pale skin and petechiae. Blood testing showed anaemia with an increase of hemolysis indices and severe thrombocytopenia with renal involvement. The direct antiglobulin test was negative. Her medical history was silent, except for a syncopal episode with consequent subarachnoid hemorrhage occurred 2 months before. An autoimmune work-up- antinuclear antibodies resulted negative. A peripheral blood smear showed schistocytes. The absence of ADAMTS13 activity and the presence of inhibitors antibodies confirmed the diagnosis of acquired TTP. Therapeutic plasma exchange was promptly started in association with fresh frozen plasma infusion, red cells transfusions and dexamethasone with a progressive rise in the platelet count and hemoglobin.

**Conclusions.** TTP is distinguishable from other TMAs mainly due to patients' severe deficiency of ADAMTS13. Evidence of <10–20% ADAMTS13 activity is indicative of an acute TTP diagnosis as it is a test with high sensitivity (97%) and specificity (100% from other TMAs).



**Abstract Code: FDI24790-73**

**VACUOLES ARE NOT EVERYTHING: A TRICKY DIAGNOSIS OF VEXAS SYNDROME**

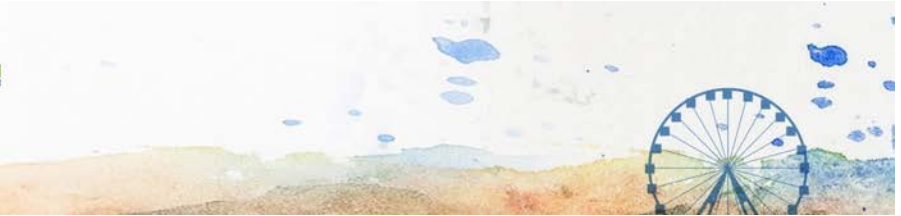
R. Capecchi<sup>1</sup>, C. Innocenti<sup>2</sup>, C. Gurnari<sup>3</sup>, F. Masi<sup>4</sup>, C. Buono<sup>1</sup>, E. Citi<sup>1</sup>, G. Linsalata<sup>1</sup>, A. Ferretti<sup>1</sup>, A.G. Tavoni<sup>5</sup>, J. Rosada<sup>1</sup>

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**Introduction.** VEXAS syndrome is a recently described adult-onset autoinflammatory disease caused by somatic mutations of the ubiquitin-like modifier activating enzyme 1 (UBA1) gene, classically associated with cytoplasmic vacuoles in myeloid and erythroid precursors.

**Description.** An 81-year-old man was admitted to our unit for severe diarrhea and macrocytic anemia. His medical history included pulmonary emphysema as a former smoker, type two diabetes mellitus, arterial hypertension, dyslipidemia, chronic ischemic heart disease with a previous non ST elevation myocardial infarction, low grade urothelial carcinoma and colonic polyposis. Since 2022, he developed recurrent neutrophilic dermatosis-like skin lesions, orbital inflammation, persistent elevation of inflammatory markers with fever, steroid dependence, onychopathy, ground glass opacities, macrocytic anemia, and thrombocytopenia. A myelodysplastic syndrome was suspected. Bone marrow biopsy revealed trilineage hyperplasia with megakaryocytic dysplasia and increased blasts, but no cytoplasmic vacuolization. Despite the absence of this morphological hallmark, the clinical presentation strongly suggested VEXAS syndrome. Targeted genetic testing identified a pathogenic somatic mutation of the UBA1 gene, confirming the diagnosis. The patient improved after high-dose steroids and was considered for azacitidine therapy.

**Conclusions.** The lack of evidence of bone marrow vacuoles does not rule out VEXAS syndrome. This case emphasizes the need to combine clinical assessment with genetic testing to prevent diagnostic delay.



**Abstract Code: FDI24763-73**

**REPEATED THROMBOTIC EVENTS IN A PATIENT WITH NEPHROTIC SYNDROME AND CELIAC DISEASE. A CASE REPORT**

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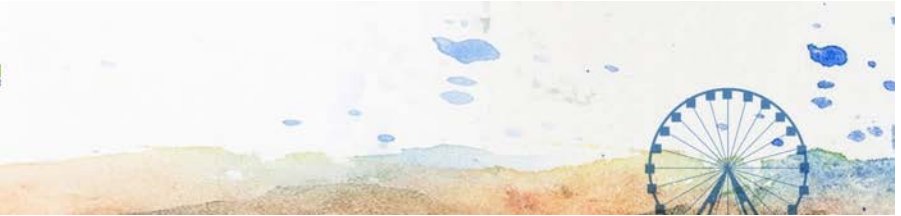
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**Introduction.** Thromboembolic events represent a common complication of nephrotic syndrome. In contrast, data on the thromboembolic risk manifested by celiac patients are still elusive. (1) We present the case of a patient affected by both conditions, with malabsorption possibly reducing the efficacy of the direct anticoagulant edoxaban.

**Description.** A female patient (18 years of age) was hospitalised in our Unit because of left renal vein thrombosis and pulmonary embolism occurring during edoxaban therapy. Three months preceding the admission to our Unit, the patient had been hospitalized for right renal vein thrombosis and nephrotic syndrome had been diagnosed elsewhere. Due to mild anemia, potential causes of malabsorption were investigated and celiac disease was diagnosed. The adoption of a gluten-free diet and anticoagulation with warfarin resulted in a resolution of thrombotic manifestations.

**Conclusions.** Although the definite role of undiagnosed celiac disease in reducing edoxaban absorption remains unclear because of lacked evaluation of circulating edoxaban level, an altered intestinal absorption of edoxaban was the most likely explanation for recurrent thrombosis in our patient. (2)

References. 1. Pantic N, Pantic I, Jevtic D, et al. Celiac disease and thrombotic events: systematic review of published cases. *Nutrients* 2022; 14: 2162. 2. Ruff CT, Giugliano RP, Braunwald E, et al. Association between edoxaban dose, concentration, anti-Factor Xa activity, and outcomes: an analysis of data from the randomised, double-blind ENGAGE AF-TIMI 48 trial. *Lancet* 2015; 385: 2288-95.



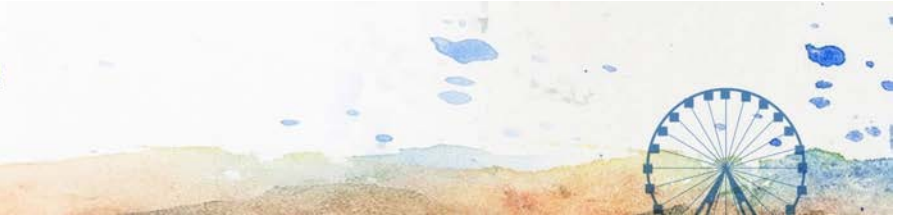
**Abstract Code: FDI25094-71**

**A CASE REPORT OF ANTI-HMGCR NECROTIZING MYOPATHY: CONSIDERATIONS ABOUT TREATMENT**

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A female of 68 years with myalgia and progressive symmetrical proximal muscles weakness going on for about a month; was found to be positive for anti-3-hydroxy-3-methylglutaryl coenzyme A reductase antibody (HMGCR) and CK was elevated (11078 U/L). She reported a 2 years long use of atorvastatin. Four limbs electromyography confirmed myositic changes with prolonged polyphasic potential. We stopped statin and started oral prednisone 1 mg/kg. Despite this, she experienced a rapid worsening of muscle strength, exertion dyspnea, mild dysphagia for solids and urinary incontinence. Total body TC and arterial blood gas analysis showed no relevant abnormality and screening for infections resulted negative. MRI of the thighs showed edema in T2 sequences. She was treated with 1 g methylprednisolone pulses and intravenous immunoglobulins (IVIG) with rapid improvement of symptoms, muscle strength test (MMT8) and CK values (262 U/L). Immune-mediated necrotizing myopathies are myositides characterized by muscle weakness and elevated serum creatine kinase (CK), with autoimmune pathogenesis, possibly triggered by statin use (e.g. anti-HMGCR myopathy) or associated with cancer or idiopathic. They present unique skeletal muscle pathology and magnetic resonance imaging features. The management is mainly based on expert opinion and observational studies. Despite the lack of controlled clinical trials, this case supports the already known concept that rapid introduction of IVIG may be used to induce remission in severe/rapidly progressive form of myositis or in refractory disease, especially anti-HMGCR positive.



**Abstract Code: FDI24980-74**

## **LONGITUDINAL DYNAMICS OF TRANSCAPILLARY ALBUMIN ESCAPE AND INTRAVASCULAR ALBUMIN BALANCE IN SEPSIS**

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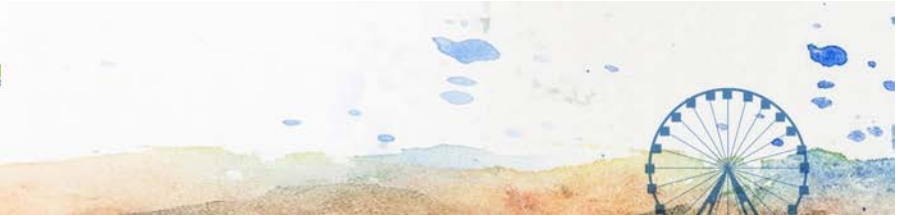
(1) *Department of Internal Medicine, Intermediate Care Unit, Hospital Alto Vicentino (Aulss-7), Santorso (VI), Italy.*

**Introduction.** Sepsis alters microvascular permeability and plasma protein distribution; the relationship between capillary leak and intravascular albumin recovery remains unclear. This study aimed to describe the longitudinal interaction between transcapillary albumin loss and net intravascular albumin balance in septic patients.

**Materials and Methods.** We performed a prospective longitudinal observational study in adult patients with sepsis admitted from the Emergency Department to the Intermediate Medical Care Unit (IMCU) of Ospedale Alto Vicentino, Santorso, Italy. Serial data were collected for up to five days. Transcapillary escape rate of albumin (TER) indexed microvascular permeability, while net albumin leakage (NAL) reflected the balance between albumin loss and recovery. Longitudinal analyses used generalized estimating equations.

**Results.** 389 patients contributed 1,897 observations. TER was highest early and progressively decreased over time, independently of baseline severity and mortality. In contrast, NAL remained persistently negative with marked interindividual variability. Although TER and NAL were inversely correlated, a substantial proportion of observations showed negative NAL despite normalized or reduced TER, indicating dissociation between capillary leak and albumin recovery.

**Conclusion.** In sepsis, normalization of microvascular permeability does not restore intravascular albumin balance. Persistent impairment of albumin recovery may sustain edema and organ dysfunction. Dynamic assessment of TER and NAL may improve interpretation of hypoalbuminemia.



**Abstract Code: FDI24992-77**

**INTEGRATED STRATEGIES FOR HEALTHCARE-ASSOCIATED INFECTION CONTAINMENT:  
RESULTS AND PERSPECTIVES**

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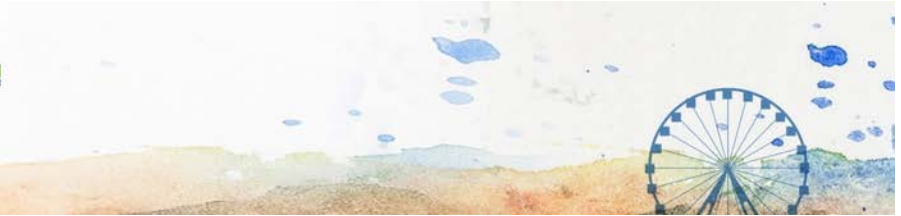
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**Background.** During 2025, the Operational Group for HAI (GO-ICA) of AO San Giovanni Addolorata implemented a comprehensive surveillance system combining epidemiological monitoring, antimicrobial stewardship, antimicrobial resistance trends and structured infection control measures.

**Methods.** Data on HAIs, antibiotic use and microbiological findings (colonization/infection) were analyzed. Infection control interventions included audits, walk-arounds, point-prevalence surveys and extensive on-site education. Additional targeted actions were introduced for candidemia, *C. difficile*, urinary tract infections and surgical site infections. A new regional surveillance system on “Watch/Reserve” antibiotics was also initiated.

**Results.** A significant reduction in candidemia incidence in medical wards was observed following interventions for parenteral nutrition, intravascular devices and antibiotic use. A decrease in *C. difficile*-associated diarrhea was achieved also through enhanced contact precautions. Overall antibiotic consumption remained contained, with outliers for ceftriaxone (medical area), and below national/regional levels. Microbiological trends showed stable MRSA rates, slight increase in VRE, reduction in ESBL-producing Enterobacterales and stable rates of Klebsiella KPC and meropenem-resistant *Pseudomonas*, alongside increased CRE colonization.

**Conclusions.** The integrated approach combining surveillance, stewardship and infection control improved HAI management and optimized antimicrobial use. Our model proved effective in reducing HAI burden and selection pressure.



**Abstract Code: FDI25016-65**

**WHEN THROMBOSIS, VERTIGO, AND HEARING LOSS POINTED TO A HIDDEN INFECTION**

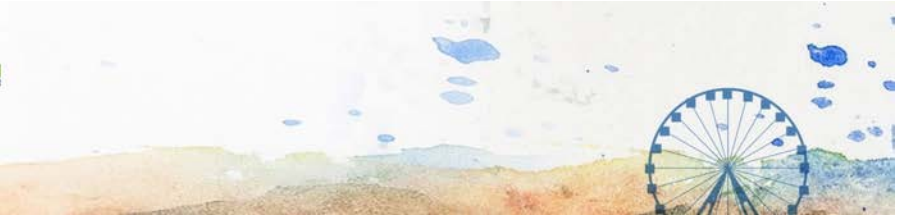
P. Carfagna<sup>1</sup>, T. Pasquariello<sup>1</sup>, M. Ballardini<sup>2</sup>, A. Talacchi<sup>3</sup>

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**Case Presentation.** We describe a 59-year-old man admitted for progressive vertigo and hearing loss. His history included a recent pneumonia and known thrombophilic mutations (Factor V Leiden and MTHFR). Brain CT showed a left cerebellar mass lesion. During hospitalization, he developed extensive upper-limb venous thrombosis. Laboratory tests revealed relative lymphopenia, prompting HIV testing, which was positive. Serology for *Toxoplasma gondii* demonstrated IgM negativity and IgG positivity. Due to the atypical radiological appearance, a stereotactic brain biopsy was performed, establishing the diagnosis of cerebellar toxoplasmosis.

**Discussion.** The atypical cerebellar location, the vestibular presentation, and the coexistence of thrombotic events complicated the diagnostic pathway. Brain biopsy was decisive in confirming toxoplasmosis when non-invasive diagnostics remained inconclusive.

**Conclusions.** Cerebral toxoplasmosis is one of the most frequent opportunistic infections of the central nervous system in untreated HIV infection. Cerebellar involvement is uncommon and may complicate the diagnostic process, often mimicking neoplastic or lymphoproliferative lesions. This case highlights the importance of broad differential diagnosis for focal CNS lesions in patients with newly diagnosed HIV infection and the continued relevance of brain biopsy in atypical presentations.



**Abstract Code: FDI25017-66**

**IMPACT OF SEMAGLUTIDE ON COGNITIVE FUNCTION IN PATIENTS WITH TYPE 2 DIABETES AND MILD COGNITIVE IMPAIRMENT: A 24-MONTH OBSERVATIONAL STUDY**

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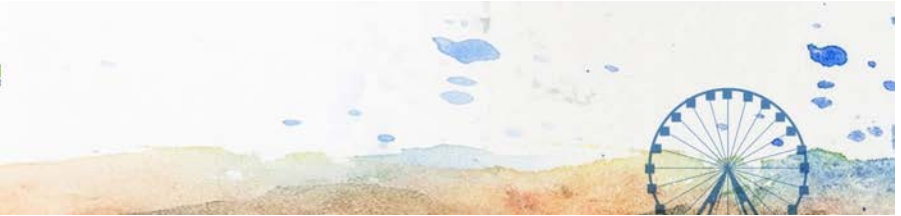
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**Introduction.** Type 2 diabetes mellitus (T2DM) is associated with an increased risk of mild cognitive impairment (MCI). Emerging evidence suggests neurocognitive effects of glucagon-like peptide-1 receptor agonists. This study evaluated the effects of semaglutide on cognition in adults with T2DM and MCI.

**Methods.** We conducted a 24-month prospective observational study including 72 adults with T2DM and MCI treated with semaglutide and assessed every 6 months. Outcomes included anthropometric measures, fasting glucose, glycated haemoglobin, lipid profile, and neuropsychological tests. A control group of 60 patients with T2DM and MCI not treated with semaglutide was evaluated using the same protocol.

**Results.** Semaglutide was associated with significant reductions in body weight, body mass index, waist circumference, fasting glucose, and glycated haemoglobin (all  $p < 0.05$ ). Montreal Cognitive Assessment scores increased by approximately 4 points at 24 months ( $p < 0.001$ ), whereas they declined in controls. Digit Symbol Substitution Test and Beck Depression Inventory scores also improved. In multivariable regression analysis, semaglutide independently predicted improvement in Montreal Cognitive Assessment score (+4.76 points,  $p < 0.001$ ). No patient treated with semaglutide progressed to dementia, whereas 14 patients in the control group did ( $p = 0.002$ ).

**Conclusion.** In adults with T2DM and MCI, semaglutide was associated with improved cognition and a lower risk of progression to dementia. These findings highlight the need for randomized studies addressing neurocognitive outcomes in patients with T2DM.



**Abstract Code: FDI24718-73**

**POTENTIAL PREDICTIVE SCORES FOR PORTAL VEIN THROMBOSIS IN METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE-RELATED AND VIRAL CIRRHOSIS**

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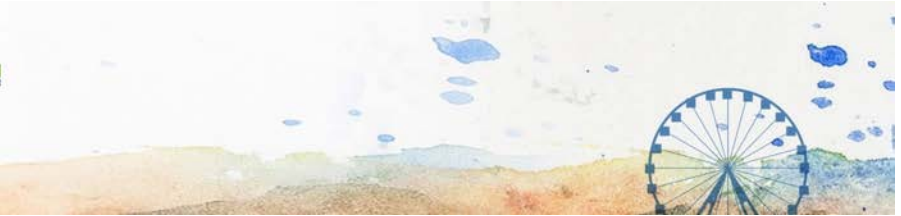
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**Introduction.** Cirrhosis is a major predisposing factor for portal vein thrombosis (PVT). We aimed to describe the performance of two potential PVT predictive scores targeting inflammation- and portal hypertension- related factors, based on clinical, laboratory, and ultrasound data, applied to patients with cirrhosis of different etiologies not associated with malignancy.

**Materials and Methods.** We retrospectively evaluated 25 patients with cirrhosis (9 MASLD (metabolic dysfunction-associated steatotic liver disease), 10 viral, 6 alcohol-related), 10 of whom developed PVT (4 MASLD, 5 viral, 1 alcohol-related), under follow-up at the Hepatology outpatient clinic of the Department of Internal medicine between 2020 and 2025.

**Results.** For the inflammation-related score, mean scores were higher in patients with PVT than without, in both MASLD-related and viral/alcohol-related cirrhosis. Regarding the portal hypertension-based score, a subset of MASLD-related patients with PVT reached a high-risk category, whereas all MASLD-related patients without PVT had low-risk scores. In viral/alcohol-related cirrhosis, scores were consistently low regardless of PVT.

**Conclusions.** Early detection and management of PVT, aided by predictive scores, are essential. Several studies suggest that MASLD-related cirrhosis may exhibit distinctive inflammation and portal hypertension patterns predisposing to PVT. In our patients, both scores were useful, with the portal hypertension-based score showing greater predictive value in MASLD-related cirrhosis.



**Abstract Code: FDI24719-74**

**MULTIDIMENSIONAL MANAGEMENT OF CIRRHOTIC PATIENTS UNDERGOING INVASIVE PROCEDURES: OUTCOMES FROM A SINGLE CENTER**

C. Cattaneo<sup>1</sup>, F.P. Bonfante<sup>1</sup>, I. Zagni<sup>1</sup>

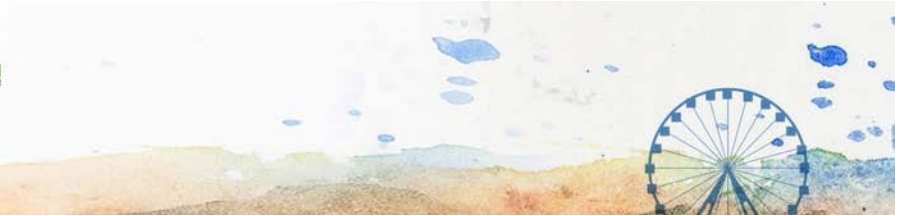
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**Introduction.** Cirrhotic patients have an extremely fragile clinical status; pre-procedural interventions are needed to optimize hepatic (esophageal varices, ascites, hepatic encephalopathy), hematologic, infectious, renal and nutritional complications. We report the outcomes of multidimensional management in cirrhotic patients undergoing scheduled invasive procedures at our center.

**Materials and Methods.** Eight cirrhotic patients were monitored. Procedures included EGDS with polypectomy or variceal ligation, hemicolectomy, bone marrow biopsy, thyroidectomy, and hysteroscopic polypectomy. Management comprised variceal ligation, rifaximin for hepatic encephalopathy, albumin infusion and thrombopoietin receptor agonist (lusutrombopag) for thrombocytopenia. No infectious or renal complications occurred. Ammonium, albumin, hemoglobin (Hb), and platelet (PLT) were recorded before and after therapy, with Hb and PLT also measured post-procedure. Transfusion requirements and bleeding events were documented.

**Results.** Ammonium and albumin levels were normalized. All patients showed  $\geq 20 \times 10^9$  PLT/L increase from baseline ( $22-155 \times 10^9/L$ ), stable post-procedure, with no thrombotic events. No transfusions or bleeding occurred.

**Conclusions.** Multidimensional management of cirrhotic patients undergoing invasive procedures is feasible and effective, preventing several periprocedural complications. Thrombopoietin receptor agonists demonstrated efficacy and safety. These results support the safety of planned invasive procedures in carefully managed cirrhotic patients.



**Abstract Code: FDI24617-71**

**L'ARTE COME ALLEATA DELLA CURA: PREVENZIONE DEL DELIRIUM ATTRAVERSO  
L'ARTETERAPIA. ESTENSIONE DELLA SPERIMENTAZIONE NEI REPARTI DELL'AREA MEDICA  
DELLO STABILIMENTO OSPEDALIERO SAN BARTOLOMEO ASL5 SP ANNO 2025**

S. Cerchi<sup>1</sup>

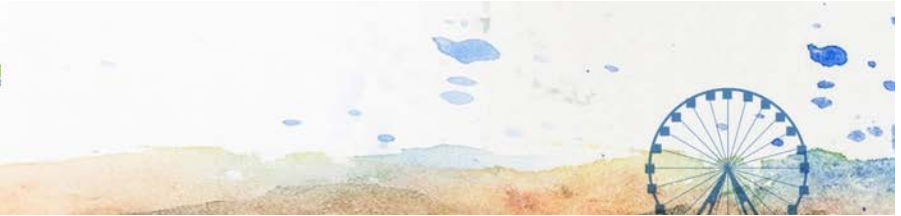
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**Introduzione.** In letteratura scientifica sono presenti studi che evidenziano l'efficacia di interventi, come l'arteterapia, per arginare l'insorgenza di delirium nei pazienti anziani ospedalizzati. Obiettivo Valutare l'efficacia dell'arteterapia come intervento non farmacologico nella prevenzione dell'insorgenza di delirium nei pazienti over 65 ospedalizzati

**Materiali e Metodi.** È stata eseguita un'estensione dello studio sperimentale svolto nell'anno 2024, con campionamento non probabilistico di convenienza. La sperimentazione è stata condotta presso le Strutture dell' ASL 5 S pezzino. Sono stati inclusi nello studio tutti i pazienti over 65 ricoverati per patologia acuta e sono stati suddivisi in tre gruppi. I dati sono stati raccolti tramite una scheda di monitoraggio multifattoriale, mentre la sfera cognitiva è stata monitorata attraverso la scala 4AT.

**Risultati.** Nella sperimentazione sono stati inclusi 40 pazienti suddivisi in tre gruppi nel periodo tra il 7 Aprile e il 7 Luglio 2025. Dai risultati su può osservare una riduzione dell'incidenza di delirium nel gruppo A (23%), rispetto al gruppo B (41%) e al gruppo C (60%). Inoltre i dati sono stati combinati con i dati raccolti nel 2024 e le percentuali aumentando il campione risultano: gruppo A (19%), gruppo B (39%) e gruppo C (41%).

**Conclusioni.** I risultati emersi dalla sperimentazione suggeriscono l'utilizzo dell'arteterapia come intervento non farmacologico per la prevenzione del delirium.



**Abstract Code: FDI24929-77**

**THE MISLEADING CAVITY: LUNG ABSCESS COMPLICATING CABOZANTINIB-INDUCED METASTATIC NECROSIS**

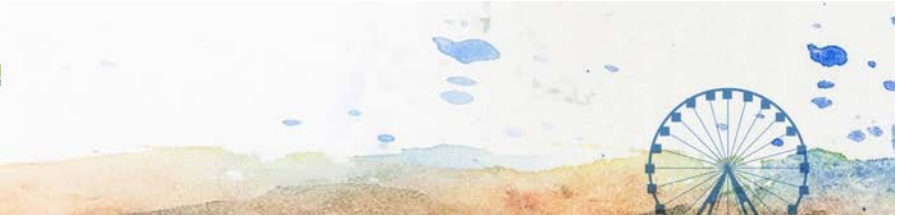
M.V. Cherchi<sup>1</sup>, S. Lepori<sup>2</sup>, S. Marini<sup>3</sup>, M. Vacca<sup>1</sup>, E. Cambula<sup>1</sup>, N. Pirisi<sup>1</sup>, M. Anedda<sup>1</sup>, M. Cadeddu<sup>1</sup>, M. Mantega<sup>1</sup>, F. Atzori<sup>4</sup>

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**Introduction.** In oncologic patients treated with tyrosine kinase inhibitors (TKIs) combined with immune checkpoint inhibitors (ICIs), therapy-induced necrotic changes of metastatic lesions may show ambiguous radiological features. Cabozantinib, a multitarget anti-angiogenic TKI, can induce tumor necrosis, which may be amplified by immune-mediated inflammation triggered by ICIs such as nivolumab. These mechanisms may lead to cavitation and secondary infection, complicating the distinction between infection and disease progression (PD).

**Discussion.** A 45-year-old man with lung metastatic clear-cell renal cell carcinoma, treated with cabozantinib and nivolumab, presented with fever and dyspnea. Chest X-ray showed right upper-lobe consolidation, and intravenous piperacillin/tazobactam plus levofloxacin was started. After initial improvement, fever recurred with rising inflammatory markers. Chest CT revealed a large cavitary lesion with necrotic content (98×71 mm axial; 84 mm craniocaudal) not clearly nature. Escalation to meropenem and teicoplanin was ineffective. Based on clinical course and imaging findings, a lung abscess developing on therapy-induced metastatic necrosis was diagnosed. Treatment with linezolid and gentamicin for four weeks led to clinical improvement. Follow-up CT showed marked lesion reduction (82×50.5 mm axial; 56.5 mm craniocaudal).

**Conclusion.** In patients receiving TKIs and ICIs, lack of response to empirical antibiotics should prompt diagnostic re-evaluation. Integrating clinical evolution and imaging findings is essential to distinguish infectious complications from PD.



**Abstract Code: FDI24930-69**

**WHEN COVID IS NOT THE ONLY CULPRIT IMMUNE-RELATED PNEUMONITIS DURING PEMBROLIZUMAB THERAPY IN A SARS-COV-2-POSITIVE PATIENT**

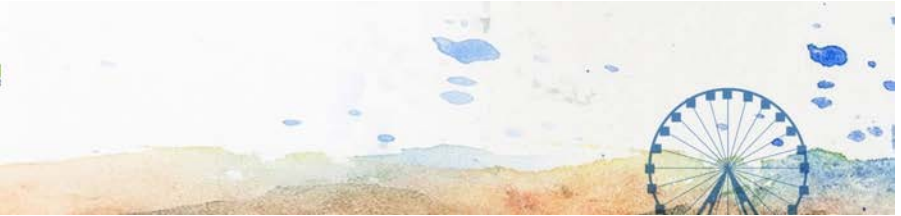
M.V. Cherchi<sup>1</sup>, E. Cambula<sup>1</sup>, J. Pilia<sup>1</sup>, M. Caboni<sup>1</sup>, A.M. Bussu<sup>1</sup>, S. Solinas<sup>1</sup>, D. Podda<sup>1</sup>, M. Vacca<sup>1</sup>, F. Nonnis<sup>1</sup>, M. Mantega<sup>2</sup>

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**Introduction.** Pembrolizumab is a programmed death-1 (PD-1) immune checkpoint inhibitor used in solid malignancies and may cause immune-related adverse events (irAE), including immune checkpoint inhibitor-related interstitial lung disease (ICI-ILD). Diagnostic attribution may be challenging in the presence of concomitant infections.

**Discussion.** A 79-year-old woman with gastrointestinal cancer treated with pembrolizumab was admitted for progressive dyspnea and fever. Ten days earlier, she tested positive for SARS-CoV-2. Chest computed tomography showed interstitial lung disease initially attributed to viral infection. Despite outpatient treatment with prednisone and levofloxacin, respiratory function worsened. Follow-up imaging revealed bilateral ground-glass opacities not consistent with advanced viral pneumonia. Respiratory FilmArray confirmed SARS-CoV-2 positivity in the absence of other pathogens. The last pembrolizumab dose had been administered four weeks earlier. Based on timing, imaging findings, and clinical course, severe ICI-ILD (grade 3 irAE) was suspected. High-dose intravenous methylprednisolone (2 mg/kg/day) led to rapid clinical improvement; however, each attempt at steroid tapering resulted in prompt respiratory deterioration, requiring dose escalation and confirming a steroid-dependent course, typical of ICI-ILD.

**Conclusion.** This case highlights the risk of immune-related pneumonitis masked by SARS-CoV-2 infection. In patients receiving immune checkpoint inhibitors, SARS-CoV-2 positivity does not always explain interstitial lung disease.



**Abstract Code: FDI24657-75**

## **A COMPLEX HEPATOPATHY CASE IN A YOUNG WOMAN WITH SUSPECTED WILSON'S DISEASE**

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**Introduction.** The differential diagnosis of chronic liver disease in a young patient without known history requires a thorough evaluation for hereditary metabolic disorders. This case of a woman admitted for abdominal pain is emblematic due to the coexistence of apparently contradictory clinical and laboratory findings that challenge standard diagnostic criteria.

**Description.** The patient presented with hepatic insufficiency including hepatomegaly, steatosis and alithiasic cholestasis. Liver function tests showed elevated transaminases, high INR, hypoalbuminemia, and Factor VII deficiency. Autoimmune and viral markers were negative. The iron profile revealed high levels of ferritin and transferrin saturation, but with a negative HFE genetic test. Simultaneously, copper metabolism showed very low serum ceruloplasmin and total serum copper, and 24-hour urinary copper excretion was significantly elevated ( $>100 \text{ m}\mu/24\text{h}$ ). The absence of Kayser-Fleischer rings, neurological or psychiatric symptoms, and a negative brain MRI for copper accumulation completed the picture. The high transferrin saturation was considered a potential artifact due to hypotransferrinemia secondary to severe hepatopathy.

**Conclusions.** The association of low serum ceruloplasmin, elevated urinary copper and severe hepatopathy is highly suggestive of Wilson's disease, despite the absence of neuro-ophthalmological manifestations. Definitive confirmation requires liver biopsy for copper quantification and genetic analysis of the ATP7B gene to facilitate timely initiation of chelation therapy.

**Abstract Code: FDI24675-75**

## **EFFICACIA E SICUREZZA DELLA DIETA CHETOGENICA/LOW-CARB IN UNA COORTE DI PAZIENTI OBESI E/O CON SINDROME METABOLICA**

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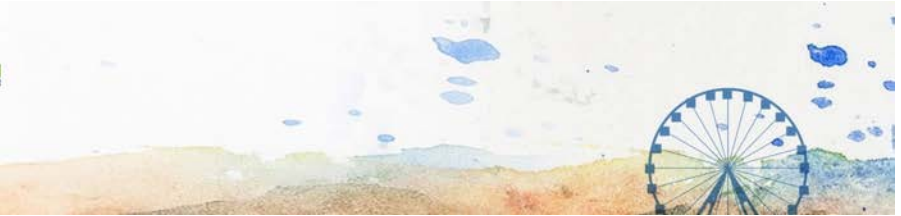
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**Introduzione.** Diete low-carb/chetogeniche possono prevenire malattie cardiovascolari attraverso perdita di peso, controllo glicometabolico, riduzione di infiammazione e stress ossidativo, ma mancano studi long-term su sicurezza ed efficacia. Questo studio osservazionale retrospettivo ha valutato, su una coorte di pazienti obesi sottoposti a dieta chetogenica o low-carb per almeno 6 mesi, sicurezza ed efficacia fino a 24 mesi in termini di calo ponderale e controllo glicometabolico, lipidico e pressorio.

**Materiali e Metodi.** Con il sistema MyDigital Clinic, è stata effettuata una selezione di pazienti seguiti dalla Struttura Complessa Patologie Diabetiche di Trieste, tramite due criteri di inclusione: BMI  $\geq$  30 e trattamento con dieta chetogenica o low-carb per almeno 6 mesi. Abbiamo individuato 18 pazienti (61 $\pm$ 12 anni, 78% donne), di cui 8 (44%) sottoposti a dieta chetogenica, 10 (56%) a dieta low-carb a diverso contenuto in carboidrati.

**Risultati.** Diete low-carb/chetogeniche sono efficaci nella perdita di peso a 3 mesi con effetto massimo a 12 mesi (p=0,004). Il controllo glicometabolico è migliore a 3 mesi (p=0,008) con mantenimento a 12 mesi. Il profilo lipidico migliora a 6 mesi in termini di colesterolo totale (p=0,035), LDL (p=0,07) e trigliceridi (p=0,017). L'effetto sul controllo della pressione sistolica è massimo a 12 mesi (p=0,013).

**Conclusioni.** Le diete low-carb/chetogeniche sono sicure ed efficaci nel breve termine con mantenimento dei risultati fino a 24 mesi (perdita di peso) e 12 mesi (controllo glicometabolico, lipidico e pressorio).



**Abstract Code: FDI24880-73**

**UNEXPLAINED FEVER, LYMPHADENOPATHY AND RENAL FAILURE: A CASE OF IDIOPATHIC MULTICENTRIC CASTLEMAN DISEASE WITH TAFRO SYNDROME**

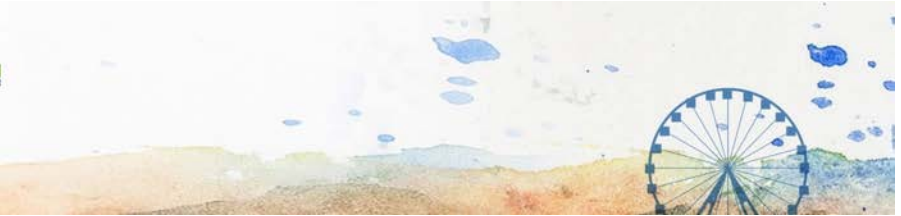
L. Colavolpe<sup>1</sup>, A. Fici<sup>1</sup>, P. Tarantini<sup>1</sup>, M. Ambrosecchia<sup>1</sup>, A. Antonacci<sup>1</sup>, D. Dionisi<sup>1</sup>, F. Longhi<sup>1</sup>, S. Tupputi<sup>1</sup>, N. Mumoli<sup>1</sup>

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**Introduction.** Castleman disease (CD) is a rare lymphoproliferative disorder of unknown etiology. Idiopathic multicentric Castleman disease (iMCD) is a systemic inflammatory condition driven by interleukin-6 overproduction and characterized by lymphadenopathy, constitutional symptoms and laboratory abnormalities. A severe subtype, TAFRO syndrome, includes thrombocytopenia, anasarca, myelofibrosis, renal dysfunction and organomegaly.

**Description.** A 22-year-old man from Senegal presented with one week of fever, gastrointestinal symptoms and asthenia. Laboratory tests revealed leukocytosis, anemia, thrombocytopenia, elevated inflammatory markers and acute kidney injury. Imaging showed splenomegaly, ascites, pleural effusion and diffuse lymphadenopathy. Extensive infectious, autoimmune and neoplastic work-up was negative. Fluorodeoxyglucose PET-CT demonstrated diffuse hypermetabolic lymphadenopathy. The patient developed pancytopenia, anasarca and nephrotic-range proteinuria. An excisional biopsy revealed HHV-8-negative CD. After prophylaxis for latent tuberculosis and prior HBV infection, treatment with siltuximab and corticosteroids led to marked clinical, laboratory and metabolic improvement. Renal biopsy showed glomerular basement membrane duplication consistent with CD-related renal involvement.

**Conclusions.** This case highlights the diagnostic challenge of iMCD with TAFRO syndrome. Diagnosis relies on exclusion of mimicking conditions and lymph node histology. Early IL-6-targeted therapy is crucial, especially in cases with multiorgan and renal involvement.



**Abstract Code: FDI24581-71**

**EPSTEIN-BARR VIRUS REACTIVATION AND JANUS KINASE INHIBITORS THERAPY: A CASE OF PNEUMONIA WITH ACUTE RESPIRATORY FAILURE**

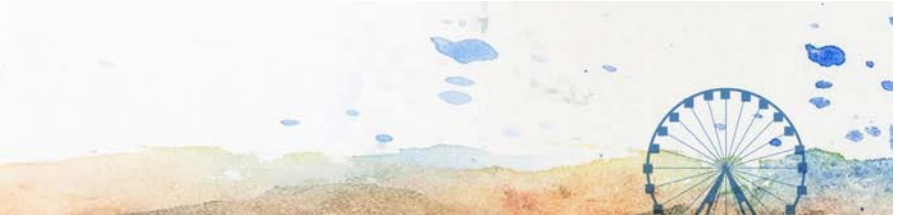
C. Cosso<sup>1</sup>, V. Merlo<sup>1</sup>, A. Ghiglione<sup>1</sup>, M. Boero<sup>1</sup>

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**Introduction.** Janus kinase (JAK) inhibitors are increasingly used for autoimmune diseases, raising concerns about infectious complications. Among them, upadacitinib shows the highest selectivity for JAK1, theoretically associated with a lower risk of viral reactivation. However, evidence on Epstein-Barr virus (EBV) involvement is lacking.

**Description.** We report the first documented case of severe EBV pneumonitis in a 54-year-old woman with seropositive rheumatoid arthritis treated with upadacitinib, methotrexate, and methylprednisolone. She presented with progressive dyspnea, dry cough, and fever. Laboratory tests revealed lymphopenia and elevated C-reactive protein and lactate dehydrogenase levels. Chest computed tomography showed extensive bilateral ground-glass opacities. Bronchoalveolar lavage demonstrated numerous leukocytes but no potentially pathogenic bacteria or fungi. EBV DNA was markedly elevated in serum, while cytomegalovirus DNA was negative. Upadacitinib and methotrexate were discontinued and corticosteroids and empirical antibiotics were administered, with progressive clinical and radiological improvement without antiviral therapy.

**Conclusions.** EBV pneumonitis is a rare but serious complication that may occur during JAK inhibitor therapy. The prompt recognition of viral reactivation and discontinuation of immunosuppressive drugs are crucial for recovery. Clinicians should maintain awareness of this potential risk, especially during the early phases of treatment with JAK1 inhibitors such as upadacitinib.



**Abstract Code: FDI24686-77**

**SEVERE COLD AGGLUTININ AUTOIMMUNE HEMOLYTIC ANEMIA SECONDARY TO EPSTEIN-BARR VIRUS AND MYCOPLASMA PNEUMONIAE CO-INFECTION IN AN IMMUNOCOMPETENT ADULT: A RARE CASE**

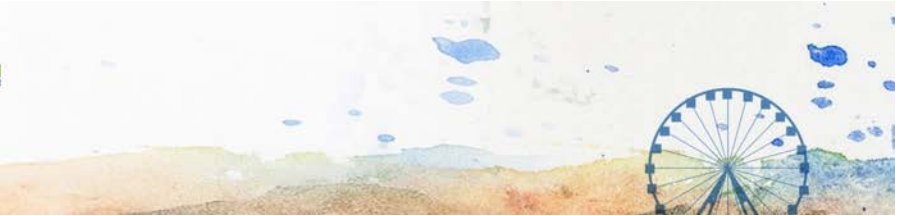
M.N. Crea<sup>1</sup>, M. Iannicella<sup>1</sup>, A. Faraone<sup>1</sup>, A. Crociani<sup>1</sup>, A. Fortini<sup>1</sup>

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**Premises.** Cold agglutinin autoimmune hemolytic anemia (CA-AIHA) is uncommon and usually secondary to an underlying condition such as an infection, an autoimmune disorder, or lymphoma. Primary cold agglutinin disease is rare and linked to low-grade clonal lymphoproliferative marrow disorder.

**Description.** We report a 32-year-old immunocompetent man admitted with five days of fever, sudden jaundice, and dark urine. Past history was unremarkable except Gilbert's syndrome. On admission he was febrile, tachycardic, deeply jaundiced, with abdominal tenderness. Labs showed falling Hb (11→6g/dL), leukocytosis, elevated LDH and bilirubin, undetectable haptoglobin. Autoimmune hemolytic anemia was suspected and confirmed by positive direct Coombs and elevated cold agglutinin titers. Serology demonstrated acute EBV and M. pneumoniae infection (IgM and IgG positive). CT imaging showed mild diffuse lymphadenopathy and splenomegaly without pulmonary infiltrates. Bone marrow study confirmed preserved cellularity without malignancy. Treatment included warmed packed RBC transfusions, prednisone 1 mg/kg/day, ceftriaxone and azithromycin. Clinical and laboratory improvement was rapid: within a few days fever resolved, hemoglobin stabilized at 8.8 g/dL and leukocytes normalized. He was discharged after 7 days on steroid taper. At follow-up, hemoglobin rose to 11 g/dL.

**Conclusions.** This report describes the rare occurrence of severe secondary CA-AIHA in an otherwise healthy adult with EBV and M. pneumoniae co-infection and underscores the importance of prompt diagnosis and integrated management.



**Abstract Code: FDI24561-69**

**IDIOPATHIC PANCREATIC HYPERENZYMEMIA. A CASE REPORT**

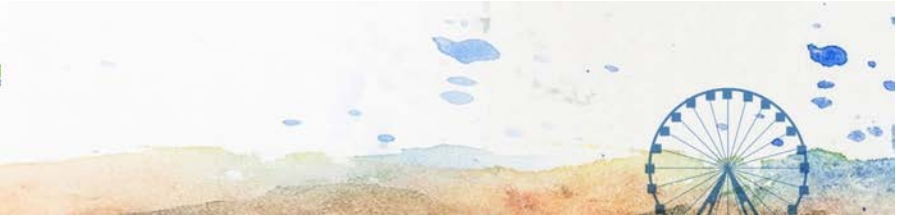
E.M. Cremonte<sup>1</sup>, R. Bonometti<sup>1</sup>, G. Aiosa<sup>1</sup>

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**Introduction.** Chronic, asymptomatic and idiopathic pancreatic hyperenzymemia (Gullo's syndrome) is defined by a persistent increase of pancreatic enzymes with daily and periodic fluctuations, in the absence of structural or functional pancreatic disease. Its pathogenesis remains unclear and may involve an abnormal release of pancreatic enzymes. Most patients show parallel increases in amylase and lipase; isolated or predominant elevation of one enzyme is rare.

**Description.** We report the case of a 68-year-old male with incidentally discovered hyperenzymemia in 2016. The patient was asymptomatic, slightly overweight, and without risk factors. Extensive biochemical, serological, and instrumental evaluations—including abdominal magnetic resonance imaging and magnetic resonance cholangiography—were normal. Over seven years of follow-up, pancreatic enzymes showed significant fluctuations, with lipase persistently higher (up to fivefold above normal) than amylase, which only doubled. No correlation with symptoms, medications, or intercurrent diseases was observed.

**Conclusions.** This case confirms the benign and idiopathic nature of Gullo's syndrome, characterized by long-term enzyme fluctuation and absence of clinical manifestations. The predominance of lipase elevation, rarely reported in adults, makes this case distinctive and may suggest interindividual variability in enzyme secretion. Continuous monitoring remains essential to exclude late-onset pancreatic or biliary disorders.



**Abstract Code: FDI24777-78**

**A RARE CASE OF IMMUNE RELATED ADVERSE EFFECT IN A CANCER PATIENT: AN IMPORTANT KNOWLEDGE FOR CLINICIANS OF EMERGENCY DEPARTMENT**

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**Introduction.** Pembrolizumab is an immune checkpoint inhibitor (ICPi) that targets the programmed cell death protein 1 to stimulate an immune response against tumor cells. It is a powerful tool to induce remission in patients with severe metastatic disease, including those refractory to chemotherapeutic regimens. Despite this, ICPis are associated with immune-related adverse effects (IRAEs). Reported endocrinopathies include thyroid dysfunction, diabetes mellitus, primary adrenal insufficiency, and hypophysitis.

**Description.** A 65-year-old female with breast cancer, treated with with left-quadrantectomy and two cycles of pembrolizumab, presented in Emergency Department (ED) with weakness, hypotension, and nausea. On admission the patient showed low serum sodium levels, hypoglycemia and hypotension. Initial endocrine testing revealed low AM cortisol and low thyroid hormone levels. MRI of the pituitary showed an empty sella turcica. The diagnosis was adrenal insufficiency attributed to her prior pembrolizumab therapy. The patient was treated with hydrocortisone, resulting in symptom relief.

**Conclusions.** With the increasing use of new cancer therapies there is a growing literature describing previously unknown side effects. Prompt recognition in ED of adrenal infussiciency (a rare IRAE) in patients treated with ICPi is critical in preventing morbidity and mortality associated with an adrenal crisis. We strongly recommend routinely obtaining endocrine panels in patients undergoing treatment with ICPi in early diagnosis.

**Abstract Code: FDI25070-65**

**ANTIMICROBIAL STEWARDSHIP IN ACTION: OUTCOMES OF AN ANTIBIOTIC AWARENESS INITIATIVE TARGETING HEALTHCARE PROFESSIONALS**

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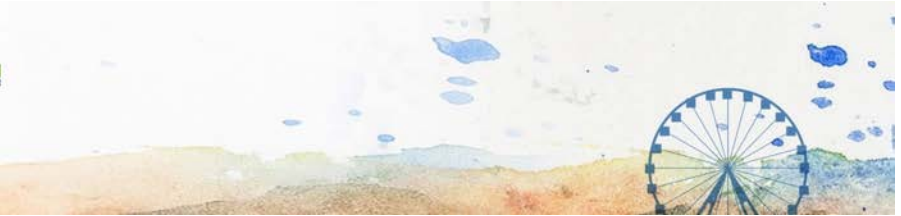
**Premises and Aim of the study.** Antimicrobial resistance (AR) represents a global public health threat, specially in hospital settings, where high antibiotic consumption contributes to the selection and spread of resistant microorganisms. The study aims to evaluate how awareness interventions targeting healthcare professionals may promote an appropriate antibiotic use.

**Materials and Methods.** During the week dedicated to AR (18-24 Nov.) in the last three years, an awareness campaign was implemented in the AST MC. A comparison of DDD/100 patient-days across the years 2023–25 was performed for the 4 hospitals using the Friedman test for repeated measures and Wilcoxon signed-rank tests for pairwise comparisons. A descriptive observational study was conducted using hospital antibiotic (ATCJ01) consumption data expressed as DDD/100 bed-days.

**Results.** Mean antibiotic consumption decreased from 88.84 DDD/100 bed-days pre-campaign to 79.85 DDD/100 bed-days post-campaign (% of variation -10.1). The reduction was evident in carbapenem (ATCJ01DH) and fluoroquinolone (ATCJ01MA) group, respectively -8.7% and -35%, suggesting an improvement in prescribing appropriateness, as per the PNCAR

**Objective.** No statistically significant differences were observed over time ( $p > 0.05$ ), although a descriptive downward trend in antibiotic consumption was noted in 2025.

**Conclusions.** Educational interventions, when integrated into antimicrobial stewardship programs, represent an effective and reproducible strategy to promote appropriate antibiotic use and contribute to the containment of antimicrobial resistance.



**Abstract Code: FDI25027-67**

## **OBTURATOR INTERNUS MUSCLE ABSCESS CAUSED BY STAPHYLOCOCCI IN AN ADULT**

D. D'ambrosio<sup>1</sup>, F. Giordano<sup>1</sup>, A. Cantelmo<sup>1</sup>, C. Matteo<sup>1</sup>

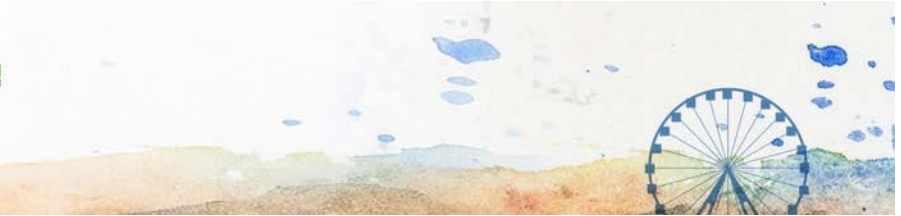
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**Introduction.** Obturator internus muscle (OIM) abscess is a rare condition, usually affecting children after trauma or muscular effort. Because of its rarity, vague symptomatology and a lack of focus about this condition, the diagnosis of OIM abscess is commonly delayed or missed. Blood cultures always yield positive findings, with *Staphylococcus aureus* being the most common culprit.

**Description.** of the

**Case Report.** A 40-year-old Georgian male with a history of cocaine use was admitted to emergency department for fever, pain and limitation of movement of the left hip. He reported having suffered a trauma three weeks earlier due to a car accident. Laboratory investigation revealed high values of white blood cell count and C-reactive protein. Radiograph and US of both the hips were unremarkable. An MRI scan revealed a 18x12 mm fluid collection in the OIM in relation to the ipsilateral sacroiliac joint. He was diagnosed with OIM abscess, and methicillin-sensitive *Staphylococci* (*aureus* and *epidermidis*) were detected on blood culture. Given the small size and the pre-suppurative phase of the collection, we excluded the indication for surgical drainage or percutaneous catheter drainage under US or CT guidance and we decided to start antibiotic therapy with intravenous beta-lactams, with its resolution after 14 days.

**Conclusions.** Trauma and bacteremia may trigger OIM abscess also in adult, therefore patient history should be obtained and this clinical condition must be considered in the presence of fever, hip pain and limp specially with high inflammatory markers.



**Abstract Code: FDI24964-76**

**ORGANIZATIONAL DETERMINANTS INFLUENCE INCLISIRAN USE IN A REAL-WORLD SETTING**

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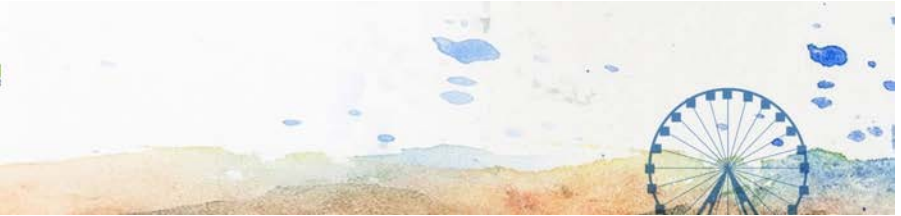
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**Introduction and Aim.** Inclisiran is the most recently introduced proprotein convertase subtilisin/kexin type 9 inhibitor (PCSK9i), with a favorable pharmacokinetic profile requiring only two administrations per year. However, regulatory constraints, including hospital-only distribution and mandatory administration by healthcare professionals, may limit its practical advantages. This study assessed whether simplification of the organizational process for inclisiran procurement affects its prescription rate in clinical practice.

**Materials and Methods.** All new inclisiran prescriptions recorded in ASST Mantova between 2024 and 2025 were analyzed and divided into three 8-month periods (Jan–Aug 2024, Sep 2024–Apr 2025, and May–Dec 2025). From May 2025, inclisiran became directly available in the Lipidology Center outpatient clinic, eliminating delays between prescription and administration. Prescriptions before and after this change were compared with those from other ASST departments.

**Results.** The Lipidology Center issued 9, 8, and 14 new prescriptions across the three periods (+56% vs the first period). In contrast, other ASST settings showed a progressive decline (17, 11, and 4 prescriptions; –77%).

**Conclusions.** These preliminary data suggest that simplification of the organizational pathway increases inclisiran prescription. Prescribing behavior appears influenced not only by clinical factors but also by organizational determinants



**Abstract Code: FDI24649-76**

## **DIGITAL HEALTH LITERACY IN NURSING: EVIDENCE FROM A CROSS-SECTIONAL STUDY**

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**Introduction.** E-literacy is an essential meta-skill in contemporary nursing, with a direct impact on patient safety, process efficiency and quality of care. The study aims to analyse the factors that determine the level of computer literacy among nursing staff, challenging the common assumption that it is linked to seniority and identifying the real levers for systemic enhancement.

**Materials and Methods.** A cross-sectional study was conducted on a convenience sample of 230 nurses from the “C&G Mazzone” Hospital of the AST in Ascoli Piceno from March to June 2025. Digital skills were assessed using a validated questionnaire.

**Results.** The sample was predominantly female (58.6%), with an average age of 40-50 years, and 46.8% held a three-year degree. The results show a high degree of heterogeneity in digital skills, with some areas of excellence (Intensive Care Unit, Cardiology Unit) and others with significant deficiencies. However, statistically significant values emerge in the total scores between the different operating units ( $p < 0.0182$ ), but also between educational qualifications.

**Conclusions.** The study indicates that nurses' IT skills depend mainly on the organisational context and specific training, rather than on seniority. The widespread lack of strategic skills highlights the urgent need for cultural and training change, accompanied by the adoption of a mandatory corporate plan for the development of digital skills, in order to strengthen innovation and safety processes within the healthcare system.

**Abstract Code: FDI24677-77**

## **CEFALEA PERIORBITARIA E SEGNI OCULO-SIMPATICI: UN INGANNO DIAGNOSTICO RISOLTO IN MEDICINA INTERNA**

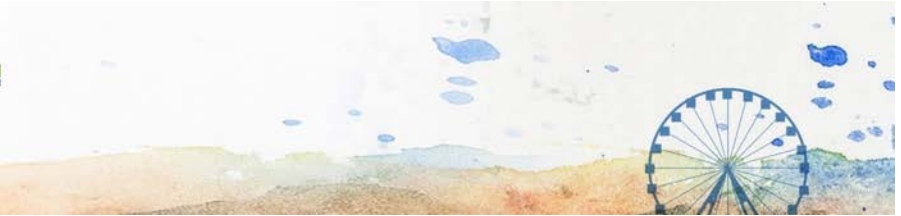
F.D.P. Dario<sup>1</sup>, M. Pinotti<sup>1</sup>, A. Passaro<sup>1</sup>, G. Zuliani<sup>1</sup>, G. Brombo<sup>1</sup>

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**Introduzione.** La sindrome di Bernard-Horner rappresenta una sfida diagnostica per la varietà delle sue possibili eziologie. Analogamente, la cefalea, sintomo comune ma estremamente eterogeneo, richiede un accurato approccio internistico. Il caso descritto illustra il percorso di diagnosi differenziale integrata tra queste condizioni.

**Descrizione.** MR, 55 anni, con anamnesi per fenomeno di Raynaud e pregressa appendicectomia, accedeva al Pronto Soccorso per insorgenza acuta di ptosi e miosi dell'occhio sinistro, associate a dolore urente fronto-orbitario e al vertice. L'inquadramento della sindrome di Bernard-Horner prevedeva esami laboratoristici e diagnostica per immagini, che escludevano lesioni centrali espansive o infiammatorie, dissezione carotidea o altre cause vascolari (TC/angio-TC encefalo e TSA; RM/angio-RM encefalo), nonché eziologie autoimmuni e paraneoplastiche. La natura accessuale delle algie periorbitarie, associate a disestesia, edema locale e peggioramento transitorio della ptosi, unitamente al miglioramento con ossigeno ad alti flussi, orientava verso cefalea atipica di tipo TACS (cefalea autonomico-trigeminale), con caratteristiche compatibili con cefalea a grappolo. Veniva pertanto avviata terapia steroidea, con indicazione a successiva ottimizzazione con verapamil.

**Conclusioni.** Il caso evidenzia la complessità della diagnosi differenziale nella sindrome di Bernard-Horner e nelle cefalee tipo TACS, sottolineando il ruolo cruciale dell'approccio multidisciplinare proprio della Medicina Interna per integrare dati clinici, strumentali e risposta terapeutica.



**Abstract Code: FDI24874-76**

**PERIMENOPAUSE AS A WINDOW OF RISK FOR HEPATIC STEATOSIS: EVIDENCE FROM AN OBSERVATIONAL STUDY IN AN INTERNAL MEDICINE OUTPATIENT CLINIC**

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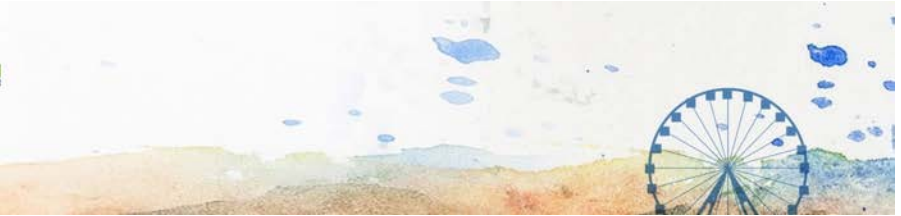
*(1) UOC Medicina Interna, Lugo (RA), (2) Scuola di Specializzazione in Geriatria, Università di Bologna, (3) UOC Medicina Interna, Lugo (RA), (4) UOC Cardiologia, Lugo (RA), Italy.*

**Introduction.** Menopause represents an independent risk factor for the development of hepatic steatosis in women, due to hormonal and metabolic changes. This study aimed to assess the prevalence of hepatic steatosis and the main associated metabolic factors in the target population, also enabling early identification.

**Materials and Methods.** This was a retrospective cross-sectional observational study among women attending the Internal Medicine outpatient clinic of Umberto I Hospital in Lugo between January 2023 and December 2025 who underwent abdominal ultrasound. Sociodemographic variables, the presence of US detected hepatic steatosis, and metabolic blood parameters (HDL, LDL, triglycerides, glycosylated hemoglobin) were collected. Statistical analysis was performed by logistic regression.

**Results.** 587 pts were included, with a mean age of 64.1 ys (SD  $\pm$ 17.5). The prevalence of US detected hepatic steatosis was 36%. Subgroup analysis showed a significantly higher risk of steatosis in the 45–60 ys group. In particular, in patients aged  $\geq$ 45 ys the risk of steatosis was more than doubled (OR 2.1; 95% CI 1.33–3.31). Triglyceride levels were positively associated with the development of steatosis after adjustment for age (OR 1.01; 95% CI 1.00–1.02), whereas higher HDL values showed a protective effect (OR 0.94; 95% CI 0.92–0.98).

**Conclusions.** These findings support the need for targeted preventive strategies in perimenopausal women, with particular attention to lipid–metabolic profile control, in order to reduce the risk of developing liver disease and its complications.



**Abstract Code: FDI24698-80**

**B-CELL LYMPHOMA OF THE ADRENAL GLAND COMPLICATED BY HEMOPHAGOCYTTIC LYMPHOHISTIOCYTOSIS: A RARE AND COMPLEX CASE**

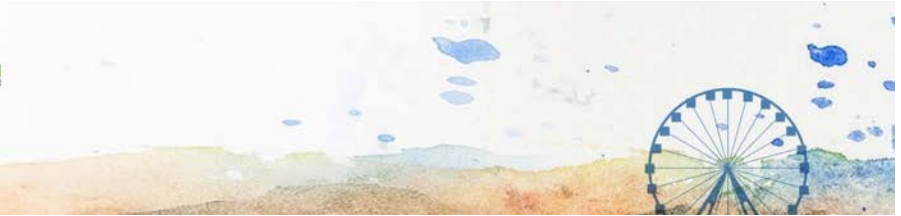
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**Introduction.** Primary adrenal lymphoma (PAL) is a rare and aggressive extranodal lymphoma that originates in the adrenal glands. The clinical presentation is characterized by abdominal/lumbar pain, weight loss, fatigue, fever and B symptoms. PAL may be complicated by hemophagocytic lymphohistiocytosis (HLH); characterized by hyperactivation of the immune system and cytokine storm, presenting with fever, hepatosplenomegaly, pancytopenia, hypertriglyceridemia, hyperferritinemia, coagulopathy, and histological evidence of hemophagocytosis.

**Description.** 64 years-old male presented to the ED with left flank pain, asthenia, fever and weight loss. Biochemical exams revealed cytopenia, hyperferritinemia, hypertriglyceridemia, and increased CRP; splenomegaly and adrenal lesions were detected on CT. Microbiological and serological investigations were negative. A PET-CT scan showed hypermetabolism of the adrenal glands. Bone marrow biopsies were consistent with HLH. MRI demonstrated cerebral involvement of the disease. Treatment with HLH-04 protocol was initiated; while adrenal biopsy was performed with diagnosis of PAL. Patient underwent high dose chemotherapy, but died due to neurological complications.

**Conclusions.** PAL has a poor prognosis; it is essential to establish a correct differential diagnosis with other adrenal lesions that may be candidates for surgical management or different chemotherapy regimens. HLH is a severe complication and must be treated early with the addition of etoposide to standard treatment protocol.



**Abstract Code: FDI24538-73**

**CORONARY ARTERY DISEASE IN A CASE OF MULTIMETASTASIZED LUNG ADENOCARCINOMA UNDERGOING IMMUNOTHERAPY: A COMPREHENSIVE SPECIALIST APPROACH**

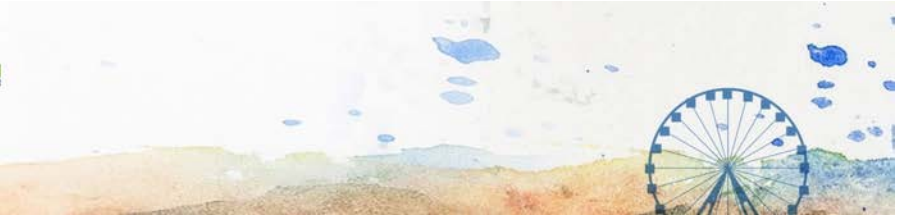
P. De Luca<sup>1</sup>, M. Lombardi<sup>2</sup>, P. Morlino<sup>3</sup>, V. Sollazzo<sup>4</sup>, A. De Luca<sup>4</sup>

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**Background.** The management of coronary artery disease (CAD) in patients with lung cancer is complex and requires an integrated and personalized approach, considering both the cardiac and oncological factors.

**Clinical Case.** Patient with arterial hypertension, dyslipidemia, prostatic hypertrophy, carotid atheromatous disease, and multimetastasized lung adenocarcinoma (liver and bone) non-oncogene-addicted and PD-L1 > 50%, undergoing immunotherapy (pembrolizumab). Admission to the Cardiology Department for angina pectoris, with critical stenosis of the anterior descending artery detected. A successful coronary angioplasty and implantation of two drug-eluting stents were performed. At follow-up, the lung tumor showed a significant reduction and metastases disappeared.

**Conclusions.** Although adenocarcinoma is a lung tumor, and CAD is a cardiac event, a patient with lung adenocarcinoma may develop CAD. This may be due to several factors, such as the presence of cardiac metastases, the effect of cancer therapies on the heart, or a coincidence of events. Cardiovascular risk must be assessed, taking into account the presence of the tumor, treatments, and other risk factors. The presence of lung adenocarcinoma can complicate the diagnosis and treatment of CAD, and conversely, CAD can affect the prognosis and treatment options for adenocarcinoma. Management involves oncologists, cardiologists, pulmonologists, and other specialists. Treatment decisions are personalized, considering tumor staging, patient condition, and CAD characteristics.



**Abstract Code: FDI24881-74**

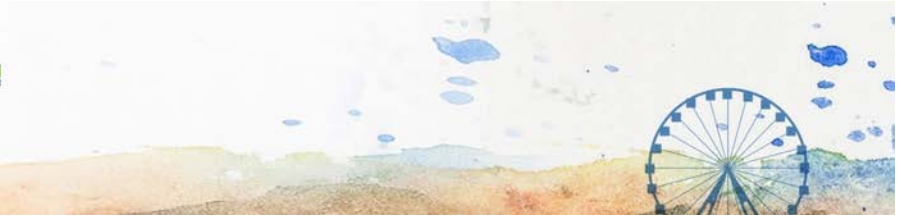
**THE DIAGNOSTIC AND THERAPEUTIC CHALLENGES OF THYMOMA  
HYPOGAMMAGLOBULINEMIA: A CASE REPORT WITH A FATAL OUTCOME**

D. Deraco<sup>1</sup>, R. Borghi<sup>2</sup>, G. Fabiola<sup>2</sup>, S. Lucia<sup>2</sup>, M. Costa<sup>2</sup>, E. Barbagelata<sup>2</sup>

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**Description.** 49-year-old female with a history of subclinical hypothyroidism presented with vomiting and diarrhea in March 2025. A colonoscopy led to a diagnosis of inflammatory bowel disease (IBD), and mesalazine therapy was initiated. In the summer, she presented to the ER with persistent fever. A chest CT scan revealed a thymic lesion; a transthoracic biopsy subsequently demonstrated a Type B2 Thymoma. The patient was discharged following empirical antibiotic therapy and scheduled for a thymectomy. She later returned with cyclic fevers. Upon admission serum protein electrophoresis showed a gamma zone of 6%, raising suspicion of Good's Syndrome. Diagnostic workup included: Immunoglobulin dosage: IgG/A/M below normal limits. IgG subclass dosage: homogeneous deficit across all four subclasses. Lymphocyte immunophenotyping: profound B-cell lymphopenia with increased CD21<sup>low</sup> B-cells, reduced naïve B-cells, and increased transitional B-cells. D. T-cell proliferation test to mitogens and antigens. A complete infectious disease workup revealed replicating HSV-1 DNA in blood. Antiviral therapy was initiated; Then a cycle of steroid therapy was administered. Broad-spectrum empiric antibiotic coverage was maintained.

**Conclusions.** Despite antiviral and broad-spectrum coverage, the patient had a poor general condition and a fatal outcome. Good's Syndrome is a very rare acquired immunodeficiency characterized by the association between thymoma and hypogammaglobulinemia.



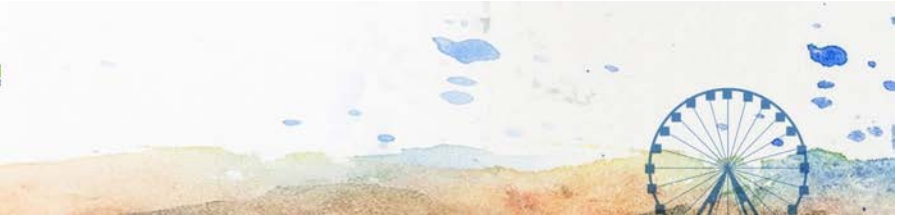
**Abstract Code: FDI24913-70**

**DRUG-INDUCED PNEUMONIA DURING ONCOLOGY THERAPY WITH DOCETAXEL AND NINTEDANIB: A CASE REPORT. USEFULNESS OF POCUS CLINICAL MONITORING**

F. Di Mare<sup>1</sup>, R. Iacobucci<sup>2</sup>, D. Carboni<sup>1</sup>, V. Rosellini<sup>2</sup>, A. Cozzi<sup>1</sup>, A. Bribani<sup>1</sup>

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A 69-year-old man, a former heavy smoker, has pulmonary emphysema with fibrosis on LTOT 1 L/min. For PD-L1-positive lung adenocarcinoma (stage IV) with lymphatic and pulmonary metastases, he underwent chemotherapy with carboplatin + pemetrexed + pembrolizumab and docetaxel with nintedanib. Hospitalized for worsening dyspnea and fever, he was diagnosed with severe hypoxemia ( $\text{PaO}_2/\text{FiO}_2$  1.75), neutrophilic leukocytosis ( $16,249/\text{mm}^3$ ), CRP 18 mg/L, BNP 170 pg/mL. A chest x-ray revealed left pulmonary consolidation. Urinary antigens for legionella and pneumococcus, nasal swabs for respiratory viruses, and serology for atypical bacteria were negative. In the suspected Pneumonia started on ceftriaxone and azithromycin therapy. POCUS lung ultrasound showed bilateral interstitial syndrome with subpleural consolidations. Chest CT showed the presence of the known subpleural neoplastic lesion in the left upper lobe, with adjacent interstitial disease and fibrosis, multiple irregular nodules and severe centrilobular and paraseptal emphysema bilaterally. Despite antibiotic therapy, clinical worsening occurred, so in the suspicion of chemotherapy-induced interstitial pneumonia, intravenous steroid therapy (1 mg/kg) was started with good clinical response and POCUS. Docetaxel is a cause of interstitial lung toxicity, although rare. Clinical cases describe radiological patterns with ground-glass, subpleural consolidations, and alveolar organization. In the literature, most patients responded to steroid therapy; in some cases, persistent fibrosis or severe respiratory failure developed.



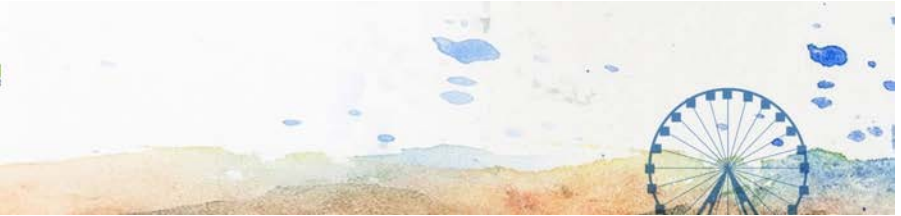
**Abstract Code: FDI24918-75**

**A CASE OF ULCERATIVE COLITIS-LIKE ENTEROCOLITIS ASSOCIATED WITH IMMUNOTHERAPY (IPILIMUMAB-NIVOLUMAB) FOR STAGE IV MELANOMA**

F. Di Mare<sup>1</sup>, A. Cozzi<sup>1</sup>, F. Burberi<sup>1</sup>, C. Cenci<sup>2</sup>, A. Herbst<sup>1</sup>, M. Vaudo<sup>1</sup>, D. Riccardi<sup>3</sup>, M.S. Pino<sup>4</sup>, L. Piccioli<sup>1</sup>, A. Bribani<sup>1</sup>

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**Case Report.** 80-year-old man has a melanoma with recent confirmation of stage IV with pulmonary and lymph node metastases for which he underwent immunotherapy with ipilimumab-nivolumab. After 3 months the patient presents to the emergency room for severe bloody diarrhea and abdominal pain. On abdominal CT MdC: thickening of the wall of the sigmoid rectum with imbibition of the perisigmoid and descending pericolic loose cells as if perivisceritis. In suspected infectious colitis, metronidazole and ceftriaxone were started with worsening of the PCR. In medical practice, stool cultures for bacteria, cytomegalovirus, Clostridium difficile and negative parasitology. In suspected colitis due to immunotherapy, intravenous methylprednisone 1.2 mg/kg was started. At colonoscopy: hyperemia of all colonic tracts with fibrinous ulcers with a stamped base with histological finding of Basal plasmacytosis (CD 38+) mixed with eosinophilic infiltrate as in ulcerative colitis for which mesalazine was added. A histological review indicated colitis due to immunotherapy. Mesalazine was suspended and infliximab 5 mg/kg intravenously was scheduled. Due to severe rectal bleeding and diarrhea, the patient died before this therapy. Toxicity from anti-CTLA-4 antibodies occurs in 60-65% of cases. These events affect the skin (43-45%), liver tissue and endocrine system (6-8%) and the gastrointestinal tract (7-32%). At the gastrointestinal level, enterocolitis occurs in 8-22% of cases and is a form with characteristics similar to ulcerative colitis and Crohn's disease for which the differential diagnosis is not easy to interpret.



**Abstract Code: FDI25005-63**

**HELLP ME, IF YOU CAN!**

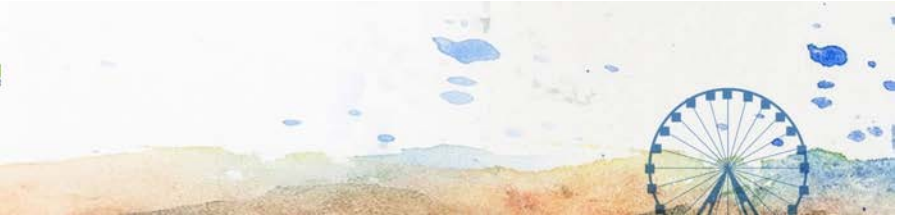
M. Di Palo<sup>1</sup>, R. Fimiani<sup>1</sup>, F. Guida<sup>2</sup>, M. Sacco<sup>1</sup>

*(1) UOC Medicina DEA ed Elevata Complessità Clinica - AORN A. Cardarelli, Napoli, (2) UOC Ginecologia e Ostetricia - AORN A. Cardarelli, Napoli, Italy.*

**Premises.** HELLP syndrome (Hemolysis, Elevated Liver enzymes, Low Platelet count) is a severe variant of preeclampsia, characterized by hemolysis, elevated liver enzymes, and thrombocytopenia, associated with high maternal and fetal morbidity/mortality.

**Case Description.** Woman 35yo, 26 weeks pregnant, was admitted to the emergency room with right flank pain, headache, and recent fever. No history of illness. At laboratory tests, increased inflammatory markers, grade II hydronephrosis at bed-side US; fetal heartbeat was present. She was admitted to the gynecology department, started antibiotic therapy and electrolyte replacement. After further urological evaluation, a ureteral stent was placed on the second day. During hospitalization, anemia and thrombocytopenia developed; fresh frozen plasma and red blood cells were requested. Due to worsening clinical and laboratory findings and the onset of renal failure, the patient was transferred to our department, where over the following days the patient worsened with the onset of pleural/pericardial effusion, ascites, peripheral edema, radiological evidence of pneumonia, worsening renal function, elevated blood pressure. Started diuretic, antihypertensive therapy, oxygen therapy. Given the persistence of this condition and onset of oligohydramnios, a cesarean section was agreed upon. After a brief stay in intensive care, the patient improved and was discharged.

**Conclusions.** HELLP syndrome is potentially fatal condition; early diagnosis and prompt termination of pregnancy are essential for maternal and fetal survival.



**Abstract Code: FDI24837-75**

**A NOT SO LUCKY FLIGHT**

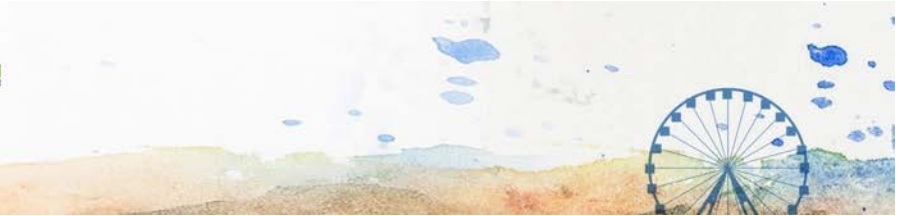
T. Diana<sup>1</sup>, A. Belfiore<sup>2</sup>, A. Arbore<sup>2</sup>, E. Lopiano<sup>2</sup>, M. Frualdo<sup>3</sup>, C. Fannesu<sup>4</sup>, M. De Pinto<sup>3</sup>, S. Lenti<sup>3</sup>

*(1) Medical Clinic "A. Murri", Polyclinic, Bari, (2) Medical Clinic "A. Murri", Bari, (3) Department of Internal Medicine, Lorenzo Bonomo Hospital, Andria (BA), (4) Department of Internal Medicine, Lorenzo Bonomo Hospital, Andria (BA), Italy.*

**Introduction.** People with sickle cell disease (SCD) may experience severe complications during aere travelling including vaso-occlusive crises (VOC), pulmonary embolism and splenic complications. These are due to hypobaric hypoxia in the aircraft cabin. Dehydration, stress, lenght of travel and the HbS concentration can also promote complications.

**Description.** A 37-year old African-Australian man with known SCD was admitted to a first-tier hospital for chest pain, dyspnea and fever. Low hemoglobin levels (8,3 g/dL) and high HbS levels (75%) were found and 4 red cell concentrates were transfused. Due to the need for erythropheresis the patient was transferred to the internal medicine of a tier II hospital. Chest x-ray showed extensive bilateral infiltrates. Given the suspicion of torax VOC, empirical antibiotic, fluid replacement and oxgen therapy were initiated. Due to appearance of edema in the lower limbs, anasarcatc state and increased D-Dimers, echocardiogram and venous Doppler were performed. A dilated cardiomyopathy with EF 40%, and a deep vein thrombosis of the right lower limb were showed. Diuretics, glifozin and enoxaparin were started immediately. The clinical picture slowly improved and on the 22nd day the patient was discharged with the indication to wait at least 2 weeks before returning to Australia. After 5 days we received a photo showing our happy patient just landed in his city.

**Conclusions.** The case described is a rare complication of SCD due to occlusion of the pulmonary microcirculation. In our patient the long flight was the triggering event.



**Abstract Code: FDI25058-71**

## **EOSINOPHIL TRENDS IN PATIENTS HOSPITALIZED FOR COPD EXACERBATION: IMPACT OF DIFFERENTE THERAPEUTIC STRATEGIES**

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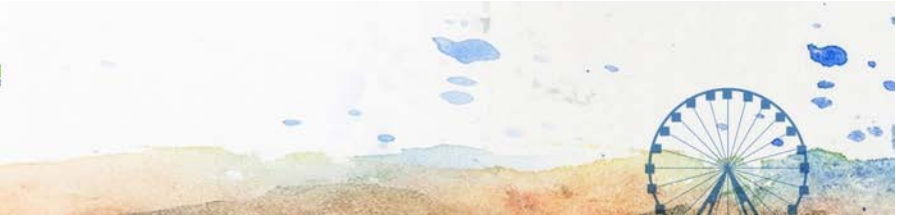
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**Introduction and Aim.** Blood eosinophils are considered a potential biomarker of response to corticosteroid therapy in COPD (Chronic Obstructive Pulmonary Disease) but their role during acute exacerbations remains debated. This study aimed to evaluate eosinophil trends during acute COPD exacerbation and their relationship with different therapeutic strategies and clinical outcomes.

**Materials and Methods.** This single-center observational study included patients admitted for acute COPD exacerbation to the Geriatrics Unit of "Miulli" Hospital between August 2024 and January 2025. Eosinophil counts at admission and at discharge were collected, along with administered therapies (systemic corticosteroids, inhaled triple therapy, or their combination) and hospital outcomes. Non-parametric statistical tests were used ( $p < 0.05$ ).

**Results.** Eosinophil counts decreased in 19 patients, remained stable in 5, and increased in 26 during hospitalization. A reduction in eosinophils was significantly more frequent in patients treated with systemic corticosteroids compared with those receiving inhaled triple therapy alone. At discharge, eosinophil counts were significantly lower in the reduction group than in patients with increased eosinophils. No significant differences were observed in clinical outcomes.

**Conclusions.** Systemic corticosteroids during acute COPD exacerbation are associated with a significant reduction in blood eosinophil counts, supporting their role as a biomarker of therapeutic response. Inhaled triple therapy does not significantly affect eosinophil trends or hospital outcomes.



**Abstract Code: FDI24665-74**

## **WHEN CRYPTOCOCCUS STRIKES TWICE: FROM PULMONARY CRYPTOCOCCOMA TO CRYPTOCOCCAL MENINGOENCEPHALITIS IN A PATIENT WITH MULTIPLE MYELOMA**

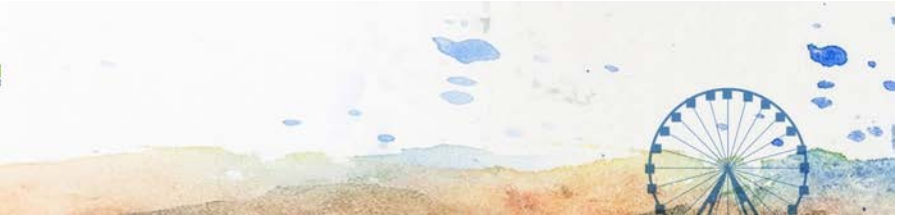
G. Fabro<sup>1</sup>, E. Bianco<sup>1</sup>, A. Bonaventura<sup>1</sup>, F. Tangianu<sup>1</sup>, F. Dentali<sup>1</sup>

(1) ASST dei Sette laghi, Varese, Italy.

**Introduction.** Cryptococcus neoformans is an encapsulated yeast-like fungus that can cause pulmonary and systemic cryptococcosis in immunocompromised individuals.

**Description.** A 68-year-old male patient with a history of multiple myeloma, previously treated with autologous bone marrow transplantation and currently on maintenance therapy with lenalidomide, presented to the emergency department with headache and ataxia. Chest X-ray revealed a right lung mass, which was confirmed on a subsequent chest CT scan. Brain CT scan was negative for acute findings. Cerebrospinal fluid analysis, including molecular and culture testing, was performed and revealed Cryptococcus neoformans. A brain MRI demonstrated multiple cerebellar and capsular lesions suggestive of cerebral cryptococcal involvement. Antifungal therapy with fluconazole and amphotericin B was established for 2 weeks, followed by fluconazole alone for additional 3 months. Follow-up brain MRI and chest CT scans showed a progressive reduction of the infectious foci. Oral maintenance therapy with low-dose fluconazole was prescribed for an additional year.

**Conclusions.** Disseminated cryptococcosis is a severe opportunistic infection that may involve multiple organs, including the lungs and the central nervous system. Early diagnosis and prompt antifungal therapy are essential to reduce morbidity and mortality, particularly in immunocompromised patients. Clinicians should maintain a high index of suspicion for cryptococcal infections in such patients presenting with neurological symptoms and pulmonary lesions.



**Abstract Code: FDI24799-82**

**WHEN ROUTINE IMAGING REVEALS MORE: MANDIBULAR LESIONS DETECTED ON ORTHOPANTOMOGRAPHY AND CONE BEAM COMPUTED TOMOGRAPHY**

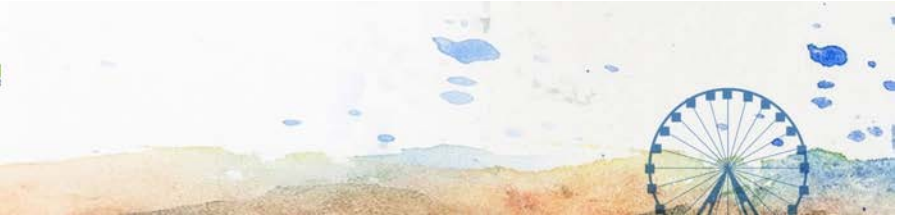
G. Faggian<sup>1</sup>, R. Faggian<sup>2</sup>, C. Stavolo<sup>1</sup>, A. Argenziano<sup>3</sup>, T. Argenziano<sup>4</sup>, A. Diglio<sup>5</sup>, A. Faggian<sup>6</sup>

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**Introduction.** Mandibular lesions, often detected incidentally on routine orthopantomography (OPT), range from benign entities to more complex pathological conditions. Radiological imaging plays a key role in early and differential diagnosis, with OPT as the first-line examination and Cone Beam Computed Tomography (CBCT) providing three-dimensional assessment when required. This imaging-based approach is essential to guide appropriate clinical management, particularly in asymptomatic patients.

**Description.** A retrospective analysis was performed on four asymptomatic patients who underwent OPT during routine dental evaluations. The identified mandibular lesions showed distinct radiological features: (1) a unilocular radiolucent lesion suggestive of a radicular or follicular cyst; (2) a radiopaque lesion in the mandibular ramus, compatible with an odontoma or reactive calcification; (3) a homogeneous radiopaque mass in the left maxilla, consistent with an odontoma; and (4) a follicular cyst associated with impacted teeth, accompanied by cortical thinning.

**Conclusions.** OPT represents an essential screening tool for the detection of incidental mandibular lesions due to its wide availability and low invasiveness. CBCT significantly enhances diagnostic accuracy in complex or equivocal cases by providing detailed three-dimensional information, thereby supporting tailored therapeutic planning. A rational radiological approach allows reliable differentiation between benign lesions and potentially aggressive conditions, optimizing clinical management and patient outcomes.



**Abstract Code: FDI24889-82**

**ABSTRACT-TO-PUBLICATION RATIO AND PREDICTORS FOR PUBLICATION SUCCESS FOR PAPERS PRESENTED AT AN ITALIAN INTERNAL MEDICINE MEETING: A CROSS-SECTIONAL STUDY**

E. Fausti<sup>1</sup>, G. Menditto<sup>2</sup>, B. Gasperini<sup>1</sup>, V.G. Menditto<sup>1</sup>

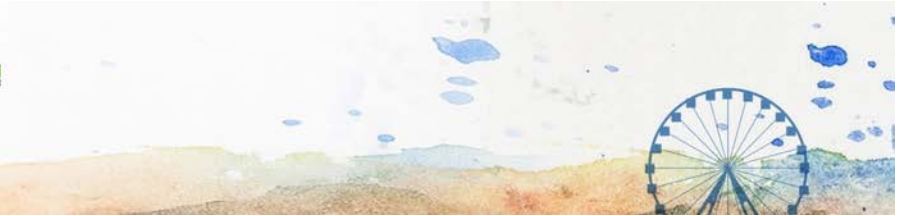
(1) Department of Internal and Emergency Medicine, Azienda Ospedaliero Universitaria delle Marche, Ancona, Italy, (2) Alma Mater Studiorum - University of Bologna, Italy.

**Introduction.** There are few data about the rate of abstracts presented in internal medicine meetings which are subsequently published as full-text reports in international indexed journals, namely abstract-to publication ratio (A: P). We performed a cross-sectional study to assess the A: P from a recent Italian national internal medicine conference and to investigate factors correlating with the publication success.

**Materials and Methods.** All 357 abstracts from the 2022 Federation of Associations of Hospital Internists (FADOI) meeting were reviewed. Blinded to the authors and publication status, three investigators recorded: format (oral, poster), study design, study population  $\geq$  100 units, language and quality. Publications until 2025 31th December were considered. Associations were analyzed by simple logistic regression using SPSS 29.

**Results.** Of the 357 abstracts, 28 abstracts (8%) have been published. The predictive factors for future publication ( $p < 0.05$ ) were: systematic review design (OR 13.54; 95% Confidence Interval [CI] 3.19-57.53), RCT or cohort study design (OR 7.61; 95% CI 3.13-18.51); large study population (OR 4.67; 95% CI 2.00-10.90); oral format (OR 4.11; 95% CI 1.72-9.79). The main negative predictors ( $p < 0.05$ ) were: case report design (OR 0.07; 95% CI 0.02-0.23) and Italian language (OR 0.07; 95% CI 0.02-0.24).

**Conclusions.** The calculated A: P (8%) could be affected by many factors, such as higher barriers to publication for papers coming from a non-Anglo-Saxon country, but it may also reflect a poorer quality of research.



**Abstract Code: FDI24862-73**

**CLOSTRIDIUM DIFFICILE INFECTION UNMASKING SYSTEMIC LUPUS ERYTHEMATOSUS WITH CASTLEMAN-LIKE HISTOLOGY: THE DIAGNOSTIC VALUE OF ANTI-RIBOSOMAL P**

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**Introduction.** Systemic lupus erythematosus (SLE) and Castleman disease (CD) share overlapping phenotypes. Lymphadenopathy, the hallmark of CD, is frequent in SLE, complicating the diagnosis.

**Description.** A 26-year-old woman presented with fever, abdominal pain, and Clostridium difficile-positive diarrhea. Laboratory tests showed leukopenia, anemia, hypoalbuminemia, hyperferritinemia, elevated lipase and transaminases, elevated erythrocyte sedimentation rate but normal C-reactive protein (CRP), transient proteinuria. Specific C. difficile therapy failed, prompting further workup. Computed tomography showed generalized lymphadenopathy, severe ascites, pleural effusion, pancreatic edema. Positron emission tomography confirmed hypermetabolic nodes; axillary biopsy showed a CD-like pattern. Concurrently, immunology revealed high-titer antinuclear antibodies, negative anti-double stranded DNA (anti-dsDNA) and anti-Smith (anti-Sm), but strongly positive anti-ribosomal P and hypocomplementemia. Steroids and hydroxychloroquine led to resolution.

**Conclusions.** Although meeting SLE criteria, the "CD-like" histology poses a challenge, as the clinic could also fit idiopathic multicentric CD. However, SLE is supported by complement consumption, normal CRP (atypical for active CD), and anti-ribosomal P positivity. Although not included in diagnostic criteria, this antibody is a highly specific marker, even in the absence of anti-dsDNA or anti-Sm. A diagnosis of SLE with visceral involvement triggered by C. difficile was established, guiding effective therapy.



**Abstract Code: FDI24742-70**

**RENDERE VISIBILE L'INFERMIERISTICA IN AREA MEDICA: INTEGRAZIONE DELLE DIAGNOSI INFERMIERISTICHE NANDA-I NELLA DOCUMENTAZIONE CLINICA E NEI FLUSSI DELLE SCHEDE DI DIMISSIONE OSPEDALIERA**

G. Ferrini<sup>1</sup>, S. Mercatelli<sup>1</sup>, A. Moretti<sup>2</sup>

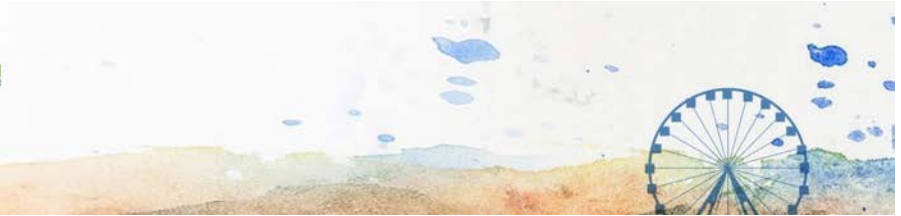
(1) Dipio USL SUD EST Toscana, (2) Capolona (AR), Italy.

**Introduzione.** La documentazione infermieristica in Italia è ancora eterogenea e non integrata nei flussi informativi nazionali. Le diagnosi NANDA-I, permettono tracciabilità e continuità del processo assistenziale, ma non sono ancora parte della Scheda di Dimissione Ospedaliera (SDO). Il progetto propone un percorso operativo per l'integrazione delle diagnosi infermieristiche e per l'istituzione dei LEA Infermieristici, garantendo standard assistenziali omogenei e misurabili.

**Materiali e Metodi.** La proposta prevede: Integrazione delle diagnosi NANDA-I nei software della cartella clinica elettronica, collegamento automatico diagnosi-interventi e outcome, integrazione automatica nel flusso SDO previa codifica nazionale, formazione degli operatori, sperimentazione su campione regionale.

**Risultati.** La standardizzazione delle diagnosi infermieristiche consente il miglioramento della qualità documentale, maggiore visibilità del contributo assistenziale e riduzione delle variabilità tra strutture. L'integrazione NANDA-I–NOC–NIC nel flusso informativo Regionale e Nazionale nonché nelle SDO favorisce la misurabilità dell'assistenza infermieristica.

**Conclusioni.** L'integrazione delle diagnosi infermieristiche nella SDO e nei sistemi informativi sanitari rappresenta un passaggio strategico per garantire qualità, misurabilità dell'assistenza. L'istituzione dei LEA Infermieristici definisce standard minimi uniformi a livello nazionale. Il progetto fornisce un percorso realistico e attuabile per migliorare la governance clinico-assistenziale e valorizzare il ruolo infermieristico.



**Abstract Code: FDI24717-72**

**PERSISTENT HYPERFERRITINEMIA AND ADDISON'S DISEASE: PARANEOPLASTIC SYNDROME AS A HIDDEN CULPRIT?**

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**Introduction.** Primary adrenal insufficiency is most often autoimmune, but rare etiologies such as iron overload or paraneoplastic processes should be considered when metabolic and immunologic tests are negative.

**Discussion.** A seventy-year-old man with hypertension and dyslipidemia presented with fatigue, insomnia, and weight loss. Laboratory tests showed persistent hyperferritinemia (1,500–4,100 ng/mL) with normal transferrin saturation and with no mutation in the homeostatic iron regulator (HFE) gene. Hormonal evaluation revealed low cortisol, high adrenocorticotrophic hormone and renin, confirming primary adrenal insufficiency after adrenocorticotrophic hormone stimulation test. Further investigation excluded drug-induced adrenal insufficiency and autoimmune causes. Hydrocortisone replacement therapy led to symptomatic improvement. Elevated erythrocyte sedimentation rate suggested an inflammatory or paraneoplastic origin. Magnetic resonance imaging of the abdomen was performed, ruling out iron overload but revealing a pulmonary nodule, confirmed by chest computed tomography. Multidisciplinary follow-up with endocrinology, oncology, and thoracic surgery was initiated for further evaluation.

**Conclusion.** This case highlights the diagnostic complexity of primary adrenal insufficiency with hyperferritinemia. It explores the importance of a thorough search for secondary causes of hyperferritinemia, especially when linked to endocrine dysfunction.

**Abstract Code: FDI25090-67**

## **BLACK CHROMATURIA DURING CEFIDEROCOL THERAPY IN A TRANSFUSION-DEPENDENT PATIENT**

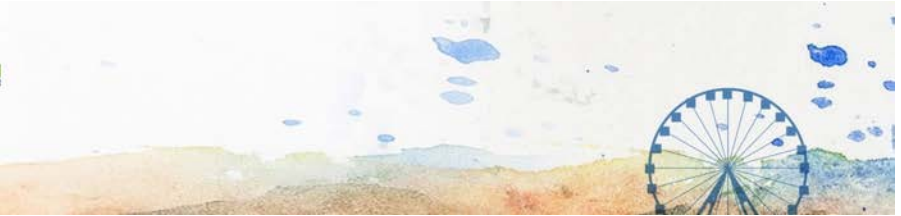
M. Festa<sup>1</sup>, D. Murino<sup>1</sup>, L. Menta<sup>1</sup>, M. Guadagni<sup>1</sup>

(1) AOU San Giovanni di Dio e Ruggi D'aragona, Salerno, Italy.

**Introduction.** Cefiderocol is a siderophore cephalosporin whose antimicrobial activity depends on ferric iron chelation. Urine discoloration during therapy is attributed to renal excretion of cefiderocol–ferric complexes. Most reported cases describe brown or dark-red urine, whereas black chromaturia is exceedingly rare, particularly in patients with iron overload.

**Description.** A 76-year-old man with transfusion-dependent myelodysplastic syndrome and chronic iron supplementation was admitted for a urinary tract infection, initially responsive to empiric antibiotics. After surgical adhesiolysis for suspected functional bowel obstruction, he developed healthcare-acquired pneumonia complicated by sepsis. Cultures isolated carbapenem-resistant *Klebsiella pneumoniae* and intravenous cefiderocol was initiated at 2 g every 8 hours. During hospitalisation, repeated packed red blood cell transfusions resulted in marked hyperferritinemia. On day three of cefiderocol therapy, sudden onset of black urine was observed. Extensive evaluation excluded alternative causes, including hematuria, hemoglobinuria, myoglobinuria, bilirubinuria, persistent urinary infection, and malignant cytology. The patient died from refractory critical illness, precluding assessment of urine colour reversibility.

**Conclusion.** This case describes a rare presentation of cefiderocol-associated black chromaturia, likely related to ferric iron chelation and renal excretion, facilitated by transfusion-induced iron overload. Recognition of this benign adverse effect may prevent unnecessary diagnostic investigations.



**Abstract Code: FDI24731-68**

**PERSISTENT FEVER AND STREET FOOD: A CASE OF FOODBORNE HEPATITIS A**

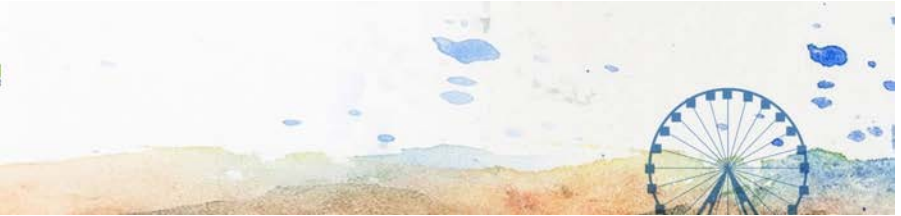
M. Finelli<sup>1</sup>, F. Palumbo<sup>1</sup>, A.I. Facciuto<sup>1</sup>, R. Morelli<sup>1</sup>, C. Nasta<sup>1</sup>, M. Puoti<sup>1</sup>, G. Galiero<sup>1</sup>, C. Scarrico<sup>1</sup>, E. Piccolo<sup>1</sup>, M. Giordano<sup>1</sup>

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**Introduction.** Hepatitis A is an acute viral infection transmitted via the faecal-oral route, which is generally self-limiting. The main risk factors include the consumption of seafood, berries, travel to endemic areas and, more recently, there has been an increase in cases among men who have sex with men.

**Description.** We describe the case of a 64-year-old man who presented to the emergency department with a fever that had persisted for two weeks. His medical history included chronic ischaemic heart disease and frequent consumption of street food at local food events, including in the days prior to the onset of symptoms. Initial blood tests showed leukopenia, increased inflammatory markers, mixed hyperbilirubinemia, GOT 62 IU/L and GPT 54 IU/L. Instrumental and microbiological tests were negative. The patient was admitted to Internal Medicine for further diagnosis. During his hospital stay, GOT peaked at 116 IU/L and GPT at 124 IU/L, and he tested positive for anti-HAV IgM, allowing a diagnosis of acute hepatitis A to be made. Supportive therapy was initiated with clinical and laboratory monitoring and contact isolation, with progressive improvement until liver indices returned to normal.

**Conclusion.** Hepatitis A is one of the most widespread acute viral hepatitis infections globally. In Italy, in the first half of 2025, there was an increase in cases compared to previous years. The course of the disease is usually benign and does not require specific antiviral therapy. Adopting proper hygiene practices and vaccination remain the main preventive measures.



**Abstract Code: FDI24847-76**

## **ANABOLIC-ANDROGENIC STEROIDS AND ISCHAEMIC STROKE**

P. Fiore<sup>1</sup>, C. Pelosi<sup>1</sup>, G. Capaldo<sup>1</sup>, A. Silvestri<sup>1</sup>, V. Pellecchia<sup>1</sup>, G. Manganelli<sup>1</sup>, F. Volpe<sup>1</sup>, G. Castellano<sup>1</sup>, A. Monaco<sup>1</sup>, A. Bellizzi<sup>1</sup>

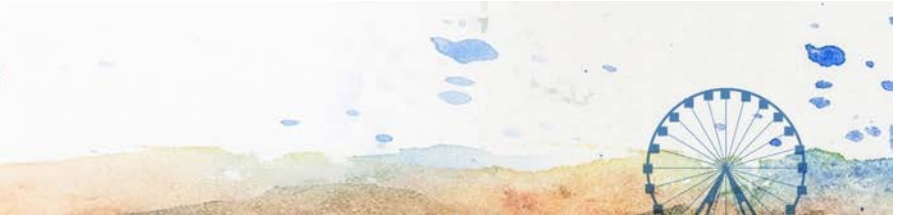
(1) Ospedale Frangipane-Bellizzi Ariano Irpino (AV), Italy.

**Background.** Anabolic-androgenic steroids (AAS) may be an underestimated risk factor for stroke in young subjects.

**Materials and Methods.** A 30-year-old truckman came to emergency department for visual disturbs, aphasia and dysarthria.. He smoked 7-15 cigarettes/daily. He suffered from common migraine. Arterial hypertension crises were recorded. He referred to abuse of enanthate testosterone, boldenone, methenolone, methandrostenolone for body building practice.

**Results.** Testosterone level was 13,86 and decreased to 5,88 ng/mL after one week. EEG recorded aspecific dysregulation of cerebral electrical activity. Altered repolarization was described at ECG. Mild left ventricular hypertrophy was present at transthoracic echocardiography. Rare supraventricular and ventricular extrasystoles were recorded at 24 hours Holter ECG. MRI showed areas of intense restricted signal in DWI/ADC and hyperintensity in T2/FLAIR in left precentral gyrus, insular and parietal regions.

**Discussion.** Our data highlights AAS abuse as a risk factor for stroke in young patients. In vitro studies showed direct negative effects on neuronal cultures. In vivo, vascular events are related to transient prothrombotic state with paradoxical embolization, because of increased blood viscosity and arterial hypertension. Impaired theory of mind, worse impulse inhibition and working memory, executive dysfunction and accelerated brain aging are reported in AAS abuse. Educational campaigns are needed.



**Abstract Code: FDI24982-76**

**EFFICACY OF LEFT ATRIAL APPENDAGE CLOSURE IN REDUCING TRANSFUSION AND IRON REPLACEMENT NEEDS IN THE ELDERLY**

A. Franconi<sup>1</sup>, G. Rossoni<sup>1</sup>, F. Salvotti<sup>1</sup>, I. Zagni<sup>1</sup>

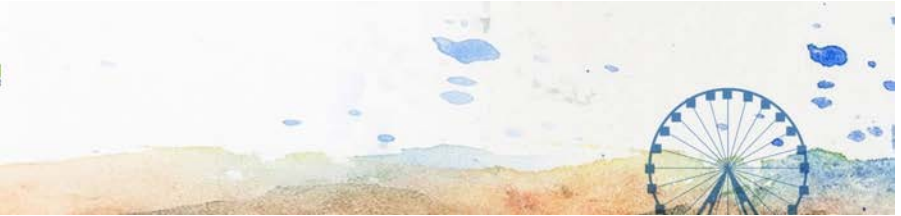
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**Introduction and Aim.** Oral anticoagulant therapy is the gold standard for stroke prevention in atrial fibrillation (AF), but is burdened by a chronic bleeding risk. This condition frequently leads to anemia requiring intravenous iron administration or blood transfusions, negatively impacting quality of life. Percutaneous Left Atrial Appendage Closure (LAAC) serves as an alternative to reduce bleeding risk while maintaining thromboembolic protection.

**Materials and Methods.** An observational analysis was conducted on a cohort of 27 patients with non-valvular AF undergoing LAAC. The sample included 19 males and 8 females, characterized by an advanced mean age of 78.6 years. 13 patients were over 80 years old. The study aimed to quantify the need for hematological support (iron or transfusions) in the post-procedural period.

**Results.** Follow-up highlighted a drastic reduction in bleeding and iron-deficiency complications. Despite the frailty of the population, only 2 out of 27 patients required a further cycle of intravenous iron after the procedure. No systematic need for blood transfusions was recorded.

**Conclusions.** LAAC is confirmed as a safe and effective strategy. In a predominantly octogenarian population, the intervention almost eliminated the need for blood transfusions and significantly limited intravenous iron administration. These data support LAAC not only for stroke prevention but as a crucial intervention for hematological stability and reducing the care burden in elderly patients.



**Abstract Code: FDI24705-69**

**IGG/C3-POSITIVE HEMOLYTIC CRISIS AND MULTI-ORGAN FAILURE SECONDARY TO HENNA EXPOSURE: THE PIVOTAL ROLE OF EARLY IMMUNOMODULATORY THERAPY**

S. Fusaro<sup>1</sup>, B.A. Rosaia<sup>1</sup>, L. Tonarelli<sup>1</sup>, E. Piccotti<sup>1</sup>, L. Puccetti<sup>1</sup>, F. Angelotti<sup>1</sup>, A. Figliomeni<sup>1</sup>, G. Governato<sup>1</sup>

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**Premises.** Autoimmune hemolytic anemia (AIHA) may rapidly progress to life-threatening multi-organ failure, often mimicking severe infectious disease. Literature supports the association between exogenous oxidative stress from Henna (a plant-derived coloring powder) and hemolytic crises, especially in patients with G6PD deficiency.

**Description.** of the

**Case Report.** A middle-aged man presented with jaundice, dark urine, severe anemia (Hb <4 g/dL), hepatic, renal and pancreatic injury, indirect hyperbilirubinemia, and elevated lactate. The direct antiglobulin test was IgG/C3 positive. He developed respiratory and metabolic failure requiring ICU care, mechanical ventilation, and continuous renal replacement therapy. Chest CT showed bilateral interstitial pneumonia, but microbiological workup remained negative. Transfusions were poorly tolerated due to ongoing hemolysis. High-dose corticosteroids, IVIG, and rituximab led to rapid hematologic and multi-organ improvement. The patient fully recovered before discharge. Normal G6PD activity excluded a classic enzymatic defect, while history revealed recent use of henna-based hair dye, likely inducing oxidative stress and triggering or amplifying the autoimmune mechanism.

**Conclusions.** AIHA can closely resemble severe infection and deteriorate quickly. In cases with IgG/C3-positive DAT and normal G6PD levels, henna (particularly its component lawsone) should be considered a potential trigger. Early recognition and prompt immunomodulatory therapy are crucial to avoid diagnostic delays and unnecessary antimicrobial or invasive strategies.



**Abstract Code: FDI24673-73**

## **IMPLEMENTAZIONE DEL SISTEMA VERSO VISION PER PREVENIRE LE CADUTE NEL PAZIENTE NEUROLOGICO: UNO STUDIO OSSERVAZIONALE**

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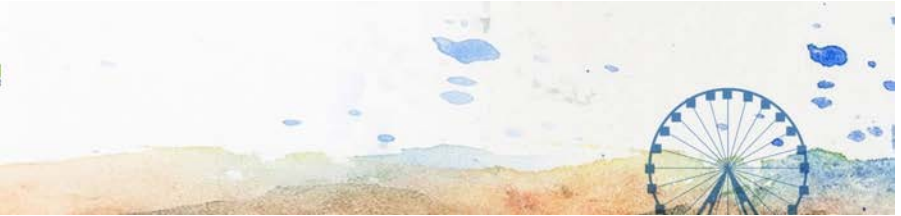
(1) IRCCS - Ospedale San Raffaele, Milano, Italy.

**Introduzione.** e obiettivo dello studio: Le cadute in ambito ospedaliero rimangono una sfida irrisolta per la sicurezza dei pazienti, con conseguenze gravi sia cliniche sia economiche. Il Sistema Verso Vision (VS) sfrutta l'intelligenza artificiale per sorvegliare costantemente i pazienti e l'ambiente circostante, identificando rapidamente situazioni a rischio di caduta o cadute già avvenute e avvisando in tempo reale gli infermieri. Lo studio ha valutato l'efficacia del VS nell'identificare i pazienti a rischio di caduta in un reparto neurologico e ne ha confrontato la capacità predittiva con la Scala di Conley e le condizioni cliniche del paziente.

**Materiali e Metodi.** È stato condotto uno studio osservazionale retrospettivo presso il reparto di Neurologia dell'Ospedale San Raffaele, coinvolgendo duecentocinquanta pazienti.

**Risultati.** L'analisi dei dati ha evidenziato come alcune cadute potevano essere eventualmente prevenute grazie ad allarmi più precisi, calibrati sui movimenti di ciascun paziente. Il confronto tra pazienti monitorati con il VS e quelli non monitorati ha dimostrato una diminuzione delle cadute potenzialmente prevenibili nel gruppo supportato dal dispositivo. La scala di Conley, combinata con il VS, ha fornito una stima più precisa del rischio di caduta.

**Conclusioni.** I risultati suggeriscono un impatto positivo del VS nella riduzione delle cadute, sottolineando l'importanza di allarmi personalizzati in base all'attività motoria del paziente. Si raccomanda un'ulteriore ottimizzazione degli algoritmi degli allarmi per massimizzarne l'efficacia.



**Abstract Code: FDI24764-74**

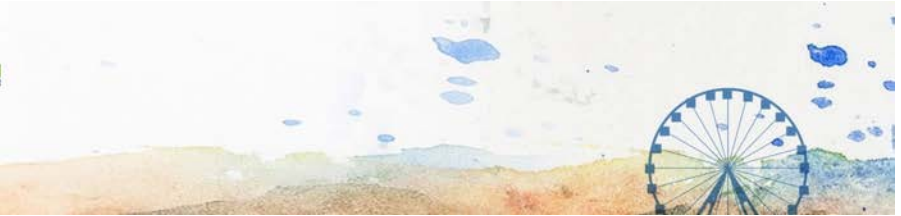
**WHY ISN'T SHE YELLOW?**

G. Garbagnoli<sup>1</sup>, A. Pezzoni<sup>1</sup>, B.M. Sarti<sup>1</sup>, F. Dottorini<sup>2</sup>, A.C. Marinetti<sup>2</sup>, E. Giardina<sup>2</sup>, E. Colombo<sup>2</sup>, J. Currà<sup>2</sup>, M.F.P. Bracale<sup>2</sup>  
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**Introduction.** A biloma is a walled-off collection of bile outside the biliary tract but within the abdomen, either in an intrahepatic or extrahepatic location. The main causes include choledocholithiasis, abdominal trauma and laparoscopic cholecystectomy. Clinical features ranges from asymptomatic incidental radiologic findings to abdominal distension, pain, jaundice or even fulminant peritonitis.

**Description.** A 75-year-old woman presented to the emergency department with constant pain in right upper quadrant; she had a history of old cholecystctomy. Blood tests showed low increased levels of lipase 81 U/L [8-60] and she had had a recent abdomen Computer Tomography Scan with evidence of ectasic common bile duct (15 mm) and suspicion of pancreatic intraductal papillary mucinous neoplasm. In a few days, touchable and painfull abdominal bulge was detected by Magnetic Resonance Cholangiopancreatography as a 10x11x6 cm biloma originating from biliary duct, secondary to an infiltrating pancreatic tumor of the head: no jaundice, no cholestasis, no further increase of lipase. An external drainage and a secondary stenting of coledoco resulted in a progressive biloma shrinking and symptoms relief; then she was treated for cancer.

**Conclusions.** iln our patient the biloma rapid size increase without the appearance of jaundice was caused by a malignancy of the pancreas and represents an undescribed complication of pancreatic cancer. Clinicians should suspect distal biliary obstruction even if laboratory cholestatic findings are in range, in presence of a quickly expanding biloma.



**Abstract Code: FDI24961-73**

**TIME-TO-ADMISSION TO INTERNAL MEDICINE WARDS IN THE MARCHE REGION. AN OBSERVATIONAL RETROSPECTIVE STUDY**

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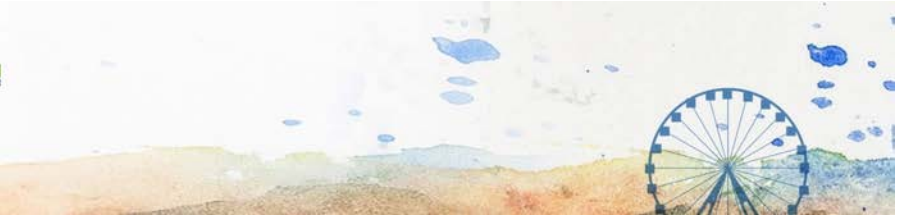
*(1) Department of Internal Ad Emergency Medicine, Azienda Ospedaliero Universitaria delle Marche, Ancona, Italy.*

**Introduction and Aim.** Time-to-admission (T-t-A) from Emergency Department (ED) to a ward reflects the overcrowding of ED and the efficiency and the needs of the hospital. The aim of the study was to assess the T-t-A for Internal Medicine wards (IMWs) compared to other disciplines.

**Materials and Methods.** Our retrospective study examined data about hospital admission from EDs in the Marche Region in 2019 and 2024. Together with other variables, age, sex and T-t-a for each patient were recorded. T-t-a was defined as time (minutes) between ED arrival and admission.

**Results.** A total of 1,077,897 ED admissions were analysed. 48% were female and in 23.6% of cases patients were > 74 years-old. The rate of admission was 13.8% (n=148,745). 22,6% were admitted in an IMW. Of those, 69% were > 74 years old. The median T-t-A for IMWs was 357 minutes (IQ range 568 minutes) compared with 208 minutes (IQ range 344 minutes) of other wards (p<0,001). The comparison between 2019 and 2024 showed an increase of 96 minutes compared with 28 minutes to be admitted in an IMW than in other wards (p<0,001).

**Conclusions.** T-t-a for IMWs has been longer than other disciplines in the last years. Proportion between older patients and high inpatient occupancy rate may explain this phenomenon. Our findings support the strong necessity for more Internal Medicine beds and a better territorial organization of the health system in our region.



**Abstract Code: FDI24782-74**

**POEMS SYNDROME WITH SEVERE RENAL DYSFUNCTION AND GENERALIZED EDEMA: A DIAGNOSTIC CHALLENGE IN INTERNAL MEDICINE**

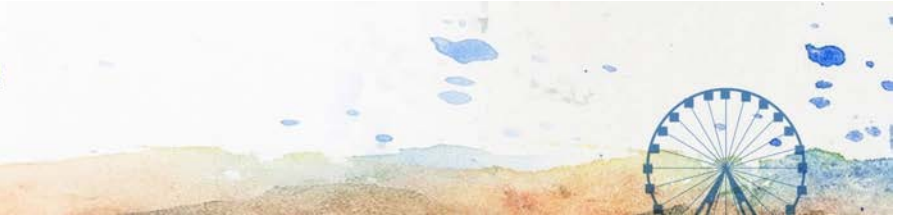
A. Giangreco<sup>1</sup>, G. Alunno<sup>1</sup>, F. Di Terlizzi<sup>1</sup>, A. Pavesi<sup>1</sup>, C. Marchesi<sup>1</sup>, C. Ferrari<sup>1</sup>, L. Marchionni<sup>1</sup>, A. Mazzone<sup>1</sup>

(1) Ospedale di Legnano (MI), Italy.

**Introduction.** . POEMS syndrome is a rare multisystem disorder related to plasma cell dyscrasia and often characterized by delayed diagnosis.

**Description.** An 81-year-old woman was admitted for progressive dyspnea and generalized edema. Chest radiography revealed a left pleural effusion. Medical history included solid tumor treated surgically, chronic lung disease, hypothyroidism, previous stroke, lymphoid neoplasm, and known monoclonal gammopathy. Laboratory tests showed severe renal failure, anemia with thrombocytosis, hypoalbuminemia, and nephrotic-range proteinuria, leading to initiation of renal replacement therapy. Immunological evaluation revealed double monoclonal components immunoglobulin M kappa and immunoglobulin G kappa, low complement fraction C4, and positive antinuclear antibodies. Imaging excluded metabolically active disease and organomegaly, and bone marrow biopsy was consistent with monoclonal gammopathy of undetermined significance.

**Conclusions.** Vascular endothelial growth factor was markedly elevated, confirming POEMS syndrome. High-dose steroid therapy and maximal diuretic treatment led to progressive improvement of renal function and edema. This case highlights the need for an integrated internal medicine approach in patients with unexplained edema, renal dysfunction, and monoclonal gammopathy.



**Abstract Code: FDI24751-70**

### **CHI HA LASCIATO LA PORTA APERTA?**

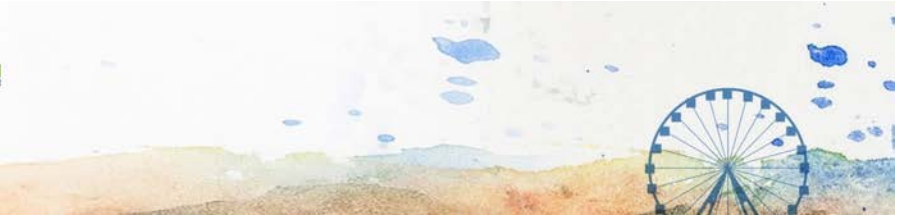
G.A. Gianoglio<sup>1</sup>, P. Riva<sup>2</sup>, C. Bussolino<sup>3</sup>, C. Gasparetto<sup>3</sup>

*(1) Università degli Studi di Torino, (2) AST Asti, (3) ASL Asti, Italy.*

**Introduzione.** Una donna di 79 anni giunge in Pronto Soccorso per dispnea ingravescente. All'ingresso si mostra fortemente dispnoica e tachiaritmica. Ematochimici e controllo radiologico del torace negativi per anomalie. All'ECG alternanza di ritmo sinusale e tachiaritmia sopraventricolare, verosimile flutter atriale. Per la severa ipossiemia e ipocapnia riscontrata all'Emogasanalisi arteriosa veniva avviata assistenza ventilatoria; successivo ricovero in Medicina Alta intensità con diagnosi orientativa di riacutizzazione bronchitica.

**Descrizione.** Iniziale rapido miglioramento con svezzamento da ventilazione e alti flussi, in seguito comparsa di ripetuti episodi di desaturazione severa refrattari a terapia medica, correggibili solo con supporto ventilatorio. Ecografie bedside, HRTC e angioTC negative per riscontri patologici. Al fine di escludere uno shunt dx-sx, veniva eseguito un ecocardiogramma con Bubble test conclusivo per presenza di FOP; condizione congenita, verosimilmente slatentizzata in seguito ad una TEP iatrogena avvenuta pochi mesi prima in seguito ad un intervento di vertebroplastica. Impossibile procedere con ulteriori procedure diagnostiche terapeutiche per la comparsa di gravi complicanze emorragiche.

**Conclusioni.** Dietro ad un evento clinico apparentemente inspiegabile, un'ipossiemia di grado severo, non proporzionata alla severità del coinvolgimento polmonare può nascondersi una porta aperta, il FOP, che anche quando silente, merita attenzione: ignorarlo infatti potrebbe lasciare aperto il passaggio a complicanze potenzialmente letali.



**Abstract Code: FDI24845-74**

**DON'T MISS ADAMTS13: THROMBOTIC THROMBOCYTOPENIC PURPURA**

S. Giuliano<sup>1</sup>, S. Paronuzzi<sup>1</sup>, A. Brussino<sup>1</sup>, C. Norbiato<sup>1</sup>, S. Marengo<sup>1</sup>

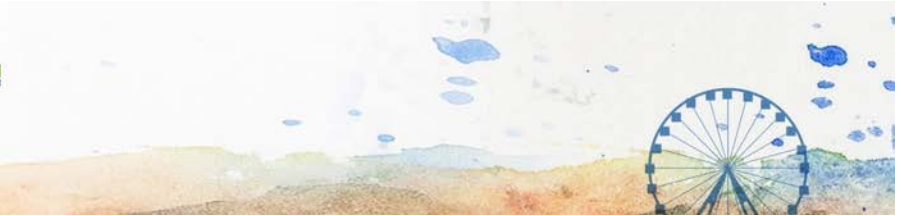
(1) A.O. Ordine Mauriziano di Torino, Italy.

**Background.** Thrombotic thrombocytopenic purpura (TTP) is a life-threatening thrombotic microangiopathy characterized by microangiopathic hemolytic anemia, severe thrombocytopenia, and ischemic organ damage affecting primarily the brain and kidneys. The underlying pathophysiology involves severe deficiency of ADAMTS13, a metalloprotease that cleaves von Willebrand factor, that may be acquired through autoantibodies or inherited through congenital gene mutations. Without adequate ADAMTS13 activity, ultra-large vWF multimers accumulate, bind platelets, and form disseminated microvascular thrombi.

Case

**Discussion.** A 62-year-old man presented to the Emergency Department with worsening dyspnea and chest pain. Physical examination revealed widespread petechiae. Blood tests revealed hemolytic anemia, thrombocytopenia, mild acute renal failure and circulating schistocyte. ADAMTS13 levels were near zero with high titer autoantibodies. Plasmapheresis was promptly initiated until the platelet count normalized, combined with oral steroid therapy and caplacizumab. Due to breakthrough refractoriness, rituximab was added on top of the therapy, thus leading to a new and persistent increase in platelet count and full clinical recovery.

**Conclusion.** TTP is a life-threatening condition and timely recognition and treatment means improving survival rate from 10% to >90%. Furthermore Caplacizumab, an anti-vWF nanobody, accelerates platelet recovery and reduces early recurrence.



**Abstract Code: FDI24768-78**

## **SANGUINAMENTO SPONTANEO? RICOVERO IN AMBIENTE INTERNISTICO!**

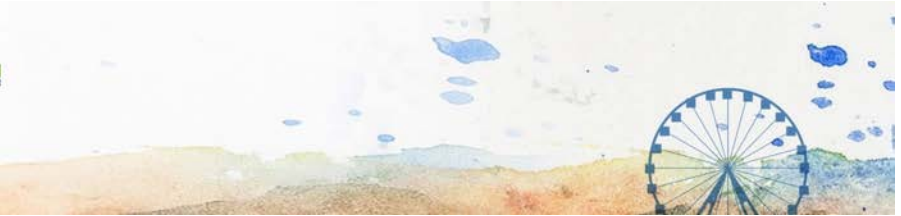
D. Gorgi<sup>1</sup>, G. Zancanaro<sup>2</sup>

(1) Ospedale Dell'angelo, Ulss3-Serenissima, Venezia, (2) Venezia, Italy.

**Introduzione.** L'emofilia acquisita è una patologia rara, che spesso insorge in pazienti anziani, legata allo sviluppo di anticorpi contro un fattore della coagulazione (di solito fattore VIII). Diversamente dall'emofilia congenita, si caratterizza per vaste ecchimosi spontanee ed ematomi muscolari o sanguinamenti mucosi, mentre sono rari gli ematriti. Va considerata un'emergenza clinica perché ha un'elevata mortalità se non trattata tempestivamente.

**Descrizione.** Donna di 70 presentatasi in Pronto Soccorso per ematoma spontaneo dell'avambraccio sinistro, atraumatico. Non terapia antitrombotica, in anamnesi polimialgia reumatica non in terapia. Riscontro di aPTT allungato. Valutata dagli ematologi, consigliavano ricovero in ambiente internistico ed esami di approfondimento da discutere con centro di riferimento di Padova. Il mixing test confermava la non correzione di aPTT, con fattore VIII ridotto e inibitore positivo. Trattata con complesso protrombinico attivato, con progressivo miglioramento dell'ematoma, e terapia corticosteroidica. Nei mesi successivi varie recidive di ematomi muscolari in diverse sedi quando tentata riduzione del cortisone, con necessità di ricovero e terapia. Vari esami di approfondimento per ricerca di cause secondarie negativi. Attualmente in buon compenso.

**Conclusioni.** Spesso è l'internista a prendere in carico i pazienti con emofilia acquisita: conoscere la malattia consente da un lato una diagnosi e un trattamento precoci ed efficaci, dall'altro una gestione a lungo termine che preveda un lungo follow-up e la ricerca di cause secondarie.



**Abstract Code: FDI25051-64**

**POTT DISEASE: CASE REPORT OF EXTRAPULMONARY TUBERCULOUS SPONDYLODISCITIS IN A YOUNG MIGRANT**

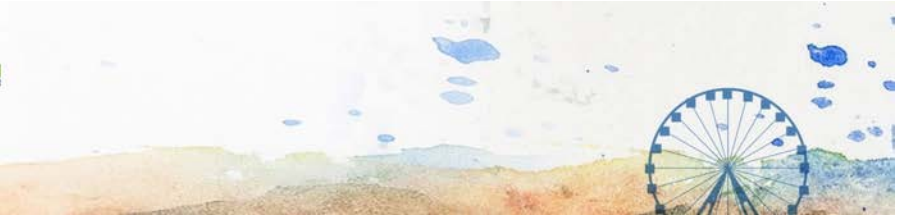
A. Iannuzzi<sup>1</sup>, F. Liccardi<sup>1</sup>, C. Mancino<sup>1</sup>, V. Barbieri<sup>1</sup>

(1) AORN Antonio Cardarelli, Napoli, Italy.

**Introduction.** Pott disease is a growing concern with increased global migration. Extrapulmonary tuberculosis makes up about 3% of TB cases, with skeletal forms comprising 10% of these and spinal involvement representing 50%. This report presents a case of a young Gambian male diagnosed with Pott disease.

**Description.** A 25-year-old man presented with a two-months history of chest pain radiating to the right shoulder, back pain, and progressive weakness. He was hemodynamically stable but tachycardic (HR 136 bpm) and febrile (39.7°C). Exam showed a soft, tender right subclavicular swelling and reduced right shoulder function, with severe vertebral tenderness. Lab tests revealed elevated sepsis and inflammatory markers. ECG showed sinus tachycardia. CT scan demonstrated a left apical lung lesion with cavitation, bilateral smaller lesions, erosion of the right sternoclavicular joint, and osteodestructive changes in the dorsal lumbosacral spine. With suspected Pott disease and a positive Quantiferon test, the patient was transferred for infectious disease management.

**Conclusions.** Tuberculous spondylodiscitis is an uncommon yet potentially severe clinical entity. Management is primarily medical, utilizing pharmacological agents typically indicated for pulmonary tuberculosis. Heightened clinical suspicion remains essential, especially within certain patient populations.



**Abstract Code: FDI24833-71**

**APPLICATION OF TASK SHIFTING IN THE OUTPATIENT SERVICES:  
FROM ORGANIZATIONAL ANALYSIS TO THE CREATION OF AN OPERATIONAL TOOL**

M.S. Karagulian<sup>1</sup>, G. De Faveri<sup>1</sup>, J. Guberti<sup>1</sup>, A.M.G. Staffa<sup>1</sup>

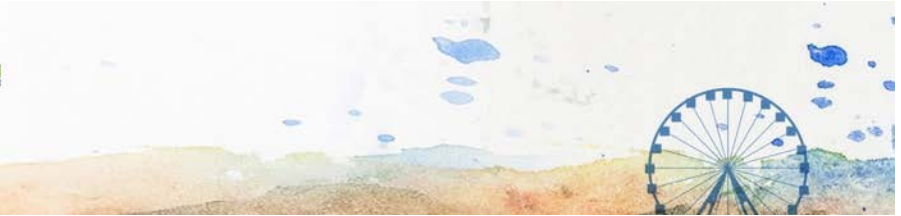
*(1) SC Dapss – Direzione Aziendale delle Professioni Sanitarie e Sociosanitarie – ASST dei Sette Laghi, Varese, Italy.*

**Introduction.** The Outpatient Services are an organizational setting with a high degree of heterogeneity, due to the different services provided and the multiple professionals involved. The present study, starting from an organizational analysis of the outpatient process, intends to present the drafting of an operational tool for the application of task shifting in the considered area.

**Materials and Methods.** The methodology adopted included a process mapping of the outpatient activities, the creation of a report of the outpatient nursing skills, the analysis of the professional profile of the Health-Social Care Worker, the identification of the “borderline” activities of the nursing practice that can be transferred and the proposal of a new organizational structure.

**Results.** The tool designed for the application of task shifting would result in a decrease in the use of nursing resources in the Outpatient Services to the extent of 38%, thus attributable to activities or field of greater clinical-care complexity. This finding would be reflected in an increased involvement of the Health-Social Care Worker in the outpatient setting in carrying out more standardized and low-complexity care activities.

**Conclusions.** Adoption of task shifting in Outpatient Services would be effective and strategic for the sustainability of the Organization; it would result in a decreased need for nursing resources, thanks to a more appropriate use of skills, making the remodelled staffing more responsive to the current phenomenon of the shortage of nursing professions.



**Abstract Code: FDI25075-70**

**CENTRAL NERVOUS SYSTEM INFECTIONS IN HOSPITALISED INTERNAL MEDICINE PATIENTS WITH MULTIMORBIDITY: A SCOPING REVIEW**

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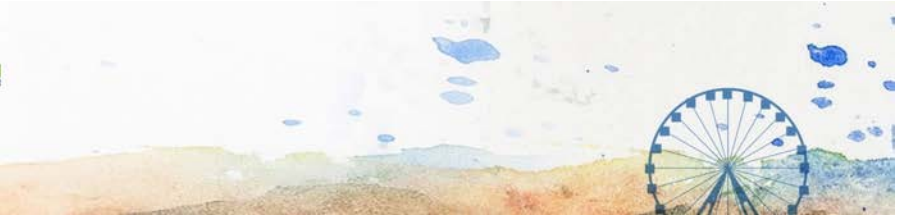
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**Introduction and Aim.** Central nervous system (CNS) infections in multimorbid internal medicine inpatients may present non-specifically (altered mental state, fever, seizures, focal deficits), risking diagnostic delay and adverse outcomes. We conducted a scoping review to map evidence on CNS infections in hospitalised multimorbid adults in internal medicine settings.

**Materials and Methods.** Electronic databases were searched from inception to December 2025. We included publications on adults hospitalised in internal medicine wards/settings with multimorbidity and a reported CNS infection.

**Results.** Of 754 records, 125 case series/case reports met inclusion criteria. Etiology (n=125): most often unspecified (23%), then viral (22%), bacterial (21%), mixed (14%), fungal (11%), tuberculous (6%) and parasitic/protozoal (3%). Main syndromes: meningitis (43%), encephalitis (21%) and brain abscess (19%) (others: meningoencephalitis 10%; other CNS infections 5%; tuberculoma 2%). Within syndromes: encephalitis was predominantly viral (54%). Brain abscess was mainly bacterial (29%), mixed (25%) and fungal (21%). Meningitis was often unspecified (35%), with bacterial (30%) and fungal (13%) causes also reported.

**Conclusions.** CNS infections in multimorbid internal medicine inpatients cluster around meningitis, encephalitis and brain abscess, with heterogeneous and often unspecified aetiologies. Non-specific neurological presentations warrant a high index of suspicion and prompt, standardised investigation. However, outcomes and post-discharge follow-up needs are inconsistently reported and require prospective studies.



**Abstract Code: FDI24879-81**

**MULTI-ORGAN IGG4-RELATED DISEASE: AORTITIS AND CHOLANGIO-PANCREATITIS**

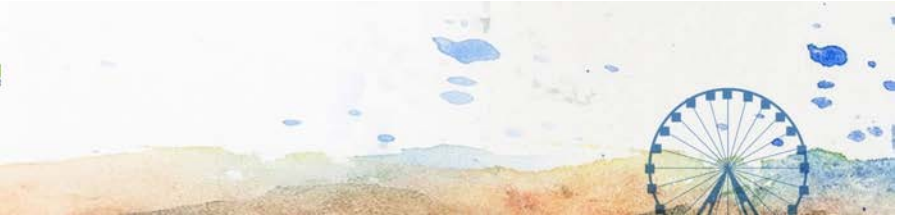
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**Introduction.** IgG4-related disease is a rare autoimmune condition that can affect the pancreas, biliary tract, and blood vessels. The simultaneous presentation of aortitis and cholangio-pancreatitis is rare, but early recognition is essential to prevent irreversible damage.

**Case Description.** A 59-year-old man presented to the emergency department with epigastric pain and mild jaundice. Laboratory tests showed elevated transaminases, alkaline phosphatase, and pancreatic enzymes. CT revealed aortic wall thickening consistent with aortitis and pancreatic changes suggestive of inflammation, without biliary stones or dilation. Alcoholic etiology and major causes of acute pancreatitis were excluded. Serum IgG4 levels were elevated. Pancreatic biopsy confirmed IgG4-positive lymphoplasmacytic infiltrate. The patient was treated with steroids and rituximab, resulting in rapid pain resolution and normalization of markers. Follow-up includes monitoring of the aorta, pancreas, and IgG4 levels.

**Conclusions.** This case emphasizes the importance of considering IgG4-related disease in patients with epigastric pain and biliopancreatic abnormalities, particularly when aortic thickening is present. Treatment with rituximab showed excellent results, reducing the risk of vascular and fibrotic complications.



**Abstract Code: FDI24824-71**

## **COPEPTIN: A USEFUL TOOL IN THE DIFFERENTIAL DIAGNOSIS OF POLYURIA POLYDIPSIA SYNDROMES**

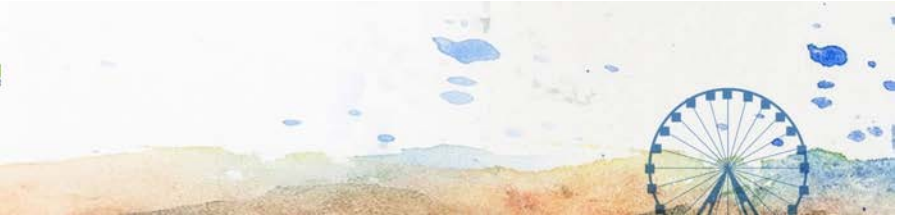
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**Introduction.** Ininsipidus diabetes (ID) belongs to polyuria/polidipsia syndromes; it is classified as central CID (arginin-vasopressin AVP deficiency) or nefrogenic NID (AVP-resistance). It is found in one third of patient in chronic therapy with lithium. A new diagnostic approaches is based on measurement of plasma copeptin which is a peptide that originates, together with AVP, from pre-pro-vasopressin; however it can be more easily measured. In CID, plasma copeptin is < 21,4 pmol/l whereas in NID is > 21,4 pmol/l.

**Description.** 69 years old male patient with diabetes mellitus compensated and bipolar disorder (in therapy with risperidone, quetiapine, lithium, valproate) was admitted for K. pneumoniae bacteriemia and acute kidney injury. On the second day of hospitalisation, polyuria appeared (7500 mL/24h); the water intake was 3300 mL/24h. Polyuria continued despite water intake was limited to 2500 mL/24h. Patient was thirsty, sodium was 160 mEq/l, spot urine sodium 30 mmol/l, plasma osmolarity 334 mOsm/L, urine osmolarity 163 mOsm/Kg; bedside ultrasound showed inferior vena cava < 1 cm as for hypovolemia. Hypernatremia, dehydration, hypotonic polyuria and polydipsia suggested a possible NID caused by lithium long-term therapy. Plasma copeptin resulted 37,9 pmol/l. Lithium was interrupted then sodium and polyuria settled slowly.

**Conclusion.** NID is a common complication of long-term lithium therapy; plasma copeptin is a valuable marker for a quick diagnostic work-up in the appropriate clinical setting.



**Abstract Code: FDI24583-73**

## **IMPROVING QUALITY OF LIFE AFTER BARIATRIC SURGERY: STRATEGIES TO REDUCE HOSPITAL RE-ADMISSIONS - A LITERATURE REVIEW**

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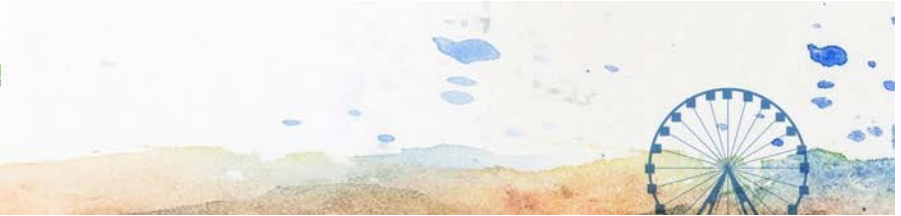
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**Introduction and Aim.** of the study: Complications following bariatric surgery often result in increased use of emergency services, unplanned readmissions, and reoperations, negatively affecting patients' quality of life and raising healthcare costs. Continuous and structured follow-up by a multidisciplinary team can optimize care outcomes and reduce avoidable readmissions. The aim of the study is to identify evidence-based strategies to enhance the quality of life and continuity of care for bariatric patients.

**Materials and Methods.** A literature review was conducted between February 2024 and August 2024, retrieving relevant studies from MEDLINE, Embase, and CINAHL databases.

**Results.** Risk factors for readmission include high preoperative BMI, surgical technique, age, ethnicity, socioeconomic status, and comorbid conditions. Frequent postoperative complications involve abdominal pain, nausea, infection, bleeding, wound dehiscence, and nutritional imbalance. The most effective interventions are educational programs, specialized nursing follow-up, and telemedicine-based monitoring.

**Conclusions.** Pre- and postoperative educational programs are necessary to support behavioral change and compliance with dietary recommendations. Telehealth support and nurse case management improve clinical outcomes and reduce hospital readmissions. A comprehensive, multidisciplinary approach is essential to ensure integrated and long-term care for patients undergoing bariatric surgery.



**Abstract Code: FDI24610-64**

**WORK-FAMILY CONFLICT, ENRICHMENT, AND INTENTION TO LEAVE AMONG NURSES. A DESCRIPTIVE STUDY**

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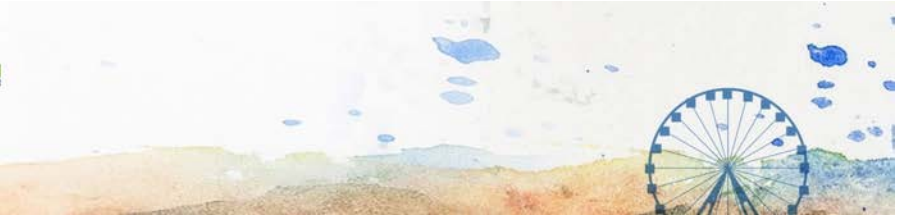
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**Introduction and Aim.** of the study: Work-family interference is linked to burnout, reduced job satisfaction, increased turnover, and intention to leave the profession. Personal and organizational resources may instead promote enrichment, supporting well-being and coping. This study explored how the work-home interface influences nurses' intention to leave the profession.

**Materials and Methods.** A monocentric descriptive study was conducted in northern Italy from June to September 2025 following institutional approval. An anonymous online questionnaire, distributed via organizational mailing list, included the Italian validated version of Work-Family Enrichment Scale and Work-Family Conflict and Family-Work Conflict Scale.

**Results.** A total of 120 responses were analyzed. Nearly half of the sample (48%) reported an intention to leave nursing profession. Work to family conflict was significantly associated with intention to leave ( $p=0.00$ ). Having children ( $=0,43$ ), frequent overtime work ( $=0,52$ ), and perceived lack of recognition ( $=0,43$ ) correlated with higher intention to leave, while family enrichment ( $=-0,25$ ) and working in emergency-urgent care settings ( $=-0,33$ ) were protective factors. Age, marital status, and early career assignments did not show any correlation.

**Conclusions.** Higher work-related enrichment reflecting satisfaction and personal fulfillment reduces nurses' intention to leave the profession. Its positive spillover into family life suggests that fostering enrichment may be a key organizational strategy to prevent professional attrition.



**Abstract Code: FDI24850-70**

**RESPIRATORY REHABILITATION IN INTERNAL MEDICINE:  
CLINICAL APPLICATION AND OUTCOMES IN PATIENTS WITH COPD**

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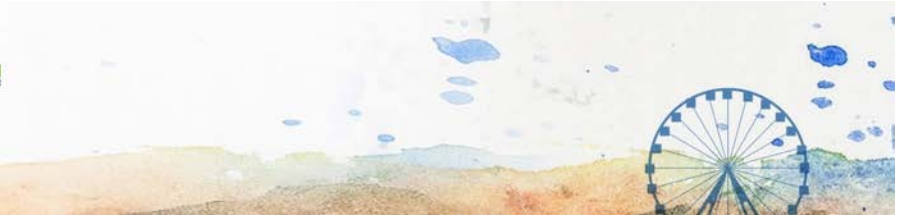
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**Introduction.** Chronic obstructive pulmonary disease is a respiratory condition characterized by persistent airflow limitation and frequent exacerbations. Patients admitted to Internal Medicine wards often present frailty and multiple comorbidities. Respiratory rehabilitation is an effective non-pharmacological intervention, although still underused in non-specialized settings. To evaluate the feasibility and effects of respiratory rehabilitation in hospitalized patients with chronic obstructive pulmonary disease through the analysis of three clinical cases.

**Materials and Methods.** Three patients admitted for an exacerbation were analyzed. Assessment included respiratory parameters, dyspnea level, oxygen saturation, mobility and treatment response. The rehabilitation program consisted of breathing control techniques, airway clearance, early mobilization and gradual therapeutic exercise.

**Results.** All patients showed reduced dyspnea, improved oxygenation, increased mobility and better exercise tolerance. Differences in outcomes were related to disease severity and comorbidities.

**Conclusions.** Respiratory rehabilitation in Internal Medicine is feasible and effective, supports functional recovery and reduces the risk of deconditioning. The physiotherapist plays a key role in managing complex patients and promoting continuity of care.



**Abstract Code: FDI24958-79**

## **INTERNISTS CAN DO IT TOO: THORACIC DRAINAGE WITH NO EXTRA RISK**

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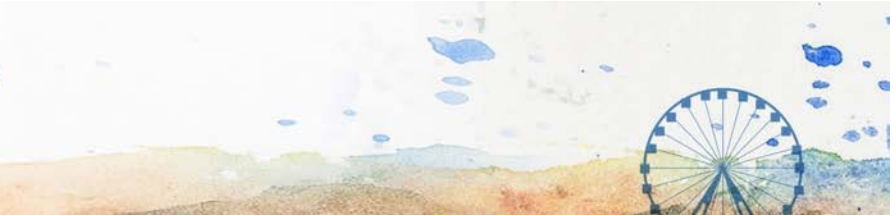
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**Introduction.** Pleural effusion (PE) is a frequent cause of hospitalization in Internal Medicine. Thoracic drainage is the gold-standard treatment, but internists are not always autonomous in performing the procedure. We compared complications of chest drainage inserted by internists vs other specialists.

**Materials and Methods.** Retrospective observational study including patients admitted to an Internal Medicine ward (August 2021–May 2025) for malignant or non-malignant PE undergoing thoracic drainage. Clinical data were analyzed per patient; complications per single procedure. Complication rates were compared according to operator.

**Results.** Eighty-two patients were included (mean age 71 years, range 25–92; male predominance). PE was malignant in 34 patients (33.7%), non-malignant in 39 (38.6%), and undetermined in 9 (8.9%). A total of 101 drainages were performed: 70 by internists (69.3%) and 31 by other specialists (30.7%). Evaluated complications included dislodgement, malposition, malfunction, bleeding, iatrogenic pneumothorax, insertion-site infection, subcutaneous emphysema, and re-expansion pulmonary edema. No significant differences in complication rates were observed between groups.

**Conclusions.** Thoracic drainage performed by internists shows a complication profile comparable to that of other specialists. These findings support the safety of the procedure when performed by trained internists and the key role of the internist in therapeutic decision-making and in direct management of chest tube placement in patients with pleural effusion.



**Abstract Code: FDI25069-73**

**STANDARD AND LOW-DOSE SYSTEMIC THROMBOLYSIS IN THE TREATMENT OF PULMONARY EMBOLISM: A SINGLE-CENTER RETROSPECTIVE COHORT STUDY. EXPERIENCE OF ROVERETO HOSPITAL (2017–2025)**

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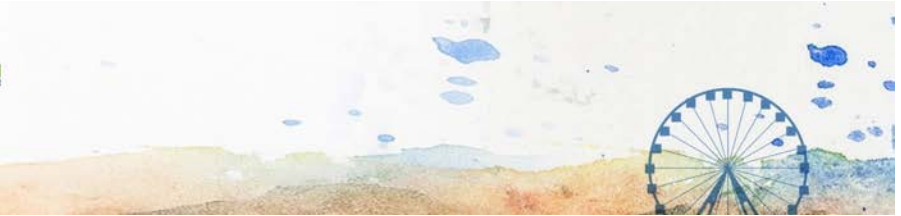
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**Introduction and Aim.** Systemic thrombolysis (sT) is the treatment of choice in high-risk (HR) pulmonary embolism (PE), but carries significant bleeding risk. Its use in intermediate–high-risk (IHR) PE remains controversial. Reduced-dose systemic thrombolysis (rd-sT) has emerged as a strategy to maintain efficacy while limiting hemorrhagic complications, though real-world evidence is limited. We aimed to compare efficacy and safety of rd-sT versus standard-dose sT (sd-sT) in a real-world cohort of HR and IHR PE patients.

**Materials and Methods.** We conducted a single-center retrospective study at Rovereto Hospital Internal Medicine Unit, including patients hospitalized for acute PE from 01/2017 to 11/2025. Among 243 PE patients, 33 received sT (22 sd-sT, 11 rd-sT); 10 were HR and 23 IHR. Clinical, laboratory, and echocardiographic data were collected before and after sT. Primary efficacy endpoint was clinical improvement within 24 h; primary safety endpoint was major bleeding (MB) per ISTH criteria.

**Results.** Clinical improvement within 24 h occurred in 90.9%, without differences between sd- and rd-sT. Hemorrhagic complications occurred in 43.3% (20% MB), in both groups, with no intracranial or fatal bleeds. In-hospital mortality was 12.1%, occurring only in the sd-sT group. Rd-sT patients were older, and bleeding events correlated with higher baseline bleeding risk.

**Conclusions.** In this real-world cohort, rd-sT showed efficacy and safety comparable to sd-sT in HR and IHR PE. Prospective studies are needed to determine whether rd-sT may be a safe alternative in selected patients.



**Abstract Code: FDI24597-78**

## **CONTRAST-ENHANCED ULTRASOUND AS A DECISIVE TOOL IN DIAGNOSING PORTAL VEIN TUMOR THROMBOSIS FROM HEPATOCELLULAR CARCINOMA: A CASE REPORT**

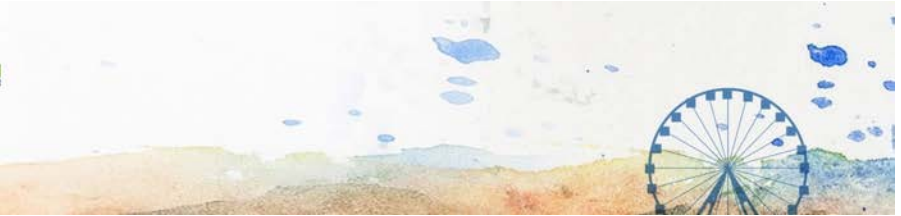
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**Introduction.** Portal vein thrombosis (PVT) in cirrhotic patients may arise from benign thrombotic occlusion or malignant invasion secondary to hepatocellular carcinoma (HCC). Distinguishing between these conditions is crucial, as portal vein tumor thrombosis (PVTT) dramatically impacts staging and treatment options. While CT and MRI are routinely used, contrast-enhanced ultrasound (CEUS) allows real-time vascular assessment and can reveal arterial enhancement within thrombi, a hallmark of malignant infiltration.

**Description.** A 61-year-old man with HCV-related cirrhosis and chronic PVT underwent contrast-enhanced CT in June 2025, which showed progression of thrombosis despite anticoagulation therapy, but no focal hepatic lesion or suspicion of HCC. Subsequent CEUS demonstrated heterogeneous arterial-phase hyperenhancement and late wash-out within the portal thrombus, findings highly suggestive of PVTT. An ultrasound-guided biopsy of the left portal vein branch confirmed poorly differentiated HCC.

**Conclusions.** This case highlights CEUS as a superior tool for differentiating benign from malignant PVT. CT failed to suggest malignancy, whereas CEUS clearly demonstrated arterial intrathrombotic enhancement, enabling early diagnosis of PVTT confirmed histologically. CEUS offers high temporal resolution, real-time vascular characterization, and excellent sensitivity for detecting tumor thrombi, even when CT or MRI are inconclusive. It should be routinely integrated into the evaluation of cirrhotic patients with unexplained or progressive PVT.



**Abstract Code: FDI24860-71**

**ACUTE PRESENTATION OF PRIMARY SCLEROSING CHOLANGITIS/AUTOIMMUNE HEPATITIS VARIANT IN A PATIENT WITH ULCERATIVE COLITIS**

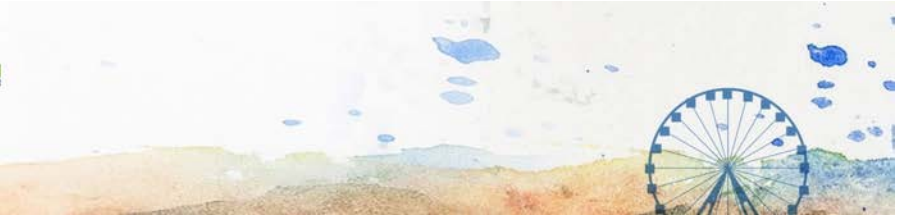
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**Introduction.** Primary sclerosing cholangitis (PSC) is an autoimmune cholestatic liver disease often associated with inflammatory bowel disease. PSC patients may present features of autoimmune hepatitis (AIH) defining the PSC/AIH variant syndrome.

**Description.** A 45-year-old man with ulcerative colitis (UC) on mesalazine presented with diffuse abdominal pain and malaise. Five months earlier, a transient hypertransaminasemia was attributed to acute Epstein-Barr virus hepatitis. During the diagnostic work-up a magnetic resonance cholangiopancreatography (MRCP) was performed revealing biliary changes compatible with PSC. At presentation, the patient denied alcohol intake, use of herbal, protein supplements or other drugs. On physical examination, he had only mild jaundice. Blood tests showed hyperbilirubinemia, elevated transaminases and mildly prolonged prothrombin time. Ultrasound excluded biliary obstruction. Testing for hepatotropic viruses was negative; low-titer antinuclear antibodies and increased immunoglobulin G levels were observed. Liver biopsy revealed findings consistent with AIH, allowing a definite AIH diagnosis. MRCP confirmed PSC features. Immunosuppressive treatment and ursodeoxycholic acid led to biochemical remission. Colonoscopy confirmed UC remission.

**Conclusion.** This case illustrates an acute presentation of the PSC/AIH variant in a patient with UC, highlighting diagnostic and therapeutic challenges in absence of well-defined diagnostic criteria. Early clinical suspicion and histological evaluation are crucial for prompt treatment and favorable outcomes.



**Abstract Code: FDI25055-68**

**COEXISTENCE OF CLEAR CELL RENAL CELL CARCINOMA AND MULTIPLE MIELOMA: A CASE REPORT**

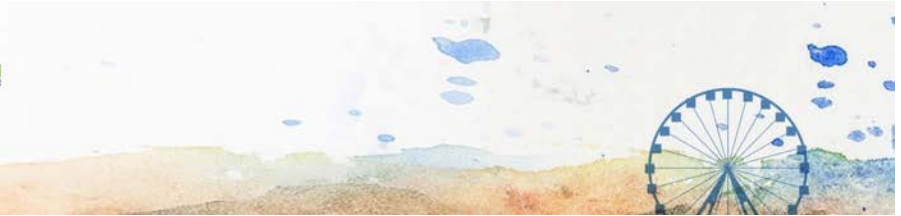
E. Marrone<sup>1</sup>, F. Gallucci<sup>1</sup>, E. La Fata<sup>1</sup>, C. Romano<sup>1</sup>, F. Cinque<sup>1</sup>, A. Abate<sup>1</sup>, A. Magliocca<sup>1</sup>, C. Mastrobuoni<sup>1</sup>, U. Malgeri<sup>1</sup>, U. Valentino<sup>1</sup>

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**Introduction.** Coexistence of multiple myeloma (MM) and renal cell carcinoma (RCC) is an extremely rare condition. Several case series, in the recent past, have postulated an association between MM and RCC, but cause still remains speculative up to date. We describe a case of patient with clear cell renal cell carcinoma (CCRCC) and IgA lambda MM.

**Description.** A 53-year-old man was admitted to our hospital for abdominal pain. A contrast-enhanced total body CT scan revealed a complex lesion in the right kidney, metastases in the liver, lungs, and lymph nodes, and renal vein thrombosis. A renal biopsy confirmed grade 2 CRCCC, according to the WHO/ISUP pathological classification. Blood tests revealed anemia, mild hypercalcemia, and increased total protein, particularly immunoglobulin A (IgA). Immunofixation confirmed IgA lambda monoclonality in both serum and urine. Bone marrow aspiration was positive for MM. FDG-PET CT was negative for bone lesions. He was subsequently diagnosed with asymptomatic MM and CRCCC with lambda IgA. Chemotherapy for CRCCC was initially administered, and the patient regularly presented to the hematology clinic for MM follow-up.

**Conclusions.** Multiple myeloma (MM) and renal cell carcinoma (RCC) can co-exist. The specialists should be alerted for this possibility when evaluating patients at diagnosis or during follow-up to plan appropriate treatment interventions accordingly.



**Abstract Code: FDI25018-67**

**THE MASK OF CYTOPENIA: GASTRIC CANCER-RELATED MYELOPHTHISIS**

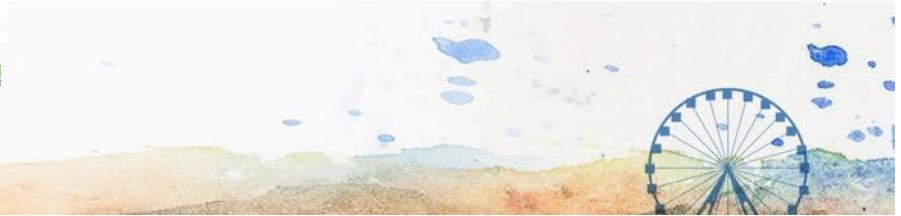
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**Background.** Gastric cancer (GC) may be associated with various hematological abnormalities, ranging from common iron- or vitamin B12-deficiency anemias to rarer conditions such as thrombotic microangiopathy (TMA). We report an even rarer case of GC-related myelophthisis.

**Case Report.** A 54 yo man presented to the emergency department with anorexia, weight loss, right lower back pain and an extensive bruising of the lower limb. Blood tests showed Hb 10.4 g/dL, MCV 82 fL, platelets 32,000/mm<sup>3</sup>, WBC 11,900/mm<sup>3</sup> (neutrophils 88%), haptoglobin 15 mg/dL, LDH 1366 U/L, ALP 818 U/L. Peripheral blood smear revealed dacryocytes, leukoerythroblastosis and schistocytes. ADAMTS13 activity was normal, excluding TMA. Total-body CT scan showed mediastinal lymphadenopathy, bilateral pleural effusions with lymphangitic pattern, confluent lymph nodes along the lesser curvature of the stomach (max diameter 3 cm), suspicious for gastric malignancy. Upper endoscopy revealed a micronodular antral mucosa; gastric biopsy showed signet-ring cell carcinoma (CK20+, CDX2+, CD68-) consistent with primary gastric origin. Bone marrow (BM) biopsy demonstrated extensive marrow necrosis (95%) with viable epithelial malignant cells (CKAE1/AE3+, focal CK20+, zonal CDX2+) consistent with neoplastic BM infiltration.

**Conclusions.** In our patient GC manifested itself more through myelophthisis than through gastrointestinal symptoms. Myelophthisis has multiple mechanisms (metastatic infiltration, BM ischemia, local cytokine storm, massive BM necrosis) and reflects disease with poor prognosis, precluding chemotherapy.



**Abstract Code: FDI24842-71**

## **GENERATIVE ARTIFICIAL INTELLIGENCE FOR NURSING DOCUMENTATION: IMPROVING QUALITY AND LEGAL MEDICAL PROTECTION OF DELIVERIES**

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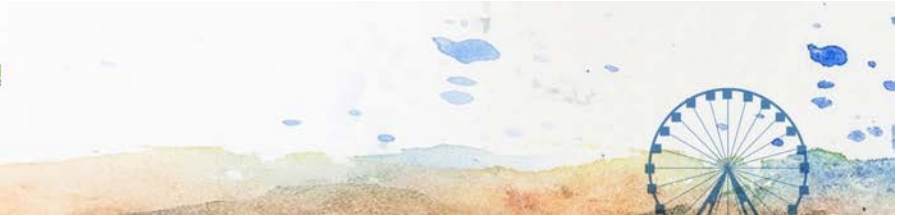
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**Introduction.** Nursing documentation is a vital act of care for continued care. Its quality is compromised by factors such as limited time. Generative Artificial Intelligence (AI) offers innovative support in writing this content.

**Materials and Methods.** The aim of the study is to assess whether the use of generative AI improves the completeness of nursing deliveries compared to traditional drafting. The experimental study was conducted in an Internal Medicine, collecting deliveries produced in two ways: without the aid of AI (drafted only by nurses); with AI support. The qualitative comparison between the two modes was carried out by a second independent AI based on predefined parameters. Subsequently, a blinded questionnaire was administered to experts. They were asked to indicate which delivery (AI or non-AI, without label) they considered most complete, clear, accurate and protective for medico-legal purposes.

**Results.** Preliminary analyses indicate that AI-supported deliveries show greater structuring, completeness of elements and better adherence of good document practice. The blinded evaluation of the experts found a significant preference for deliveries produced with AI in terms of clarity of data and increased perception of professional protection.

**Conclusions.** The integration of AI into nursing documentation is a valuable aid to increase the quality, uniformity and medico-legal value of deliveries, improving care and reducing occupational risk. More extensive studies are desirable to confirm the impact on operator efficiency and satisfaction.



**Abstract Code: FDI25033-64**

## **NUOVA TERAPIA PER COLANGITE BILIARE PRIMITIVA**

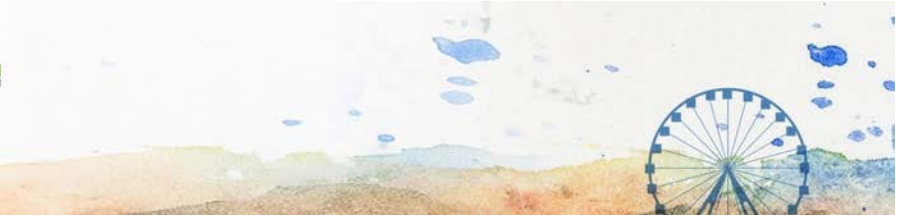
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**Introduzione.** Elafibranor, agonista dei recettori PPAR-alfa e delta, è stato approvato per il trattamento della Colangite Biliare Primitiva (PBC). E' usato in associazione con acido ursodesossicolico (UDCA) per pazienti che non rispondono alla monoterapia o non lo tollerano. E' una nuova opzione terapeutica che migliora la colestasi, l'infiammazione, prurito e fatica. Auspicabile anche il rallentamento della progressione della malattia.

**Caso Clinico.** Uomo di 67 anni che scopre in occasione di esami casuali una severa colestasi epatica, una colelitiasi ed epatosplenomegalia già espressione di epatopatia avanzata. Pausintomatico (modico prurito e calo ponderale severo) viene sottoposto RM con mdc /colangio addome e biopsia epatica che confermano colangite biliare (METAVIR A3 F3). Elastometria epatica: fibrosi F3-4. EGDS: Varici esofagee (F1, Li, Cb) senza segni rossi. Gastropatia congestizia e GAVE. E' stata iniziata terapia per l'ipertensione portale con BBNS (carvedilolo) e terapia ipolipemizzante. Dopo l'inizio di UDCA solo modesta riduzione della colestasi. Dopo sei mesi si aggiunge elafibranor in associazione a UDCA. Dopo sei mesi di trattamento riduzione della colestasi di oltre 2/3. Il prurito è scomparso e il paziente ha recupero parte del peso perso. Permane severa gammopatia monoclonale in follow up ematologico.

**Conclusioni.** Il nuovo agonista dei recettori PPAR-alfa e delta si è dimostrato efficace su colestasi e prurito e privo di effetti collaterali. Il controllo elastografico epatosplenico a 12 mesi documenterà l'andamento di fibrosi e la ipertensione portale.



**Abstract Code: FDI24551-68**

**DIRECT ORAL ANTICOAGULANTS FOR ALL-CAUSE MORTALITY AND CARDIOVASCULAR EVENTS IN OVERWEIGHT AND OBESE ATRIAL FIBRILLATION PATIENTS: A SUB ANALYSIS OF THE NATIONWIDE START REGISTRY**

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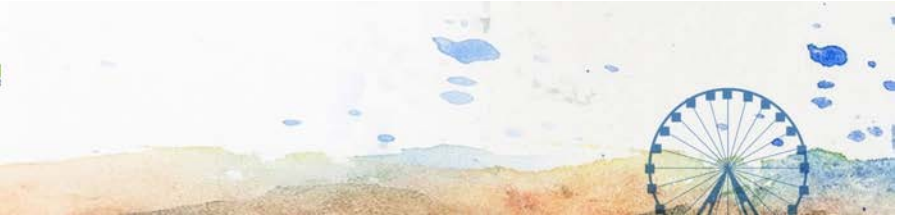
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**Introduction and Aim.** of the study. Overweight and obesity are highly prevalent in atrial fibrillation (AF) patients, yet the best anticoagulant strategy for this group is still unclear. We evaluated the risk of all-cause mortality and cardiovascular events (CVEs) in overweight and obese AF patients treated with direct oral anticoagulants (DOACs) or to vitamin K antagonists (VKAs)

**Materials and Methods.** Analysis of the prospective nationwide START registry including 10,259 AF patients on anticoagulants. Overweight was defined by a body mass index (BMI) 25–29.9 kg/m<sup>2</sup> and obesity by a BMI  $\geq$ 30 kg/m<sup>2</sup>. Cox proportional hazards regression with hazard ratio (HR) and 95% confidence interval (95%CI) calculation was used to evaluate mortality risk, while the Fine–Gray model accounted for competing risks in CVE analysis.

**Results.** Overall, 6,534 (63.7%) patients had BMI >25 kg/m<sup>2</sup> (65.7% overweight, 34.3% obese). Over a median follow-up of 17.4 months, 408 deaths and 481 CVEs occurred. DOACs associated with a lower risk of all-cause mortality (HR 0.57, 95%CI 0.46–0.70, p<0.001) and CVEs (sHR 0.71, 95%CI 0.59–0.86, p<0.001) versus VKAs. Inverse association of DOACs with mortality was evident in both overweight (HR 0.52, 95%CI 0.39–0.68, p<0.001) and obese patients (HR 0.69, 95%CI 0.48–0.98, p= 0.040), while the reduction in CVEs reached significance only in the overweight group.

**Conclusions.** DOACs are associated with lower risks of mortality and CVEs compared to VKAs across BMI groups. The benefit on CVE was not found in obese patients.



**Abstract Code: FDI24839-77**

**MANAGEMENT OF INTERMEDIATE-HIGH RISK PULMONARY EMBOLISM IN HEPARIN-INDUCED THROMBOCYTOPENIA USING DANAPAROID SODIUM DURING PERCUTANEOUS THROMBECTOMY**

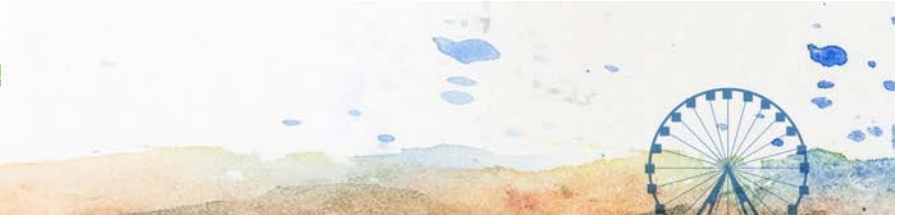
M. Milan<sup>1</sup>, C. Picariello<sup>2</sup>, E. Campello<sup>3</sup>, C. Fraccaro<sup>4</sup>, M.T. Sartori<sup>3</sup>, A. Cerbo<sup>1</sup>, A. Roccabruna<sup>2</sup>, F. Zanon<sup>2</sup>, P. Simioni<sup>3</sup>, S. Cuppini<sup>1</sup>

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**Introduction.** Heparin-induced thrombocytopenia (HIT) is a rare but potentially fatal immune-mediated adverse reaction to heparin, characterized by thrombocytopenia and a high risk of arterial and venous thrombosis. Early recognition and prompt initiation of alternative anticoagulation are essential to prevent life-threatening complications.

**Description.** a 75-year-old woman presented with severe thrombocytopenia (platelets  $19 \times 10^9/L$ ) and acute intermediate-high risk pulmonary embolism after ten days of low-molecular-weight heparin prophylaxis following hip arthroplasty. The 4Ts score was 6 and anti-PF4 antibodies were positive at high titer, confirming the diagnosis of HIT. Heparin was immediately discontinued and continuous intravenous danaparoid sodium was initiated. Despite a slow platelet count recovery, the patient showed persistent respiratory failure and imaging documented extensive pulmonary arterial thrombosis with right ventricular overload. While receiving danaparoid infusion, guided by specific anti-FXa activity monitoring, the patient underwent percutaneous pulmonary thrombectomy using the FlowTrievers system. Danaparoid was temporarily withheld during the procedure and resumed thereafter, without hemorrhagic complications. A significant clinical, respiratory and hemodynamic improvement was achieved.

**Conclusions.** This case supports the efficacy and safety of danaparoid in severe HIT with high-titer antibodies and suggests that, with careful monitoring, it can be safely managed even during complex interventional procedures such as percutaneous pulmonary thrombectomy.



**Abstract Code: FDI25020-60**

## **THE IMPORTANCE OF THE CARDIOLOGY OBSERVATION UNIT IN THE MANAGEMENT OF PATIENTS WITH CARDIOVASCULAR DISEASES: A PILOT PROJECT**

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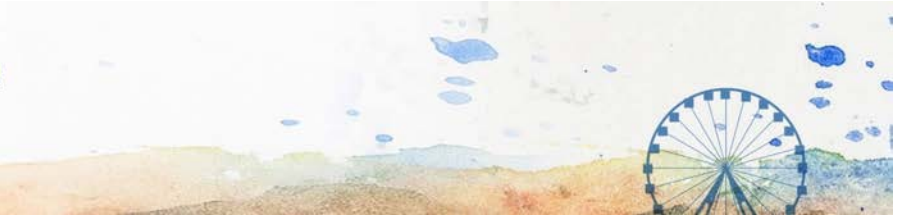
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**Introduction and Aim.** Emergency Department overcrowding has shifted ER structures from transit areas to diagnostic and therapeutic hubs. The cardiological Intensive Short Observation unit was established to improve admission appropriateness and ensure safe discharge for patients with acute cardiovascular symptoms. This study evaluates the effectiveness of a specialist-managed unit in reducing inappropriate hospitalizations and optimizing pathways for high-risk chest pain, arrhythmias, and mild heart failure.

**Materials and Methods.** A six-month pilot project was conducted at the Gubbio-Gualdo Tadino Hospital. The pathway was activated jointly by the emergency physician and the cardiologist for patients with chest pain, arrhythmias, or mild heart failure. A computerized protocol was used to manage clinical reassessments and rapid therapeutic strategies.

**Results.** Of the 107 patients admitted, 85 (79.44%) were discharged after an average stay of 1.28 days, preventing unnecessary hospitalizations. Primary discharge diagnoses included chest pain, palpitations, and hypertensive crises. Among the 22 patients subsequently hospitalized, the unit's diagnostic process identified 3 cases of Acute Coronary.

**Conclusions.** The cardiological ISO is an effective tool for increasing admission appropriateness and reducing ED overcrowding. Specialist management enabled the early identification of complex cases that might have been improperly discharged, confirming the essential role of these units in enhancing patient safety and healthcare system efficiency.



**Abstract Code: FDI24626-71**

**MISDIAGNOSED DEMENTIA: THE CRITICAL ROLE OF *CANDIDA TROPICALIS* DETECTION IN REORIENTING THE DIAGNOSIS TO ADVANCED HIV INFECTION**

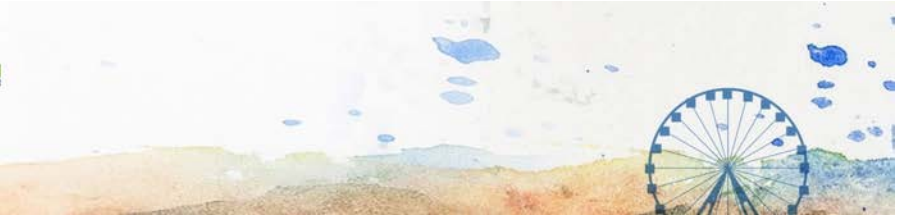
R. Morelli<sup>1</sup>, A.I. Facciuto<sup>1</sup>, C. Nasta<sup>1</sup>, M. Finelli<sup>1</sup>, F. Palumbo<sup>1</sup>, M. Puoti<sup>1</sup>, G. Galiero<sup>1</sup>, L. Viati<sup>2</sup>, M. Giordano<sup>1</sup>

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**Introduction.** Invasive fungal infections represent severe complications in immunocompromised patients, particularly when caused by non-albicans species such as *Candida tropicalis*, which is characterised by greater virulence and potential dissemination. Unrecognised immune deficiencies, such as undiagnosed HIV infection, can complicate the clinical picture and mimic other neurodegenerative diseases.

**Description.** A 68-year-old male patient, with a suspected diagnosis of Lewy body dementia, was admitted with intermittent fever, functional decline and bilateral pneumonia. During hospitalisation, invasive candidemia by *Candida tropicalis*, was detected in both blood cultures and bronchoalveolar lavage (BAL), associated with rapid radiological deterioration and appearance of cavernous pneumonic foci. Further infectious disease investigations showed positive HIV serology with high viraemia, casting doubt on the previous neurological diagnosis and pointing towards a possible HIV-associated neurocognitive disorder (HAND).

**Conclusions.** Fungal infections caused by *Candida non-albicans* can lead to severe invasive respiratory conditions and represent an emerging complication in patients with unrecognised and often advanced HIV, especially in elderly patients, in whom the differential diagnosis of neurocognitive disorders becomes challenging. In the diagnostic process we must consider the insidious onset and slow progression of HAND and the rising age of HIV-infected population. Multidisciplinary approach is crucial for management of patients with complex comorbidities and advanced immunodeficiency.



**Abstract Code: FDI24801-66**

## **WHEN RARE ISN'T VASCULITIS: A CASE OF SEGMENTAL ARTERIAL MEDIOLYSIS**

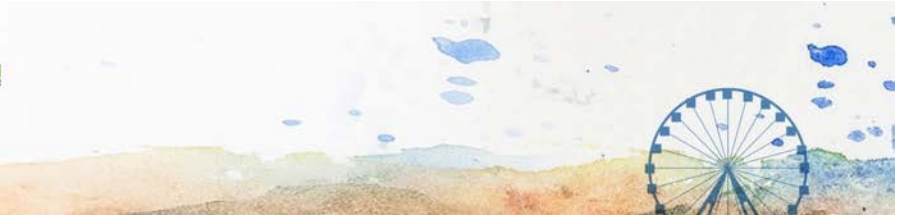
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**Introduction.** Segmental arterial mediolysis (SAM) is a rare, non-inflammatory and non-atherosclerotic arteriopathy affecting primarily abdominal visceral arteries.

**Description.** A 62-year-old man was admitted for acute epigastric pain radiating to the back. Abdominal CT scan revealed wall thickening of the superior mesenteric artery, the renal arteries and the origin of the celiac trunk, with a 16-mm saccular aneurysm and intimal flap consistent with chronic dissection. The patient remained hemodynamically stable but experienced recurrent episodes of abdominal pain. A CT scan performed 48 hours later showed progression of arterial wall thickening and the onset of a renal ischemic lesion. Given the suspicion of arteritis, high-dose corticosteroid therapy was initiated, with transient clinical improvement. Autoimmune markers and major microbiologic serologies were unremarkable. No abnormalities were detected in the thoracic aorta, heart or supra-aortic trunks and PET scan showed no pathological uptake. After multidisciplinary radiological review and repeat vascular ultrasound, an inflammatory etiology was excluded, and a diagnosis of segmental arterial mediolysis was made.

**Conclusion.** SAM should be considered as a differential diagnosis in patients with acute abdominal pain and visceral arterial involvement. Its clinical and radiological presentation can mimic systemic vasculitis, often leading to diagnostic uncertainty and unnecessary immunosuppressive therapy.



**Abstract Code: FDI24945-75**

**INCREASING *C. DIFFICILE* INFECTIONS AMONG PATIENTS ADMITTED TO INTERNAL MEDICINE POST-SARS-COV2 PANDEMIC. AN EPIDEMIOLOGICAL SHIFT?**

E. Moriconi<sup>1</sup>, M. Salvati<sup>2</sup>, P. Anselmi<sup>1</sup>, L. Carbone<sup>1</sup>, P. Piccolo<sup>1</sup>

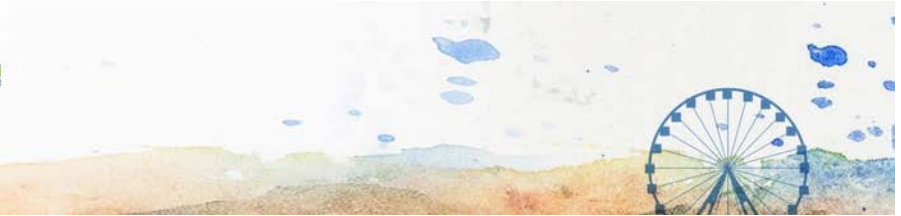
(1) Internal Medicine Ospedale Isola Tiberina – Gemelli Isola, Rome, (2) Internal Medicine Campus Biomedico University, Rome, Italy.

**Background.** Clostridioides difficile infection (CDI) represents a significant cause of healthcare-associated diarrhoea. Recent studies demonstrated increasing trends of CDI incidence among hospitalized patients post-SARS-CoV2 pandemic. The aim of this study was to record CDI prevalence among patients hospitalized in our Internal Medicine (IM) ward in the pre and post SARS-CoV2 eras.

**Methods.** All urgent admissions to our IM during 2016-2025 were prospectively recorded along with demographic data, diagnosis, length of hospital stay (LoS), and outcome. Patients with CDI were analysed and compared during the pre (2016-2019) and post-SARS CoV2 eras (2022-2025).

**Results.** 5138 consecutive admissions to IM were included (85% from the Emergency Department, 49.1% males, median age 80 years, IQR 17). Overall admissions for CDI (N=78) increased from 1.1% pre-pandemic to 2.0% post-pandemic ( $p<0.01$ ) with a peak 3.3% in 2025. CDI patients were significantly older (median age 83 years,  $p<0.01$ ), had longer mean LoS ( $21.9\pm 15.8$  days vs.  $11.2\pm 10.4$  days,  $p<0.01$ ) and higher in-hospital mortality (19.2% vs. 9.8%,  $p<0.01$ ) than non-CDI patients.

**Conclusions.** Despite the widespread use of personal protective equipment since the SARS-CoV2 pandemic, admissions for CDI have increased in our IM unit. This may depend on both occurrence of new, hypervirulent *C. difficile* strains as well as antibiotic use. Implementation of strict antibiotic stewardship policies and rigorous preventive measures are still required to prevent CDI, which carries major morbidity and mortality.



**Abstract Code: FDI25095-72**

**PERCEIVED QUALITY OF NURSES' COMMUNICATION AND PSYCHOLOGICAL BURDEN IN CAREGIVERS: A CROSS-SECTIONAL STUDY**

V. Muschitiello<sup>1</sup>, F. Pastore<sup>2</sup>, V. Simonetti<sup>3</sup>, G. Cicolini<sup>3</sup>, M. Caldarola<sup>2</sup>, F. Cutrignelli<sup>2</sup>, R. Lacerenza<sup>1</sup>, M. Totaro<sup>1</sup>, D. Comparcini<sup>4</sup>, B. Gullo<sup>1</sup>

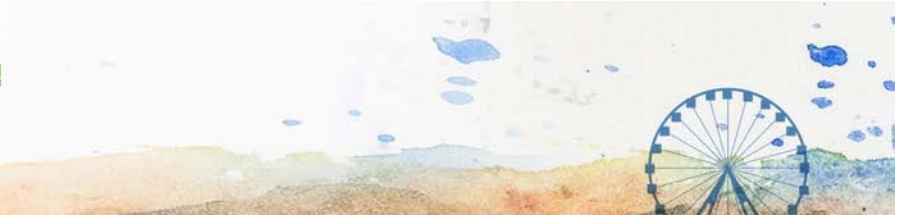
*(1) Department of Biomedicine and Prevention, "Tor Vergata" University, Rome, (2) Department of Precision and Regenerative Medicine and Jonian Area - (Dimepre-J), "Aldo Moro" University of Bari, Bari, (3) Department of Innovative Technologies in Medicine and Dentistry, "G. D'annunzio" University of Chieti-Pescara, Chieti, (4) Interdisciplinary Department of Medicine, "Aldo Moro" University of Bari, Italy.*

**Introduction and Aim.** Caregiving can be burdensome, and high-quality nurses' communication may support caregivers' informational and emotional needs; however, its relationship with caregiver burden remains underexplored. This study examines this association.

**Materials and Methods.** A cross-sectional online survey was conducted (March-July 2025) using convenience sampling. Data were collected via a questionnaire including: (i) sociodemographic characteristics; (ii) the 19-item Quality of Communication – Significant Other questionnaire, Italian version (QOC-SO) (range 0–190, higher scores indicate better perceived quality of nurses' communication); (iii) the 22-item Zarit Burden Interview, Italian version (ZBI) (range 0–88, higher scores indicate greater psychological burden).

**Results.** Among caregivers (N=51), 56.9% were male, 52.9% held a high school diploma and 29.4% provided care for 7 days during hospitalization, mainly in medical (49.0%) and surgical wards (37.2%). Perceived quality of nurses' communication was significantly lower among caregivers who provided assistance for more than 28 days (median=8; IQR=37–96; p=0.012). Moreover, perceived communication quality highlighted a significant positive association with caregiver burden ( $\beta$  =0.33; p<0.001).

**Conclusions.** Caregiving for prolonged hospitalized patients may increase both perceived nurses' quality of communication and caregivers' risk of burden. This relationship may be influenced by factors such as caregivers' emotional involvement and perceived patient's clinical condition, warranting further research.



**Abstract Code: FDI25037-68**

**PROGNOSTIC VALUE OF MIDREGIONAL-PROADRENOMEDULLIN IN SEPSIS: A PROSPECTIVE OBSERVATIONAL STUDY**

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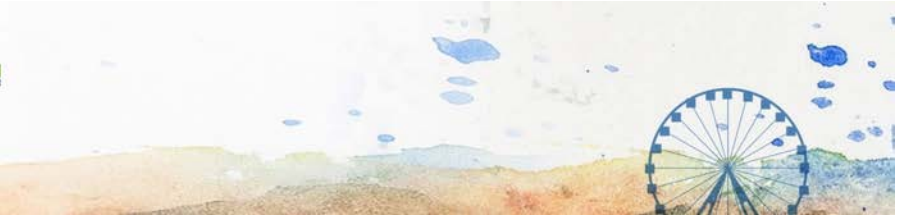
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**Introduction.** Sepsis is a life-threatening condition requiring early treatment and prognostic stratification to prevent worsening. We studied the prognostic value of midregional-proadrenomedullin (MRproADM) regarding organ dysfunction and in-hospital mortality, compared to traditional biomarkers and clinical scores, focusing on patients with sepsis without shock at admission.

**Methods.** We enrolled 90 septic patients. Clinical parameters (SOFA score) and biomarkers (MRproADM, PCT, PCR, IL6, lactate) were recorded at baseline (T0), 72 h (T1), and 144 h (T2) from admission.

**Results.** Median age was 58.5 years and 72.2% of patients were male. Source infection was lung (58.9%), blood (15.6%), and abdomen (10%). Etiology included Gram-negative bacteria (48.9%), polymicrobial infections (17.8%), and Gram-positive bacteria (16.7%). Overall in-hospital mortality was 10%. While median MR-proADM at baseline was low (1.36 nmol/L), its 72-hour kinetics proved decisive for clinical outcome. An increase at 72h ( $\Delta$ -MR-proADM > 0%) was a strong independent predictor of mortality (OR 24.8, p=0.016), whereas its reduction predicted a favorable outcome. MR-proADM kinetics correlated significantly with organ dysfunction (SOFA score) both at T1 (r=0.448) and T2 (r=0.576). Heart failure was as an independent risk factor (OR 14.3, p=0.035).

**Conclusions.** In patients with sepsis, MR-proADM variation is a more sensitive prognostic indicator than absolute value at baseline. The assessment of its kinetics allows early detection of subclinical instability and results in clinical management optimization.



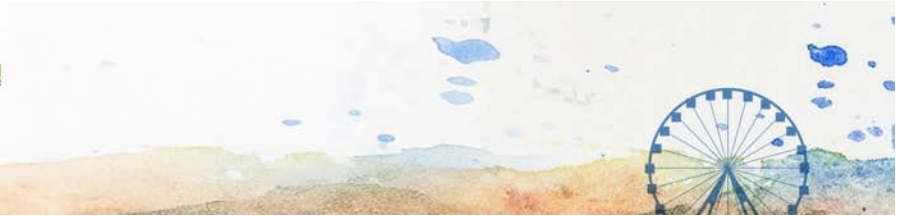
**Abstract Code: FDI24575-74**

**NEOPLASTIC INCIDENTALOMAS IN EMERGENCY DEPARTMENT: INCIDENCE, IMAGING TYPE, LOCATION AND CLINICAL RELEVANCE**

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Incidental detection of neoplastic lesions during imaging performed for unrelated symptoms is an emerging issue in emergency medicine. This study aimed to evaluate the frequency, type, and clinical importance of neoplastic incidental findings in a large Italian emergency department. A retrospective analysis was conducted on all adult patients admitted between January and December 2023. Incidental neoplastic lesions were identified from discharge summaries and classified by imaging type, anatomical site, and urgency level. Among 35,081 emergency visits, fifty-three incidental neoplastic lesions were documented, corresponding to 1.5 cases per 1,000 visits. Most patients were over sixty-five years of age and female, often presenting with mild symptoms such as abdominal pain or anemia. Computed tomography was the most frequent imaging modality leading to detection, followed by ultrasound and chest radiography. Gastrointestinal and pulmonary lesions were the most common, while breast and ovarian findings occurred only in women. One in five cases could represent potential overdiagnosis according to international recommendations. Although most findings were clinically silent, several revealed relevant disease requiring follow-up. Awareness and structured communication are essential to ensure appropriate management of incidental neoplastic findings in the emergency setting.



**Abstract Code: FDI24737-74**

**MONCKEBERG'S MEDIAL SCLEROSIS IN ATHLETES: PRESENTATION OF TWO CASES AND POSSIBLE PATHOPHYSIOLOGICAL MECHANISMS**

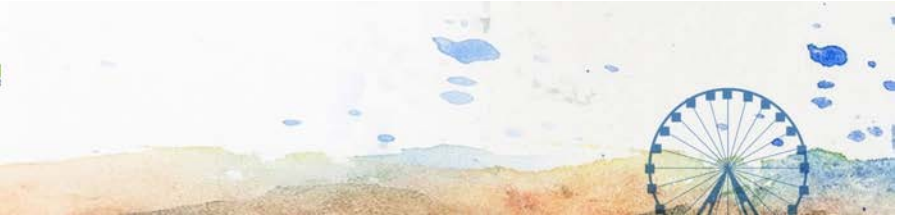
L. Nigris<sup>1</sup>, P. Pattis<sup>1</sup>, B. Gutmann<sup>1</sup>, A. Lombardi<sup>1</sup>, P. Marschang<sup>1</sup>

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**Introduction.** Monckeberg's medial sclerosis (MMS) is characterized by the calcification of the tunica media of peripheral arteries. While perfusion is maintained, MMS leads to increased stiffness of the vessel. Typical risk factors for MMS include diabetes, chronic kidney disease (CKD) and advanced age. In type 2 diabetes, MMS has already been identified as a strong predictor of future cardiovascular events. Here, we present two cases of former professional athletes, who presented to our outpatient clinic with MMS in the absence of these risk factors.

**Description.** Two male former professional athletes (aged 52 and 58) were referred to our department because of vascular calcifications documented on X-ray images performed for orthopedic indications. Both individuals did not report a history of diabetes, hypertension, CKD, or smoking and have never taken any oral anticoagulants. The ankle-brachial-index was increased (> 1.4) in both athletes. Duplex sonography revealed typical calcifications and a preserved triphasic spectrum.

**Conclusions.** Our findings in two athletes closely resemble MMS, which is well known in diabetic and CKD patients. We hypothesize that long-lasting high intensity sport activity might play a role in medial wall degeneration leading to medial calcification. Further studies are needed to better understand the mechanisms of MMS in different pathological conditions and its potential role in cardiovascular disease.



**Abstract Code: FDI24623-68**

**RARE MDR ACINETOBACTER BAUMANNII CERVICAL SPONDYLODISCITIS LEADING TO TETRAPLEGIA IN AN IMMUNOCOMPETENT PATIENT**

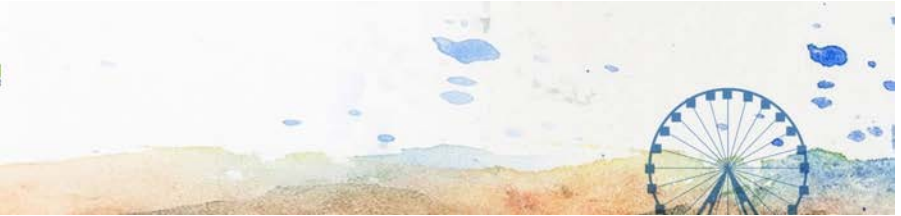
M. Novelli<sup>1</sup>, L. Ramadori<sup>1</sup>, A. Pilato<sup>1</sup>

(1) ASL TO4 Medicina Lanzo T.se SC Medicina Ciriè-Lanzo, Italy.

**Introduction.** Cervical spondylodiscitis is a rare disease, and even rarer are those caused by multidrug-resistant *Acinetobacter baumannii* in immunocompetent patients.

**Description.** A 65-year-old man presented with diffuse musculoskeletal pain, severe fatigue, and an unintended 13-kg weight loss over the preceding two months. Although inpatient evaluation was recommended, he declined admission and self-discharged. Several days later, he was found confused in a public area and was brought back to the Emergency Department. On arrival, he was noted to be in acute respiratory failure, prompting initiation of empiric antimicrobial therapy and a broad infectious disease workup. During hospitalization, his condition progressively deteriorated, with worsening generalized weakness culminating in frank tetraplegia. Cervical MRI demonstrated atlanto-axial subluxation, a circumferential abscess surrounding C1 with significant spinal cord compression, and intramedullary signal abnormalities extending to C3. The patient underwent urgent surgical evacuation of the cervical abscess, odontoid process removal, and spinal canal decompression. Intraoperative cultures yielded multidrug-resistant *Acinetobacter baumannii*. A second-stage cervical stabilization procedure was subsequently performed. A tracheostomy and percutaneous endoscopic gastrostomy tube were placed.

**Conclusions.** This clinical case describes a rare presentation of cervical spondylodiscitis caused by multidrug-resistant *Acinetobacter baumannii* in an immunocompetent patient, complicated by the rapid onset of tetraplegia.



**Abstract Code: FDI24871-73**

**BEYOND SCARS: THE ROLE OF THE NURSE IN THE INTEGRATED REHABILITATION OF BURN PATIENTS. A LITERATURE REVIEW**

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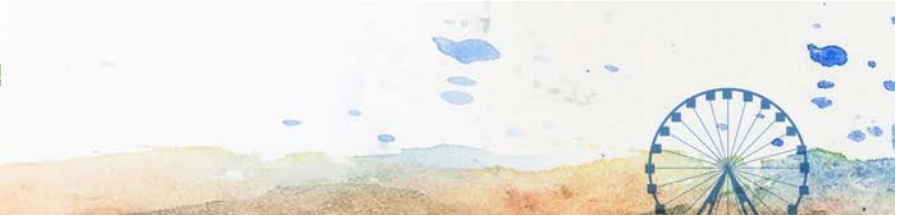
*(1) Corso di Laurea in Infermieristica Sede di Ivrea, Università di Torino, (2) Polo Formativo Universitario Officina H, (3) ASL to 4, (4) Dipartimento di Scienze e Sanità Pubblica e Pediatriche, Università di Torino, Italy.*

**Introduction.** Severe burns constitute a traumatic event that affects not only physical integrity but also body image and overall quality of life. In addition to enduring intense pain, patients may experience anxiety, depression, sleep disturbances, and face significant challenges in social reintegration. The aim of the study is to describe the effectiveness of non-pharmacological interventions in the management of severely burned patients, in order to improve quality of life and body image disturbance.

**Materials and Methods.** A literature review was conducted using PUBMED and CINAHL databases. Studies with different methodological designs were included. The research question was developed using the PICO framework, and inclusion and exclusion criteria were defined.

**Results.** A total of 925 records were identified. Sixteen studies were selected to evaluate the effectiveness of non-pharmacological interventions in improving quality of life and promoting body image acceptance among patients with burns. The findings demonstrate that these interventions are effective in reducing pain and anxiety, improving sleep, supporting autonomy, and fostering greater acceptance of body image.

**Conclusions.** Non-pharmacological interventions proved to be effective and complementary approaches to conventional care, enabling comprehensive management of burn patients. Nurses play a key role in implementing these strategies to optimize quality of life and foster self-acceptance.



**Abstract Code: FDI24616-70**

**SPONTANEOUS INTRAPERITONEAL RUPTURE OF ADRENAL PHEOCHROMOCYTOMA**

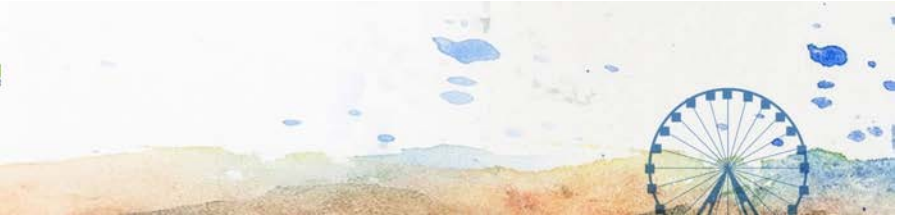
F. Orsolini<sup>1</sup>, S. Del Ghianda<sup>1</sup>, C. Chimenti<sup>2</sup>, S.M. Isolani<sup>2</sup>, L. Mannocci<sup>2</sup>, R. Ferlisi<sup>3</sup>, R. Lenzi<sup>3</sup>, S. Pretoni<sup>3</sup>, C. Amadori<sup>3</sup>, P.M.M.R. Fenu<sup>1</sup>

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**Introduction.** Spontaneous rupture of a pheochromocytoma (PHEO) is a rare and life-threatening event resulting in intra or retroperitoneal hemorrhage with shock and potentially cardiac complications. Only few cases are reported in literature.

**Description.** We described the case of a 75-year-old man who was admitted to another hospital because of episodes of loss of consciousness, vomit and fever. Laboratory exams revealed elevation of white blood cell count and procalcitonin and acute kidney failure. During hospitalization the patient experienced episodes of hypotension, tachyarrhythmia and paroxysmal atrial fibrillation. He underwent pharmacological cardioversion and antibiotic therapy. A contrast-enhanced computed tomography (CT) revealed a 7 cm irregular solid mass in the right adrenal gland, suggestive to PHEO, confirmed to gallium-67 positron emission tomography (PET). 24 hours urinary collection for metanephrines and normetanephrines was ongoing when the patient was discharged with diagnosis of septic shock. Few weeks later he was emergently admitted to our hospital because of hemorrhagic shock. CT imaging was suggestive for hemoperitoneum from the adrenal lesion. Emergent laparotomy with right adrenalectomy was undertaken. During surgical intervention the patient had a cardiac arrest promptly treated with resuscitation.

**Conclusions.** Although exceptional, spontaneous adrenal bleeding could be occurred. The mortality rate is high because of lack of peri-operative optimization therapy. A careful management of patients with a suspicious adrenal mass is essential.



**Abstract Code: FDI24778-79**

**CUTTING THROUGH INFECTION: SCEDOSPORIUM APIOSPERMUM SEPTIC ARTHRITIS IN AN IMMUNOCOMPROMISED HOST**

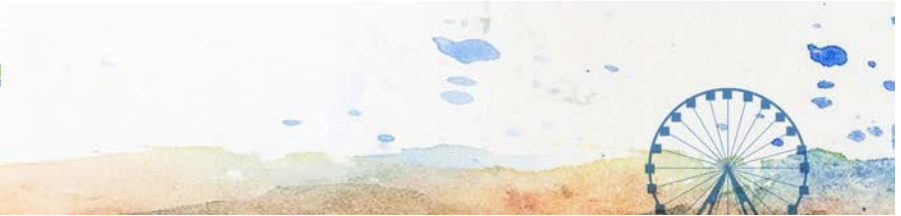
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**Introduction.** *Scedosporium apiospermum* is an opportunistic filamentous fungus commonly found in soil and polluted water, that may cause localized or disseminated infections, particularly in immunocompromised hosts. *Scedosporium* species are highly virulent and resistant to conventional antifungal agents, often requiring surgical debridement.

**Description.** A 63-years old man on immunosuppressive therapy with cyclosporine (CsA) for kidney transplant presented with left knee pain, swelling and functional limitation. The analysis of the synovial fluid showed high-neutrophilic count and a CT scan demonstrated bone resorption compatible with early-stage osteomyelitis. An empiric antimicrobial therapy was started, until *Scedosporium apiospermum* was isolated from synovial culture. Then oral voriconazole was initiated, and the dose of CsA adjusted for pharmacokinetic interaction. Surgical debridement was needed, along with the placement of drainage. The patient showed gradual improvement under such medical and surgical combined therapy

**Conclusions.** This rare case of *Scedosporium* arthritis in a solid-organ transplant recipient underlines the need to consider fungal pathogens in immunocompromised patients with persistent monoarthritis and negative bacterial cultures. Early recognition, appropriate antifungal therapy, and multidisciplinary management are crucial to prevent severe complications such as osteomyelitis and joint destruction.



**Abstract Code: FDI24815-71**

**A CROSS -SECTIONAL STUDY ON THE CORRELATION BETWEEN THE INTERNAL JUGULAR VEIN AND INFERIOR VENA CAVA VEIN ULTRASOUND MEASURES AND BODY SURFACE AREA IN A HETEROGENEOUS POPULATION OF HEALTHY, HEART AND RENAL FAILURE PATIENTS**

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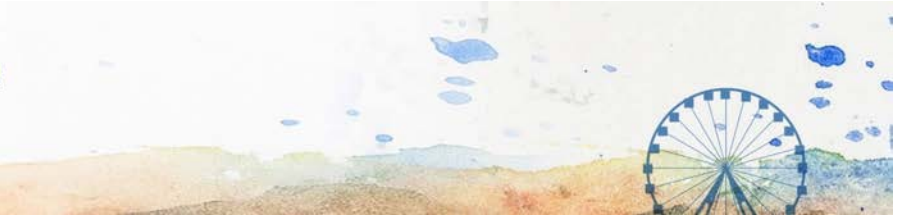
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**Introduction.** Ultrasound of the internal jugular vein (IJV) and inferior vena cava (IVC) have been proposed as methods for estimating volemia but they could be influenced by the Body Surface Area (BSA). We calculate the correlation between BSA and some ultrasound measures of IJV and IVC which are used to test volemia status: Inferior vena cava diameter max (IVC-max); Caval index, IVC-c; Anterior-posterior max diameter of IJV (AP-IJV-max); Max Area of IJV (CSA-IJV max).

**Materials and Methods.** We included 215 people (79 healthy, 87 patients with heart failure, 49 with renal failure in dialysis) admitted to Internal Medicine of Ospedale Maggiore, Bo from January 10 to December 30, 2024. We measured IVC-max, IVC-c, AP-IJV max, CSA-IJV max in B-mode, in the right neck, supra-ventricular and subcostal view. We collected clinical-anthropometric data and used ANOVA and Pearson correlation tests.

**Results.** There were no significant differences in sex and BSA in the three groups. Among healthy, heart failure and renal failure patients there were differences in means of IVC-max (13, 20 and 16 mm); IVC-c (53%, 31%, 36%); AP-IJV max (4, 6, 11, 7,4 mm); CSA-IJV max (0,3,1,4,0,8 cm<sup>2</sup>). We did not find correlations between BSA and any of the US measures evaluated: range of "r" values: 0,05 -0,5; all p > 0,05.

**Conclusions.** IVC and IJV measures could be used in heterogeneous populations regardless of BSA. Our data seem to confirm that in patients with heart and renal failure the dimensions of IVC and IJV are larger than in healthy.



**Abstract Code: FDI24854-74**

## **VALIDITY IN PREDICTING LEFT VENTRICULAR SYSTOLIC FUNCTION OF THREE NEW ECHOCARDIOGRAPHIC MEASURES: A SYSTEMATIC REVIEW AND META-ANALYSIS**

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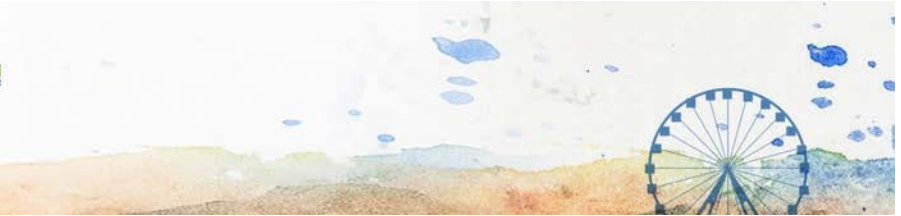
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**Introduction.** Mitral Anular Plane Systolic Excursion (MAPSE), E-point septal separation measurements (EPSS) and visual estimation (VE) could be useful echocardiographic parameters for assessment of Left Ventricular Systolic Function (LVSF): they are fast and easy to measure. We calculated their reliability and validity in predicting LVSF.

**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 LVSF. We reported receiver operating characteristic curves for sensitivity (Sens) and specificity (Spec). Two researchers assessed the quality of studies included using the QUADAS-2 guidelines. The key words for search were: MAPSE and/or EPSS and/or VE and LVSF.

**Results.** We collected 1608 studies: 61 studies included with 8303 patients. A MAPSE inferior to 12 mm, an EPSS greater than 7 mm and VE were valid in predicting a LVEF inferior to 50% with overall Sens 81% (95%CI[61, 92]) and Spec 93% (95%CI [74, 98]) for MAPSE; Sens 86% (95%CI [79,90]) and Spec 83% (95%CI [73,90]), EPSS; Sens 86% (95%CI [80,90]) and Spec 91% (95%CI [87,95]), VE. The measurements showed a good inter-rater reliability. The studies collected showed moderate-high quality according to QUADAS-2 guidelines.

**Conclusions.** MAPSE, EPSS and VE could be useful in the rule in and out of moderate-severe depression of LVEF in critical patients.



**Abstract Code: FDI24991-76**

## **AN UNUSUAL DIARRHEA**

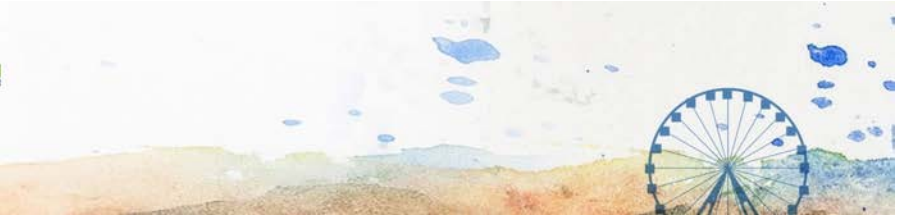
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**Introduction.** Whipple's disease is a rare chronic condition caused by *Tropheryma whipplei* characterized by a prodromal phase with polyarthralgia followed by a systemic phase with diarrhea, abdominal pain, and weight loss.

**Description.** A 75-year-old woman was admitted to our ward for acute kidney injury in persistent diarrhea (3 months), associated with abdominal pain and weight loss. One month prior to admission, she undergone a course of antibiotic therapy with rifaximin and discontinuation of proton pump inhibitors, without benefit. Admission laboratory tests showed mild leukocytosis and elevated C-reactive protein. During hospitalization, an abdominal CT scan with contrast was performed resulted negative; colonoscopy (macroscopically normal) and upper endoscopy (EGDS) were also negative. Further microbiological investigations were carried out, including stool cultures and parasitological tests, which were negative, while stool PCR was positive for *Tropheryma whipplei*. A duodenal biopsy was therefore indicated for histological and molecular confirmation, which was positive. Cerebrospinal fluid analysis was performed and was negative, so specific therapy with doxycycline and hydroxychloroquine was initiated.

**Conclusions.** This represents a case of Whipple's disease, characterized by an insidious and nonspecific onset but with potentially fatal complications if not adequately diagnosed.



**Abstract Code: FDI24938-77**

**NOVEL AND TRADITIONAL INDICES OF ADIPOSITY IN RELATION TO NON-INVASIVE MARKERS OF METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE**

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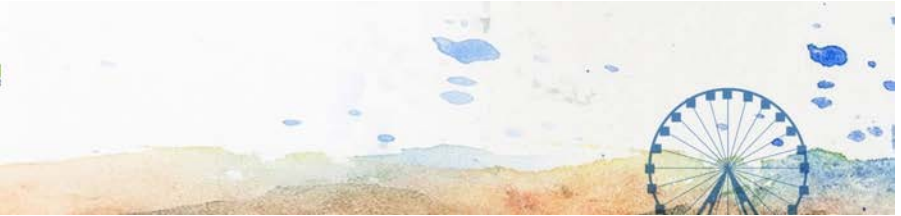
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**Introduction and Aim.** Obesity and metabolic dysfunction-associated steatotic liver disease (MASLD) are linked but fibrosis progression also depends on adipose tissue distribution, inadequately described by traditional adiposity indices like body mass index (BMI). A Body Shape Index (ABSI) and Body Roundness Index (BRI) may offer a robust estimate of visceral adiposity and liver damage, but their relation with hepatic steatosis and fibrosis requires further validation.

**Materials and Methods.** A cross-sectional study was performed in 222 subjects. Liver steatosis was evaluated using bright liver echo pattern (BLEP) ultrasonographic classification. Risk of advanced hepatic fibrosis was evaluated with Fibrosis-4 index (FIB-4).

**Results.** Subjects with moderate-severe steatosis (BLEP  $\geq 2$ ) had increased values of BMI than subjects with BLEP  $< 1$ , while ABSI did not differ in BLEP groups. ABSI was associated with increased FIB-4, while BMI and waist circumference were comparable among groups. Moreover, ABSI showed increased accuracy in detecting increased risk of advanced liver fibrosis (FIB-4  $\geq 2,67$ ; AUC 0,714;  $p=0,004$ ), with positive correlation with FIB-4 ( $r=0,248$ ;  $p<0,001$ ), emerging as independently associated with FIB-4 ( $p=0,017$ ).

**Conclusions.** Overall, our data suggest a stage-specific association with MASLD (BMI with liver steatosis and ABSI with hepatic fibrosis). Our data further remarks the crucial role in adipose tissue distribution in stratification of MASLD risk progression.



**Abstract Code: FDI24785-77**

**ANTI-HMGCR MYOPATHY IN A STATIN-EXPOSED PATIENT WITH MILD CLINICAL MANIFESTATIONS AND HLA-DRB1\*01 POSITIVITY: A CASE REPORT**

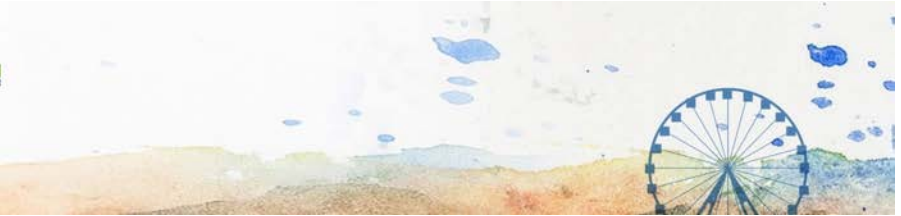
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**Introduction.** Immune-mediated necrotizing myopathy associated with anti-3-hydroxy-3-methylglutaryl-coenzyme A reductase (anti-HMGCR) antibodies results from loss of immune tolerance toward the enzyme upregulated in regenerating myofibers. Classification criteria of the European Alliance of Associations for Rheumatology/American College of Rheumatology (EULAR/ACR) often fail to classify mild or non-necrotizing forms.

**Description.** A 75-year-old man with prolonged exposure to several lipid-lowering therapies (statins, ezetimibe, bempedoic acid and a proprotein convertase subtilisin/kexin type 9 inhibitor) presented with persistent elevation of creatine phosphokinase (CPK), mild asthenia and no objective weakness. Magnetic resonance imaging was normal, and electromyography showed chronic neurogenic but no myopathic findings. Muscle biopsy demonstrated preserved architecture with no fiber necrosis. Serology revealed anti-HMGCR antibody positivity, and human leukocyte antigen typing identified the HLA-DRB1\*11: 01 susceptibility allele, supporting genetically driven loss of tolerance. Prednisone therapy led to progressive CPK reduction, confirming an underlying immune-mediated mechanism.

**Conclusions.** This case shows that anti-HMGCR myopathy may appear as a subclinical, non-necrotizing form in genetically predisposed individuals. It highlights the diagnostic limitations of EULAR/ACR criteria and the key role of autoantibody testing when imaging, electrophysiology and histology are inconclusive.



**Abstract Code: FDI24976-79**

## **WHEN PROCALCITONIN MISLEADS: INCIDENTAL DIAGNOSIS OF MEDULLARY THYROID CARCINOMA IN INTERNAL MEDICINE**

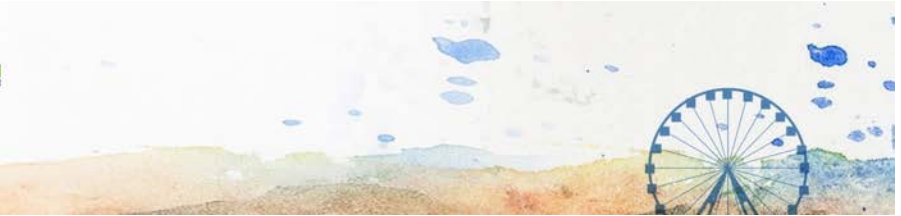
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**Introduction.** Procalcitonin is widely used as a biomarker of bacterial infection and sepsis in internal medicine. However, persistent or disproportionate elevation may represent a diagnostic pitfall and should prompt consideration of non-infectious causes. Medullary thyroid carcinoma (MTC), a rare tumor arising from parafollicular C cells, may be associated with increased procalcitonin, leading to atypical presentations.

**Description.** We report the case of a 91-year-old woman with multiple comorbidities admitted for transient loss of consciousness and hypotension. During hospitalization, urinary sepsis due to *Escherichia coli* was diagnosed and treated with appropriate antibiotic therapy, with clinical improvement. However, procalcitonin levels remained markedly elevated, prompting further investigation. Serum calcitonin was markedly increased (3800 pg/mL), with concomitant elevation of carcinoembryonic antigen (288 ng/mL). Thyroid ultrasound revealed a solid right-lobe nodule with peri- and intranodular vascularization, without cervical lymphadenopathy. Based on biochemical and imaging findings, a diagnosis of MTC was established. Genetic testing for germline RET mutations was initiated and is currently ongoing.

**Conclusions.** This case highlights the importance of critical interpretation of procalcitonin levels in internal medicine. Persistent hyperprocalcitoninemia should not be automatically attributed to infection and may represent a clue to occult malignancy. Awareness of this association may facilitate timely recognition of MTC in non-endocrine clinical settings.



**Abstract Code: FDI24730-67**

**PHEOCHROMOCYTOMA: CLINICAL PRESENTATION, DIAGNOSTIC TIMING, BIOCHEMICAL PROFILING, AND GENETICS – A SINGLE-CENTER STUDY**

D. Piazza<sup>1</sup>, M. Del Pup<sup>2</sup>, C. Berra<sup>2</sup>, A. Lo Nigro<sup>1</sup>, M. Parisotto<sup>1</sup>, P. Sartorato<sup>1</sup>, E. De Menis<sup>1</sup>

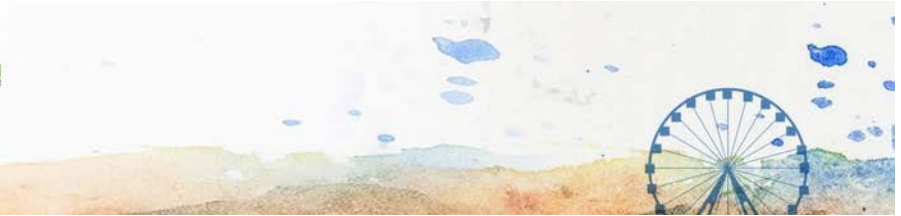
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**Introduction.** Pheochromocytomas (PHEOs) are rare catecholamine-secreting tumors that present diagnostic challenges. This study aims to analyze clinical features, biochemical profile, genetic factors, and outcomes in 14 patients diagnosed with PHEO.

**Materials and Methods.** A descriptive analysis was conducted on 14 patients diagnosed with PHEO at our center. Demographic data, comorbidities, clinical presentation, biochemical tests, genetic analysis, and follow-up outcomes were retrospectively reviewed.

**Results.** Median age at diagnosis was 52.5 years. Hypertension (HT) was present in 93% of patients and 71% were smokers. Most common presentation at diagnosis included incidental findings (43%), Takotsubo cardiomyopathy (29%) and poorly controlled HT (29%). Median time from symptoms onset to diagnosis was 7.5 years. Biochemical tests revealed elevated urinary metanephrines and normetanephrines in 93% of patients, elevated urinary 24 H cortisol in 43% and elevated serum chromogranin A in 57%. Genetic analysis identified mutations in 4 patients. All patients underwent surgical resection, with normalization of biochemical values. At 1-year follow-up, 71% of patients were alive, with 2 patients dying during surgery. At 5-year follow-up, 36% were still alive.

**Conclusions.** Early biochemical screening is crucial for timely diagnosis of PHEO. Genetic tests should be performed in all patients with PHEO. Surgical resection is the gold standard treatment with favorable outcomes. Long-term follow-up is essential especially in genetically predisposed individuals.



**Abstract Code: FDI24798-81**

## **A VERY RARE CASE REPORT OF TAFRO SYNDROME RELATED TO SEVERE SEPSIS**

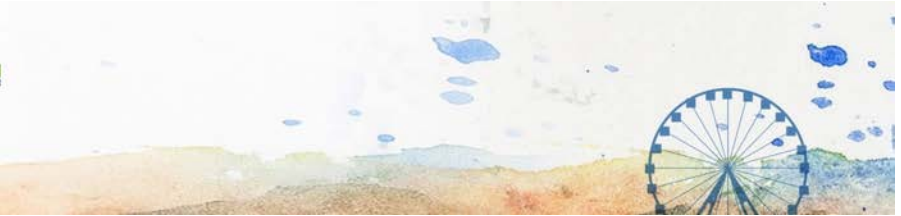
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**Introduction.** TAFRO syndrome is a rare condition characterised by Thrombocytopenia, Anasarca, Myelofibrosis, Renal dysfunction and Organomegaly related to multi-organ damage, probably due to cytokine storm, immune cell hyperactivation and abnormalities in the immune system.

**Case Report.** A 71-year old man, hyperthetose and afflicted with prostate hypertrophy, was admitted to our Department due to a severe sepsis caused by an antibiotic multiresistant *Escherichia coli* complicated with disseminated intravascular coagulation. Antibiotics treatment was initiated but low-grade fever and thrombocytopenia persisted despite the adequate antimicrobial therapy and he developed systemic edema, pleural effusion, ascites, while renal and liver function appeared deteriorated, resulting in progressive multi-organ damage. Prednisolone 40 mg/day was started, based on the assumption of a condition in which excessive production of inflammatory cytokines would lead to systemic deterioration and fatal organ damage obtaining the fever resolution and the renal function normalization. It was executed a bone marrow biopsy that resulted negative for malignancy. So, we diagnose a case of TAFRO syndrome with renal involvement. At last, the use of cyclosporine remarkably corrected the thrombocytopenia and our patient recovered in few weeks.

**Conclusions.** We here emphasize that TAFRO syndrome should always be considered a differential diagnosis for febrile and prolonged thrombocytopenia, especially when the disease is complicated by many organ disorders and difficult to explain by a single condition.



**Abstract Code: FDI24960-72**

**NATIONAL HEALTH SYSTEM OUTPATIENT FIRST HEPATOLOGY VISITS:  
A LONG WAIT FOR TOO MANY INAPPROPRIATE REFERRALS**

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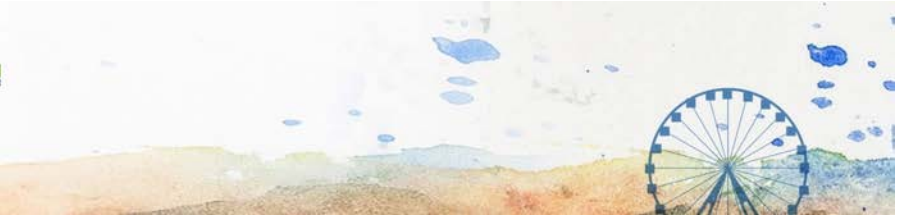
*(1) Medicina Interna, Ospedale Isola Tiberina – Gemelli Isola, Roma, Italy.*

**Background.** Length of wait times for specialist appointments is a key quality indicator for regional health systems, and strategies to reduce them are urgently needed. Aim of this study was to analyze the appropriateness of first Hepatology referrals booked through Lazio reCUP system in our outpatient clinic.

**Methods.** All first Hepatology visits of 2025 were recorded, with demographics, date appointment was scheduled and date of visit. Appropriateness was determined by indication, availability of liver function tests (LFTs) and ultrasound (US) results, and need for further follow-up.

**Results.** 130 patients (46.1% males, mean age 60.6±14.1 years) were scheduled, and 88% attended the visit. Median wait time was 106 days (IQR 78, range 51-246 days). Most common indications were steatosis (31.3%) and abnormal LFTs (20%). Only 63.5% of visits were appropriate: 27% had no lab tests or US, and 8.7% had no clear clinical indication. Among those with sufficient testing, 52% did not require further follow-up and were referred back to their general practitioner.

**Conclusion.** Although the Italian Associations for the Study of the Liver (AISF) and of General Practitioners (SIMG) published shared practice guidelines on referral and follow-up of outpatients with chronic liver diseases, over 1/3 of first hepatology visits in our center did not meet minimum appropriateness criteria. High demand for outpatient visits prolongs wait times for specialist appointments; however, the appropriate use of these health resources should also be taken into account, to avoid unnecessary referrals.



**Abstract Code: FDI24630-66**

**WOMEN'S LEADERSHIP IN THE HEALTHCARE LANDSCAPE. ORIGINAL EVIDENCES FROM AN INNOVATIVE NARRATIVE REVIEW OF THE LITERATURE: THE FEMALE-LED STUDY**

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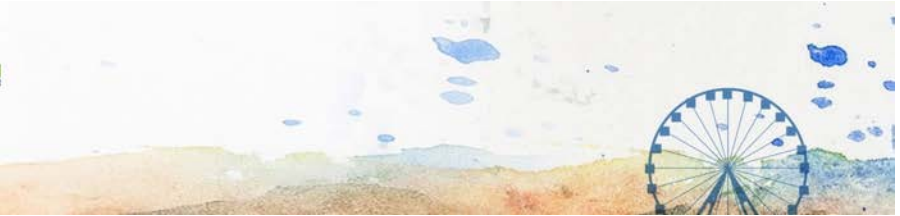
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**Introduction.** The “great man” theory inherently excludes women as it traditionally focuses on leadership features associated with men. In recent years, the healthcare sector has experienced a growing presence of women in leadership roles; however, although female health workers significantly outnumber men, the number of women leaders remains lower than that of men. This article investigates potential differences between male and female leadership, identifying the winning characteristics of female leadership, and examines the barriers and obstacles that may preclude women’s access to leadership positions.

**Materials and Methods.** A review of existing articles available on PubMed was conducted using specific search queries. Authors analyzed selected articles according to specific inclusion and exclusion criteria, with PICO methodology.

**Results.** Out of 967 articles, 18 met inclusion criteria. Most frequently identified characteristics of female leadership included: democratic and non-individualistic style, strong communication skills, and empathy. Most common obstacles to the advancement of female leadership included: lower compensation, persistent stereotypes and prejudices, and insufficient support from institutions in addressing gender gap.

**Conclusions.** Academic studies confirm that women tend to adopt a transformational leadership style, in contrast to the more autocratic and assertive male leadership. Further research on female leadership is essential for monitoring progress and fostering actions that allow women to thrive in top leadership positions.



**Abstract Code: FDI24687-78**

**IMPACT OF SLEEP STUDY: THE IMPACT OF SLEEP ON BURNOUT IN HEALTHCARE WORKERS, A WEB-BASED OBSERVATIONAL STUDY**

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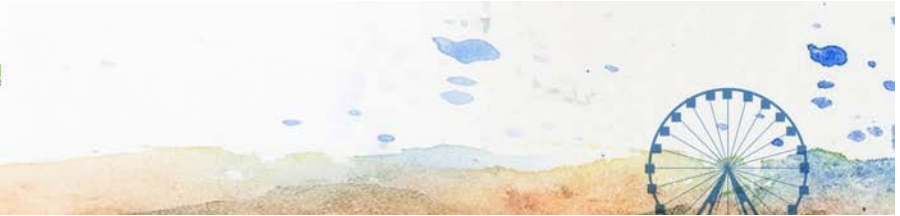
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**Background.** Burnout results from not managed workplace stress and is increasing among healthcare professionals. Objectives of this observational study: 1) To describe the relationship between work-related stress sleep and psychological well-being; 2) To observe differences in manifestation of burnout with and without poor sleep quality; 3) To estimate predictive role of sleep-related factors in perception of work climate and intention to leave.

**Materials and Methods.** Enrolled 659 healthcare workers (528 nurses/131 physicians). A web-based survey with standardized questionnaires was administered to assess: socio-demographic and work-related information, burnout (Burnout Assessment Tool), sleep quality (Pittsburgh Sleep Quality Index; PSQI), insomnia symptoms (Insomnia Severity Index), daytime sleepiness (Epworth Sleepiness Scale), and psychological well-being (WHO-5 Well-Being Index).

**Results.** A significant positive correlation between burnout levels and poor quality of life was assessed by PSQI ( $p < 0.001$ ,  $\eta^2 p = 0.059$ ). Poor sleepers exhibited higher levels of burnout compared to good sleepers ( $p < 0.001$ ,  $F > 24.101$ ): global score ( $\eta^2 p = 0.111$ ), exhaustion ( $\eta^2 p = 0.156$ ), mental distance ( $\eta^2 p = 0.057$ ), emotional impairment ( $\eta^2 p = 0.057$ ), cognitive impairment ( $\eta^2 p = 0.038$ ). Multiple linear regression analyses pointed to the predictive role of burnout, daytime sleepiness, younger age, and male gender on job turnover intention.

**Conclusions.** Burnout and job turnover intention are increasingly relevant. Sleep has a key role in behavioral disorders linked to work-related stress.



**Abstract Code: FDI24690-72**

## **ADVANCING TOWARD P6 MEDICINE: RECOMMENDATIONS FOR INTEGRATING ARTIFICIAL INTELLIGENCE IN INTERNAL MEDICINE**

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**Introduction.** P6 Medicine is an advanced healthcare model extending the concept of Personalized Medicine toward holistic, predictive, patient-centred approach integrating psycho-cognitive and socially responsible dimensions. Digital Therapeutics (DTx) are software applications to prevent and manage diseases used in clinical setting if validated by rigorous research studies. Patient treatment life cycle generates a significant volume of data that can offer valuable insights to improve patient care by guiding clinical decision-making. Artificial Intelligence (AI) is a promising tool in this regard. EFIM recognizes the transformative impact of AI in leveraging clinical data and advancing the field of Internal Medicine (IM).

**Materials and Methods.** The EFIM WG on digital health has explored how AI can be applied to achieve the goals of P6 Medicine principles, also using DTx. Literature investigation examined the relationship between AI and IM through a bibliometric analysis. Themes identified in the literature review were further examined through Delphi

**Method.** Thirty international AI and IM experts constituted the Delphi panel.

**Results.** Delphi results were summarized in a SWOT Analysis. Evidence is that extensive data analysis power increases our diagnostic, drug development and patient tracking capacities.

**Conclusions.** Panel unanimously considered AI in IM as an opportunity, achieving a complete consensus. AI-driven solutions hold the potential to strongly change IM by streamlining workflows, enhancing patient care and generating valuable data.



**Abstract Code: FDI24728-74**

## **INNOVAZIONE E CURA: L'IMPATTO DEL TELENURSING SULLA QUALITÀ DI VITA DEI PAZIENTI CON SCOMPENSO CARDIACO**

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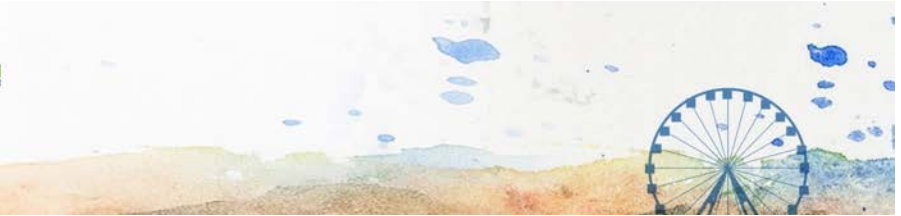
*(1) UOC Medicina Interna Aulss 3 Serenissima, Mestre (VE), (2) Università di Padova, Mestre (VE), (3) UOC Medicina Interna Aulss 3 Serenissima, Dolo (VE), Italy.*

**Introduzione.** lo scompenso cardiaco è una delle principali patologie croniche a incidenza crescente nella popolazione. La qualità di vita risulta marcatamente compromessa dalle limitazioni fisiche e psicologiche correlate alla sintomatologia; emerge pertanto la necessità di utilizzare interventi educativi strutturati, finalizzati a migliorare l'aderenza terapeutica e l'autocura. Presso la UOC di Medicina Interna dell'Ospedale di Mestre è stato sviluppato il progetto PESCA, un modello di presa in carico post-ricovero basato su telenursing e telemonitoraggio, volto a garantire la continuità assistenziale. Obiettivo valutare l'efficacia del progetto PESCA nei 30 giorni post-dimissione attraverso interventi di teleassistenza e monitoraggio remoto.

**Materiali e Metodi.** Lo studio ha coinvolto pazienti dimessi con diagnosi di scompenso cardiaco, seguiti per 30 giorni mediante televisite infermieristiche settimanali. Gli esiti sono stati valutati mediante il Kansas City Cardiomyopathy Questionnaire (KCCQ), somministrato alla dimissione e alla quarta settimana, e l'Indice di Barthel per la valutazione dell'autonomia.

**Risultati.** La maggior parte dei pazienti ha mostrato un miglioramento della qualità di vita al KCCQ, mantenendo un buon livello di autonomia. Il telenursing si è confermato un modello assistenziale efficace, portando anche alla riduzione dei reingressi pari al 3% rispetto al 15-30% (Greene, 2015).

**Conclusioni.** Il PESCA dimostra come la presa in carico nel post-dimissione può migliorare gli esiti clinici, rafforzare l'educazione terapeutica e favorire la continuità assistenziale.



**Abstract Code: FDI24572-71**

**NERIDRONATE IMPROVES BONE MINERAL DENSITY AND BONE TURNOVER MARKERS IN ADULTS WITH OSTEOPOROSIS-PSEUDOGLIOMA SYNDROME: A REPORT OF TWO CASES WITH 5 YEARS FOLLOW-UP**

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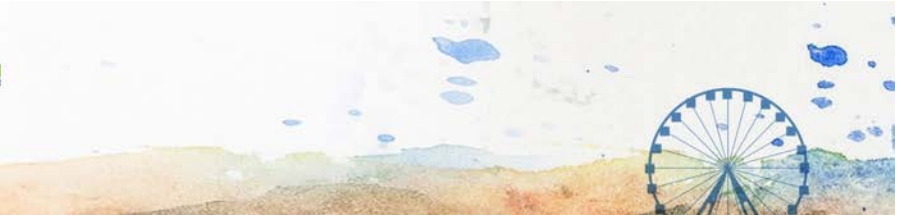
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**Premises.** Osteoporosis-pseudoglioma syndrome (OPPG) is a rare autosomal recessive disorder characterized by severe juvenile-onset osteoporosis and ocular abnormalities leading to blindness. Bisphosphonates demonstrated to produce beneficial effects on growth abnormalities, bone mineral density (BMD) and bone turnover markers (BTMs) in children/adolescents with OPPG, while data on adults are lacking. We report on 2 brothers aged 37 (OPPG-1) and 39 (OPPG-2) years old successfully treated with neridronate (NA).

**Description.** of the

**Case Report.** Both patients had a history of multiple vertebral and non-vertebral fragility fractures and low BMD (Z-score range from -2.5 to -5.1), with a significant deterioration of BMD over the last 3-year (from -7% to -25%). At baseline, both had increased 24-hour urinary calcium excretion (24-CaU), with BTMs close to the upper limit of the reference range. They received NA (100 mg intravenous every 3 months) for 5 consecutive years, associated with cholecalciferol. NA was well tolerated, producing no adverse events. OPPG-1 presented only a minor fragility fracture during year 1, in OPPG-2 no further fractures were observed. The BMD gradually improved: OPPG-1 lumbar spine (LS-BMD) from 0.584 to 0.596 gr/cm<sup>2</sup> & femoral neck (FN-BMD) from 0.189 to 0.279 gr/cm<sup>2</sup> – OPPG-2 LS-BMD from 0.653 to 0.769 gr/cm<sup>2</sup> & FN-BMD from 0.540 to 0.573 gr/cm<sup>2</sup>. BTMs and 24-CaU decreased significantly from baseline.

**Conclusions.** To the best of our knowledge this is the first report describing the beneficial effects of bisphosphonate therapy, over 5 years, in OPPG adults.



**Abstract Code: FDI24746-74**

**A COMPLEX INTERNAL MEDICINE CASE: SYSTEMIC MASTOCYTOSIS WITH HEPATIC INVOLVEMENT AND MYELODYSPLASTIC SYNDROME**

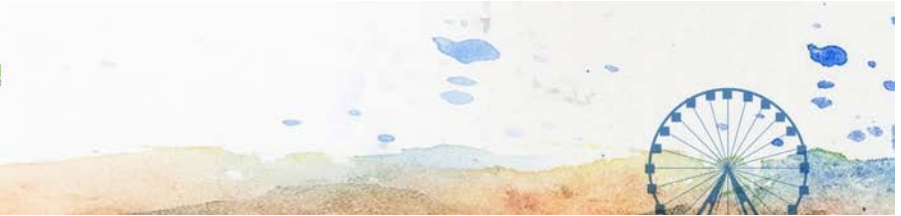
D. Pratelli<sup>1</sup>, M.G. Barbieri<sup>1</sup>, F. Dazzani<sup>1</sup>

(1) UOC Medicina Interna e Lungodegenza, Lugo (FE), Italy.

**Introduction.** Mastocytosis is a rare disorder characterized by the proliferation of mast cells. Systemic mastocytosis occurs more frequently in adults, with a male predominance and a mean age of 50–55 y. The aggressive form is rare but a higher risk of association with myelohematologic disorders in particular in patients with extramedullary involvement and hematologic abnormalities.

**Case Description.** A 66-year-old man was referred from the Emergency Department for lower limb edema, anemia, thrombocytopenia and weight loss. The patient had previously undergone abdominal ultrasonography with liver elastography showing F4 fibrosis in the absence of cirrhosis. Upper endoscopy, colonoscopy, stool cultures and viral hepatitis markers were negative. A total-body CT scan confirmed hepatosplenomegaly without focal lesions. A bone marrow biopsy was performed, revealing mastocytosis with grade 3 marrow fibrosis. A liver biopsy was performed confirming intrahepatic mast cell infiltration. Treatment with midostaurin led to normalization of hematologic parameters, and improvement of liver fibrosis with a reduction in liver stiffness from 15 kPa to 9 kPa.

**Conclusions.** The patient was diagnosed with systemic mastocytosis associated with myelodysplastic syndrome and hepatic involvement. Although rare, mastocytosis should be considered among the causes of hepatosplenomegaly, as hepatic involvement represents a criterion of disease severity and negatively impacts prognosis.



**Abstract Code: FDI24956-77**

## **WHEN ANTIPHOSPHOLIPID SYNDROME STRIKES THE LUNGS: A CASE OF DIFFUSE ALVEOLAR HEMORRHAGE**

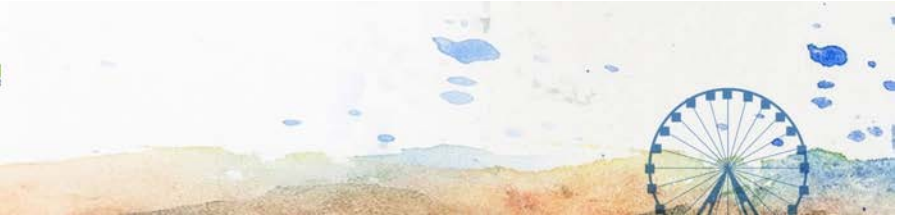
I. Praticò<sup>1</sup>, S. Camerlo<sup>2</sup>, E. Maggio<sup>2</sup>, B. Culla<sup>2</sup>, G. Vittorio<sup>2</sup>, T. Moustapha<sup>2</sup>, G. Vesnaver<sup>1</sup>, F. Pallavicino<sup>1</sup>, F. Pomerò<sup>2</sup>

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**Introduction.** Diffuse alveolar hemorrhage (DAH) is a rare but potentially life-threatening condition, characterized by acute respiratory failure and anemia. It frequently occurs in the context of autoimmune or systemic disorders, posing a diagnostic challenge that requires prompt recognition and intervention.

**Description.** A 36 years-old woman with known antiphospholipid syndrome (APS), on chronic anticoagulation, was admitted for acute epigastric pain and subsequently developed rapidly progressive dyspnea leading to respiratory failure requiring non-invasive ventilation. Chest computed tomography showed bilateral ground-glass opacities. Laboratory tests revealed a significant drop in hemoglobin without evidence of external bleeding. An extensive infectious work-up was negative. Bronchoscopy with bronchoalveolar lavage was performed, and findings were highly suggestive of DAH, confirmed by pathology showing hemosiderin-laden macrophages. Extensive autoimmune testing (ANA, anti-dsDNA, ANCA, anti-MPO, anti-PR3, anti-GBM) was negative, supporting a diagnosis of APS-related DAH, probably favored by anticoagulation with warfarin, which was within therapeutic range. High-dose corticosteroid therapy was promptly initiated, resulting in progressive respiratory and hematologic improvement.

**Conclusions.** This case highlights diffuse alveolar hemorrhage as a rare but severe pulmonary manifestation of antiphospholipid syndrome. Early recognition based on clinical suspicion and exclusion of alternative etiologies is crucial, as timely immunosuppressive treatment may be life-saving.



**Abstract Code: FDI24547-73**

**EMERGENCIES IN ENDOCRINOLOGY: TORSADE DE POINTES, A CHALLENGE TO DIAGNOSIS AND MANAGEMENT**

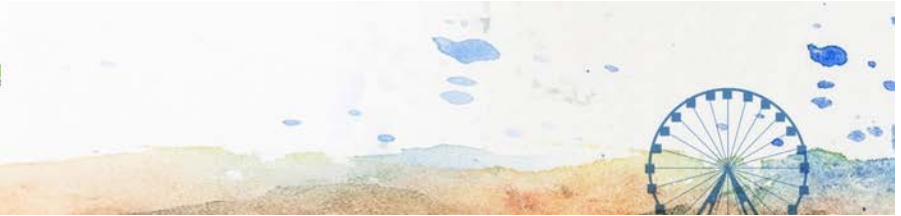
L. Priola<sup>1</sup>, A. D'Alcamo<sup>1</sup>, F. Agugliaro<sup>1</sup>, F. Manno<sup>1</sup>, R. Gaetani<sup>1</sup>, A.M. Geraci<sup>1</sup>

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**Introduction.** Torsade de pointes is a ventricular tachycardia characterized by shifts of the QRS axis. It may present with syncope and it's a risk factor for sudden cardiac death. The aim of this case is to show how polymorphic presentation is and challenging the management.

**Description.** A 59-year-old woman arrives to the Emergency department of ARNAS Civico Hospital in Palermo for an episode of loss of consciousness with fixed gaze and hypertonicity of the pus-filled muscles. She suffers from hypertension treated with a thiazide diuretic and gastroesophageal reflux, in the week prior he has taken a supplement containing sodium bicarbonate with apparent overdose. Upon arrival she was asymptomatic, but presents hypertensive emergency. Electrocardiogram within limits. Blood tests reveal severe metabolic alkalosis and hypokaliemia. Despite ongoing fluid and electrolyte correction no changes in electrolyte and metabolic alkalosis, poor blood pressure control persisted. During the observation was objectified a new episode of loss of consciousness with concomitant telemetry evidence of ventricular tachyarrhythmia. The cluster of poor blood pressure control, hypokalemic metabolic alkalosis and hypertonia led our differential diagnosis to hyperaldosteronism. Biochemical tests as Renin/Aldosterone and abdominal CT confirm the diagnosis of hyperaldosteronism secondary to Conn's disease

**Conclusion.** This case report highlights how multifaceted clinical manifestations of TdP can be and how challenging therapeutic management is.



**Abstract Code: FDI24589-79**

**AN ORDINARY CASE OF PRIMARY-SECONDARY SYPHILIS. DIAGNOSIS IS NOT ALWAYS EASY**

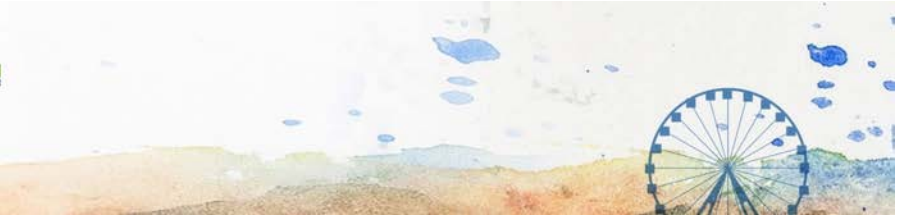
L. Ramadori<sup>1</sup>, M. Novelli<sup>1</sup>, M. Tetti<sup>1</sup>, A. Pilato<sup>1</sup>

(1) ASL To4-Medicina Cirie'-Lanzo (To), Italy.

**Introduction.** Syphilis is an infective disease. Its incidence has been increasing since 2010, especially in the range of age between 15 and 49 and in women.

**Description.** A 51-year-old woman was admitted to the Internal Medicine ward with worsening maculopapular painless and non-pruritic skin lesions associated with bilateral, symmetrical arthralgia, distal lower limb edema and hoarseness. Previous dermatological examination raised suspicion of vasculitic or bacterial dermatitis. Oral steroid therapy was prescribed without relief. Physical examination revealed no oral lesions; erythematous-papular lesions spread to the trunk, back, neck, face and proximal upper limbs with scaly erythematous lesions on the pretibial and plantar areas; whitish, slightly painful, verrucous vulvar lesion. Blood tests revealed white blood cell count of 9360/uL with normal leukocyte differential, hemoglobin 12.4 g/dL, normal kidney and liver function tests, C-reactive protein 45 mg/L, procalcitonin 0.81 ng/mL, D-dimer 2658 ng/mL, negative autoimmunity and oncomarkers tests. Chest x-ray, CT-angiography and abdominal ultrasound were normal. Syphilis was confirmed after two VDRL assays, the first was negative due to "prozone-phenomenon". Given skin and joint involvement associated with primary vulvar lesion, but in the absence of ocular, neurological and cardiac involvement, the disease can be classified as stage II.

**Conclusions.** Syphilis is difficult to diagnose due to its aspecific symptoms that can mimic other medical conditions. That's why it's called "the great mimicker".



**Abstract Code: FDI24779-80**

## **BEHIND THE FEVER: LEISHMANIA-INDUCED HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS IN POLYMYOSITIS**

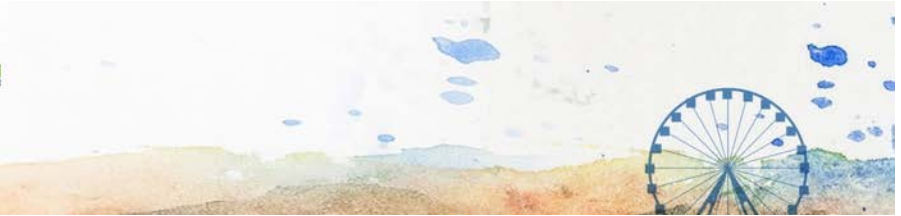
S. Romano<sup>1</sup>, F. Cucina<sup>1</sup>, L. Barbacci<sup>1</sup>, A. Raza<sup>1</sup>, C. Carini<sup>1</sup>, L. Lipari<sup>1</sup>, C. Zizzo<sup>1</sup>, O. Para<sup>1</sup>, S. Rutili<sup>1</sup>, C. Nozzoli<sup>1</sup>

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**Background.** Hemophagocytic lymphohistiocytosis (HLH), including its rheumatologic variant macrophage activation syndrome (MAS), is a life-threatening systemic hyperinflammatory syndrome caused by dysregulated activation of T lymphocytes and macrophages, leading to organ damage. Diagnosis is based on the HLH-2004 criteria, requiring at least 5 of 8 findings: fever, splenomegaly, cytopenias, hyperferritinemia, hypofibrinogenemia and/or hypertriglyceridemia, suppressed NK cell activity, elevated sCD25, and hemophagocytosis. Infections, hematologic malignancies, and rheumatic diseases are common triggers.

**Case Report.** A 61-year-old patient with polymyositis was admitted for one month of persistent fever and asthenia. Laboratory tests showed suppressed NK cell activity, hyperferritinemia, progressive cytopenias, and hypofibrinogenemia. Corticosteroids were started for suspected disease reactivation without benefit. CT and PET scans excluded malignancy and revealed splenomegaly. Overall, 6 of 8 HLH-2004 criteria were fulfilled, supporting a diagnosis of probable MAS/HLH. Etiological investigation detected Leishmania DNA in blood. Combined therapy with liposomal amphotericin B and immunosuppressive agents (steroids and anakinra) resulted in rapid clinical and laboratory improvement with fever resolution.

**Conclusions.** HLH should be suspected in patients with cytopenias, hyperferritinemia, hypofibrinogenemia, and splenomegaly who do not respond to immunosuppressive therapy alone. Early identification of the trigger and prompt targeted treatment are crucial for prognosis.



**Abstract Code: FDI24996-81**

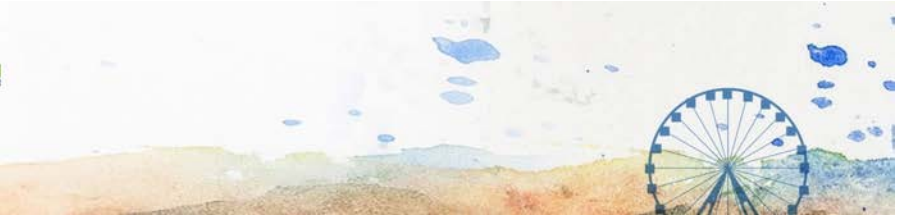
## **VEXAS AS MULTIFACETED DISEASE: A CASE REPORT**

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(1) U.O Medicina Interna, Ospedale Apuane Massa, (2) Ematologia Policlinico Universitario Tor Vergata, Roma, (3) ASL Toscana NORD OVEST per le Malattia Rare, (4) S.S.D Analisi Clinico-Cliniche e Immunoallergologia, Ospedale Apuane Massa, Italy.

**Introduction.** VEXAS (vacuoles, E1enzyme, X-linked, Autoinflammatory, Somatic) syndrome is rare acquired autoinflammatory disease caused by somatic mutation of the UBA1 gene. VEXAS is characterized by heterogeneous hematological and inflammatory clinical manifestations such as fever, skin lesions, pulmonary infiltrates, chondritis, arthritis, ocular inflammation, venous thrombosis, macrocytic anemia, cytopenia, MDS, vacuoles in myeloid and erythroid precursor cells.

**Description.** A 65-year-old male, with history of rheumatoid arthritis, ears polychondritis, recurrent thrombophlebitis, pulmonary infection, scleritis, skin rash and MDS, was admitted to internal medicine in November 2025 for intermittent fever and weight loss. Laboratory investigations revealed macrocytic anemia, thrombocytopenia and elevated inflammatory markers. Microbiological investigations were negative. TC of chest showed pleural effusion and pulmonary infiltrates. A transesophageal echocardiography was negative. FDG-PET/CT scan revealed diffuse metabolic activity in the bone marrow. Bone marrow biopsy and aspirate underlined hypocellular marrow with myeloid predominante and cytoplasmic vacuolization of the myeloid and erythroid precursors. VEXAS was suspected. Genetic testing was performed revealing UBA1 mutation. The corticosteroid therapy improved both symptoms and hematological abnormalities.

**Conclusions.** Multidisciplinary collaboration is essential for the diagnosis that is based on clinical and laboratory features interpretation. In our case, the observation of bone marrow aspirate proved decisive for diagnosis.



**Abstract Code: FDI24685-76**

## **NOT AN ORDINARY BELL'S PALSY: EARLY MANIFESTATION OF NEUROSYPHILIS IN A YOUNG MALE**

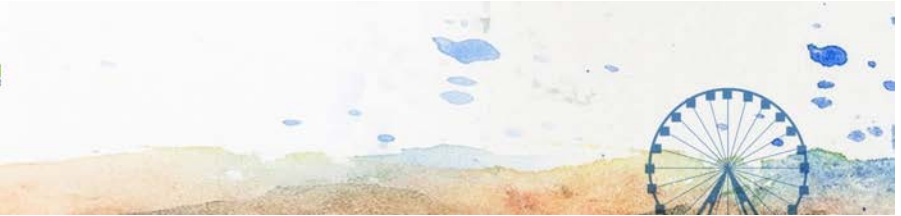
M.M. Russo<sup>1</sup>, A. Romano<sup>1</sup>, C. Cosentino<sup>1</sup>

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**Introduction.** Neurosyphilis can occur at any stage of *Treponema pallidum* infection. The meningeal form can involve cranial nerves, including peripheral palsy of VII cranial nerve (Bell's palsy). This form of palsy is usually attributed to a viral cause and generally responds well to glucocorticoids. However, the clinical course can differ when it is a manifestation of neurosyphilis.

**Description.** We present the case of a 20-year-old man who attended the emergency department with left-sided facial palsy, which had developed two weeks after experiencing flu-like symptoms. Initially diagnosed with Bell's palsy, he commenced an 11-day tapered course of prednisone. During treatment, he developed a maculopapular rash that was neither painful nor itchy, affecting also palms and soles. Six weeks after completing therapy, the patient was admitted to our Unit due to persistent facial palsy and rash. A TORCH screen was performed and revealed positive serology for *T. pallidum*. A lumbar puncture confirmed the suspicion of neurosyphilis, and the patient subsequently began a 14-day course of ceftriaxone, followed by weekly benzathine penicillin for a further three weeks.

**Conclusions.** A wide range of symptoms can be indicative of neurosyphilis. In many cases, it is recognised before the typical signs of secondary syphilis appear. However, the absence of signs or symptoms suggestive of syphilis can delay diagnosis. In the context of a possible STD, a VII cranial nerve palsy of unclear origin should prompt consideration of neurosyphilis as a possible diagnosis, allowing for earlier treatment.



**Abstract Code: FDI24832-70**

## **THE BLURRED LINE BETWEEN ENCEPHALOPATHY AND PSYCHOSIS**

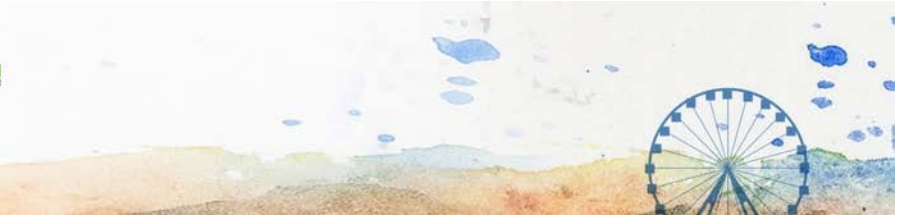
F. Salvotti<sup>1</sup>, R. Stupia<sup>1</sup>, A. Franconi<sup>1</sup>, P. Carleo<sup>1</sup>, I. Zagni<sup>1</sup>

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**Introduction.** Alcohol use and alcoholic liver disease are associated with several neurological complications, including withdrawal syndrome, portosystemic encephalopathy, Wernicke's encephalopathy, and Korsakoff's psychosis.

**Case Report.** A 50-year-old man with chronic alcohol abuse was admitted after being found confused and tremulous. His history included alcoholic steatohepatitis and acute alcoholic pancreatitis. Labs showed mild anemia, elevated GGT, slight transaminase rise, and negative alcohol/toxicology screens. Brain CT and EEG were unremarkable. Withdrawal syndrome and hepatic encephalopathy were considered in the differential diagnosis and was started hydration intravenous, diazepam for suspected withdrawal, lactulose, rifaximin, thiamine and folic acid supplementation. Ammonia was normal, imaging ruled out the presence of portal hypertension. The patient remained disoriented and confabulating, and previously masked ataxia has become more evident. Brain MRI revealed T2-FLAIR hyperintensity of the mammillary bodies, consistent with thiamine deficiency. A diagnosis of Wernicke encephalopathy progressing to Korsakoff psychosis was made. Despite intravenous thiamine (500 mg three a day) and supportive therapy, only partial improvement occurred, with persistent severe cognitive deficits and ataxia. He was discharged to a neurocognitive rehabilitation.

**Conclusion.** Wernicke encephalopathy and Korsakoff syndrome form a clinical continuum. This case underscores the diagnostic challenge, and early suspicion with prompt parenteral thiamine is crucial to prevent irreversible neurological injury.



**Abstract Code: FDI24911-68**

**HILI DA ARTEMISIA ANNUA A FENOTIPO AUTOIMMUNE-LIKE: RUOLO DELLA BIOPSIA EPATICA NELLA DIAGNOSI DIFFERENZIALE**

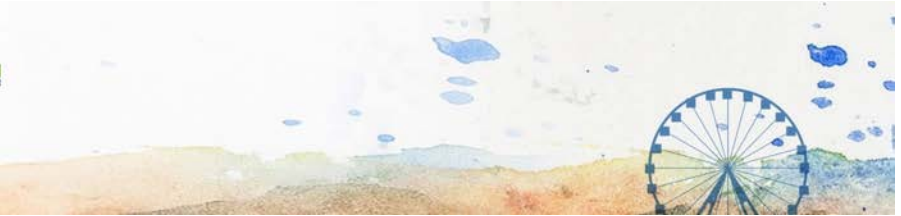
A. Scarfia<sup>1</sup>, M.C. Sapere<sup>2</sup>, C. Cocuzza<sup>2</sup>, R. Faulisi<sup>2</sup>, M. Cannavò<sup>2</sup>, G.L. Di Marco<sup>2</sup>, G. Privitera<sup>2</sup>, G. Cabibbo<sup>3</sup>, G. Bartoloni<sup>4</sup>, M. Russello<sup>2</sup>

*(1) UOC di Medicina Ad Indirizzo Epatologico - Arnas Garibaldi Catania e Dipartimento di Medicina Clinica e Sperimentale - Scuola di Specializzazione in Geriatria - Università degli Studi di Catania, (2) UOC di Medicina Ad Indirizzo Epatologico - Arnas Garibaldi Catania, (3) UOC di Medicina Interna Ospedale Maggiore di Modica - ASP Ragusa, (4) UOC di Anatomia Patologica - Arnas Garibaldi Catania, Italy.*

**Introduzione.** Fitoterapici e supplementi dietetici (HDS) sono cause emergenti di danno epatico acuto (HDS-induced liver injury, HILI). Artemisia annua, generalmente ritenuta sicura, è raramente associata ad epatite colestatica severa. Descriviamo un caso di HILI con fenotipo autoimmune-like (DI-ALH).

**Descrizione.** Donna di 62 anni, affetta da LES (non in terapia), ricoverata per ittero, prurito e vomito. Esami ematochimici: Bilirubina totale 24 mg/dl (diretta 16 mg/dl), AST 362 UI/L, ALT 562 UI/L, FA 308 UI/L,  $\gamma$ GT 394 UI/L (pattern misto). Anamnesi farmacologica negativa. Riferita assunzione di infuso di Artemisia annua (5 g/die) da 6 settimane. Esclusi markers virali, infettivi e metabolici; ANA positivi (1: 160), complemento normale. Imaging epato-bilio-pancreatico negativo. Durante la degenza comparsa di insufficienza renale acuta e marcata risposta infiammatoria sistemica, risolta con antibioticoterapia empirica. La biopsia epatica mostrava infiltrato portale linfoplasmocitario con eosinofili, epatite d'interfaccia, colestasi intraepatocitaria, corpi di Mallory e fibrosi periportale minima (METAVIR A3, F1), compatibili con DI-ALH. RUCAM score: 7 (DILI probabile); simplified AIH score: 4 (AIH improbabile). La sospensione dell'HDS e la terapia di supporto hanno portato al miglioramento clinico e laboratoristico.

**Conclusioni.** La HILI da Artemisia annua può mimare un'epatite autoimmune, specie in pazienti con predisposizione autoimmunitaria. In assenza di sierologia dirimente, un'anamnesi accurata e la biopsia precoce sono fondamentali per la diagnosi differenziale.



**Abstract Code: FDI24566-74**

**EFFECT OF A BUFFERED SOLUTION OF ALENDRONATE ON BONE MINERAL DENSITY AND BONE ALKALINE PHOSPHATASE IN POSTMENOPAUSAL WOMEN: A PROSPECTIVE OBSERVATIONAL STUDY**

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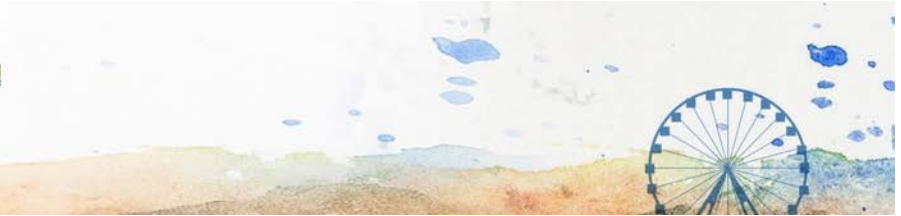
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**Introduction.** Data on the effect of alendronate 70 mg effervescent (ALN-EX) on bone mineral density (BMD) are lacking. The aims of this study were to evaluate the effect of ALN-EX on BMD and bone alkaline phosphatase (BALP), and to compare the ALN-EX BMD and BALP outcomes with a cohort of patients on ALN tablets.

**Materials and Methods.** 42 postmenopausal women (PMW), with BMD T-score <-2.5 and one fracture, starting ALN-EX were enrolled. BMD at femoral neck (FN-BMD) and total hip (TH-BMD), and BALP were measured at baseline and 12-month. 54 PMW from a historical cohort who received ALN tablets were randomly selected. Information regarding FN-BMD, TH-BMD and BALP were retrieved from a validated database. Mean % changes ( $\pm$ SD) of FN-BMD, TH-BMD and BALP from baseline to 12-month were compared between groups. For statistical analyses, the natural logarithm of BALP [LN(BALP)] was considered.

**Results.** Groups were comparable for baseline characteristics. FN-BMD and TH-BMD increased significantly from baseline to 12-month: ALN-EX +1.5 $\pm$ 2.8% (FN-BMD) and +2.1 $\pm$ 2.6% (TH-BMD), ALN tablets +1.4 $\pm$ 3.3% (FN-BMD) and +2.2 $\pm$ 3.5% (TH-BMD). LN(BALP) decreased significantly from baseline to 12-month: ALN-EX -13% ( $\pm$ 6%), ALN tablets -13% ( $\pm$ 7%). The mean % changes of FN-BMD, TH-BMD and LN(BALP) were not significantly different between groups.

**Conclusions.** This is the first report comparing BMD and BALP between PMW treated with ALN-EX or ALN tablets. The results of the study demonstrated that ALN-EX is as effective as traditional ALN on surrogate anti-fracture efficacy outcomes.



**Abstract Code: FDI24747-75**

**ATYPICAL SHIGA TOXIN-PRODUCING *ESCHERICHIA COLI* INFECTION IN AN ELDERLY PATIENT WITH MULTIORGAN INVOLVEMENT: A CASE REPORT**

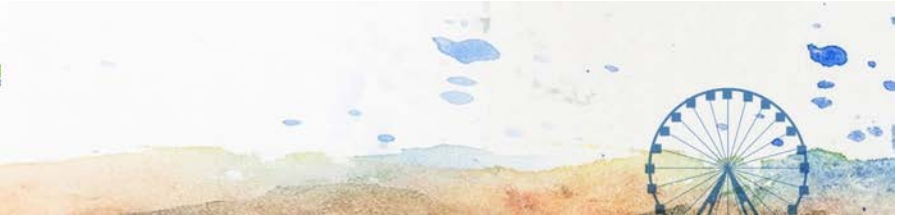
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**Introduction.** Shiga toxin-producing *Escherichia coli* (STEC) is a major cause of foodborne infection and may lead to severe complications, including hemolytic uremic syndrome. In elderly patients, clinical presentation may be atypical, delaying diagnosis.

**Description.** We report a 76-year-old woman admitted with seven days of diarrhea and rectal bleeding complicated by acute kidney injury. Extensive investigations, including *Clostridioides difficile*, stool cultures, parasitology, *Yersinia*, Widal-Wright test, celiac disease antibodies, and blood cultures, were negative. A multiplex gastrointestinal PCR panel detected STEC. Supportive treatment with intravenous fluids resulted in recovery of renal function. After several days, the patient developed anasarca, severe thrombocytopenia, and anemia, without schistocytes or laboratory signs of hemolysis. Cytomegalovirus IgM antibodies were positive, with low-level CMV DNAemia. Colonoscopy showed multiple fibrinous ulcers and nonspecific inflammatory colitis; histology was negative for CMV. Conservative management with albumin and diuretics led to a gradual clinical and laboratory improvement, and the patient was discharged.

**Conclusions.** Shiga toxin infection may cause a severe, prolonged clinical course with multiorgan involvement in elderly patients. Hematological abnormalities may occur without typical features of HUS, complicating diagnosis. Viral reactivation may further confound the clinical picture. Increased awareness of atypical STEC presentations is crucial to avoid delayed diagnosis and potentially fatal complications.



**Abstract Code: FDI25044-66**

## **GENDER-BASED VIOLENCE AND HOSPITAL CARE: A SURVEY AMONG HEALTHCARE WORKERS**

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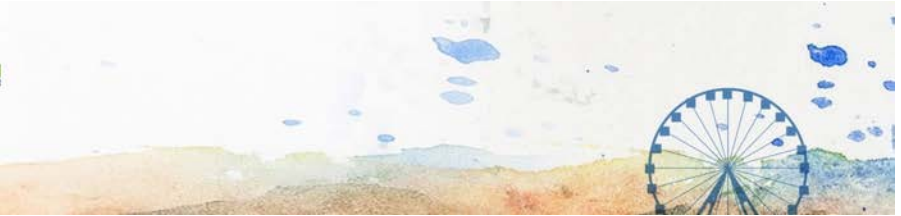
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**Introduction and Aim.** Violence against women or other vulnerable individuals is a serious violation of human rights and a global public health issue. Therefore, it is of utmost importance for all professionals involved in assisting violence victims especially in the emergency department to be fully prepared on the matter. We have presented a survey directed at health workers during a conference at our hospital on the international day for the elimination of violence against women.

**Materials and Methods.** The sample consisted of 108 healthcare workers over 25 years of age (60.2% over 45 years of age; 55% women). Professional representation was heterogeneous: 43,5% doctors, 34,3% nurses, 8,3% obstetricians, 1% social assistant, 0,9% psychologist, 12% other healthcare professionals. The survey contained questions about gender stereotype, type of violence against women and medical knowledge of the specific procedures for victims women of violence who present to the hospital

**Results.** Most of the sample reported familiarity with the concepts of gender stereotypes, even if they had not personally experienced them. 66.7% did not address these topics during their studies, and 62% did not subsequently attend training courses due to a lack of available courses. The 63.9% provided assistance to women victims of violence in hospital and a fair amount of knowledge on the topic was observed among the majority of the sample.

**Conclusions.** Despite the limited availability of courses on gender-based violence, healthcare providers are attentive and eager to learn more about this important topic.



**Abstract Code: FDI24788-80**

**ARTIFICIAL INTELLIGENCE IN NURSING TRIAGE: QUALITY AND EFFICIENCY.  
A CROSS-SECTIONAL STUDY**

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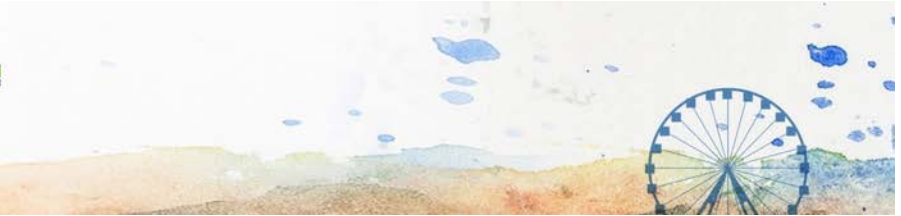
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**Introduction.** Triage is a critical step in emergency care, requiring advanced clinical judgement and rapid decision-making from nurses. Artificial Intelligence, defined as technology capable of analysing complex clinical data and supporting decision processes, may enhance the quality and timeliness of initial assessment. This study aims to explore nurses' perceptions of introducing Artificial Intelligence into triage, identifying perceived benefits, concerns, and prerequisites for effective implementation.

**Materials and Methods.** A cross-sectional observational study was conducted in two facilities of the Territorial Health Authority 5 Marche. Data were collected through a structured questionnaire based on the Unified Theory of Acceptance and Use of Technology, designed to investigate factors influencing the adoption digital technologies in healthcare.

**Results.** Nurses expressed an overall positive attitude towards the use of Artificial Intelligence in triage, recognising its potential to improve assessment accuracy, decision speed, and patient flow management. Concerns emerged regarding reliability, risk of errors, need for training, and the importance of technical and organisational support.

**Conclusions.** Findings suggest that the introduction of Artificial Intelligence into triage may be feasible and beneficial if accompanied by structured education, clear operational protocols, and adequate institutional support. Further multicentre studies are needed to evaluate its real impact on patient safety, care quality, and emergency department performance.



**Abstract Code: FDI24825-72**

**SOLUZIONI DIGITALI PER LA GESTIONE DOMICILIARE DELLE LESIONI DA PRESSIONE:  
IMPATTO SU INFERMIERE E PAZIENTE**

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**Introduzione.** La gestione delle lesioni da pressione rappresenta una sfida quotidiana per gli infermieri dell'assistenza domiciliare. Obiettivo dello studio è valutare se l'utilizzo della telemedicina possa supportare l'infermiere nel percorso di guarigione delle ferite e se il paziente possa trarne benefici percepiti in termini di qualità assistenziale.

**Materiali e Metodi.** È stata condotta una revisione narrativa della letteratura consultando il database PubMed nel Novembre 2025. Sono state utilizzate le parole chiave "telemedicine", "telehealth", "home care", "pressure ulcer" e "pressure injury". Sono stati inclusi articoli in lingua inglese, pubblicati negli ultimi 10 anni (2015–2025) e disponibili in full text. Dopo selezione per titolo, abstract e testo completo, sono stati inclusi 9 studi.

**Risultati.** La telemedicina favorisce la collaborazione interprofessionale e consente consulenze specialistiche al domicilio del paziente, riducendo i rischi legati al trasferimento. L'uso di strumenti digitali, in particolare smartphone, permette all'infermiere domiciliare una presa in carico globale, migliorando educazione, gestione e prevenzione delle lesioni da pressione.

**Conclusioni.** Nonostante alcuni limiti, come il rischio di sovradiagnosi e la dipendenza dalla tecnologia, le soluzioni digitali rappresentano un valido supporto per il monitoraggio e la gestione infermieristica delle lesioni da pressione a domicilio.

**Abstract Code: FDI24580-70**

## **AN UNEXPECTED CAUSE OF BLEEDING IN THE ELDERLY: ACQUIRED HEMOPHILIA A**

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**Introduction.** Acquired haemophilia A is a rare and potentially life-threatening bleeding disorder caused by autoantibodies against clotting factor VIII. It usually occurs in patients with no personal or family history of bleeding. Diagnosis is suggested by isolated prolongation of activated partial thromboplastin time, low factor VIII activity, and the presence of a factor VIII inhibitor.

**Description.** We report the case of an 87-year-old woman presenting with severe anemia. A small hematoma developed on her left limb after a minor ankle sprain and progressively extended to the thigh and ipsilateral gluteal region. Laboratory tests revealed prolonged activated partial thromboplastin time, normal prothrombin time, low factor VIII activity, and detectable factor VIII inhibitor, confirming acquired haemophilia A. The patient was treated with hematoma management and oral corticosteroid therapy with prednisolone 1 milligram per kilogram per day for four weeks, resulting in clinical improvement.

**Conclusions.** Acquired haemophilia A can present subtly, especially in elderly patients, yet carries a high risk of severe bleeding, particularly in the early phase. Prompt recognition using routine coagulation tests is crucial. Prolonged activated partial thromboplastin time, even with normal prothrombin time and platelet count, should raise suspicion of acquired haemophilia A to prevent potentially life-threatening complications.



**Abstract Code: FDI24816-72**

**MEDICINA PERIOPERATORIA E PROTOCOLLI ERAS: INTEGRAZIONE TRA INFERMIERE DI AREA MEDICA E INFERMIERE DI AREA CHIRURGICA COME ELEMENTO CHIAVE PER LA CONTINUITÀ ASSISTENZIALE E IL MIGLIORAMENTO DEGLI ESITI NEL PAZIENTE CHIRURGICO**

V. Tarfanelli<sup>1</sup>, E. Arezzini<sup>1</sup>

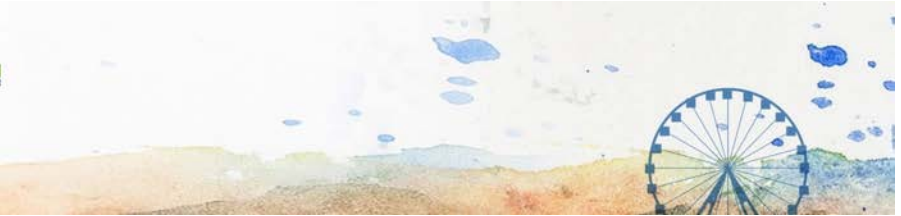
(1) USL SUD EST Toscana, Italy.

**Introduzione.** La medicina perioperatoria rappresenta un modello assistenziale integrato che accompagna il paziente lungo l'intero percorso chirurgico, dalla fase pre-operatoria a quella post-operatoria, con l'obiettivo di migliorare gli esiti clinici, ridurre le complicanze e abbreviare la degenza ospedaliera. In tale contesto si inseriscono i protocolli ERAS (Enhanced Recovery After Surgery).

**Materiali e Metodi.** I protocolli ERAS prevedono interventi coordinati nelle fasi pre-, intra- e post-operatoria e coinvolgono un team multidisciplinare composto da chirurghi, anestesisti, infermieri, fisioterapisti e nutrizionisti. Tra gli elementi cardine del percorso rientrano l'educazione e l'informazione del paziente, la riduzione del digiuno prolungato, l'ottimizzazione dello stato nutrizionale, l'impiego di tecniche chirurgiche mini-invasive, una gestione anestesiológica multimodale con riduzione degli oppioidi, il controllo efficace del dolore, la mobilizzazione.

**Risultati.** Il successo dei protocolli ERAS dipende in modo significativo dall'integrazione tra infermiere di area medica e infermiere di area chirurgica, che garantiscono continuità assistenziale lungo tutto il percorso perioperatorio.

**Conclusioni.** La collaborazione strutturata tra le due figure infermieristiche, supportata da strumenti quali percorsi condivisi, checklist ERAS, e formazione continua, rappresenta un elemento essenziale per garantire un'assistenza sicura, efficace e centrata sul paziente.



**Abstract Code: FDI24758-77**

**METABOLIC DERANGEMENTS LEADING TO CENTRAL PONTINE MYELINOLYSIS IN NEWLY DIAGNOSED TYPE 2 DIABETES: A COMPLEX CASE REPORT**

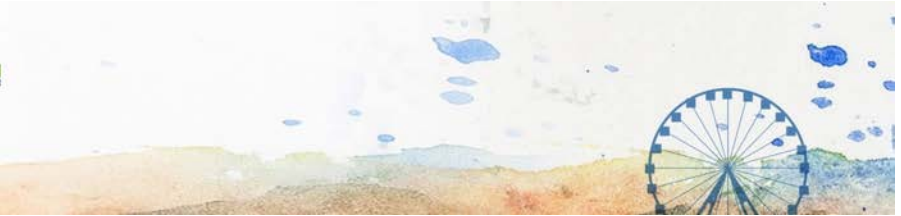
A. Tassi<sup>1</sup>, M. Galassi<sup>1</sup>, F. Morellini<sup>1</sup>, F. Bonetti<sup>1</sup>, F. Turrini<sup>1</sup>

(1) *Ospedale Ramazzini di Carpi AUSL Modena, Italy.*

**Introduction.** Central pontine myelinolysis is a rare but potentially devastating complication in patients with severe hyperglycemia, particularly when rapid metabolic and glycemic correction occurs.

**Description.** We report the case of a 31-year-old man with no previous medical history admitted for coma due to severe hyperglycemia (515 mg/dL), leading to the diagnosis of diabetic ketoacidosis in previously unrecognized type 2 diabetes mellitus. During pre-hospital transport, generalized tonic-clonic seizures occurred, attributed to acute metabolic imbalance. The patient required intensive care management with insulin infusion, fluid resuscitation and mechanical ventilation, followed by neurological improvement and extubation. During hospitalization, fever developed; cerebrospinal fluid studies were negative, tracheal aspirates were positive for common bacteria that were treated with amoxicillin. After extubation, the patient developed expressive aphasia. Brain MRI showed bilateral symmetric pontine signal abnormalities consistent with osmotic demyelination syndrome, likely related to rapid correction of severe hyperglycemia. The aphasia progressively resolved. Autoimmune markers excluded type 1 diabetes. At discharge, the patient was alert, oriented and clinically stable.

**Conclusion.** This case emphasizes the risk of central pontine myelinolysis during aggressive correction of diabetic ketoacidosis and highlights the need for careful, gradual metabolic control and close neurological monitoring.



**Abstract Code: FDI24759-78**

**ACUTE HEPATITIS E AS AN OVERLOOKED CAUSE OF LIVER INJURY IN A COMPLEX HOSPITALIZED PATIENT: A CASE REPORT**

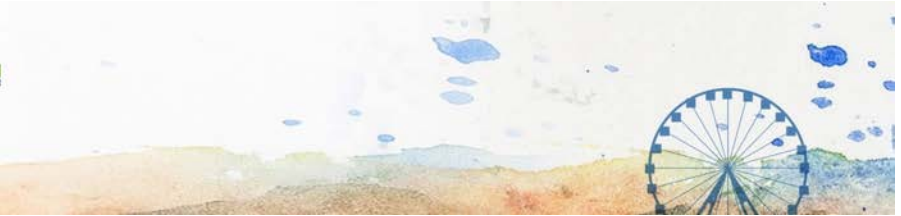
A. Tassi<sup>1</sup>, M. Galassi<sup>1</sup>, F. Morellini<sup>1</sup>, F. Bonetti<sup>1</sup>, F. Turrini<sup>1</sup>

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**Introduction.** Hepatitis E virus (HEV) infection is considered uncommon in Italy and is often underdiagnosed, particularly in hospitalized patients with complex comorbidities.

**Description.** We report the case of a 72 yo male patient with known ischemic heart disease, type 2 diabetes mellitus, chronic kidney disease and chronic obstructive pulmonary disease, admitted for dyspnea, fever and vomiting. Initial evaluation revealed acute bronchitis, renal dysfunction, thrombocytopenia and marked elevation of liver enzymes, associated with a non-ST elevation acute coronary syndrome managed conservatively. Standard diagnostic work-up for acute hepatitis, including hepatitis A, B and C serology, was negative, and abdominal ultrasound excluded biliary obstruction. Despite improvement of respiratory symptoms, renal function and inflammatory markers under antibiotic and supportive therapy, liver enzymes remained significantly elevated. Further etiological investigation revealed positive anti-HEV antibodies, and active infection was confirmed by HEV RNA detection in blood and stool, leading to notification of public health authorities. The patient showed a gradual spontaneous improvement of hepatic and cholestatic parameters without specific antiviral therapy, consistent with the self-limiting course of acute HEV infection in immunocompetent individuals. He was discharged in stable clinical condition.

**Conclusion.** This case highlights the importance of considering hepatitis E in the diagnostic algorithm of acute hepatitis of unknown origin, even in non-endemic countries such as Italy.



**Abstract Code: FDI24800-65**

**HEPATIC INFARCTION AFTER *E. COLI* SEPTIC SHOCK: A RARE BUT RELEVANT COMPLICATION**

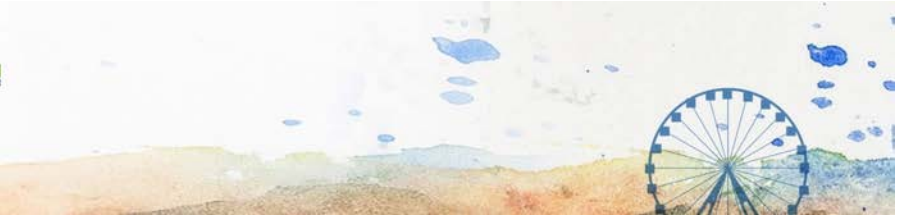
D. Tirotta<sup>1</sup>, P. Muratori<sup>1</sup>

(1) *Medicina Interna, Ospedale Morgagni Pierantoni, Forlì, Italy.*

**Background.** Hepatic infarction is a rare condition in adults due to the liver's dual blood supply from the hepatic artery and portal vein. In severe systemic illness this compensatory mechanism may fail. Owing to its nonspecific clinical and laboratory presentation, hepatic infarction is frequently misdiagnosed, especially in critically ill patients

**Case Presentation.** We report a case of hepatic infarction in a 50-year-old woman following septic shock caused by *E coli*, complicated by the development of a hepatic artery pseudoaneurysm. Diagnosis was achieved through a multimodal imaging approach, including abdominal US and CEUS, underscoring the value of bedside imaging in patients with persistent liver enzyme abnormalities during critical illness. In Gram-negative sepsis, sustained hypotension is associated with endothelial activation, cytokine-mediated inflammation and coagulopathy. *Escherichia coli* endotoxin plays a key role in microvascular injury, promoting disseminated intravascular coagulation and, in selected cases, thrombotic microangiopathy. These mechanisms may critically impair hepatic microcirculation, leading to focal or diffuse hepatic infarction. Although the patient reported cannabinoid use, no established association exists between substance abuse and hepatic infarction

**Conclusions.** Hepatic infarction is a rare but relevant complication of *E. coli* septic shock. In this setting, abdominal US and CEUS are valuable tools for diagnosis and follow-up. Increased awareness and a multidisciplinary approach are essential to avoid diagnostic pitfalls



**Abstract Code: FDI24612-66**

## **THE MANAGEMENT OF IMMUNOLOGICAL DISEASES IN INTERNAL MEDICINE DEPARTMENTS**

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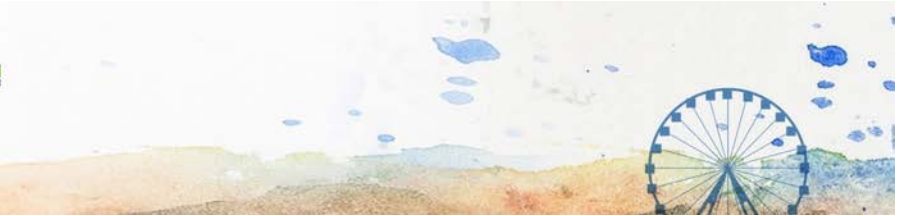
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**Introduction.** Internal medicine plays a pivotal role in identification and care of immunological patients. This abstract highlights the need for education and integrated care pathways to address complexity of immunological diseases in internal medicine settings.

**Materials and Methods.** We administered a 12-question survey to 108 physicians, 80% of whom were internal medicine specialists.

**Results.** In 90% of cases, serum protein electrophoresis is performed as a routine test at first patients admission. When hypogammaglobulinemia is detected, 40% of physicians proceed with further investigations, while 30% of them decide based on hypogammaglobulinemia severity. In presence of hypogammaglobulinemia, 60% of physicians request immunology consultation, 25% continue internal medicine management, and 15% refer to hematologists. About 40% of physicians are aware of existence of immunodeficiencies reference centers in Campania to involve in uncertain cases; only 47% of hospitals have dedicated immunology outpatient services. Administration of immunoglobulin therapy is performed by 50% of physicians only following specialist recommendation. In cases of fever of unknown origin where no infectious cause is identified, 40% of physicians request an immune-rheumatological consultation, and 35% consider autoinflammatory diseases in differential diagnosis.

**Conclusions.** Immunological diseases present a cross-disciplinary challenge for internists. An integrated approach could adequately address the complexity of these conditions.



**Abstract Code: FDI24721-67**

## **THYROID NODULE REVEALING EXTRAMEDULLARY LOCALIZATION OF MULTIPLE MYELOMA: A CASE REPORT**

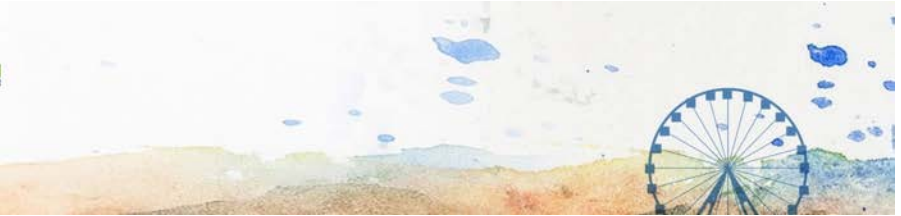
D. Triggiani<sup>1</sup>, G. Lisco<sup>1</sup>, G. Renzulli<sup>1</sup>, V. Triggiani<sup>1</sup>

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**Introduction.** Thyroid nodules are frequent in the general population but pose unique diagnostic challenges in patients with hematologic malignancies, where immune dysregulation and prior therapies may complicate evaluation. Imaging may be inconclusive, making fine needle aspiration (FNA) essential for diagnostic clarification.

**Description.** We report the case of a 45-year-old woman with relapsed multiple myeloma, previously treated with chemotherapy, radiotherapy, and autologous stem cell transplantation. At the time of disease progression, bone marrow biopsy was negative for plasma cell infiltration. A 18F-fluorodeoxyglucose Positron Emission Tomography/Computed Tomography (18F-FDG PET/CT) revealed focal metabolic activity in the right thyroid lobe. Ultrasound demonstrated a 26-mm isoechoic nodule with perinodular vascularity. FNA showed numerous atypical plasma cells with lambda light chain restriction, consistent with intrathyroidal localization of multiple myeloma, determining an extramedullary manifestation of disease despite absence of bone marrow infiltration.

**Conclusions.** Intrathyroidal involvement in multiple myeloma is exceedingly rare, but FDG-avid thyroid nodules on PET/CT should invariably raise suspicion of malignancy in patients with systemic neoplasms. Standard ultrasound risk stratification systems may fail to identify non-epithelial lesions, while cytological characterization remains pivotal for accurate diagnosis. Integration of imaging, cytology, and clinical context is essential to avoid misdiagnosis and to guide appropriate oncologic management.



**Abstract Code: FDI24774-75**

**A CASE OF PARANEOPLASTIC BULLOUS PEMPHIGOID ASSOCIATED WITH A RECURRENCE OF METASTATIC BREAST CANCER**

E. Tumini<sup>1</sup>, V.C. Danese<sup>2</sup>, S. Di Cesare<sup>2</sup>, L. Maestri<sup>2</sup>, P. Muratori<sup>1</sup>

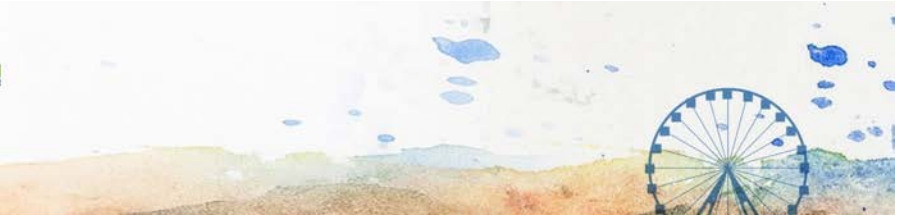
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**Introduction.** Paraneoplastic bullous pemphigoid is a rare autoimmune condition mostly associated with lymphoproliferative disorders and, less frequently, solid cancers.

**Description.** An 83-year-old woman presented to the emergency department with a relapsing, itchy skin rash and extensive vesicubullous lesions, previously diagnosed as bullous pemphigoid. Similar cutaneous lesions had appeared 8 months earlier, showing only partial response to low-dose steroids and local therapies. Her medical history included breast cancer 20 years earlier, treated with radical mastectomy and lymphadenectomy. High-dose systemic corticosteroids and topical therapies provided partial relief. Given her history, breast ultrasound and mammography were performed, yielding negative

**Results.** However, a chest-abdominal CT revealed skeletal metastatic lesions, confirmed by scintigraphy. A CT-guided bone biopsy confirmed bone metastasis from breast cancer (Estrogen receptor 100%, Progesterone receptor 90%, Ki-67 Proliferation Index 15%, Human Epidermal Growth Factor Receptor 2 non-amplified). Consequently, an aromatase inhibitor and a Cyclin-Dependent Kinase 4 and 6 inhibitors were started in association with an anti-CD20 monoclonal antibodies with clinical improvement.

**Conclusions.** The diagnostic work-up identified a paraneoplastic bullous pemphigoid as the presenting manifestation of recurrent breast cancer. This case underscores that the onset of bullous pemphigoid in the elderly that is unresponsive to standard treatments warrants further evaluation to exclude an underlying paraneoplastic etiology



**Abstract Code: FDI25003-61**

**ANDATA E RITORNO TRA OSPEDALE E TERRITORIO: IL RUOLO DELLA MEDICINA INTERNA E DELLA COT NEI PERCORSI DEI PAZIENTI AD ELEVATA COMPLESSITÀ SOCIO ASSISTENZIALE**

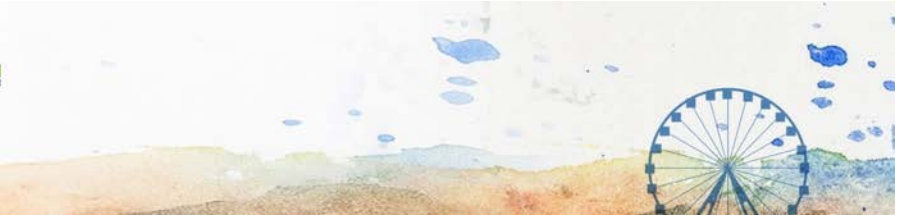
M. Turrini<sup>1</sup>, I.M. Banfi<sup>1</sup>, L. Scarano<sup>1</sup>, M. Gianni<sup>1</sup>, A.M.G. Staffa<sup>1</sup>, F. Dentali<sup>1</sup>, G. Calicchio<sup>1</sup>

(1) ASST Sette Laghi, Varese, Italy.

**Introduzione.** La crescente complessità non solo clinica ma anche socioassistenziale dei pazienti ricoverati nei reparti di Medicina Interna richiede modelli organizzativi in grado di garantire continuità assistenziale oltre la dimissione ospedaliera. In questo contesto, la Centrale Operativa Territoriale (COT) rappresenta uno snodo strategico per l'integrazione tra ospedale e territorio. L'esperienza di ASST Sette Laghi descrive l'implementazione di un modello strutturato di collaborazione tra Medicina Interna e COT.

**Descrizione.** È stato sviluppato un percorso organizzativo condiviso tra i reparti di Medicina Interna e la COT, finalizzato alla presa in carico precoce dei pazienti con bisogni socioassistenziali complessi. Il modello prevede l'attivazione della COT già durante la degenza, la valutazione multidimensionale dei bisogni post-dimissione e il raccordo sistematico con i servizi territoriali e domiciliari. Il processo è supportato da flussi informativi strutturati e da una collaborazione interprofessionale continuativa tra personale ospedaliero e territoriale.

**Conclusioni.** L'integrazione operativa tra Medicina Interna e COT favorisce dimissioni più appropriate e una maggiore continuità assistenziale, riducendo la frammentazione dei percorsi di cura. L'esperienza mostra come modelli organizzativi condivisi possano rappresentare una leva efficace per la governance dei pazienti con bisogni socioassistenziali complessi e per il rafforzamento del ruolo della Medicina Interna nel sistema ospedale-territorio.



**Abstract Code: FDI24910-67**

**ALDOSTERONE-PRODUCING ADRENOCORTICAL CARCINOMA: CONN'S SYNDROME AND UNUSUAL SEVERE HYPOKALEMIA WITH RHABDOMYOLYSIS**

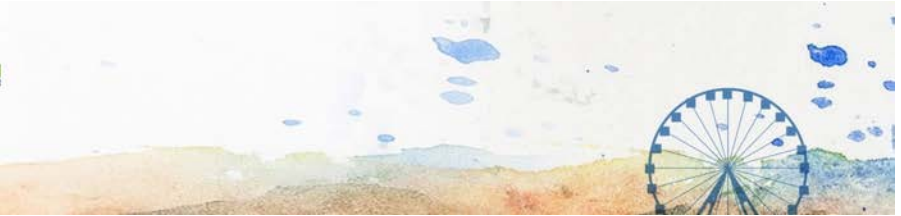
M. Uccelli<sup>1</sup>, A. Reho<sup>1</sup>, N. Panico<sup>1</sup>, M. Di Sazio<sup>1</sup>, L. Trucco<sup>1</sup>, C. Tortorella<sup>1</sup>, A. Borra<sup>2</sup>

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**Introduction.** We describe the case of a 37-year-old woman who presented with new-onset arterial hypertension, marked asthenia and muscle pain. Tests prescribed by General Practitioner revealed increased levels of CK, GOT, and GPT. Following this, she underwent an abdominal US scan, which revealed a large right adrenal mass (80x82x74 mm) and subsequently indicated other tests.

**Description.** The patient underwent blood tests showing severe hypokalemia and metabolic alkalosis (K<sup>+</sup> 1.4 mEq/L, HCO<sub>3</sub><sup>-</sup> 43 mEq/L Cl<sup>-</sup> 92 mEq/L pH 7.54). Subsequent tests showed creatinine 0,6 mg/dL, CK 3427 U/L, GOT 220 U/L GPT 81 U/L, cortisol 12.9 µg/mL, ACTH 38 pg/mL, renin 0.5 mU/mL, aldosterone 145 pg/mL. Nugent test and urinary metanephrines (three samples). were negative An abdominal CT scan and MRI confirmed the presence of an adrenal mass, with morphological features suggestive of adrenal carcinoma (ACC). The patient was treated with IV potassium and aldosterone antagonists, under ECG monitoring, until serum potassium levels return normal. She subsequently underwent laparotomy of the right adrenal gland and adjuvant therapy with mitotane.

**Discussion.** Functional ACC with an exclusive oversecretion of mineralocorticoids causing arterial hypertension and hypokalemia (aldosterone-producing adrenocortical carcinoma – APAC) are unusual (0-7%); rhabdomyolysis caused by very severe hypokalemia hyperaldosteronism-related is extremely rare.



**Abstract Code: FDI24914-71**

**WHEN CANCER MIMICS PSYCHIATRIC DISORDERS: A CASE OF LEPTOMENINGEAL METASTASES FROM BREAST CANCER PRESENTING WITH FLUCTUATING NEUROPSYCHIATRIC AND AUTONOMIC SYMPTOMS**

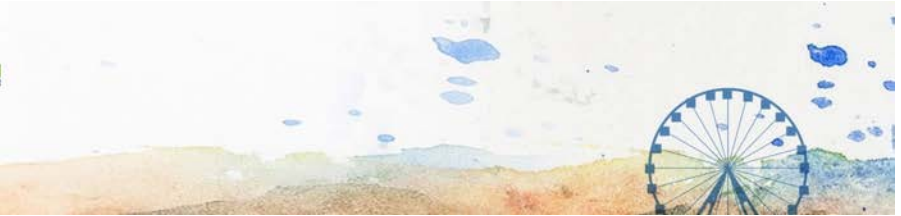
V. Vannucchi<sup>1</sup>, E. Calcagno<sup>1</sup>, L. Imbalzano<sup>1</sup>, F.R. Ermini<sup>1</sup>, P. Fortini<sup>1</sup>, N. Palagano<sup>1</sup>, V. Vanni<sup>1</sup>, F. Moroni<sup>1</sup>, A. Pesci<sup>1</sup>, G. Mesiano<sup>2</sup>

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**Introduction.** Leptomeningeal metastases (LM) are severe complications of solid tumors with heterogeneous manifestations. Diagnosis is often delayed when symptoms mimic psychiatric disorders, posing a challenge for internists.

**Case Description.** A woman (born 1967) with a history of breast cancer presented with months of fluctuating lower limb weakness, headache, and insomnia. Extensive outpatient workup, including Computed Tomography (CT) and Magnetic Resonance Imaging (MRI), was unremarkable. She was later hospitalized for recurrent headaches and syncope. Physical exam and brain/cervical CT were normal. Initial mood deflection suggested a functional component. The course was marked by fluctuating psychomotor slowing, vomiting, and paroxysmal hypertension. After acute neurological deterioration with a reduced Glasgow Coma Scale (GCS) score and bilateral frontal abnormalities on Electroencephalography (EEG), initial Cerebrospinal Fluid (CSF) analysis excluded infection. Subsequent worsening and ventricular dilation prompted a repeat lumbar puncture and contrast-enhanced MRI, which finally revealed LM. CSF cytology confirmed malignant cells of breast origin. The patient died shortly thereafter.

**Conclusions.** LM can present with misleading neuropsychiatric and autonomic symptoms. In patients with prior malignancy, high clinical suspicion and repeated reassessment are essential to avoid diagnostic delays.



**Abstract Code: FDI25080-66**

## **COMPARATIVE STUDY BETWEEN MULTIDISCIPLINARY TEAM DECISIONS AND LARGE LANGUAGE MODEL-BASED ARTIFICIAL INTELLIGENCE IN COMPLEX CASES OF LIVER DISEASE**

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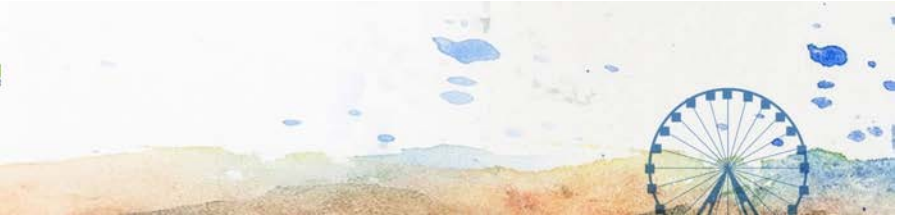
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**Introduction and Aim.** Multidisciplinary approach has been shown to improve the management of complex cases of liver disease in peripheral hospitals. Large language model (LLM)-based artificial intelligence (AI) systems have recently emerged as potential tools to support clinical decision-making. The aim of the present study is to evaluate the degree of similarity between the decisions made by a multidisciplinary team (MDT) and those generated by an LLM-based AI system.

**Materials and Methods.** Since November 2023, 51 cases of patients referred to the Liver Disease Outpatient Clinic of Barone Lombardo Hospital were discussed by a MDT. The same cases were independently analyzed using Copilot, an LLM-based AI tool. The decision taken by the multidisciplinary team was compared with those of the AI system by an independent and blind committee in order to evaluate the degree of similarity between them. The degree was scored from 0 to 10.

**Results.** Among all the included patients (51), the median age was 60 years, 32 patients (62.7%) were female, 27 patients (52.9%) had chronic liver disease. The average degree of similarity was 7.5.

**Conclusions.** The results of this study suggest some discordance between MDT and LLM-based AI decisions, despite the absence of prior training. Further studies involving an independent committee of experts in this field are needed to understand the clinical implications of the observed differences. Moreover, studies combining both approaches are recommended to evaluate their potential synergistic effect.



**Abstract Code: FDI24981-75**

## **ASSOCIATION BETWEEN OBESITY AND SERUM IRON LEVELS IN A POPULATION OF OBESE PATIENTS**

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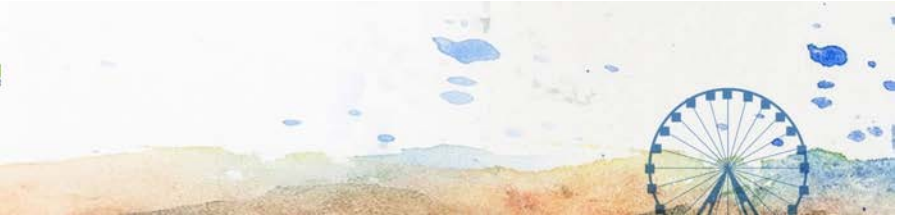
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**Introduction and Aim.** Obesity is a chronic, complex, and multifactorial disease associated with increased cardiovascular and metabolic morbidity and mortality. The relationship between obesity and iron metabolism is not fully clarified. This study aimed to evaluate, in obese patients stratified by body mass index (BMI), the possible presence of a progressive reduction in serum iron levels in relation to the severity of obesity, also considering the chronic low-grade inflammatory state typically associated with this condition.

**Materials and Methods.** 75 obese patients (41 females, 34 males; mean age  $47 \pm 11$  years) referring to the Obesity clinic of the Internal Medicine Unit of Catanzaro were enrolled. All subjects underwent anthropometric and biochemical evaluation and were divided into tertiles according to BMI. Serum iron levels and Complete Blood Count were measured in all patients; in women of childbearing age, blood sampling was performed between the 12th and 17th day of the menstrual cycle.

**Results.** A progressive reduction in serum iron levels was observed from the first tertile (BMI 30–34.9 kg/m<sup>2</sup>) to the third tertile (BMI  $\geq 40$  kg/m<sup>2</sup>), suggesting an inverse association between serum iron levels and obesity severity.

**Conclusions.** This analysis supports a negative association between BMI and serum iron levels in obese patients. If confirmed in larger studies including ferritin and transferrin assessment, these results may support targeted screening of iron metabolism in obese subjects for early detection of iron deficiency anemia.



**Abstract Code: FDI24794-77**

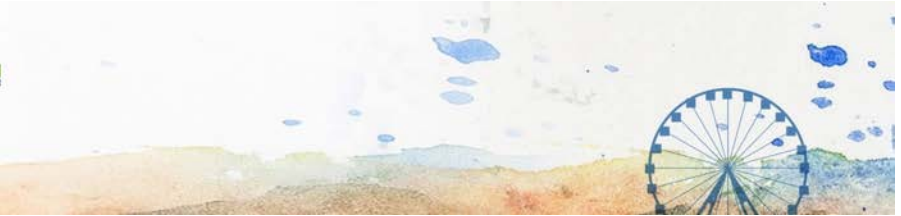
## **EFFETTO DELL'AEROPORTO DELLA GRANDE MALPENSA SULLA FUNZIONE RESPIRATORIA DELLE PERSONE CHE ABITANO NEI COMUNI CONFINANTI**

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**Introduzione.** Impatto che la Grande Malpensa ha sulla salute delle persone che abitano nei comuni limitrofi: Sant'Antonino, Vanzaghello, Ferno, Lonate Pozzolo, Somma Lombardo, Casorate e Samarate. L'analisi in 3 livelli: 1. Studio dal satellite in collaborazione con il CERN, individuando concentrazione di biossido di azoto e altri inquinanti volatili. 2. Dati delle centraline ARPA. 3 Rilevazioni spirometriche su 150 adulti (46,5 aa, 28/64), 68% f, 32% m, privi di patologie respiratorie, non fumatori o ex fumatori da almeno tre anni. Misurati: FVC, FEV1, FEV1/FVC, PEF e piccole vie.

**Risultati.** 23% dei soggetti presentava una riduzione del FEV1, < 80%, pur in assenza di sintomi; 15% presentava FEV1/FVC < 70%, circa 1 su 4 ha riferito sintomi respiratori minori ricorrenti come tosse e dispnea, i seguenti sintomi peggiorano nel periodo invernale. Peggiori risultati si sono reperiti nei residenti dei comuni in linea d'aria più vicini alle piste aeroportuali, Lonate Pozzolo e Ferno. Emerge un potenziale danno funzionale in soggetti esposti per più tempo esempio cinque anni. Questo studio ci fa capire l'importanza dello screening e di come a volte alcuni disturbi o fasi iniziali di malattia siano quasi o del tutto asintomatiche.

**Conclusione.** Si conferma ciò che è stato ipotizzato dalla letteratura internazionale, ultimeremo l'analisi dei rilievi satellitari con la collaborazione del CERN e quelli dell'aria dai dati ARPA che terranno in considerazione anche l'aspetto ecologico.



**Abstract Code: FDI25078-73**

**A SEVERE CASE OF FLU A**

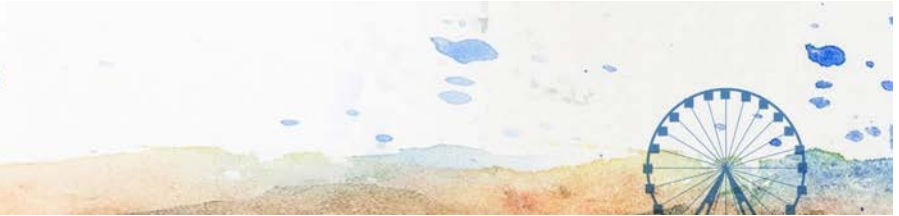
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**Introduction.** Most patients infected with influenza A virus have mild symptoms. However, even in young patients with risk factors, the disease can sometimes progress rapidly and become severe. We describe the case of progressive and rapidly fatal influenza A pneumonia in a smoker.

**Case Report.** A 46-year-old man arrived at DEA with dyspnea, fever and cough. He reported smoking (40 cigarettes per day for 40 years). On examination, he presented with bronchostenosis, BP of 140/80 mmHg, HR 100 bpm, and fever of 38°C. EGA: pH 7.35, pO<sub>2</sub> 48 mmHg, pCO<sub>2</sub> 54 mmHg, sO<sub>2</sub> 77%, HCO<sub>3</sub> 29 mmol/l, lac 0.9 mmol/l. POCUS: rare B lines. Chest X-ray: area of hypodensity in the right peri-hilar region; CARD influenza A positive. Blood tests revealed relative neutrophilia, high CRP and fibrinogen, but normal PCT and D-dimer values. He was treated with oseltamivir, antibiotics, cortisone, heparin, salbutamol/ipratropium bromide, and Venturi with FiO<sub>2</sub> at 40%. After an initial and significant improvement, the patient presented non-defibrillatable cardiac arrest on the monitor after 15 hours.

**Conclusion.** The severity of influenza A infection is believed to be due to altered natural immunity, excessive response to CD8+ cells, and increased circulating cytokines. The high amount of cytokines in circulation, IFN $\gamma$ , TNF $\alpha$ , is associated with erythrophagocytosis. In fact, recent autopsy studies have shown exudative hemorrhagic alveolar damage and necrotizing bronchiolitis. This case demonstrates that further studies are needed on the systemic pathology of patients who have died from influenza A infection.



**Abstract Code: FDI24748-76**

## **SINDROME DI MOSCHOWITZ: L'IMPATTO DEL RICONOSCIMENTO PRECOCE SULL'OUTCOME CLINICO**

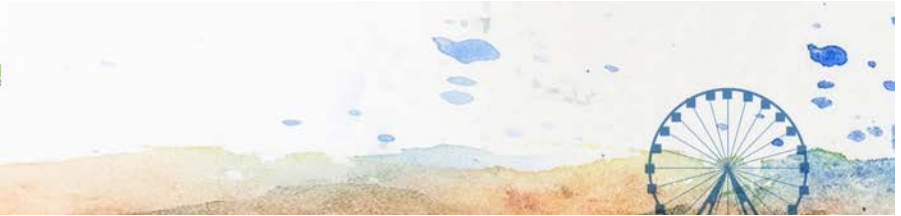
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**Introduzione.** La sindrome di Moschowitz è una rara microangiopatia trombotica acquisita, caratterizzata da severa carenza dell'enzima ADAMTS13 e gravata da elevata mortalità in assenza di trattamento tempestivo. La variabilità e l'aspecificità del quadro clinico rendono il riconoscimento diagnostico complesso, imponendo un elevato indice di sospetto.

**Descrizione.** Paziente donna con anamnesi di ipertensione arteriosa e due pregressi TIA, giungeva all'osservazione per cefalea ingravescente associata a nausea, fotofobia e ipostenia dell'emilato sinistro della durata di circa un'ora. Le indagini neuroradiologiche risultavano negative. Gli esami ematochimici evidenziavano anemia e piastrinopenia associate a iperbilirubinemia indiretta, aumento di LDH e reticolocitosi. Durante la degenza si osservava un peggioramento dello stato neurologico con sopore e bradipsichia. L'inquadramento internistico, integrando i dati clinici e laboratoristici suggestivi di anemia emolitica microangiopatica, conduceva al sospetto di Sindrome di Moschowitz, supportato dal riscontro di schistociti allo striscio periferico. Veniva avviato con urgenza trattamento con plasma-exchange, steroidi e caplacizumab. Il dosaggio di ADAMTS13 risultava <1%, confermando la diagnosi. Il proseguimento della terapia con PEX, caplacizumab e rituximab determinava la completa remissione clinica e laboratoristica.

**Conclusioni.** Il caso evidenzia come il riconoscimento precoce, basato su una valutazione internistica integrata, sia determinante nel modificare l'outcome di una patologia rara e potenzialmente fatale.



**Abstract Code: FDI24741-69**

**SEVERE THROMBOTIC MICROANGIOPATHY MIMICKING THROMBOTIC THROMBOCYTOPENIC PURPURA IN ACUTE ALCOHOLIC PANCREATITIS: THE PIVOTAL ROLE OF ADAMTS13 IN THERAPEUTIC DE-ESCALATION. A CASE REPORT AND LITERATURE REVIEW**

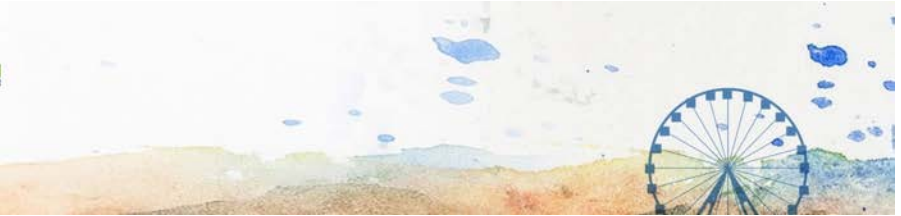
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**Introduction.** Thrombotic microangiopathy (TMA) is a rare complication of acute pancreatitis, mimicking thrombotic thrombocytopenic purpura (TTP). Differential diagnosis is critical.

**Description.** A 37-year-old male with alcohol use disorder (AUD) was admitted for acute necrotic pancreatitis (amylase 750 U/L, necrosis on computed tomography). Clinical picture included severe thrombocytopenia (nadir  $7 \times 10^9/L$ ), microangiopathic hemolytic anemia (Hemoglobin 97 g/L, schistocytes 11%, Lactate Dehydrogenase 1087 U/L, undetectable haptoglobin) and bleeding. Despite a confounding tick bite with positive *Borrelia*, immunoglobulin M, high TTP suspicion (PLASMIC score 6) prompted intensive care, plasma exchange, steroids, and caplacizumab. However, ADAMTS13 activity was 80%, excluding TTP. Specific therapies were suspended; pancreatitis-associated TMA was diagnosed. Platelets normalized with supportive care. Patient was referred to AUD rehabilitation.

**Conclusions.** Severe pancreatitis can trigger secondary TMA mimicking TTP. Although urgent empirical treatment is justified when TTP is suspected, this case highlights the crucial role of rapid ADAMTS13 testing for therapeutic de-escalation. A review of published cases suggests that exotoxic etiologies, particularly alcohol and drugs, represent a prevalent triggering factor. Recognizing this pattern may support clinical suspicion and prevent unnecessary exposure to costly, harmful therapies.



**Abstract Code: FDI24851-71**

## **IMPLEMENTATION OF A DEDICATED WOUND CARE CLINIC IN AN INTERNAL MEDICINE**

### **DEPARTMENT: A QUALITY IMPROVEMENT PROJECT**

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**Introduction.** Chronic and complex wounds are frequent in multimorbid, frail patients admitted to Internal Medicine and are associated with prolonged hospitalization, infections, pain and impaired quality of life. In our hospital, wound care was previously fragmented, with non-standardized assessment, heterogeneous dressing choices and delayed specialist input, potentially leading to suboptimal outcomes and inefficient resource use.

**Materials and Methods.** A dedicated wound care clinic was implemented within the Internal Medicine Department, led by physicians and nurses with specific training. A shared protocol for wound assessment, classification and treatment was introduced, together with standardized documentation and periodic multidisciplinary meetings. Education sessions were provided to ward staff to harmonize clinical practice and promote appropriate use of advanced dressings.

**Results.** Preliminary observational data suggest improved appropriateness of dressing selection, earlier identification of complications and better continuity of care between inpatient and outpatient settings. The model also favored skill development among nurses and physicians and optimized the involvement of external specialists.

**Conclusions.** The introduction of a dedicated wound care clinic in Internal Medicine is feasible and may improve the quality, consistency and efficiency of care for patients with complex wounds, while supporting staff training and organizational integration.

**Abstract Code: FDI24591-72**

**NON-PHARMACOLOGICAL AUTONOMIC MODULATION IN PAROXYSMAL ATRIAL FIBRILLATION: A THREE-PATIENT LONGITUDINAL STUDY ON MANUAL THERAPY AND QUALITY OF LIFE**

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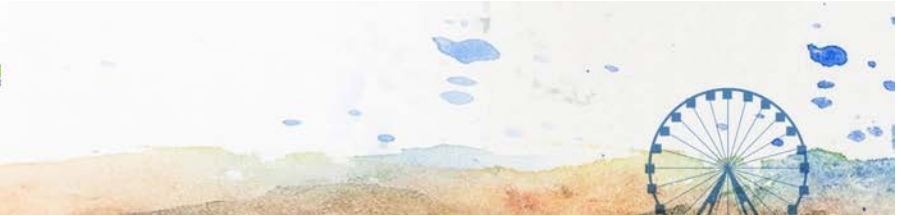
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**Background.** Atrial fibrillation is the most common sustained arrhythmia and is influenced by autonomic imbalance. Data on osteopathic manipulative treatment as a complementary option for autonomic modulation and quality of life are scarce.

**Methods.** We performed a 12-week longitudinal pre-post observational study in three patients with paroxysmal atrial fibrillation on stable medical therapy. All received a standardized manual protocol (three 45-minute sessions, one every two weeks) including myofascial, balanced ligamentous and diaphragmatic techniques with work on pericardial attachments and upper thoracic spine. Outcomes were resting heart rate and rhythm regularity on 12-lead electrocardiogram and health-related quality of life with the SF-36 questionnaire, assessed at baseline and 45 days after the last session.

**Results.** Mean resting heart rate decreased by about 33 bpm and R-R intervals appeared more regular. 2 patients showed ECG improvement (from sinus bradycardia with arrhythmia to regular sinus bradycardia; from atrial fibrillation with rapid response to sinus bradycardia), while the 3rd had unchanged tracings but higher SF-36 scores in general health, vitality, physical functioning and mental health.

**Conclusions.** A standardized osteopathic protocol was associated with favourable changes in autonomic-related cardiac parameters and patient-reported quality of life in paroxysmal atrial fibrillation.



**Abstract Code: FDI24592-73**

## **SLEEP DISTURBANCES: NEUROPHYSIOLOGICAL RATIONALE WITH A FOCUS ON MANUAL THERAPY**

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**Background.** Sleep disorders are frequent and sustained by chronic muscular tension and psychosomatic stress. Manual therapies are proposed as complementary tools.

**Methods.** This narrative review summarises sleep physiology, the impact of musculoskeletal overload and psychosomatic symptoms on sleep quality, and mechanisms by which massage therapy may influence the sleep–wake cycle. Particular focus is given to Californian massage, characterised by slow, global and enveloping touch.

**Results.** Studies on massage report activation of parasympathetic pathways, modulation of the hypothalamic–pituitary–adrenal axis with cortisol reduction, increased serotonin, improved circulation, muscle relaxation and analgesia. These effects are associated with shorter sleep latency, more deep sleep, fewer nocturnal awakenings and better sleep, especially in patients with anxiety, chronic pain and psychosomatic complaints. Californian massage, delivered in an appropriate sensory environment, appears suited to promoting neurophysiological and emotional down-regulation. However, evidence is heterogeneous, with few randomised controlled trials and limited use of objective sleep measures.

**Conclusions.** Massage therapy emerges as a non-pharmacological, person-centred adjunct for sleep disturbances linked to muscular overload and stress. Controlled studies with polysomnography and standardised protocols are needed to confirm efficacy and define its role within interdisciplinary management of insomnia.

**Abstract Code: FDI25064-68**

## **L'ENNESIMA INFEZIONE DELLE VIE URINARIE?**

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**Introduzione.** Le febbri di origine sconosciuta sono condizioni di comune riscontro in Medicina e possono sottendere molteplici patologie, talora inaspettate.

**Descrizione.** Una paziente di 85 anni viene ricoverata in Medicina per febbre (38,5°C) con brivido scuotente e vomito ripetuto. In anamnesi esiti di colecistectomia e di TAVI, pregressa neoplasia mammaria, DM, artrite reumatoide, infezioni delle vie urinarie recidivanti. L'obiettività rivela una tumefazione dura adesa alla cute di oltre 3 cm in sede sottocostale destra ed una analoga laterocervicale sinistra. L'urinocoltura risulta positiva per *Escherichia Coli* multisensibile, ma servono più linee di terapia antibiotica per ottenere un miglioramento. Viene effettuata TC total body che rileva multiple macro-adenopatie, alcune parzialmente colliquate, sia in sede laterocervicale sinistra, sia in ambito addominale, con idronefrosi bilaterale (maggiore a destra da sospetta infiltrazione ureterale), suggestive di patologia linfoproliferativa estesa. La biopsia incisionale della lesione palpabile al fianco destro rivela Linfoma B diffuso a grandi cellule (DLBCL), var. centroblastica. Per scadute condizioni generali, età e fragilità, si opta per terapia con prednisone e ciclofosfamide a scopo palliativo.

**Conclusioni.** I DLBCL sono linfomi aggressivi, che possono rivelarsi sia con adenopatie a rapida crescita, sia con interessamento extra-linfonodale, sia con sintomi sistemici, come in questo caso. La stratificazione prognostica comprensiva di stadio, età, performance status indirizza le scelte terapeutiche in modo mirato.

**Abstract Code: FDI25065-69**

## **IL SOLITO SCOMPENSO ASCITICO?**

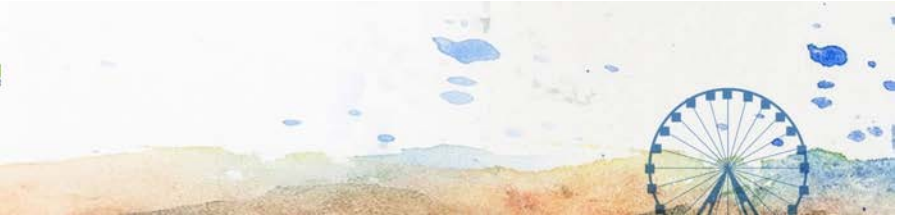
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**Introduzione.** La cirrosi epatica può complicarsi con episodi di scompenso ascitico, ma non tutte le asciti dipendono da ipertensione portale o peritonite batterica.

**Descrizione.** Un paziente di 45 anni, affetto da cirrosi epatica esotossica, con recente asportazione endoscopica di adenoma villosa del colon, viene ricoverato per intenso dolore addominale e rapido incremento della circonferenza addominale. Gli esami ematici mostrano una brusca flessione di Hb (da 118 a 72 g/L in 48 ore) e peggioramento della funzione renale, per cui vengono effettuate emotrasfusioni ed idratazione ev; la paracentesi diagnostica rivela liquido francamente ematico. La TC e la RMN addome con mdc non rilevano fonti di sanguinamento, ma evidenziano pareti gastriche ispessite ed iperemiche. La EGDS, ripetuta con eco-endoscopia, mostra pareti gastriche ipertrofiche e poco distensibili, ma l'esame biotipico risulta negativo; su liquido ascitico si repertano cellule epiteliali con mucosecrezione intracitoplasmatica e pattern ad anello con castone, compatibili con localizzazione peritoneale di carcinoma gastrico diffuso. Il paziente inizia chemioterapia con schema FOLFOX a dosi ridotte per mediocri condizioni cliniche, terapia in atto a sei mesi dalla diagnosi, con nutrizione parenterale di supporto e cure palliative domiciliari, in simultaneous care.

**Conclusioni.** In questo caso un inatteso rilievo di emoperitoneo ha svelato la presenza di una neoplasia a verosimile primitività gastrica, con localizzazioni peritoneali, che ha richiesto un complesso iter diagnostico ed una terapia personalizzata.



**Abstract Code: FDI24618-72**

**THE COMPLEX MANAGEMENT OF MASSIVE PULMONARY EMBOLISM AND INTRACRANIAL HEMORRHAGE IN A PATIENT WITH GLIOBLASTOMA**

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A 46-year-old obese ex-smoker with hypertension and glioblastoma, treated with surgery and chemoradiotherapy and on second-line regorafenib, presented to the Emergency Room of Santa Rosa Hospital in Viterbo with acute dyspnea. Urgent contrast-enhanced chest CT revealed a massive bilateral pulmonary embolism involving both main pulmonary arteries and multiple lobar branches. Cardiologic assessment documented hemodynamic stability and normal troponin levels, classifying the patient as intermediate-risk pulmonary embolism; anticoagulant therapy was therefore indicated with apixaban 10 mg twice daily. Admitted to the General Medicine Department, the patient initially remained stable, but in the following days he developed progressive decline in alertness and new expressive aphasia. Urgent cranial CT showed a left temporo-parietal hemorrhage. Neurosurgery recommended immediate suspension of apixaban and reversal with andexanet alfa. Percutaneous mechanical thrombectomy with new large bore Inari FlowTriever system (Inari Medical, Irvine, CA, USA) was performed by Interventional Radiologists. A follow-up cranial CT after 48 hours showed stability of the hemorrhage. Due to high bleeding risk, prophylactic low-molecular-weight heparin was restarted 72 hours after the event. Serial imaging confirmed no progression. The patient was discharged in stable condition on prophylactic enoxaparin, with strict hematologic monitoring advised. This case highlights the challenge of balancing thrombotic and hemorrhagic risks in oncologic patients through coordinated multidisciplinary management.



**Abstract Code: FDI24893-77**

**SIRC: UNO STRUMENTO INNOVATIVO PER IL PASSAGGIO DELLE INFORMAZIONI**

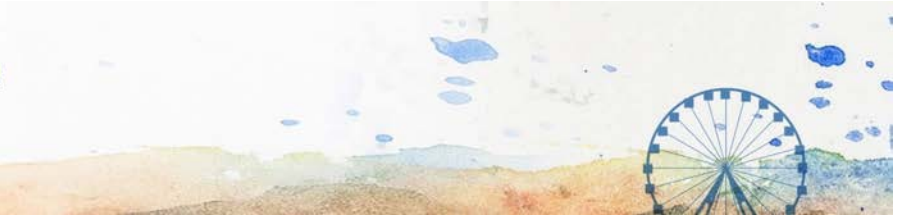
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**Introduzione.** Il briefing rappresenta una delle strategie utili per migliorare la sicurezza delle cure. L'incremento della complessità della popolazione assistita fa emergere la necessità di un sempre maggiore confronto fra aspetto clinico e assistenziale. Ciò, potrebbe essere facilitato dall'utilizzo durante il briefing di uno strumento metodologico strutturato sul metodo del ragionamento clinico e della complessità assistenziale attualmente mancante in letteratura, per rendere il passaggio delle informazioni cliniche e assistenziali, tra infermieri e medici, più sintetiche e sistematiche, contribuendo a migliorare gli esiti sulle persone assistite.

**Materiali e Metodi.** Il progetto si propone di rilevare, conducendo uno studio all'interno di una delle tre aree della Struttura Complessa di Medicina Interna dell'ASL di Biella, la tipologia e l'intensità dell'impatto che l'utilizzo dello strumento SIRC ha avuto nel facilitare il confronto sul percorso clinico assistenziale delle persone assistite articolato secondo la complessità assistenziale, il percorso diagnostico-terapeutico, gli esiti attesi e la pianificazione dell'assistenza. Dopo l'implementazione, i dati verranno analizzati mediante l'invio di un questionario costruito ad hoc agli infermieri e ai medici tramite la piattaforma Google Moduli.

**Risultati.** Ci si attende che lo strumento modifichi il passaggio delle informazioni favorendo il confronto sul percorso clinico assistenziale attraverso la raccolta dei dati che verranno presentati sulla base del questionario utilizzato.



**Abstract Code: FDI24805-70**

## **IT'S NEVER TOO LATE FOR DIAGNOSIS**

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**Introduction.** We report the case of a 36-year-old male with resistant arterial hypertension, dyslipidemia, and long-term tobacco use, followed at our Hypertension Center.

**Methods.** Initial screening for secondary hypertension (SH) was negative. The patient reported normal childhood growth and previous participation in competitive sports. Despite optimized therapy with alpha-beta blocker, angiotensin receptor blocker, calcium channel blocker, and diuretics, blood pressure control remained suboptimal. He was therefore readmitted at age 36 for further evaluation. While common causes of SH were excluded, arterial Doppler ultrasonography revealed bilaterally reduced blood flow in the lower limbs. Doppler echocardiography and contrast-enhanced thoracic CT angiography were subsequently performed.

**Results.** Echocardiography showed concentric left ventricular remodeling with preserved systolic function, dilation of the ascending aorta, and aortic coarctation with a peak gradient of 50 mmHg. CT angiography confirmed severe stenosis of the descending thoracic aorta distal to the left subclavian artery, with extensive collateral circulation. Endovascular stent placement was proposed, with continuation of medical therapy.

**Conclusions.** This case emphasizes the need to reassess resistant hypertension when treatment goals are unmet, highlighting adult-diagnosed aortic coarctation as a rare but clinically relevant cause of secondary hypertension and the key role of multimodal imaging in diagnosis and management.

**Abstract Code: FDI24909-75**

## **LINFOMA T ASSOCIATO A ENTEROPATIA: UNA RARA COMPLICANZA DELLA MALATTIA CELIACA REFRATTARIA**

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**Introduzione.** Il linfoma T associato a enteropatia (EATL) è un raro linfoma non-Hodgkin del tratto gastrointestinale che può complicare la malattia celiaca (MC) in pazienti aderenti alla dieta priva di glutine (DPG). Tra i fattori di rischio: una diagnosi di MC successiva ai 50 anni di età, un ritardo diagnostico maggiore di 10 anni, l'omozigosi per HLA-DQ2. La prognosi è sfavorevole, con una sopravvivenza mediana a 2 anni del 15%.

**Descrizione.** Presentiamo il caso di un uomo di 76 anni con sintomi subocclusivi e calo ponderale. Il paziente, affetto da MC da oltre 20 anni e in regolare follow-up, riferiva una buona aderenza alla DPG. Agli esami ematici presentava un quadro di malnutrizione calorico-proteica e negatività per anticorpi anti-transglutaminasi. L'indagine endoscopica mostrava una gastrite erosiva e un'infiltrazione linfocitaria duodenale (>40 linfociti/100 cellule epiteliali, discreto infiltrato linfoplasmacellulare), mentre la TC addome documentava una lesione eteroproduttiva di 65 mm a livello del digiuno distale con linfadenopatie mesenteriche e segni di occlusione a monte. Veniva sottoposto a resezione intestinale d'urgenza con confezionamento di anastomosi ileo-ileale. L'esame istologico ha posto diagnosi di EATL (CD3 e granzima B: reattivo; CD8 e CD56: non reattivo; Ki-67: 75-80%; WHO 2024). Infine effettuata presa in carico oncoematologica per avvio di trattamento chemioterapico specifico.

**Conclusioni.** Il caso riportato conferma l'aggressività dell'EATL e l'importanza di un approccio multidisciplinare precoce.

**Abstract Code: FDI24784-76**

## **L'EMERGENZA INTRAOSPEDALIERA NELLE UNITÀ OPERATIVE DI DEGENZA ORDINARIA: UNO STUDIO OSSERVAZIONALE**

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**Background.** L'instabilità clinica rappresenta un importante predittore di arresto cardiocircolatorio e mortalità nei pazienti ricoverati. Il riconoscimento precoce dei segni di deterioramento è fondamentale per prevenire eventi avversi. Nelle unità operative di degenza, un contributo essenziale alla gestione del peggioramento clinico è fornito dal Medical Emergency Team (MET), che supporta il personale sanitario nella risposta rapida all'emergenza. L'obiettivo dello studio è stato indagare percezioni, livello di approvazione e conoscenze del personale infermieristico sul MET.

**Materiali e Metodi.** Studio osservazionale, trasversale e monocentrico condotto presso le unità di degenza ordinaria dell'Ospedale "Madonna del Soccorso" di San Benedetto del Tronto. I dati sono stati raccolti tramite un questionario validato composto da 17 item a risposta chiusa su scala Likert a 5 punti (Jones et al.) e analizzati mediante statistica descrittiva.

**Risultati.** È emerso un buon livello di conoscenze relative al MET (53,9%). Il team è stato riconosciuto come strumento utile nella gestione del paziente critico (33%) e come opportunità formativa (29,7%), con una valutazione positiva della collaborazione interprofessionale. Tra le criticità sono emersi timore di giudizio e percezione di sovrautilizzo del MET (25,7%), oltre a incertezza sui criteri di attivazione (18%).

**Conclusioni.** Il personale infermieristico presenta solide basi concettuali sul MET, ma persistono fragilità comunicative e organizzative che evidenziano la necessità di un consolidamento operativo e formativo.

**Abstract Code: FDI24599-80**

## **UNO STRANO CASO DI TROMBOSI VENOSA PROFONDA E IDROURETERONEFROSI**

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**Introduzione.** La fibrosi retroperitoneale è una sindrome rara caratterizzata dallo sviluppo di tessuto fibroinfiammatorio nel retroperitoneo. La massa fibrotica di solito ingloba ureteri, vasi sanguigni e linfatici.

**Descrizione.** Donna di 79 anni allettata, affetta da esiti di mielite infiammatoria, sindrome depressiva. A settembre 2025 ricovero per insufficienza respiratoria in corso di bronchite e riscontro di trombosi venosa profonda vena femorale sinistra. Nuovo accesso in pronto soccorso a fine settembre 2025 per febbre. Agli esami incremento indici di flogosi e insufficienza renale acuta. Eseguita TC addome con mezzo di contrasto che mostrava in sede pelvica destra un ispessimento tissutale vascolarizzato di 10 cm di diametro inglobante e infiltrante vena cava, aorta e assi arteriosi iliaci, uretere di destra con idroureteronefrosi a monte. Si posizionava stent JJ in uretere destro. Si eseguiva PET con FDG che mostrava captazione del radiofarmaco a livello dell'ispessimento tissutale, in assenza di ulteriori captazioni. Si eseguiva biopsia con esame istologico conclusivo per processo fibroinfiammatorio in assenza di cellule neoplastiche. Marker neoplastici e autoimmunitari nella norma, IgG4 sieriche e su biopsia negative. Posto il sospetto di fibrosi retroperitoneale IgG4 negativa si impostava terapia steroidea ad alte dosi (prednisone 1 mg/kg).

**Conclusioni.** le indagini istologiche e radiologiche hanno escluso la pertinenza oncologica del quadro clinico orientando per origine fibroinfiammatoria della lesione. La paziente è stata affidata a follow up reumatologico.

**Abstract Code: FDI24935-74**

## **A STRANGE ANEMIA: A PARADOXICAL CASE**

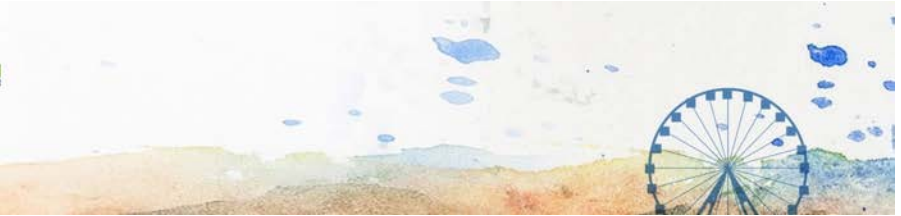
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**Background.** Anemia represents one of the main diagnostic and therapeutic challenges, even when the underlying mechanism initially appears clear.

**Case Presentation.** An 85-year-old man was admitted for severe fatigue. Laboratory tests showed severe anemia (Hb 6.7 g/dL) with normal platelet count and reticulocytosis (21.2%). Iron studies revealed hyperferritinemia, with normal vitamin B12 and folate levels. Markers of hemolysis were markedly elevated, including lactate dehydrogenase (LDH 950 U/L), indirect bilirubin (5 mg/dL), and low haptoglobin (1 mg/dL). A positive direct Coombs test supported the diagnosis of autoimmune hemolytic anemia. On physical examination, a cardiac murmur was detected, and transthoracic echocardiography revealed a moderate aortic paravalvular leak. Corticosteroid therapy was started, with clinical improvement and a progressive increase in hemoglobin levels. At follow-up, a mild residual anemia persisted (hemoglobin 8 g/dL), along with reduced but still detectable hemolysis markers (LDH 350 U/L, indirect bilirubin 2 mg/dL, haptoglobin 15 mg/dL), without further transfusion requirement.

**Conclusions.** This case describes two potential pathogenic mechanisms of hemolysis, immune and mechanical, this one was not amenable to corrective intervention due to the patient's clinical profile. The response to corticosteroid therapy, resulting in clinical stabilization without complete resolution of hemolysis and with hemoglobin plateauing at moderate levels, supports the coexistence of both mechanisms, with predominance of the autoimmune component.



**Abstract Code: FDI24766-76**

**MULTIORGAN INVOLVEMENT DUE TO SALMONELLA BACTERIEMIA CAUSING LIFE-THREATENING COMPLICATIONS**

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**Introduction.** A 72-year-old man was admitted for fever and abdominal pain in the setting of multiple comorbidities and was treated with amoxicillin/clavulanic acid. A Salmonella group B infection was detected by a positive blood culture.

**Materials and Methods.** Computer tomography findings were consistent with acute cholecystitis. Due to persistent septic status, a PET scan was performed; it revealed an inflammatory aneurysmal dilation of the abdominal aorta, not previously seen.

**Results.** After cholecystectomy and several weeks of ceftriaxone therapy, treatment was switched to long-term amoxicillin/clavulanic acid. Hyperpyrexia resolved, and follow-up PET imaging demonstrated a reduction of the aneurysm.

**Conclusion.** In patients with fever and Salmonella bacteremia, abdominal and back pain should raise the suspicion of aortic involvement; prompt and prolonged appropriate therapy may reduce mortality risk.

**Abstract Code: FDI24857-77**

**ADRENAL CRISIS IN A COMPLEX PATIENT: UNMASKING AUTOIMMUNE POLYENDOCRINE SYNDROME TYPE 2**

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**Background.** APS-2 is a rare condition characterized by the coexistence of at least two autoimmune endocrine disorders, with primary adrenal insufficiency as the key diagnostic feature. Due to its insidious onset and nonspecific clinical presentation, APS-2 is often underdiagnosed until a life-threatening adrenal crisis occurs.

**Case Report.** We report the case of a 58-year-old woman with a history of autoimmune Hashimoto's thyroiditis, primary ovarian failure, fibromyalgia and iron-deficiency anemia. In February 2025, she was admitted to the Internal Medicine ward with recurrent vomiting, unintentional weight loss (>20 kg over four months), hypotension, abdominal pain, anorexia, progressive skin hyperpigmentation, and worsening of chronic widespread pain. Laboratory tests revealed markedly elevated adrenocorticotrophic hormone levels (ACTH 1177 pg/mL) associated with severely reduced serum cortisol (<2 µg/dL), mild hyponatremia, and normal potassium levels. Adrenal autoantibodies were positive. Upper gastrointestinal endoscopy showed moderate atrophic gastritis. A diagnosis of Addison's disease was established. The coexistence of autoimmune thyroid disease and premature ovarian failure fulfilled the diagnostic criteria for APS-2. Glucocorticoid replacement therapy resulted in rapid clinical improvement. At one-month follow-up, marked reductions in skin hyperpigmentation and asthenia were observed.

**Conclusion.** This case highlights the importance of clinical awareness to ensure early diagnosis of APS-2 and to prevent potentially life-threatening complications in complex patients.

**Abstract Code: FDI24745-73**

## **GESTIONE INFERMIERISTICA DEL DELIRIO NEGLI ANZIANI OSPEDALIZZATI: REVISIONE DELLA LETTERATURA**

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**Introduzione.** Il delirium rappresenta una sindrome neuropsichiatrica acuta e fluttuante, caratterizzata da un'alterazione dello stato di coscienza, dell'attenzione e delle funzioni cognitive. È una condizione particolarmente frequente nei pazienti anziani ospedalizzati, Negli ultimi anni, la letteratura scientifica ha spostato l'attenzione da un approccio prevalentemente farmacologico ad una prospettiva preventiva. Lo studio si propone di individuare gli interventi infermieristici non farmacologici impiegati nella prevenzione e nella gestione del delirium, analizzandone l'efficacia.

**Materiali e Metodi.** È stata condotta una revisione della letteratura da luglio a settembre 2025. Sono stati inclusi solo gli studi pubblicati dal 2015 al 2025. Le parole chiave usate sono delirium, assistenza infermieristica, interventi non farmacologici, prevenzione, efficacia. Sono stati analizzati dieci studi.

**Risultati.** Le evidenze mostrano che gli interventi multicomponenti risultano i più efficaci, con una riduzione dell'incidenza fino al 40-60% rispetto alle cure standard. Tra le strategie più rilevanti emergono il riorientamento spaziotemporale, la promozione del sonno fisiologico, la mobilitazione precoce, il controllo del dolore, la stimolazione cognitiva e il coinvolgimento della famiglia.

**Conclusioni.** Gli studi presi in esame sottolineano il ruolo centrale dell'infermiere nel monitoraggio, riconoscimento e gestione del delirium, l'importanza di un approccio multidisciplinare strutturato e sostenuto da formazione specifica del personale sanitario.

**Abstract Code: FDI24761-71**

## **EDUCAZIONE TERAPEUTICA INFERMIERISTICA NELLA RIABILITAZIONE CARDIACA POST-SINDROME CORONARICA ACUTA**

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**Introduzione.** La sindrome coronarica acuta è causata da un'occlusione delle arterie che irrorano il miocardio provocando ischemia. Trai fattori di rischio modificabili abbiamo: l'ipertensione arteriosa, l'uso di tabacco, l'ipercolesterolemia, il diabete mellito, l'obesità, la sedentarietà e una dieta errata. Lo studio vuole valutare il ruolo dell'infermiere come guida nella personalizzazione del piano di riabilitazione, nell'educazione del paziente, nel monitoraggio del progresso clinico.

**Materiali e Metodi.** Effettuata una revisione della letteratura con inclusi articoli pubblicati dal 2014 ad oggi. Parole chiave: Sindrome coronarica acuta, Intervento infermieristico, educazione alla salute, efficacia, riabilitazione cardiaca. Sono risultati rispondenti 11 articoli.

**Risultati.** Gli interventi educativi infermieristici sono efficaci nel migliorare la qualità della vita, controllare i fattori di rischio, aumentare l'aderenza alla terapia nelle persone dopo diagnosi di sindrome coronarica. Vi è una diminuzione dei fumatori attivi, da 63% a 43%, una riduzione del livello ematico di colesterolo totale, LDL e trigliceridi a 3, 6 e 12 mesi dalla dimissione. Si evidenziano delle riduzioni delle riammissioni e maggiore consapevolezza riguardo la patologia (13.3%).

**Conclusioni.** Una riabilitazione guidata dall'infermiere attraverso consulenze educative, follow-up telefonici e visite ambulatoriali, è risultata efficace nel controllare i fattori di rischio, migliorare la qualità di vita, aumentare l'aderenza farmacologica e ridurre le riammissioni in ospedale.

**Abstract Code: FDI24765-75**

## **IL RUOLO DELL'INFERMIERE PIVOT IN ONCOLOGIA**

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**Introduzione.** Negli ultimi decenni, l'oncologia ha subito una grande evoluzione, dovuta ai progressi terapeutici e al miglioramento dei percorsi di cura. L'infermiere Pivot è una nuova figura introdotta in alcune realtà che mira a garantire continuità assistenziale, migliorare la comunicazione tra paziente e team. Lo studio analizza il ruolo e le responsabilità del Pivot in oncologia, valutando l'impatto sulla qualità dell'assistenza, sulla soddisfazione dei pazienti in confronto al modello assistenziale tradizionale.

**Materiali e Metodi.** È stata condotta una revisione della letteratura da luglio a settembre 2025. Sono stati inclusi articoli pubblicati dal 2015 al 2025. Gli articoli esaminati riguardano percorsi assistenziali di pazienti affetti da differenti tipologie di tumori (mammario, polmonare, colon-rettale e altri).

**Risultati.** I risultati mettono in evidenza come l'infermiere Pivot contribuisce a ridurre stress (dal 5,1% al 2,7%), l'ansia (dal 7,8% al 5,1%) e la depressione (dal 4,4% al 2,2%) nei pazienti oncologici; ad aumentare la soddisfazione (circa il 97% si è dichiarato molto soddisfatto), ad accorciare i tempi dalla diagnosi al trattamento (da 42,93 giorni a 15,15 giorni). Emergono anche una migliore comunicazione tra professionisti e una riduzione dei costi complessivi del percorso di cura.

**Conclusioni.** L'inclusione dell'infermiere Pivot all'interno dei PDTA oncologici, appare essenziale per migliorare la qualità dell'assistenza e per promuovere un modello assistenziale sostenibile, multidisciplinare, realmente centrato sulla persona.

**Abstract Code: FDI24769-79**

## **LA BRAIN DRAIN INFERMIERISTICA: LA FUGA DI CERVELLI DAL TERRITORIO ITALIANO**

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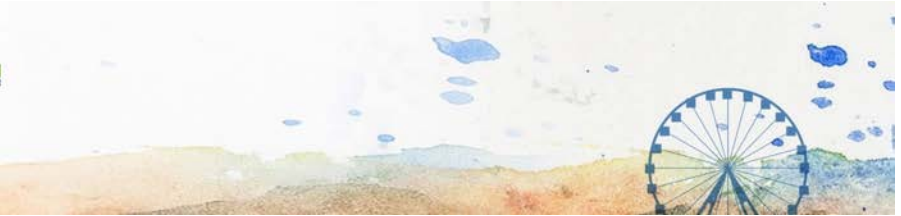
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**Introduzione.** La migrazione degli infermieri italiani all'estero è un fenomeno in crescita, causato da condizioni lavorative difficili, limitate opportunità di carriera e retribuzioni non adeguate. Questo provoca una carenza di personale qualificato nel sistema sanitario nazionale. Lo studio esplora le ragioni della migrazione e i motivi di esclusione di opportunità lavorative nel Paese natale.

**Materiali e Metodi.** È stato condotto uno studio osservazionale dal 1 gennaio al 31 ottobre 2024. Il questionario è stato distribuito su piattaforme social e tramite l'Ordine delle professioni infermieristiche italiane.

**Risultati.** Allo studio hanno aderito 117 donne (68%) e 55 uomini (32%) con maggiore fascia di età tra i 22 e i 40 anni (82%). I Paesi più attrattivi sono Regno Unito, Svizzera, Norvegia, Germania e Spagna. Le principali motivazioni includono: migliori opportunità lavorative, stipendi più alti e maggiore autonomia professionale. La maggior parte degli infermieri non è disposta a tornare in Italia: il 71,5% cerca migliori opportunità, il 64% è attratto da stipendi più alti e il 55,2% vede la professione maggiormente rispettata.

**Conclusioni.** La migrazione degli infermieri all'estero è un fenomeno in crescita, motivato da migliori opportunità lavorative, stipendi più alti e maggiore rispetto per la professione. La realizzazione professionale all'estero è la principale ragione per cui molti infermieri rifiutano di tornare in patria. Questo esodo crea un impatto negativo nel sistema sanitario dei paesi italiani con carenza di personale qualificato.



**Abstract Code: FDI25061-65**

## **IL RUOLO DELLO SPICT NEI REPARTI DI MEDICINA INTERNA**

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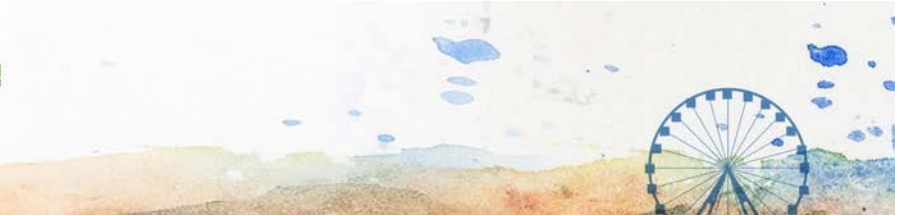
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**Introduzione.** e obiettivo dello studio. Identificare precocemente i pazienti con bisogni di cure palliative rappresenta una sfida nei reparti di medicina interna. Lo SPICT score (Supportive and Palliative Care Indicators Tool) può identificare pazienti con prognosi sfavorevole e orientare le scelte.

**Materiali e Metodi.** Studio osservazionale condotto nel reparto di Medicina dell'Ospedale Maria Vittoria di Torino. Arruolati pazienti con SPICT positivo, raccolti dati su outcome, patologia di base, giorni di degenza e rivalutazione a 3-6 mesi. Valutati inoltre parametri laboratoristici e scale funzionali. L'intensità delle cure è stata analizzata considerando accessi in terapia intensiva/semintensiva, uso di antibiotici e procedure invasive.

**Risultati.** I pazienti SPICT-positivi hanno confermato elevata fragilità clinica e buona corrispondenza con gli score geriatrici (Karnofsky mediana 40%, Geriatric 8 (G8) score mediana 7). Non è emersa significativa correlazione con i dati di laboratorio. Molti pazienti (17/41) sono deceduti durante il ricovero o nei 6 mesi successivi, con frequenti riospedalizzazioni (10/41) entro 6 mesi dal ricovero indice. Nonostante la fragilità clinica di presentazione una rilevante percentuale di pazienti è stata sottoposta ad intensificazione delle cure. Limite dello studio l'attuale ridotta numerosità campionaria.

**Conclusioni.** Applicare lo SPICT può aiutare ad identificare precocemente i pazienti con bisogni di cure palliative, sottolineando la necessità di integrare un approccio più palliativo nei reparti di Medicina.



**Abstract Code: FDI24820-67**

## **BEATING THE CLOCK: BEDSIDE ULTRASOUND AS A LIFELINE IN PATIENT WITH CKD AND ISCHEMIC COLITIS**

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**Introduction.** A 79-year-old female patient with multiple comorbidities (type 2 diabetes mellitus, hypertension, atrial fibrillation, carotid atherosclerotic disease, stage IIIb CKD) presented to the ED with a 3-day history of abdominal pain unresponsive to painkillers; the patient reported a questionable occurrence of melena.

**Description.** Laboratory tests showed an increase in CRP (199 mg/L) and low level of hemoglobin (5,7 d/dl); lactate 0,7 mmol/L. The creatine was 1,8 mg/dL and albumin 17 g/L. Abdominal X-ray revealed a sub-occlusive pattern but the surgeon ruled out surgical indication. Upon admission to the ward, a bedside ultrasound was performed: it showed small bowel dilatation with free fluid and absence of vascular signal in several intestinal part suggestive of possible intestinal ischemia. The patient received 3 PRBC (DOAC was suspended) and fluid resuscitation. Piperacillin/tazobactam was initiated due to E. coli-related urosepsis and TPN was started. Following the improvement of renal function in the subsequent days, a contrast-enhanced CT scan was performed revealing a short-segment stenosis of the mesenteric artery. A colonoscopy was performed, which showed findings consistent with late-stage ischemic injury.

**Conclusions.** The diagnosis was “arterial ischemic colitis of the cecum”, a condition exacerbated by hypotension (anemia and sepsis). This case highlights the clinical importance of bedside ultrasound, which allowed for suspicion of ischemia well before the CT scan was performed, thereby enabling early management in a patient with impaired renal function.



**Abstract Code: FDI24995-80**

## **DAL CUORE AL RENE, QUANDO IL DOLORE (NON) ANNEBBIA LA VISTA**

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**Introduzione.** M. F. di anni 62 accedeva in PS per febbre da 7 giorni con profonda astenia senza richiami d'organo. In anamnesi una sostituzione di valvola aortica nel 2021 con protesi biologica. Gli indici di flogosi erano elevati, la radiografia del torace negativa. Veniva quindi ricoverato presso la Medicina Generale per le cure e gli accertamenti del caso.

**Descrizione.** In reparto iniziava terapia antibiotica empirica previa raccolta di colturali. Eseguiva ecocardiocolordoppler transtoracico senza riscontro di vegetazioni. Vari campioni pervenivano negativi mentre la febbre rimaneva quotidiana. 5 giorni dopo per dolore al fianco destro effettuava TC dell'addome con riscontro di occlusione di III distale dell'arteria renale destra (per cui posizionava stent). Effettuava TC torace e TC cranio negative per foci infettivi. Effettuata ecocardiotoracico con riscontro di vegetazione di 2 cm adesa alla valvola aortica per cui ora è in attesa di correzione. Il paziente quindi interrogato riferiva un mese prima intervento odontoiatrico per cui aveva dimenticato di assumere terapia antibiotica profilattica.

**Conclusioni.** Pur essendo una diagnosi complicata che viene effettuata con metodiche spesso invasive, l'endocardite nasce da un gesto semplice, molto spesso una dimenticanza. E nel 2026 oltre a imaging e macchine sempre più tecnologiche forse l'anamnesi è ancora la parte del processo di cura che ha più importanza.

**Abstract Code: FDI24727-73**

## **AN UNCOMMON BILATERAL FACIAL NERVE PALSY**

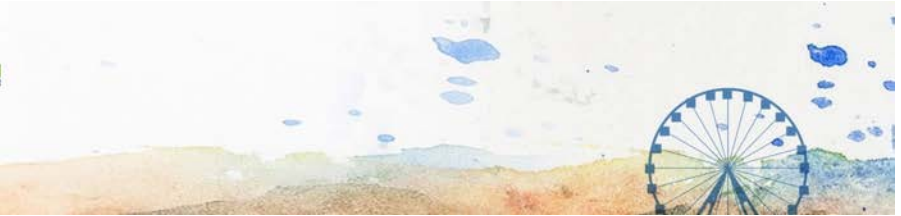
S. Barone<sup>1</sup>, F. Vaccaro<sup>1</sup>, S. Mechelli<sup>2</sup>, L. Visaggi<sup>2</sup>, L. Colangelo<sup>2</sup>, C. Sonato<sup>2</sup>, V. Lenzi<sup>2</sup>, A. Patrizio<sup>2</sup>, G. Bini<sup>2</sup>

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**Introduction.** A 29-years old man was admitted in September 2025 to the Internal Medicine Unit for left-sided peripheral facial nerve's palsy and low-grade fever. He referred history of recurrent fever from August 2025 followed by right-sided peripheral facial palsy whose symptoms regressed with corticosteroid treatment.

**Description.** A contrast-enhanced brain magnetic resonance scan was performed to investigate the causes of the palsy, ruling out ischemic events, but showed bilateral facial nerve and geniculate ganglia inflammation. The low-grade fever was investigated with a comprehensive infectious disease and rheumatologic workup, which was negative. Therefore, a positron emission tomography with 2-deoxy-2-[fluorine-18]fluoro-D-glucose revealed hypermetabolic lymphadenopathy in the bilateral pulmonary hilar, subcarinal and left paratracheal regions. Whole-body computed tomography confirmed the thoracic lymphadenopathy, excluded other pathological nodules in thoracic field, and incidentally identified a centimetric high-density adrenal nodule, which showed no evidence endocrine hypersecretion at hormonal testing. The patient finally underwent video-assisted thoracoscopic lymphadenectomy of the L4 lymph node station, and histology showed non-necrotizing granulomatous and giant cell lymphadenitis.

**Conclusions.** The patient was diagnosed with sarcoidosis with mediastinal (thoracic stage I), suspected adrenal localization and neurosarcoidosis. After corticosteroid therapy with only modest benefit, treatment was switched to immunomodulatory therapy with infliximab.



**Abstract Code: FDI24920-68**

## **ADVANCED ASSESSMENT FOR NURSES**

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**Introduction.** A project aimed at certifying nurses with advanced assessment skills in medical settings was launched in 2024, with the goal of enhancing post-basic university training programs. The identified skills are intended to allow the nurse to conduct a comprehensive patient assessment and to identify early signs of decline.

**Materials and Methods.** The working group identified specific key skills: assessment of the chest and abdomen, evaluation of peripheral pulses, bladder ultrasound, and ultrasound-guided radial artery blood sampling. The project was proposed to nurses with post-basic clinical training and included a first phase of constructing observation grids, followed by a part of homogenizing theoretical and practical content through workshops on simulated patients, and finally a period of clinical accompaniment with a tutor doctor, aimed at certifying the acquired skills.

**Results.** The project involved 17 nurses with post-basic training who were able to develop advanced skills in the identified areas. Additionally, dedicated information tools have been developed to track and document advanced nursing assessments in a structured manner.

**Conclusions.** Acquiring and certifying advanced skills in a select group of nurses improves patient care outcomes, professional development, and allows for mapping of acquired skills within the context.

**Abstract Code: FDI24939-78**

## **CONNECTING THE DOTS: UNCOVERING FABRY DISEASE THROUGH ETIOLOGICAL EVALUATION OF CARDIORENAL INVOLVEMENT BEYOND GENDER BIAS**

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**Introduction.** Fabry disease is an X-linked lysosomal storage disorder caused by pathogenic mutations in the  $\alpha$ -galactosidase A (GLA) gene, leading to partial or complete enzyme deficiency. Progressive accumulation of glycosphingolipids, particularly globotriaosylceramide, results in multisystem involvement, mainly affecting the kidneys, heart, and central nervous system. Although it predominantly affects males, heterozygous females may also develop variable clinical manifestations.

**Description.** A 45-year-old woman with a history of unspecified hypertrophic cardiomyopathy presented to the Emergency Department with acute right flank pain. Laboratory tests revealed elevated serum creatinine, progressively increasing since 2015, and non-nephrotic proteinuria. Abdominal ultrasound demonstrated diffuse renal parenchymal hyperechogenicity. Electro-cardiography showed diffuse high voltages, inferolateral negative T waves and a PR interval at the lower limit of normal. The coexistence of cardiac and renal abnormalities raised suspicion of a storage disorder. Renal biopsy revealed podocyte cytoplasmic vacuolization and vacuolated tubular epithelial cells. Genetic analysis of the GLA gene identified a pathogenic variant, so enzyme replacement therapy was initiated, and genetic screening was extended to family members.

**Conclusions.** This case highlights a rare diagnosis of Fabry disease in a female patient with previously unrecognized cardiac and renal involvement, emphasizing the importance of early recognition of suggestive features to enable timely diagnosis and targeted treatment.

**Abstract Code: FDI25023-63**

## **IF YOU HAVE A "FALSE FRIEND" YOU COULD GET AN INFECTION**

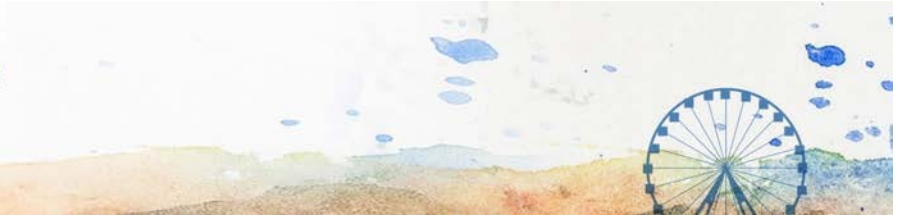
S. Battaglia<sup>1</sup>, A. De Rosa<sup>1</sup>, M.C. Zaccaria<sup>1</sup>, M.S. Fiore<sup>1</sup>

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**Introduction.** *Corynebacterium* spp. are Gram (+) bacilli colonizers of human skin. Several cases reporting soft tissue and bone infections by these microorganisms have been described. Pubic Osteomyelitis is a rare infection mostly observed after pelvis surgery and difficult to diagnose due to the non-specificity of the symptoms. Delayed treatment leads to progressive bone degradation and severe complications.

**Description.** A 84-year old woman with ulcerative colitis presented fever (37°C), dysuria and pain in the right iliac fossa that worsened with walking for above a month. She had no rectal bleeding. Physical examination revealed pain on palpation above the pubis. Blood tests showed increase of PCR (13). Urine and blood culture were negative. An abdominal CT scan found sigmoid diverticulitis. MRI of the abdomen and pelvis revealed cortical bone erosion of the pubic tubercles and a 44x20 mm abscess-like fluid collection of the symphysis. Culture test on purulent material drained was positive for *Corinebacterium striatum*. Histological analysis on fluoroscopic-guided biopsy of the pubic bone showed signs of acute suppurative inflammation. No valvular vegetation on echocardiogram. The patient was treated with sensitive antimicrobial therapy (iv teicoplanine shifted to oral linezolid) for 4 weeks and recovered. An outpatient check-up with an infectious disease specialist was scheduled to evaluate dalbavancin (DBV) as off-label option therapy.

**Conclusions.** *Corynebacterium* spp. should no longer be considered as mere contaminants because of their potential to cause dangerous infections.



**Abstract Code: FDI24655-73**

## **PIECING TOGETHER THE PUZZLE: A CASE OF PRIMARY ALDOSTERONISM**

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**Introduction.** A 45-years-old male presented with symptomatic hyperglycemia and marked hypokalemia. His past medical history included obesity, severe hepatic steatosis and a prior myocardial infarction with non-obstructive coronary arteries during an hypertensive emergency. He also had resistant hypertension despite a multidrug regimen of candesartan, amlodipine and bisoprolol/hydrochlorothiazide.

**Description.** The combination of resistant hypertension, spontaneous hypokalemia, and metabolic abnormalities raised suspicion for secondary hypertension. Following a pharmacological washout of interfering agents, the Aldosterone-Renin Ratio was markedly elevated (baseline 438/1.3; post-washout 290/1.8). Abdominal CT with contrast revealed a left adrenal adenoma. Potassium canrenoate and supplementation normalized potassium. Washout was complicated by atrial fibrillation, managed with anticoagulation and beta-blockers. Echocardiography showed hypertensive left ventricular hypertrophy with diastolic dysfunction. Concurrent type 2 diabetes was treated with insulin and GLP-1 receptor agonists.

**Conclusions.** This case illustrates a classic yet often underrecognized presentation of primary aldosteronism (PA). PA should be viewed as a cardio-metabolic syndrome rather than a purely hemodynamic disorder; delayed recognition increases the risk of arrhythmias and metabolic complications. Early screening in hypertensive patients with hypokalemia enables targeted therapy and significantly reduces residual cardiovascular risk.

**Abstract Code: FDI24656-74**

**SUDDEN TRANSIENT BILATERAL SENSORINEURAL HEARING LOSS ASSOCIATED WITH  
ESCHERICHIA COLI UROSEPSIS: A CASE REPORT**

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**Introduction.** Sepsis is a systemic inflammatory response that can lead to multi-organ dysfunction, including encephalopathy. Sudden sensorineural hearing loss is an exceptionally rare manifestation of non-meningeal sepsis. We report a case of transient hearing impairment observed in a patient with Escherichia coli urosepsis and acute obstructive renal failure.

**Description.** An elderly diabetic female was admitted for fever and right flank pain. Laboratory investigation revealed urosepsis due to Escherichia coli ESBL+ and acute kidney injury caused by ureteral lithiasis. During hospitalization, she developed nystagmus and sudden hypoacusis; acute stroke was ruled out via CT. Otolaryngology evaluation excluded peripheral pathologies, attributing the deficit to the septic process. The patient underwent ureteral stenting and targeted antibiotic therapy with ertapenem. Hearing improved concomitantly with the resolution of sepsis and hemodynamic stabilization.

**Conclusions.** This case supports a correlation between severe gram-negative sepsis and reversible auditory dysfunction, likely mediated by microvascular or inflammatory mechanisms. Recognition of this rare complication is vital to avoid diagnostic delays, emphasizing that effective source control and antimicrobial therapy can facilitate functional recovery.

**Abstract Code: FDI24786-78**

**FROM PRESUMED END-STAGE DISEASE TO COMPLETE RECOVERY: A CASE OF IGG4-RELATED DISEASE**

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**Case Description.** An 80-year-old woman with diabetes, chronic kidney disease, and known pulmonary nodules presented with cough. Laboratory tests revealed thrombocytopenia and cholestatic liver injury; bone marrow examination excluded malignant infiltration. Empirical corticosteroids were initiated for suspected autoimmune thrombocytopenia. Imaging showed enlargement of pulmonary nodules, hepatic lesions suggestive of metastases, and pathological lymphadenopathy. The clinical picture was initially interpreted as advanced metastatic cancer and, considering age and comorbidities, the patient was excluded from further diagnostic procedures. Unexpected biochemical improvement after steroid initiation prompted further evaluation, including MRI, which demonstrated reduction of hepatic lesions. Serum IgG4 levels were markedly elevated (2,500 mg/L), supporting the diagnosis of IgG4-related disease. The patient refused liver biopsy but continued corticosteroid therapy, achieving normalization of platelets, liver enzymes, and IgG4 levels. Follow-up imaging confirmed further regression, allowing steroid tapering.

**Discussion.** IgG4-related disease is a rare systemic inflammatory disorder that may mimic malignancy and present with heterogeneous clinical and radiological features, usually shows an excellent response to corticosteroids.

**Conclusion.** This case highlights the importance of considering alternative diagnostic possibilities in malignancy-like presentations to avoid misdiagnosis and missed therapeutic opportunities.

**Abstract Code: FDI24902-68**

**INCLISIRAN FOR LOW-DENSITY LIPOPROTEIN CHOLESTEROL REDUCTION IN A VERY-HIGH CARDIOVASCULAR RISK PATIENT WITH SUBOPTIMAL RESPONSE AND INTOLERANCE TO STANDARD LIPID-LOWERING THERAPY: A CASE REPORT**

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**Premises.** Scientific evidence consistently demonstrates that lowering low-density lipoprotein cholesterol (LDL-C) is associated with a proportional reduction in cardiovascular risk. However, first-line lipid-lowering therapies may be contraindicated, poorly tolerated or insufficient to achieve recommended targets, making novel therapeutic options necessary.

**Description.** We report the case of a 67-year-old man at very high cardiovascular risk referred for optimization of lipid-lowering therapy due to LDL-C levels above the recommended target (<55 milligrams/decilitre - mg/dL). The patient had previously been treated with atorvastatin and alirocumab, discontinued because of symptomatic immune-mediated necrotizing myopathy associated with anti-3-hydroxy-3-methylglutaryl-CoA reductase antibodies, requiring prolonged therapy with prednisone and azathioprine to achieve remission. At evaluation, the patient was receiving bempedoic acid/ezetimibe, with an LDL-C level of 92 mg/dL. Given persistent hypercholesterolemia and very high cardiovascular risk, the therapy with Inclisiran was initiated. Three months after the first administration, the LDL-C target was achieved without muscle symptoms or creatine phosphokinase elevation.

**Conclusions.** Inclisiran represents an effective and innovative therapeutic option for the management of hypercholesterolemia, particularly in high-risk patients with intolerance, contraindications or inadequate response to conventional therapies, offering sustained LDL-C reduction through a gene-silencing mechanism.

**Abstract Code: FDI24998-83**

## **GASTROINTESTINAL SYMPTOMS, DYSAUTONOMIA AND NEUROPATHY MASKING HEREDITARY TRANSTHYRETIN AMYLOIDOSIS**

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**Introduction.** Transthyretin amyloidosis (ATTR) is a rare systemic protein deposition disorder caused by extracellular accumulation of amyloid fibrils derived from transthyretin (TTR). Two main forms are recognized: hereditary ATTR (ATTRv), and wild-type ATTR (ATTRwt).

**Case Report.** We report the case of a 70-year-old man presenting with a two-year history of vomiting, nausea, hiccups, dysphagia, and significant weight loss, associated with hypertensive crises alternating with hypotensive episodes, paresthesia, and lower-limb cramps. Past history included bilateral carpal tunnel syndrome and hypertensive disease. Biochemical, radiological, and endoscopic investigations performed during multiple hospital admissions were unremarkable. Electromyography revealed a sensorimotor polyradiculoneuropathy with demyelinating features, initially raising suspicion of a motor neuron disease. Following another relapse with severe gastrointestinal symptoms and marked dysautonomia, the patient underwent periumbilical fat pad biopsy, which showed focal Congo red positivity, and genetic testing on a salivary swab, identifying a rare TTR variant. Cardiac evaluation was negative for amyloid involvement. A diagnosis of hereditary transthyretin amyloidosis was established, and RNA interference-based therapy was initiated.

**Conclusion.** This case highlights the heterogeneous clinical presentation of ATTRv and emphasizes that predominant gastrointestinal and autonomic manifestations may lead to delayed diagnosis, underscoring the importance of considering amyloidosis in patients with atypical neuropathies.

**Abstract Code: FDI25062-66**

## **PREVENZIONE E GESTIONE DEL NURSE BULLYING: SCOPING REVIEW**

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**Introduzione.** e obiettivo dello studio: Il bullismo in ambito infermieristico rappresenta una problematica rilevante per il benessere professionale, il clima organizzativo e la qualità dell'assistenza. Obiettivo di questa scoping review è mappare la letteratura scientifica internazionale sulle strategie di prevenzione e gestione del bullismo infermieristico.

**Materiali e Metodi.** La scoping review è stata condotta secondo il framework del Joanna Briggs Institute e la checklist PRISMA per scoping review. Sono stati inclusi studi pubblicati tra il 2014 e il 2025 in lingua inglese e italiana, identificati nelle banche dati PubMed, CINAHL, PsycINFO e Cochrane Library, oltre a fonti di letteratura grigia. Diciassette studi hanno soddisfatto i criteri di inclusione

**Risultati.** Le evidenze mostrano interventi a livello individuale, relazionale e organizzativo. I programmi formativi basati sulla prova cognitiva e sulla comunicazione assertiva risultano associati a una riduzione del bullismo percepito. Gli approcci organizzativi, quali leadership etica, politiche di tolleranza zero e sistemi di segnalazione, sono correlati a un miglioramento del clima lavorativo e a una riduzione dell'intenzione di abbandono professionale. Persistono eterogeneità metodologica e limitata attenzione al ruolo di testimoni e autori.

**Conclusioni.** La scoping review evidenzia la necessità di approcci integrati e multilivello per la prevenzione e la gestione del bullismo infermieristico, orientati alla promozione di ambienti di lavoro sicuri e rispettosi.



**Abstract Code: FDI25067-71**

## **INTOSSICAZIONE CRONICA DA LITIO A ESORDIO COGNITIVO NELL'ANZIANO: UN CASE REPORT**

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**Introduzione.** Il litio è ampiamente utilizzato nel trattamento dei disturbi dell'umore, ma presenta un ristretto indice terapeutico. L'intossicazione cronica da litio può manifestarsi con sintomi neurologici aspecifici, talvolta mimando un decadimento cognitivo, rendendo la diagnosi complessa, soprattutto nel paziente anziano.

**Descrizione.** Paziente di 70 anni in terapia cronica con litio, giunto all'osservazione clinica in PS per un progressivo deterioramento caratterizzato da deficit di memoria, rallentamento psicomotorio, rigidità e tremori. Eseguita TC cranio encefalo, valutazione neurologica e successivamente impostata terapia con levodopa/carbidopa e dimesso a domicilio. Per la persistenza dei sintomi veniva ricondotto in PS e riorverato presso il nostro reparto. E' stato subito dosato il litio con riscontro di elevati valori che vista la comparsa di marcato stato soporoso. Considerata la gravità del quadro clinico, il paziente è stato sottoposto a trattamento di emodialifiltrazione veno-venosa continua (CWDF), con progressivo miglioramento dello stato di coscienza e graduale recupero delle funzioni cognitive e motorie.

**Conclusioni.** Questo caso sottolinea l'importanza di considerare l'intossicazione da litio nella diagnosi differenziale del decadimento cognitivo nell'anziano, soprattutto nei pazienti in terapia cronica. Un attento monitoraggio dei livelli sierici e una valutazione clinica multidisciplinare risultano fondamentali per evitare ritardi diagnostici e trattamenti inappropriati.

**Abstract Code: FDI24714-69**

**CHERRY RED SPOT-MYOCLONUS SYNDROME: CASE REPORT**

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**Introduction.** Sialidosis, also known as mucopolipidosis, is a rare autosomal recessive disease caused by NEU1 mutations (prevalence 1/5.000.000-1/1.500.000 live births), leading to neuraminidase deficiency and accumulation of sialic-acid containing oligosaccharides and glycopeptides into tissues. Sialidosis is divided into two clinical entities, depending on residual enzyme activity, and can be distinguished according to age of onset, clinical features, and progression. Type 1 sialidosis is the milder, late-onset form, also known as non-dysmorphic sialidosis. It is commonly characterized by progressive myoclonus, ataxia, and macular cherry-red spot.

**Description.** a 42-year-old patient, followed up at our day hospital for severe aortic insufficiency in the bicuspid valve, was admitted to the medical unit for heart failure (NT-proBNP 6115) and worsening renal function (creatinine 4.7; K 4.5; eGFR 22 mL/min). Medical history: type 1 sialidosis, epilepsy, cognitive delay, flaccid paraparesis, hypovision due to macular atrophy, pulmonary embolism sequelae, hip dysplasia, proteinuric nephropathy, gastroesophageal reflux disease, nocturnal CPAP, arterial hypertension.

**Conclusions.** the patient presents with HFpEF heart failure and stage IV CKD. Till date, cardiovascular and renal involvement has not been reported in patients with late-onset type 1 sialidosis. In fact, the incidence of cardiovascular involvement in patients with sialidosis is inversely proportional to the age of onset of symptoms. The younger the age of onset, the more likely they are to have cardiovascular involvement.

**Abstract Code: FDI24899-83**

## **UNA DIAGNOSI AGGROVIGLIATA**

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**Introduzione.** Uomo di 67 anni, accede in DEA per iporessia, astenia, ingente calo ponderale e addominalgia crampiforme non responsiva ad antispastici. Agli ematochimici incremento degli indici di funzionalità renale. Eseguita in urgenza ecografia addome evidenziante massa ipoecogena comprimete l'asse vascolare aorto-renale e idroureteronefrosi.

**Descrizione.** Nel sospetto di carcinoma renale metastatico eseguita Tc total body che conferma massa omogenea a contorni lobulati ipo-isoecogena rispetto ai tessuti circostanti inglobante aorta, arterie iliache, VCI e ureteri, assenza di reperti patologici a carico degli organi ipocondriaci e di versamento peritoneale. Per escludere patologie fibrotiche sistemiche e vasculiti, effettuato screening autoanticorpale, dosaggio IgG4 sieriche e fattori reumatoidi, in range; sierologia per patogeni inducenti processi fibrosanti, negativo; PET confermante iperaccumulo nel tessuto periaortico, non attività metabolica ai restanti distretti. L'approccio laparoscopico ha permesso l'analisi anatomopatologica, evidenziando tessuto fibroadiposo infiammato, ricco di collagene, linfociti e plasmacellule.

**Conclusioni.** La fibrosi retroperitoneale si può manifestare con sintomi riferibili all'uremia (affaticabilità, IRA, dolenzia addominale); sebbene TAC e RMN possano guidare la diagnosi, solo l'esame istologico permette la differenziazione tra forme idiopatiche, IgG4-related o secondarie a neoplasie. L'approccio chirurgico ha permesso la risoluzione dell'ostruzione ureterale, il trattamento steroideo ha contenuto la progressione fibrotica.

**Abstract Code: FDI24891-75**

**I CAN'T BREATHE**

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**Introduction.** A 80-year-old woman is hospitalized for dyspnea, edema and arthralgias. At home she has been taking steroid therapy and diuretics for several months.

**Description.** On admission, the patient presents dyspnea to mild exertion: cough, diffuse edema, shiny skin, peripheral cyanosis. On laboratory tests blood counts, renal and hepatic function, proBNP within limits, hypoalbuminemia and elevated ESR and CRP. The chest x-ray shows interstitial texture, congested lung. Chest CT HR (diffuse bilateral peripheral reticular changes) and echocardiography (normale contractile function and right ventricle, slightly increased PAPS) are required. Proteinuria (1g/day), autoimmune profile (ANA1: 5120, antiSSA and antiScl positive) are also required. During hospitalization, fever and desaturation appear with a drastic worsening of the pulmonary interstitial situation on a new CT scan. A swab test is positive for Influenza A. Despite maximum antibiotic coverage, oseltamivir, ventilatory support with high flows oxygen, the conditions worsen until exitus.

**Conclusions.** Autoimmunity data suggest scleroderma connective tissue disease. It is a rare disease with heterogeneous, limited or widespread (skin, lung, heart, kidney, gastrointestinal system), chronic and progressive manifestations. There are currently no specific immunosuppressive therapies but symptomatic therapies. Pulmonary superinfection with influenza virus in this patient led to a rapid worsening of the pulmonary pattern with terminal respiratory failure.

**Abstract Code: FDI24892-76**

**THE RIGHT SIDE**

A. Bovero<sup>1</sup>, M. Rubino<sup>1</sup>, F. Artom<sup>1</sup>, E. Salvaneschi<sup>1</sup>, P. Artom<sup>1</sup>, L. Briatore<sup>1</sup>

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**Introduction.** We hospitalized a 73-year-old woman with Lynch syndrome, multiple operations for tumorectomy and recent ischemic heart disease.

**Description.** The patient reported asthenia and thoracic pain. ECG and troponin were negative; on blood exams anemia and worsening thrombocytopenia, hemolysis, normal coagulation tests. At echocardiography normal left chambers, new dilation of the right ventricle. On CT bilateral non-massive peripheral pulmonary thromboembolism; no evidence of active oncological disease. PLASMIC score 4, schistocytes < 6%, empirical therapy with steroid and immunoglobulin was started; the subsequent dosage of ADAMTS 13 was normal. During hospitalization despite improvement in platelet count, progressive consumption of fibrinogen and widespread bruising, chest pain and worsening dyspnea were observed; on echocardiogram the right ventricle was further dilated and hypokinetic with severe pulmonary hypertension. No acute myocardial damage, no worsening pulmonary embolism on a new CT scan. Progressive hemodynamic worsening with severe right heart failure occurred; despite amine support, fibrinogen, balanced diuretic, high-flow oxygen therapy cardiorespiratory collapse was present

**Discussion.** The case of this woman was complex and unclear: important oncological history but currently in remission, hemolysis and thrombocytopenia with following disseminated intravascular coagulation, non-massive peripheral pulmonary thromboembolism and progressive collapse of the right ventricle. Autopsy examination was refused by family members

**Abstract Code: FDI25053-66**

## **L'ECOSCOPIA POLMONARE BEDSIDE: UN CASO DI POLMONITE DA LEGIONELLA**

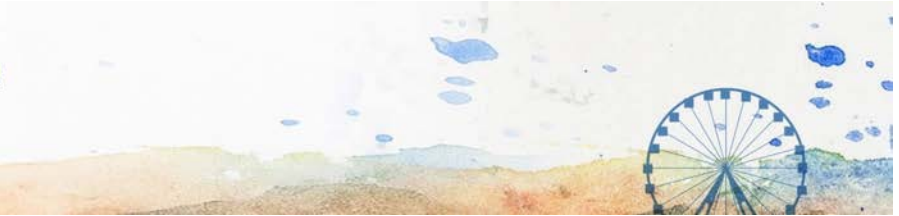
C. Brigato<sup>1</sup>, D. Romanello<sup>1</sup>, C. Valente<sup>1</sup>, L. Pepe<sup>2</sup>, A. Borghesi<sup>3</sup>, S. Mandetta<sup>1</sup>, S. Rotunno<sup>1</sup>

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**Background.** L'ecoscopia bedside si può considerare un acceleratore diagnostico terapeutico. L'ecografia polmonare è superiore rispetto all'RX nell'individuare addensamenti polmonari subpleurici, sindrome interstiziale e versamenti pleurici.

**Caso Clinico.** Uomo di 30 anni accede in pronto soccorso per febbre, cefalea, rigidità nucale e vomito. In anamnesi cardiomiopatia dilatativa e recente soggiorno a Dubai. All'ingresso febbrile (TC 38 °C), emodinamica stabile, tachicardico ed tachipnoico. Obiettività toracica, cardiaca, addominale nella norma. Agli esami ematochimici evidenza di aumento indici di flogosi. Ricerca di virus respiratori negativa. RX torace negative, TC cerebrale e valutazione neurologica negativi. Iniziava terapia antibiotica empirica con Ceftriaxone. Emocolture, urinocoltura e screening virale (EBV, HSV 1-2 e CMV) risultati negativi. Veniva eseguita ecoscopia bedside con riscontro a destra di numerose linee B come da sindrome interstiziale severa e contestuale addensamento polmonare subpleurico. Si ottimizava terapia antibiotica con macrolide e si riscontrava positività per Legionella. Alla TC torace si confermava l'ispessimento interstiziale periferico associato ad addensamento polmonare del lobo inferiore di destra. A 48 ore dall'inizio della terapia antibiotica si è assistito ad un netto miglioramento clinico e laboratoristico.

**Conclusioni.** L'ecoscopia bedside ha permesso di individuare il problema infettivo principale, permettendo di impostare una terapia più adeguata e di richiedere esami mirati per valutazione ottimale del quadro clinico.



**Abstract Code: FDI24647-74**

## **A CHALLENGING CASE OF SERONEGATIVE AUTOIMMUNE HEPATITIS**

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**Introduction.** Liver disease of unknown etiology presents diagnostic challenges, particularly in the absence of typical serological markers. Seronegative autoimmune hepatitis (AIH) is a rare but significant cause of chronic liver disease that may progress to cirrhosis if not promptly identified and treated.

**Description.** A 56-year-old Caucasian male was admitted for persistent liver enzyme elevation and jaundice. Extensive workup excluded viral, metabolic, and classical autoimmune liver diseases. Liver biopsy showed chronic active steatohepatitis with fibrosis, raising suspicion for seronegative AIH. Corticosteroid therapy was initiated, with a rapid and fully biochemical response. The patient subsequently discontinued corticosteroids, and two months after withdrawal experienced a significant biochemical relapse, with transaminase levels rising up to 20 times the upper limit of normal. Repeat extensive workup was again negative, including autoimmune serology. A second liver biopsy revealed chronic lymphoplasmacytic portal inflammation with interface activity, lobular inflammation with emperipolesis, and spotty necrosis, supporting the diagnosis of chronic active autoimmune hepatitis. Steroid therapy was restarted, leading to normalization of liver tests.

**Conclusions.** This case illustrates the dynamic nature of seronegative autoimmune hepatitis and the importance of reassessing uncertain diagnoses when clinical or biochemical deterioration occurs. Multidisciplinary collaboration was crucial in establishing the definitive diagnosis and guiding appropriate therapy.

**Abstract Code: FDI24905-71**

**DUAL TASK COGNITIVE STIMULATION COMBINED WITH EARLY MOBILIZATION VERSUS USUAL CARE IN HOSPITALIZED OLDER PATIENT: PROPOSAL FOR A PROSPECTIVE CONTROLLED CLINICAL STUDY**

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**Introduction.** Reduced mobility in hospitalized older patients is associated with loss of function, increased risk of delirium and a higher likelihood of institutionalization. Early mobilization interventions are recommended; however, the structured integration of cognitive stimulation during physiotherapy remains poorly explored in the hospital setting. The aim of this study is to evaluate the effectiveness of dual-task cognitive stimulation combined with early mobilization, compared with mobilization alone.

**Materials and Methods.** This is a prospective controlled clinical study involving hospitalized patients aged  $\geq 65$  years. After assessment of pre-admission functional status using the Rankin Scale (score 0–4), patients will be randomized to an intervention group or a control group receiving physiotherapy. The intervention group will undergo physiotherapy with dual-task cognitive stimulation combined with early mobilization. Outcomes will include mobility (Elderly Mobility Scale), physical performance (Short Physical Performance Battery), incidence of delirium during hospitalization (Confusion Assessment Method), quality of life (EuroQol). Assessments will be conducted at baseline, at the end of the intervention and one-month follow-up.

Expected

**Results.** Greater improvements in the outcomes are expected in patients belonging to the intervention group.

**Conclusions.** The study protocol is currently under review by the ethics committee and will be conducted at ASST Sette Laghi, promoting interprofessional collaboration within care pathways.

**Abstract Code: FDI24865-76**

## **L'INTERNISTA E LE MALATTIE INFIAMMATORIE CRONICHE INTESTINALI**

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**Introduzione.** I farmaci biotecnologici (ac-anti-TNF, anti-integrina, anti-IL12/23, JAK-inibitori, modulatori del recettore S-1-P), hanno ampliato la terapia delle MICI. L'obiettivo dello studio è valutare l'efficacia e la sicurezza di tali farmaci nell'indurre e mantenere la remissione clinica, biochimica ed endoscopica a 52 settimane di trattamento.

**Materiali e Metodi.** Tra il 2019-2024 sono stati arruolati 55 pazienti (35 M; 20 F) (età media alla diagnosi 38 anni). affetti da MICI (35 pazienti con malattia di Crohn e 20 pazienti con rettocolite ulcerosa).

**Risultati.** A 52 settimane, la terapia biologica ha comportato la remissione clinica nel 80% dei casi, la remissione biochimica nel 100% dei casi e la remissione endoscopica nel 74% dei casi. Le manifestazioni extra-intestinali sono state controllate nel 100%.

**Conclusioni.** I farmaci biotecnologici sono farmaci di prima scelta nei quadri moderati-severi di malattia infiammatoria cronica intestinale, in quanto capaci di indurre e mantenere la remissione clinica, biochimica ed endoscopica.

**Abstract Code: FDI24849-78**

## **RUOLO DEL TELE-NURSING NEL MONITORAGGIO E NELLA PREVENZIONE DELLE INFEZIONI POST-INTERVENTO DI PROTESI D'ANCA**

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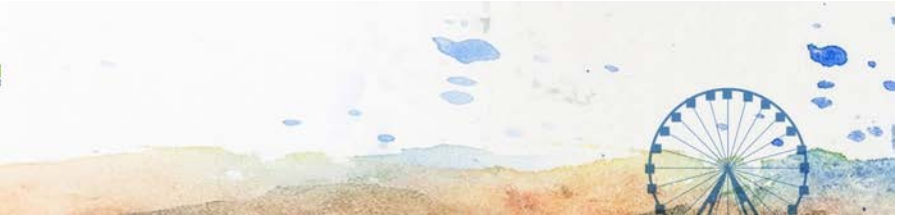
**Introduzione.** La telemedicina rappresenta una risorsa innovativa per garantire la continuità assistenziale nel post-dimissione.

**Obiettivo.** dello studio. Analizzare il ruolo del tele-nursing nel follow-up post-dimissione dei pazienti sottoposti a protesi d'anca, con attenzione alla prevenzione e all'identificazione precoce delle infezioni post-operatorie.

**Materiali e Metodi.** È stata condotta una revisione della letteratura scientifica mediante consultazione delle banche dati PubMed, CINAHL ed Eureka. Sono stati inclusi studi pubblicati negli ultimi dieci anni, focalizzati sull'impiego della telemedicina e del tele-nursing nel monitoraggio post-operatorio. Il processo di selezione degli studi è stato condotto secondo le linee guida PRISMA.

**Risultati.** Dall'analisi degli studi emerge che il tele-nursing consente un monitoraggio efficace della ferita chirurgica nel periodo post-dimissione, favorendo l'identificazione precoce dei segni di infezione, il miglioramento della continuità assistenziale e un'elevata soddisfazione del paziente. Il supporto infermieristico a distanza contribuisce inoltre a ridurre gli accessi impropri alle strutture sanitarie e a rafforzare l'autogestione del percorso di recupero.

**Conclusioni.** Il tele-nursing si configura come uno strumento promettente nella prevenzione delle infezioni del sito chirurgico post-operatorie; valorizzando il ruolo infermieristico e contribuendo alla sicurezza del paziente e alla sostenibilità del sistema sanitario.



**Abstract Code: FDI24821-68**

**SEVERE INTERSTITIAL PNEUMONITIS RELATED TO PEMBROLIZUMAB IN A PATIENT WITH LUNG ADENOCARCINOMA**

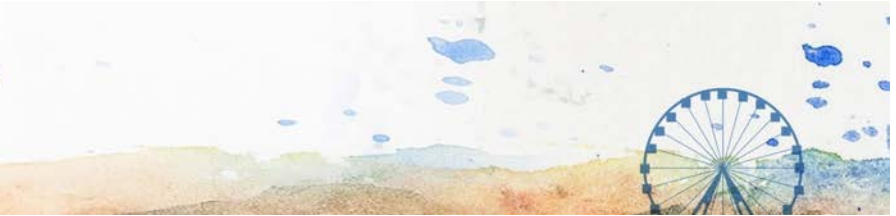
B. Calcaterra<sup>1</sup>, E. Pagliaro<sup>1</sup>, M. Zaza<sup>1</sup>, A. Agostinelli<sup>1</sup>, P. Ghiringhelli<sup>1</sup>

*(1) Medicina D'urgenza ASST Valle Olona, Busto Arsizio (MI), Italy.*

**Introduction.** Pembrolizumab, a programmed cell death protein 1 (PD-1) inhibitor, is a standard of care for non-small cell lung cancer (NSCLC). While effective, it can trigger immune-related adverse events (irAEs), including interstitial pneumonitis, a rare but potentially life-threatening complication.

**Description.** We report an 80-year-old man with lung adenocarcinoma treated with pembrolizumab and pemetrexed who developed rapid respiratory failure over two days without fever. Infectious causes were excluded by microbiological tests and echocardiography was negative. He received oxygen therapy with FiO<sub>2</sub> 50% at 15 L/min and empirical antibiotics. A CT scan on day five showed severe diffuse interstitial lung involvement, with pulmonary embolism excluded. Pembrolizumab-induced pneumonitis was suspected, and high-dose methylprednisolone (1 mg/kg/day) was started. The patient gradually improved, with reduced oxygen requirements. The oxygen requirement decreased to 2 L/min, and a slow reduction of corticosteroids was started.

**Conclusions.** Pembrolizumab-induced interstitial pneumonitis is rare but clinically important. Early exclusion of infection and prompt corticosteroid therapy are crucial to reduce mortality.



**Abstract Code: FDI24843-72**

**ACUTE CARDIAC TAMPONADE IN AN ONCOLOGIC PATIENT: THE CRUCIAL ROLE OF POINT-OF-CARE ULTRASOUND**

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*(1) Medicina Interna, Busto Arsizio, (2) Medicina Interna, Busto Arsizio (MI), Italy.*

**Introduction.** Pericardial effusion with hemodynamic compromise is life-threatening and may occur in oncologic patients despite normal prior cardiac evaluations. Point-of-care ultrasound (POCUS) allows rapid bedside diagnosis and timely management.

**Description.** A 47-year-old patient presented with worsening dyspnea and asthenia. He had a recent mediastinal neuroendocrine carcinoid diagnosed by CT and was awaiting oncologic treatment. One week earlier, ECG, echocardiography, and labs were normal. At presentation, D-dimer and BNP were mildly elevated; troponin was normal. Bedside POCUS revealed a large pericardial effusion with hemodynamic compromise. The patient was admitted to the cardiac intensive care unit and underwent urgent pericardiocentesis, evacuating 1000 mL of hemorrhagic fluid, later found to contain malignant cells consistent with metastasis, resulting in rapid clinical improvement.

**Conclusions.** This case underlines POCUS's pivotal role in detecting cardiac tamponade in oncologic patients. Early bedside ultrasound enabled life-saving intervention.

**Abstract Code: FDI24858-78**

**CRYPTOGENIC ORGANIZING PNEUMONIA: A RARE CAUSE OF ANTIBIOTIC-UNRESPONSIVE PNEUMONIA**

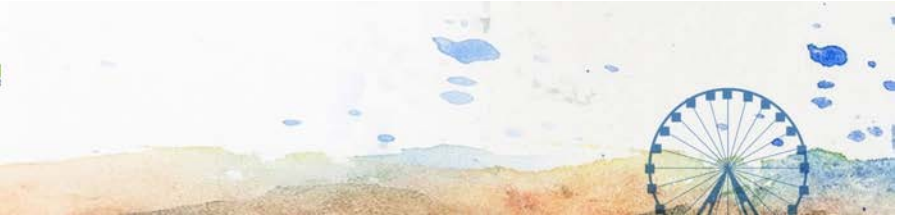
B. Calcaterra<sup>1</sup>, M. Curreri<sup>1</sup>, B. Valvo<sup>1</sup>, P. Ghiringhelli<sup>1</sup>

(1) *Medicina Interna, Busto Arsizio (MI), Italy.*

**Introduction.** Cryptogenic organizing pneumonia (COP) is a rare interstitial lung disease whose clinical and radiological presentation often mimics infectious pneumonia, leading to diagnostic delays and inappropriate antibiotic therapy.

**Description.** A 43-year-old non-smoking woman presented with a one-month history of dry cough, progressive dyspnea, and low-grade fever unresponsive to multiple antibiotic courses. Laboratory tests showed elevated inflammatory markers with normal procalcitonin levels. Chest HRCT revealed bilateral peripheral and peribronchial pulmonary consolidations. The patient initially refused bronchoscopy; therefore, based on clinical and radiological findings suggestive of COP, corticosteroid therapy with prednisone (0.75 mg/kg/day) was started. An early patient-driven dose reduction led to clinical and radiological relapse. Subsequently, bronchoscopy with bronchoalveolar lavage was negative for infectious and malignant processes, while transbronchial lung biopsy showed intra-alveolar granulation tissue consistent with bronchiolitis obliterans organizing pneumonia (BOOP). The diagnosis of cryptogenic organizing pneumonia was confirmed. Systemic corticosteroid therapy was reintroduced, resulting in rapid clinical and radiological improvement.

**Conclusions.** This case highlights the importance of considering COP in the differential diagnosis of pneumonia unresponsive to antibiotics. Early recognition and appropriate corticosteroid management, including gradual tapering, are essential to prevent relapse and ensure a favorable prognosis



**Abstract Code: FDI24926-74**

**ACUTE EXACERBATION OF COPD COMPLICATED BY ACUTE MITRAL REGURGITATION DUE TO PAPILLARY MUSCLE CHORDAE RUPTURE:  
A CASE REPORT**

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**Introduction.** Acute exacerbations of chronic obstructive pulmonary disease are frequent causes of hospital admission and may be complicated by cardiac events. Sudden mitral regurgitation due to chordae tendineae rupture can precipitate acute heart failure, worsening respiratory function. Early recognition is essential for optimal management.

**Description.** A 65-year-old male with COPD and mild chronic respiratory insufficiency presented with worsening dyspnea, orthopnea, and productive cough. Physical exam showed peripheral cyanosis, basal crepitations, and a systolic murmur at the apex. Arterial blood gas: pH 7.33, PaO<sub>2</sub> 54 mmHg, PaCO<sub>2</sub> 50mmHg. BNP was 1300 pg/mL. Chest X-ray: hyperinflated lungs, mild pulmonary congestion. Echocardiography: preserved LVEF (55–60%), left atrial dilatation, posterior mitral leaflet flail from chordae rupture, severe mitral regurgitation. The patient received supplemental oxygen, non-invasive ventilation, diuretics, and vasodilators, with COPD therapy optimized. Urgent cardiology consultation for surgical repair was planned.

**Conclusion.** In COPD exacerbations with acute respiratory worsening, cardiac complications should be considered. Echocardiography and multidisciplinary management are crucial to improve outcomes.

**Abstract Code: FDI24629-74**

## **IN VIAGGIO VERSO LA DIAGNOSI: LO STRANO CASO DEL MOTOCICLISTA CON L'ASTENIA**

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**Introduzione.** Paziente maschio di 68 anni, comorbidità comuni e scarsamente rilevanti, terapia domiciliare di norma per età e patologie. A luglio 2024 viaggiava in moto fino a Campobasso in autonomia. A fine agosto si recava al pronto soccorso (PS) di Isernia in stato febbrile riferendo, da circa due mesi, astenia e inappetenza. Eseguiva diversi ricoveri ed ingressi in PS per persistenza dei sintomi, con insorgenza di quadri infettivi, senza riscontro radiologico o laboratoristico di significative alterazioni. Tornato ad Asti, a novembre viene ricoverato per persistenza di astenia, iporessia e stato settico.

**Descrizione.** Inizialmente ricoverato in malattie infettive, eseguiva numerosi trasferimenti (medicina interna, neurologia, terapia intensiva) per segni clinici e patologie insorgenti che confondevano il quadro clinico. Persisteva progressivo decadimento psicofisico con allettamento, sospensione dell'alimentazione per os e infezioni recidivanti. Ad ulteriori accertamenti si riscontrava ipercalcemia ad origine sconosciuta. Successivi esami radiologici e laboratoristici, escluse le diagnosi differenziali, ponevano sospetto per sarcoidosi sistemica. Incominciava terapia steroidea, con rapidissimo miglioramento clinico e laboratoristico, fino a ottima ripresa psico-fisica.

**Conclusioni.** data la negatività di tutti gli accertamenti per malattie infettive, neoplastiche o autoimmuni, esami di laboratorio suggestivi, quadro radiologico polmonare di sospetto e rapida ripresa psico-fisica con terapia steroidea, si poneva diagnosi di sarcoidosi sistemica in assenza di conferma bioptica

**Abstract Code: FDI24872-74**

**DETERMINANTS OF DISCHARGE OUTCOME IN INTERNAL MEDICINE HIGH DEPENDENCY UNIT:  
THE ROLE OF ACUTE CLINICAL SEVERITY AND FRAILITY**

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**Introduction.** Patients admitted to Internal Medicine HDU are clinically complex and unstable, making prognosis difficult. This study aimed to evaluate the role of illness severity, frailty and delirium on discharge outcomes.

**Materials and Methods.** We conducted an observational study including 114 patients between January and October 2025. Collected data included demographics, comorbidity burden (Charlson Comorbidity Index), frailty (Clinical Frailty Scale), presence of delirium and National Early Warning Score 2 (NEWS2). Discharge outcome was classified as positive (discharge home or to the same care setting) or negative (death or discharge to a higher level of care if not previously institutionalized). Univariate analyses and multivariable logistic regression models were performed.

**Results.** Mean age was  $72.4 \pm 13.8$  years. A positive outcome occurred in 63.2% of patients, while 36.8% had a negative outcome. At univariate analysis negative outcome was significantly associated with higher NEWS2 values, NEWS2 >5, presence of delirium, CFS  $\geq 5$  and non-home provenance. Age, sex and comorbidity burden were not significantly associated with outcome. In multivariable analysis, NEWS2 was the only independent predictor of discharge outcome.

**Conclusions.** In complex Internal Medicine patients admitted to a critical care area acute clinical severity assessed by NEWS2 is the main determinant of discharge outcome, while the prognostic role of frailty appears mediated by acute illness severity.

**Abstract Code: FDI24772-73**

**SEVERE IMMUNE EFFECTOR CELL-ASSOCIATED NEUROTOXICITY SYNDROME IN A PATIENT WITH MULTIPLE MYELOMA TREATED WITH ELRANATAMAB**

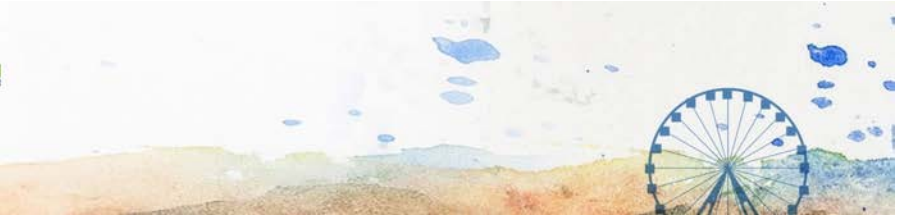
M.G. Canè<sup>1</sup>, P. Giulia<sup>1</sup>, D. Cunzi<sup>1</sup>, G. Prampolini<sup>1</sup>, S.U. Fedeli<sup>1</sup>, E. De Cristofaro<sup>1</sup>, D. Severi<sup>1</sup>, F. Ribolla<sup>1</sup>, R. Imbarlina<sup>1</sup>, A. Negro<sup>1</sup>

*(1) Internal Medicine, Sant'anna Hospital, Castelnovo Ne' Monti, Ausl-Irccs, Reggio Emilia, Italy.*

**Introduction.** Anti-CD19 chimeric antigen receptor T-cell (CAR-T) therapy is a successful treatment for B-cell malignancies. Elranatamab, a bispecific antibody targeting CD3 and B-cell mature antigen, has shown promising efficacy in refractory multiple myeloma. There are conflicting data on prevalence of a serious neurological adverse effect as the immune effector cell-associated neurotoxicity syndrome (ICANS).

**Description.** We report a rare case of grade 3 ICANS in a patient affected by stage IIA multiple myeloma on treatment with elranatamab due to lymph node progression. A 79-year-old man was admitted due to weakness of the trunk and lower limbs, slow speech and ideomotor slowing, started two days after the last administration of elranatamab. He was febrile, blood test showed leukopenia, thrombocytopenia, high C-reactive protein and procalcitonin. Brain CT scan was negative, electroencephalogram showed generalized slowing with no epileptiform abnormalities. Brain magnetic resonance imaging showed severe global parenchymal atrophy and severe chronic microangiopathy. No cerebrospinal fluid evaluation was performed because of thrombocytopenia. A grade 3 ICANS was suspected although the coexistence of a septic event cannot be excluded. Dexamethasone and levetiracetam were initiated. After a rapid clinical worsening, the patient died.

**Conclusions.** In literature only few cases of > grade 3 ICANS are described. Clinicians should be aware of the potential for severe neurotoxicity and pay attention to detecting early symptoms to initiate promptly appropriate treatment.



**Abstract Code: FDI24866-77**

## **HIGH CARE IN INTERNAL MEDICINE: DESCRIPTION OF A CASE SERIES**

S. Cappelli<sup>1</sup>, M. Pellegrini<sup>1</sup>, B. Giabbani<sup>1</sup>, S. Sensi<sup>1</sup>, V. Verdiani<sup>1</sup>

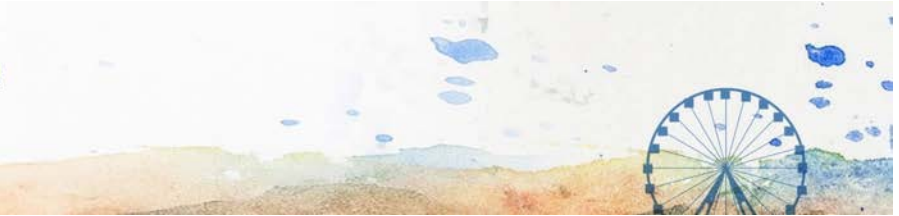
(1) UOC Medicina Interna - P.O. Alta Valdelsa (SI), Italy.

**Introduction.** Several patients admitted to Internal Medicine wards require a higher level of care and/or monitoring than that provided during standard hospitalization. In many Internal Medicine Units, these patients are admitted to “High Care” modules. The aim of this study is to evaluate the characteristics and outcomes of a patient cohort managed in such a setting

**Materials and Methods.** A total of 133 consecutive patients admitted to the “High Care” module of the Internal Medicine Department of Alta Valdelsa Hospital (Campostaggia, Siena) were evaluated.

**Results.** The cohort included 71 males (53.3%) and 62 females (46.6%), with a mean age of 78.3 years. Patient origin was as follows: 78 patients (58.6%) from the Emergency Department, 38 (28.5%) from the Intensive Care Unit, and 17 (12.7%) from standard medical or surgical wards. The most prevalent conditions were respiratory failure due to pulmonary causes in 36 patients (27.0%), heart failure in 27 (20.3%), and sepsis in 24 (18.0%). At least three comorbidities were identified in 41 patients (30.8%). Twelve patients (9%) died, 10 patients (7.5%) required temporary transfer to the Intensive Care Unit, and 118 patients (88.7%) were discharged home or to intermediate care facilities

**Conclusions.** “High Care” modules represent an effective management approach for patients with severe clinical conditions and/or at risk of hemodynamic instability. Patient characteristics and outcomes should be further investigated in larger cohorts, also with a view to future planning and development of Internal Medicine wards



**Abstract Code: FDI24867-78**

**ACUTE HEPATITIS FOLLOWING CURCUMA USE**

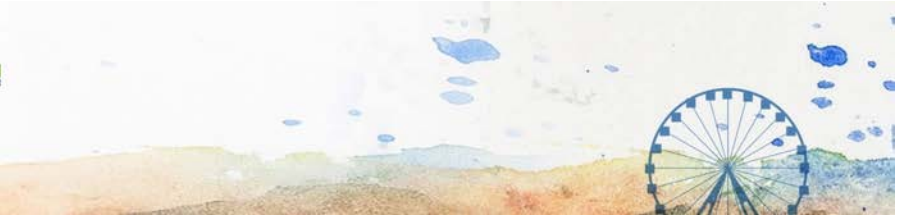
S. Cappelli<sup>1</sup>, M. Chiavetta<sup>1</sup>, N. Sodi<sup>1</sup>, V. Verdiani<sup>1</sup>

(1) UOC Medicina Interna - P.O. Alta Valdelsa (SI), Italy.

**Introduction.** We describe the case of an elderly woman with acute hepatitis following consumption of curcuma.

**Description.** A 86-year-old female presented to Emergency Department with epigastric pain. Analyses revealed Alanine aminotransferase (ALT) 267 IU/L Aspartate aminotransferase (AST) 474 IU/L alkaline phosphatase (ALP) 274 IU/L gamma glutamyltransferase (GGT) 174 IU/L total bilirubin (TB) 1,16 mg/dL. Examination during hospital stay excluded infection related to HAV HBV HCV CMV EBV, results of autoantibodies were negative. Abdominal ultrasound showed no abnormalities of the liver and gallbladder. The patient denied alcohol use and exposure to hepatotoxins, but she had been taking tablets of Curcuma longa (720-1440 mg/die) for a period of 2 weeks for joint pain. The patient was treated with N-acetylcysteine 300 mg Kg/die until complete recovery occurred in 8 days.

**Conclusions.** Several cases of acute non-infectious hepatitis following consumption of Curcuma longa had been described. We report a very likely similar case. The only difference compared to the cases described in the literature is the absence of an increase in bilirubin.



**Abstract Code: FDI24807-72**

**BETWEEN CLINICAL AMBIGUITY AND DIAGNOSTIC DELAYS:  
THE CASE OF ANCA VASCULITIDES**

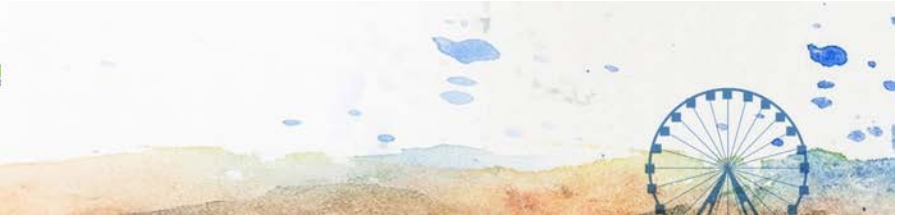
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**Introduction.** Antineutrophil cytoplasmic Antibodies (ANCA)-associated vasculitides (AAV) are rare, necrotizing autoimmune diseases, including among others granulomatosis with polyangiitis (GPA). Onset is typical at 45–60 years. Correctly identifying AAVs is hindered by their rare occurrence, subtle clinical presentation, and the extensive panel of medical tests required for diagnosis. Diagnostic delay is common, greatly worsening clinical outcome and overall survival. Immunosuppressive therapy significantly improves prognosis.

**Case Description.** 45-years old female with multiple presentations to the emergency department over the last 3 months for non-specific symptoms (migrant arthralgia, asthenia, persistent low-grade fever, otitis, hearing loss) and transfusion-requiring anaemia. Known low-titer antinuclear antibodies (ANA) positivity. Finding of high c-ANCA positivity during diagnostic workup, highly suggestive for GPA, led us to investigate typical organ damage: negative facial CT, mild renal impairment (microscopic hematuria and cylindruria), alveolar hemorrhage detected on chest CT and confirmed by broncoalveolar lavage.

**Conclusions.** GPA's non-specific presentation contributed to underestimating an organ-threatening condition that would have inexorably evolved in a life-threatening disease. After completing diagnostic process our patient was successfully treated with high dose induction glucocorticoids and weekly rituximab in day-hospital regime for 4 weeks with significant benefit.



**Abstract Code: FDI24951-72**

## **PHYSICAL AND PSYCHOLOGICAL IMPACT OF GLP-1 AGONIST THERAPY ON OBESITY: THE ORWELL 97 QUESTIONNAIRE**

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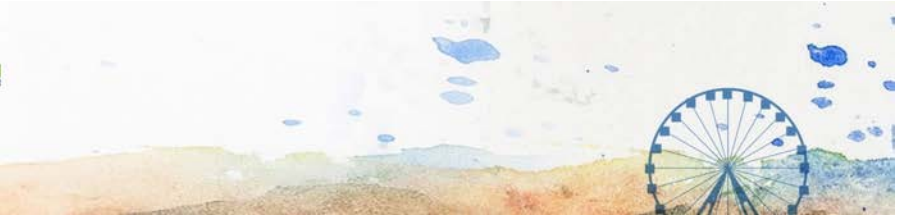
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**Introduction and Aim.** The ORWELL-97 (Obesity-Related Well-Being Questionnaire) is a self-assessment tool for obesity-related quality of life consisting of 18-item self-report questionnaire that assesses not only the presence of physical and psychological symptoms but also their subjective relevance for the patient, in terms of social, emotional, and physical impairment in daily life.

**Materials and Methods.** Twelve males (average 45 years) and 18 females (avg. 38 years) overweighted subjects, characterized by diabetes (15%) liver fibrosis F1-F2 (35%), were enrolled. They were observed during 6-months and assessed by self-administering the Orwell 97 questionnaire. Higher scores indicate greater obesity-related impairment in quality of life.

**Results.** We had a reduction of up to two points on the severity scale of the single items, especially about exercise tolerance (physical items) and relationship with food (psychological items).

**Conclusions.** The ORWELL-97 is a clinically validated obesity-specific quality of life questionnaire widely used in research and medical practice. Administering it to patients treated with GLP-1 receptor agonists allows for the integration of biological and anthropometric data with a psychological and subjective perspective, essential for truly patient-centered care. This is particularly useful in contexts of integrated obesity treatment, where pharmacological management is combined with nutritional counseling, psychological support and lifestyle modifications



**Abstract Code: FDI24621-66**

**POSTOPERATIVE THROMBOCYTOPENIA: WHEN HIT COMPLICATES CLINICAL MANAGEMENT**

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**Description.** An 86-year-old patient with atrial fibrillation on edoxaban 30 mg and compensated HBV-related cirrhosis was admitted after an accidental fall and underwent left hip arthroplasty. Admission blood count was normal. Prophylactic enoxaparin was given for 8 days. A marked platelet drop followed ( $200,000 \rightarrow 80,000/\text{mm}^3$ ). Due to left chest pain, echocardiogram was normal and thoracoabdominal CT excluded embolism/dissection but showed a left adrenal hematoma, initially considered traumatic. Ultrasound for left arm pain revealed superficial venous thrombosis. Given thrombocytopenia and thrombosis with a high 4T score, anti-PF4 antibodies were tested (CLIA 31 IU/mL) and resulted positive (then confirmed by functional HIMEA assay). Suspecting HIT, fondaparinux 5 mg/day (patient weight 54 kg) was started with clinical and laboratory improvement. The adrenal hematoma was later interpreted as secondary to adrenal infarction from HIT.

**Conclusions.** Postoperative thrombocytopenia should not be attributed solely to hemodilution, bleeding or consumption. In recent heparin exposure with thrombosis, HIT must be considered. Hyperdense adrenal lesions without active bleeding may reflect adrenal infarction with secondary hemorrhage, a rare but reported HIT complication. HIT carries 20–30% mortality, and thromboses may be arterial or venous, affecting multiple vascular districts. Early recognition is crucial for appropriate management.



**Abstract Code: FDI24907-73**

## **LA FMEA COME STRUMENTO DI GOVERNO DEL RISCHIO IN TELEMEDICINA**

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**Introduzione.** La telemedicina non è una semplice estensione tecnologica, ma un sistema adattivo complesso; il rischio clinico emerge dalle interazioni tra attori, processi e strumenti digitali. La FMEA rappresenta una metodologia proattiva fondamentale per identificare precocemente le vulnerabilità di sistema. L'obiettivo è valutare l'efficacia della FMEA nel supporto alle decisioni organizzative per la sicurezza del paziente nei percorsi di telemedicina.

**Materiali e Metodi.** In ASL 4, un team multidisciplinare costituito da 112 professionisti ha applicato la FMEA a servizi di televisita, telemonitoraggio, teleconsulto, teleassistenza e teleriabilitazione. Sono state individuate 124 modalità di errore e calcolato il relativo Risk Priority Number (RPN) per gravità, probabilità e rilevabilità

**Risultati.** Le criticità maggiori non riguardano la tecnologia "nuda", ma i processi clinico-organizzativi. I 10 principali RPN critici si concentrano nel telemonitoraggio, specificamente nelle fasi di prescrizione, selezione del paziente e gestione operativa. Per mitigare tali rischi, sono state definite azioni correttive su quattro assi: revisione procedurale, formazione del personale, informazione all'utenza e ottimizzazione delle piattaforme informatiche

**Conclusioni.** Il confronto evidenzia come la complessità del telemonitoraggio richieda standardizzazione e integrazione. L'analisi rappresenta un punto di partenza per un percorso di miglioramento continuo, orientato a rafforzare la sicurezza, l'efficacia e l'integrazione della telemedicina nei percorsi di cura



**Abstract Code: FDI24636-72**

**UNO STRANO CASO DI LEISHMANIOSI VISCERALE IN MAREMMA CON FEBBRE PERSISTENTE, CITOPENIA E SPLENOMEGALIA IN UN UOMO DI 69 ANNI NON RESPONSIVO ALLA TERAPIA ANTIBIOTICA EMPIRICA**

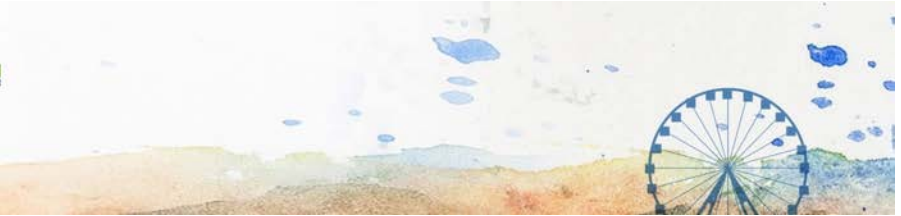
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**Introduzione.** La leishmaniosi viscerale è una malattia infettiva sistemica che può presentarsi con febbre persistente, citopenia e splenomegalia, mimando condizioni ematologiche o infettive di altra natura. La diagnosi richiede un elevato sospetto clinico soprattutto nei casi non responsivi alla terapia antibiotica.

**Descrizione.** Un uomo di 69 anni si presentava per febbre continua nonostante trattamento domiciliare con antibiotico. In anamnesi recente diagnosi di carcinoma della prostata in attesa di intervento. All'ingresso mostrava anemia, piastrinopenia, incremento di lattato-deidrogenasi e proteina C reattiva, oltre a una splenomegalia di circa 20 cm all'ecografia addominale. La radiografia del torace risultava negativa e la tomografia computerizzata del torace mostrava solo un lieve addensamento atelectasico. La mancata risposta alla terapia antibiotica a largo spettro e la persistenza della citopenia hanno reso necessario un approfondimento ematologico. L'aspirato midollare con analisi molecolare evidenziava materiale genetico compatibile con infezione da *Leishmania*, permettendo la diagnosi di leishmaniosi viscerale. Il paziente veniva trasferito presso reparto specialistico per avvio della terapia specifica.

**Conclusioni.** Il caso dimostra l'importanza di considerare la leishmaniosi viscerale nella diagnosi differenziale delle sindromi febbrili prolungate associate a citopenia e splenomegalia. L'approccio multidisciplinare e l'esecuzione precoce dello studio midollare sono risultati decisivi per una diagnosi tempestiva.



**Abstract Code: FDI24615-69**

## **MANAGEMENT OF ARTERIAL LINES IN HIGH-INTENSITY INTERNAL MEDICINE: AN OBSERVATIONAL STUDY**

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**Introduction.** The placement of an arterial line plays an important role in Internal Medicine, given the increasingly widespread use of non-invasive ventilation. Radial arterial access is preferred due to its anatomical accessibility, ease of cannulation and low complication rate. Depending on the care setting (Internal Medicine), maintaining arterial catheter patency through continuous positive-pressure infusion may increase the risk of accidental catheter dislodgement with possible hemorrhagic complications. Our study aims to evaluate the effectiveness of arterial line management in a High-intensity Internal Medicine setting using periodic flushes in terms of device longevity and complications.

**Materials and Methods.** From June 1, 2023 to June 1, 2024, we consecutively enrolled 55 patients admitted to the high-intensity Internal Medicine unit with a radial arterial line. The arterial catheter was flushed every 6 hours or after each use with 5 ml of normal saline to maintain patency.

**Results.** The dwell time of the arterial line was 12.29 days. Catheter occlusion occurred in 5% of cases. Most of the device were removed upon the patient's discharge (66%). Only one patient self-removed the radial arterial catheter due to the onset of hyperkinetic delirium, without systemic or local complications, which were absent throughout the entire case series.

**Conclusions.** Intermittent flushing with normal saline provide results, in term of device longevity and occlusions, comparable to those achieved with continuous positive-pressure infusion.

**Abstract Code: FDI24876-78**

**DRUG-INDUCED RHABDOMYOLYSIS: MEROPENEM AS A POTENTIAL TRIGGER IN DIALYSIS-DEPENDENT ACUTE KIDNEY INJURY**

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**Premises.** Rhabdomyolysis is a clinical–biochemical syndrome caused by acute skeletal muscle necrosis with release of intracellular contents, resulting in marked creatine phosphokinase (CPK) elevation. Antibiotic-induced rhabdomyolysis, in particular meropenem, is uncommon.

**Description.** An 80-year-old man with oligoanuric acute kidney injury (AKI) was admitted for complicated urinary tract infection with asthenia and nausea. Laboratory tests showed severe renal impairment (creatinine 7.84 mg/dL), and urgent hemodialysis was initiated. Fever and dysuria appeared during hospitalization. Urine cultures revealed a multidrug-resistant Gram-negative pathogen sensitive to carbapenems, and meropenem was started. After five days, the patient reported diffuse myalgias and worsening asthenia. CPK levels progressively increased from 150 U/L to 58,000 U/L (normal <200 U/L). Mild transaminase elevation was observed, with no significant electrolyte disturbances, no history of trauma, seizures, intense physical activity or statin use. No alternative causes were identified. Meropenem was discontinued and replaced with piperacillin–tazobactam. Dialysis and hydration were continued, leading to progressive CPK normalization.

**Conclusions.** The temporal relationship between meropenem and CPK elevation, with improvement after drug discontinuation, suggests possible meropenem-induced rhabdomyolysis. In AKI, reduced drug clearance may increase muscular adverse effects. CPK monitoring is recommended in frail patients or in those with impaired renal function receiving carbapenems.



**Abstract Code: FDI24885-78**

## **DA UNO STUDIO OSSERVAZIONALE RETROSPETTIVO DI UN REPARTO DI MEDICINA INTERNA**

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**Introduzione e Scopo.** I reparti di medicina interna sono un polmone per la sanità, ricoverando pazienti comorbidi e scompensati, provenienti dal Pronto soccorso. Lo scopo dello studio è stato valutare se e come fosse cambiata la performance di una divisione di medicina nel tempo.

**Materiali e Metodi.** Abbiamo analizzato il report epidemiologico degli ultimi dieci anni della UOC Medicina 2 dell'Ospedale Cardarelli di Napoli, ospedale di riferimento dell'Italia Meridionale per la multidisciplinarietà e la propensione all'urgenza.

**Risultati.** Il peso medio dei ricoveri è andato crescendo da 1.06 a 1.6, così come sono migliorati tutti gli indicatori considerati. Tra le patologie codificate si è osservato un aumento dei casi di sepsi mentre alto e stazionario il numero dei casi di scompenso cardiaco, l'insufficienza renale, l'insufficienza respiratoria. Questi i dati emersi nel periodo di osservazione 2016 - 2025. Il peso medio dei ricoveri è aumentato da 1.08 a 1.677; la degenza media si è ridotta da 13.11 giorni a 11.12; l'occupazione media dei posti letto è passata da 100% a 114%; Il case mix è aumentato da 2.48 a 3.73.

**Conclusioni.** Negli ultimi dieci anni abbiamo assistito a un miglioramento della assistenza e dell'andamento del reparto di medicina in esame. Possibili spiegazioni: l'incremento del personale, la migliorata competenza dei medici nella compilazione delle SDO, una azione di sensibilizzazione da parte della direzione strategica sull'importanza del raggiungimento degli obiettivi.

**Abstract Code: FDI24922-70**

**PATIENT ON ANTICOAGULANT OR ANTIPLATELET THERAPY: A STRUCTURED CLINICAL APPROACH TO UNWITNESSED IN-HOSPITAL FALLS**

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In-hospital falls are a frequent adverse event, particularly among elderly patients, and may lead to severe complications, especially in those receiving anticoagulant or antiplatelet therapy. It is well recognized that, despite the implementation of prevention programs, the risk cannot be completely eliminated. While the consequences of a witnessed fall are partially predictable, uncertainty is significantly greater in the case of unwitnessed events. In such circumstances, a systematic and cautious approach is essential, based on clinical assessment and diagnostic investigations aimed at excluding potentially life-threatening injuries, which may be overlooked in the absence of overt external signs of trauma. Based on a review of the available literature, a recommendation – developed in the form of an institutional operating procedure – was formulated to initially evaluate all patients on anticoagulant or antiplatelet therapy who experience an unwitnessed fall with a thorough clinical examination and laboratory tests. Furthermore, given the high risk of acceleration-deceleration injuries and the limited sensitivity of clinical evaluation alone, a non-contrast brain CT scan is recommended for all patients, even in the absence of evident trauma or symptoms, and should be repeated 24 hours after the event before resuming the previous antithrombotic treatment. Patients should also undergo serial clinical monitoring. Additional diagnostic investigations (ultrasound, radiography, or CT) should be requested based on clinical findings and the dynamics of the fall.

**Abstract Code: FDI24660-69**

## **MIGLIORARE LA QUALITÀ DI VITA CON L'ALTA TECNOLOGIA: IL PROGRAMMA EDUCATIVO INFERMIERISTICO PER L'USO DI SISTEMI CGM E MICROINFUSORI**

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**Introduzione.** Il diabete richiede approcci gestionali sempre più sofisticati, specialmente con la diffusione esponenziale di sistemi avanzati per il monitoraggio continuo della glicemia e di microinfusori insulinici. Queste "alte tecnologie" migliorano notevolmente il controllo glicemico e la qualità di vita, ma introducono una complessità gestionale significativa, per la quale la sola figura del diabetologo non è sufficiente. In questo contesto evolutivo, emerge la necessità di una figura sanitaria dedicata che funga da facilitatore, educatore e punto di riferimento continuo.

**Materiali e Metodi.** È stata implementata la figura dell'Infermiere Specialista in Tecnologie Diabetologiche, un professionista che ricopre un ruolo cruciale nell'ottimizzazione dell'assistenza ai pazienti che utilizzano queste tecnologie.

**Conclusioni.** L'introduzione della figura dell'Infermiere Specialista ha dimostrato un impatto significativo e positivo sull'assistenza. I risultati indicano una maggiore aderenza terapeutica, attribuibili alla capacità dell'infermiere specialista di risolvere rapidamente problematiche tecniche e cliniche minori, riducendo l'ansia da gestione tecnologica del paziente. L'infermiere specialista si configura come un modello essenziale e replicabile per la gestione ottimale delle alte tecnologie in diabetologia, garantendo continuità assistenziale, sicurezza e un'efficace integrazione tra innovazione tecnologica e cura centrata sul paziente.

**Abstract Code: FDI24863-74**

## **CATETERIZZAZIONE VENOSA PERIFERICA ECOGUIDATA: REVISIONE DELLA LETTERATURA**

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**Introduzione.** La cateterizzazione è la procedura più eseguita in sanità. L'approccio tradizionale basato su reperi anatomici presenta tassi di successo subottimali, soprattutto nei pazienti con accesso venoso difficile. In tali casi, emerge l'applicabilità della tecnica ecoguidata ma mancano protocolli formativi standardizzati. L'obiettivo dello studio è analizzare i protocolli di apprendimento basati su simulazione.

**Materiali e Metodi.** Revisione della letteratura, condotta consultando i principali database biomedici secondo le linee guida PRISMA 2020. I criteri di inclusione hanno selezionato studi primari recenti in lingua inglese con esiti formativi e procedurali misurabili. Il processo di screening ha portato all'inclusione di 14 studi pertinenti.

**Risultati.** I dati evidenziano la netta superiorità dell'ecoguidata dopo formazione strutturata. Il successo al primo tentativo e complessivo risultano significativamente maggiori con una drastica riduzione del numero di tentativi. I protocolli mostrano inoltre un incremento significativo di fiducia e conoscenza degli operatori. Tra i modelli addestrativi emerge come il più efficace l'approccio ibrido: e-learning, pratica ad alta fedeltà e debriefing.

**Conclusioni.** La formazione basata su simulazione migliora gli esiti clinici e potenzia competenze tecniche ed autoefficacia. È pertanto necessario adottare curricula standardizzati e strumenti validati, come i questionari Likert. Una formazione strutturata ed evidence-based rappresenta l'elemento chiave per colmare il divario tra ricerca e pratica clinica.

**Abstract Code: FDI24967-79**

**A SILENT INVADER: STRONGYLOIDES-RELATED HYPEREOSINOPHILIA IN AN IMMUNOCOMPROMISED PATIENT**

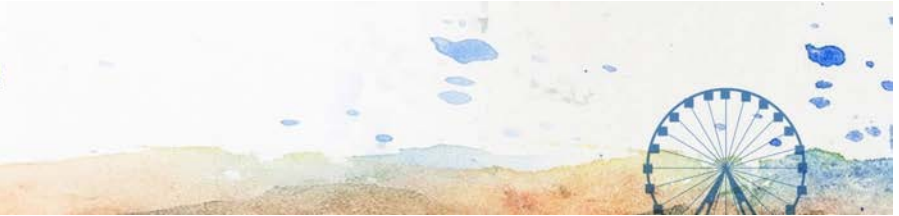
L. Chasseur<sup>1</sup>, S. Ferrero<sup>1</sup>, L. Scaglione<sup>1</sup>, R. Ferrara<sup>2</sup>, A. Clivio<sup>2</sup>, M. Ferrante<sup>2</sup>, M. Fronzi<sup>2</sup>

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**Introduction.** Strongyloidiasis is a potentially life-threatening parasitic infection in immunocompromised patients. Diagnosis is challenging because conventional stool examinations and serological tests may yield false-negative results.

**Description.** A 75-year-old Brazilian woman, with abdominal diffuse large B-cell lymphoma underwent chemotherapy followed by chimeric antigen receptor T-cell infusion in August 2025. Since January 2025, she had persistent hypereosinophilia and chronic diarrhea, with negative stool parasitological examinations. She was admitted with fever, right flank pain, diarrhea, and hypereosinophilia. Computed tomography revealed a right paravertebral lesion suspected to be an abscess and treated with antibiotics without benefit; it was later interpreted as post-treatment lymph node necrosis. Despite resolution of fever, diarrhea, vomiting, and hypereosinophilia persisted. Repeated stool parasitological examinations and serological tests for common parasites were negative. Colonoscopy was unremarkable. Duodenal biopsies obtained during upper endoscopy revealed parasitic elements consistent with nematodes. A multiplex molecular assay on stool confirmed *Strongyloides stercoralis* infection. Treatment with ivermectin led to clinical improvement.

**Conclusions.** In immunocompromised patients with hypereosinophilia and gastrointestinal symptoms, strongyloidiasis should be considered even when standard diagnostic tests are negative. Molecular diagnostics and tissue biopsy may be required. Early recognition and treatment are essential to prevent severe complications



**Abstract Code: FDI24931-70**

## **WHEN A SKIN RASH LEADS TO THE DIAGNOSIS OF GIARDIA LAMBLIA-ASSOCIATED PORTAL VEIN THROMBOSIS**

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**Introduction.** Non-cirrhotic portal vein thrombosis is a diagnostic challenge, as identifying a triggering factor is essential for management and prognosis. Acute infections may act as transient triggers, although they are rarely recognized. We describe a case in which an atypical skin rash guided the diagnostic workup toward an infectious cause.

**Discussion.** A man older than 60 years was admitted with fever, diarrhea, and right upper quadrant pain. Abdominal ultrasound showed a distended gallbladder with wall thickening and no gallstones. Contrast-enhanced CT revealed pericholecystic inflammation, while hepatic Doppler ultrasound documented partial thrombosis of the left portal vein branch. Laboratory tests showed elevated inflammatory markers and hepatocellular injury. During antibiotic and heparin therapy, a pruritic skin rash developed, not consistent with a drug reaction. A multiplex PCR stool test detected *Giardia lamblia*. Metronidazole therapy led to rapid clinical improvement and rash resolution. Thrombophilia workup, including JAK2 V617F mutation, was negative. Follow-up CT at 3 months showed complete portal vein recanalization.

**Conclusion.** This case supports an infection-related mechanism of portal vein thrombosis. Cutaneous manifestations may represent an important diagnostic clue, and parasitic infections should be considered in unexplained visceral thrombosis.

**Abstract Code: FDI24545-71**

**THE "PENDE" STUDY: CORRELATIVE ANALYSIS IN 30 PATIENTS WITH VENOUS THROMBOEMBOLISM. THREE-YEAR EXPERIENCE (2023-2025)**

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**Introduction.** The "PENDE" study, an acronym for "Pulmonary Embolism Severity Index and ECG Score," enrolled 30 patients with venous thromboembolism admitted between January 2023 and December 2025. The initial clinical presentation in all patients was characterized by severe respiratory failure (arterial blood gas analysis pO<sub>2</sub> <60 mmHg) and hemodynamic instability (SBP <90 mmHg). All patients underwent: contrast-enhanced thoracoabdominal-pelvic CT; pulmonary angiography with local-regional fibrinolysis. The "PENDE" study has the following

**Objectives.** 1) to verify any existing relationships between the PESI values at entry and the ECG Score values at entry; 2) to verify the statistical significance found by applying the parametric Pearson test as a correlation analysis test.

**Materials and Methods.** The values of PESI at entry were compared with the values of the ECG Score at entry. To calculate the test, the Pearson correlation coefficient "r" formula is applied:  $\frac{\sum(A - \bar{A})(E - \bar{E})}{\sqrt{\sum(A - \bar{A})^2 \sum(E - \bar{E})^2}}$ .

**Results.** The Pearson test applied to the 30 patients shows a highly significant correlation (p<0.001) between the two variables examined (PESI values at admission and ECG Score values at admission) and, therefore, not attributable to chance. In fact, the "r" value obtained is -0.02 and the VC (critical value) of "r" for p=0.001 is <0.207 with GL=29.

**Conclusions.** The "PENDE" study demonstrated that in the group of 30 patients with venous thromboembolism, there is a correlation between the two variables considered: PESI and ECG SCORE.

**Abstract Code: FDI24546-72**

**INDIRECT ECHOCARDIOGRAPHIC SIGNS OF PULMONARY EMBOLISM: THE "SENDEP" STUDY. COMPARATIVE ANALYSIS IN 20 PATIENTS WITH VENOUS THROMBOEMBOLISM. THREE-YEAR EXPERIENCE (2023–2025).**

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**Introduction.** The "SENDEP" study, an acronym for "Central Direct Echocardiographic Signs of Pulmonary Embolism", enrolled 20 patients with venous thromboembolism admitted between January 2023 and December 2025. The clinical presentation was characterized by respiratory failure (pO<sub>2</sub> <60 mmHg) and hemodynamic instability (SBP <90 mmHg). In the 20 patients, admission echocardiographic signs, both indirect and central, of right-sided overload were assessed according to Kurzyna's criteria. The "SENDEP" study has the following

**Objectives.** 1) To verify associations between conditions A (RV overload criteria), B (60-60 SIGN), and C (McConnell Sign). 2) To verify the statistical significance found.

**Materials and Methods.** To calculate  $\chi^2$ , use the formula:  $\chi^2 = (k-1)[(k \cdot x) - y^2] / (k \cdot y) - z = 28.9$ . "k" indicates the three variables, "x" indicates the total squares of the three variables. "y" indicates the total of the chosen tests. "y<sup>2</sup>" indicates the square of the total of the chosen tests. "z" indicates the total of the squares.

**Results.** The Cochran Q test shows that the associations observed between CONDITIONS A, B, and C assume a high statistical significance (p < 0.001) since the relative value (RV) of the  $\chi^2$  obtained is 20.95 with Degrees of Freedom (GL) = 2 and the critical value (VC) of the  $\chi^2$  for p = 0.001 is 13.816.

**Conclusions.** The "SENDEP" study demonstrated that the highly significant association observed between indirect and central echocardiographic signs was the coexistence of conditions A (RV overload criteria) + B (60-60 SIGN) + C (McConnell Sign).



**Abstract Code: FDI24605-68**

## **HEALTH TECHNOLOGY ASSESSMENT FOR FALL PREVENTION: INTRODUCTION OF ULTRA-LOW BEDS IN THE GENERAL MEDICINE DEPARTMENT**

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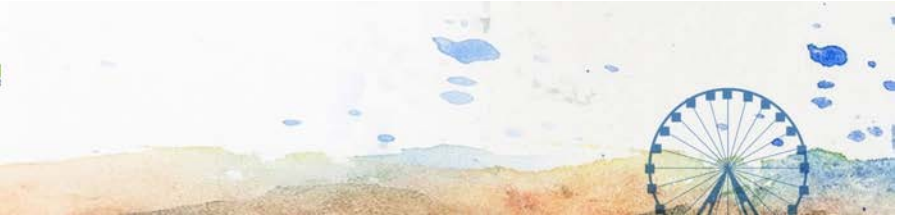
*(1) Coordinatore Infermieristico Area Medica, Lucca, (2) ICO UOC Sicurezza del Paziente, Lucca, (3) ICO Dipartimento Infermieristico, Lucca, (4) Medicina Lucca, (5) UOC Sicurezza del Paziente, (6) Dirigente Infermieristico Lucca, Italy.*

**Introduction.** At ASL TOSCANA NORD OVEST patient fall risk prevention is implemented through a multidimensional scale and multi-professional approach. Following a thorough analysis of falls, the need to implement innovative strategies to reduce falls, particularly those with serious injuries, emerged. A literature review was conducted on innovative for fall prevention. This review highlighted some interesting technological solutions. Among the strategies identified, the ultra-low bed was found to be the most easily implemented in clinical practice.

**Materials and Methods.** From February to June 2024, 1 ultra-low bed was tested. In June 2025, 4 ultra-low beds were purchased. To establish the correct assignment of the ultra-low beds, an Operating Instruction was drafted. This defines additional patient selection criteria, giving higher priority to patients with residual mobility, on anticoagulant therapy, in acute confusion or delirium, and with a recent history of falls. All applications of the ultra-low bed will be tracked in a database, monitoring their use and usefulness. The perception of nursing and medical staff regarding the use of the new technology will be surveyed monthly.

**Results.** In the first 6 months of use, we observed a reduction in falls and a complete elimination of bed falls. The results are constantly being updated and monitored. A satisfaction survey conducted by staff members revealed that they felt safer.

**Conclusions.** Ultra-low beds are an effective and safe technological solution for preventing falls.



**Abstract Code: FDI24754-73**

**IATROGENIC CAROTID-JUGULAR FISTULA AND PSEUDOANEURYSM POST-  
THROMBOENDARTERECTOMY: THE CRUCIAL IMPORTANCE OF PHYSICAL EXAMINATION**

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**Introduction.** A patient with a recent right carotid thromboendarterectomy presented with sepsis and a right carotid bruit. Despite the focus on managing the infection, the persistent cervical bruit necessitated detailed vascular investigation. Physical examination, particularly neck auscultation, was crucial in guiding the diagnostic pathway toward a potential procedure-related complication.

**Discussion.** Color Doppler ultrasound revealed critical findings: internal jugular vein thrombosis, a direct fistula between the internal carotid artery and the right internal jugular vein, and a large associated pseudoaneurysm. This iatrogenic carotid-jugular fistula is a life-threatening complication following vascular surgery. A persistent post-operative bruit is a key diagnostic indicator. This case shows that even with distracting symptoms like sepsis, a meticulous physical examination is paramount. The condition was confirmed via computed tomography angiography and managed successfully using an endovascular approach (stent-graft deployment) to exclude the fistula and the pseudoaneurysm.

**Conclusions.** This case underscores the critical importance of a thorough physical examination and maintaining a high clinical suspicion when evaluating patients with a history of recent neck procedures. A new or persistent bruit can serve as a vital diagnostic clue to rare but severe complications. Early detection is essential for prompt and effective treatment to prevent potentially devastating outcomes.

**Abstract Code: FDI25052-65**

**MYOCARDIAL INFARCTION WITH NON-OBSTRUCTIVE CORONARY ARTERIES INDUCED BY CONCOMITANT USE OF OXYMETAZOLINE AND SUMATRIPTAN**

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**Introduction.** Oxymetazoline and sumatriptan are vasoconstrictive agents that may rarely cause coronary adverse effects. Although their cardiovascular risks are usually evaluated individually, their concomitant use may trigger synergistic coronary vasospasm, particularly in susceptible patients.

**Case Description.** A 70-year-old woman presented to the emergency department with abdominal pain and diaphoresis. Electrocardiography showed ST-segment depression and T-wave inversion from leads V1 to V6, and high-sensitivity troponin I peaked at 1,600 ng/L. Emergency coronary angiography revealed patent epicardial coronary arteries without significant stenosis. Her medications included perindopril, sumatriptan used twice monthly for migraine, and oxymetazoline hydrochloride for chronic rhinitis. A concomitant urinary tract infection may have acted as a precipitating factor. The clinical presentation fulfilled the diagnostic criteria for myocardial infarction with non-obstructive coronary arteries. Cardiac biomarkers normalized during hospitalization, and the patient was discharged on day four.

**Conclusions.** Concomitant use of oxymetazoline and sumatriptan may induce coronary vasospasm leading to acute myocardial infarction. Drug-induced myocardial ischemia should be considered in acute coronary syndromes with non-obstructive coronary arteries. A comprehensive medication history, including over-the-counter drugs, is essential, and caution is warranted when combining vasoconstrictive agents, particularly in elderly patients.

**Abstract Code: FDI24593-74**

## **EARLY MULTIDISCIPLINARY MANAGEMENT AND MANUAL DRAINAGE IN BELL'S Palsy: A CASE REPORT OF RAPID FUNCTIONAL RECOVERY**

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**Background.** Bell's palsy is the most common acute peripheral facial paralysis and, despite its usually favourable course, may cause substantial functional and psychosocial impairment.

**Methods.** We report the case of a 42 year-old man with idiopathic Bell's palsy who received guideline-based medical therapy and early multidisciplinary rehabilitation. In addition to physiotherapy, he was delivered manual lymphatic drainage of face and neck, in 45-min sessions 2/week for 4 weeks followed by weekly sessions up to week 8, combined with a home exercise programme. Clinical course was documented through neurological evaluations, photographic records and patient-reported outcomes.

**Results.** Initial partial recovery of eyelid closure and labial motility was observed after 3 weeks; by week 5 the patient showed an almost symmetrical smile and near-complete eye closure; by week 7 facial expressiveness was fully restored, with only minimal residual stiffness that subsequently resolved. The patient reported marked improvement in quality of life, confidence in social interactions and perception of facial symmetry, without adverse events related to manual treatment.

**Conclusions.** Early multidisciplinary management and integration of manual lymphatic drainage were associated with rapid and complete recovery from Bell's palsy. These findings suggest a potential complementary role for targeted manual therapies in internist-led care pathways for peripheral facial nerve palsy.

**Abstract Code: FDI24594-75**

**NON-PHARMACOLOGICAL ADJUNCTIVE TREATMENT IN PARKINSON'S DISEASE: A TWO-CASE EXPLORATORY STUDY ON MANUAL THERAPY**

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**Introduction.** Parkinson's disease is characterized by motor and non-motor symptoms, and manual therapies are increasingly used as adjuncts, although evidence remains limited.

**Methods.** We conducted a prospective two-case exploratory study in women with idiopathic Parkinson's disease receiving stable dopaminergic medication. Both patients underwent weekly 60-minute manipulative treatment over eight weeks plus a standardized home exercise programme. Patient A received osteopathic manipulative treatment alone; patient B received osteopathic manipulative treatment plus a 20-minute structured relaxing massage aimed at autonomic and dopaminergic modulation. Outcomes, assessed at baseline, week 4, week 8 and four-week follow-up, were the Timed Up and Go test, 10-metre walk test, Berg Balance Scale and Parkinson's Disease Questionnaire-39.

**Results.** The protocol was feasible and well tolerated, with no adverse events. Patient A showed modest changes (Timed Up and Go -8%, gait speed +6%, Berg Balance Scale +3 points, Parkinson's Disease Questionnaire-39 -4%). Patient B showed greater improvements (Timed Up and Go -32%, gait speed +28%, Berg Balance Scale +9 points, Parkinson's Disease Questionnaire-39 -18%), largely maintained at follow-up.

**Conclusions.** In these two cases, an osteopathic protocol was associated with functional gains, more pronounced when combined with structured relaxing massage; these hypothesis-generating findings warrant confirmation in larger controlled studies.

**Abstract Code: FDI25104-63**

## **WHEN THE FLUID LIES: MRS. TUBERCULOSIS' STORY**

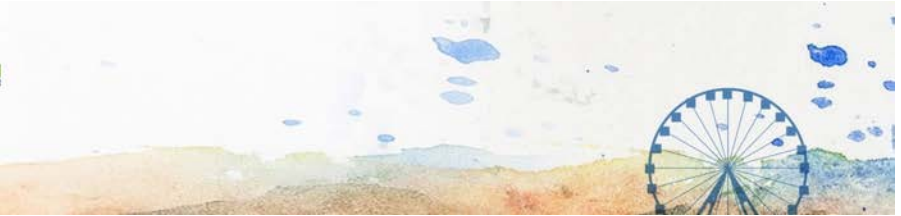
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**Background.** Tuberculous ascites is a rare form that accounts for 0.1-0.7% of all cases of Tuberculosis (TB).

**Case Report.** a 70 yo man with ischemic heart failure EF 20%, CKD, NIDDM and chronic inactive HBV infection admitted to our department with weight loss, fatigue and new-onset ascites. He was a non-drinker. Anti HDV, anti HCV, ANA, ASMA, AMA, Anti LKM and BNP were negative. The patient underwent a contrast-enhanced whole body CT scan which demonstrated thickening of sigma walls and mesenteric lymphonodes; chest study was normal. Colonoscopy was negative for lesions. A paracentesis showed elevated total proteins (5.3 g/dL) with 1.4 g/dl serum ascites protein gradient, not consistent with portal hypertension ascites. Ascitic fluid was rich in monomorphonuclear cells. Quantiferon TB was positive. Direct smear examination for Alcol Fast Bacilli (AFB) and PCR on ascitic fluid were negative but culture was positive for *Mycobacterium tuberculosis*. Sputum testing for AFB was negative. Lymphocyte subsets indicated normal CD4/CD8 ratio, B lymphopenia and increased Natural Killer cells (typical distribution in extrapulmonary TB and in metabolic disease as NIDDM). The patient started anti-TB treatment with resolution of ascites and improvement of laboratory tests.

**Conclusions.** this case report highlights an insidious presentation of TB with isolated ascites, possibly due to reactivation of latent infection in the context of NIDDM, CKD and severe heart failure. TB should always be included in the differential diagnosis of unexplained ascites to avoid delays in diagnosis and treatment



**Abstract Code: FDI24928-76**

## **A PREDICTABLE RHABDOMYOLYSIS**

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(1) SC Medicina Interna PO "T. Masselli-Mascia", San Severo ASL Foggia, Italy.

**Introduction.** Statins are widely prescribed for primary and secondary cardiovascular prevention, but may cause myotoxicity ranging from mild myalgia to life-threatening rhabdomyolysis. In chronic liver disease (CLD), susceptibility may be increased due to altered drug metabolism and comorbidities.

**Case Report.** A 65-year-old man with type 2 diabetes, hypertension, primary biliary cholangitis-related cirrhosis, and coronary artery disease started high-intensity atorvastatin (80 mg/day) after ST-segment elevation myocardial infarction treated with percutaneous coronary intervention and drug-eluting stent. Four weeks later, he developed severe proximal weakness with functional limitation. Laboratory tests revealed markedly elevated creatine kinase (CK 224,240 U/L), acute kidney injury (peak creatinine 3.0 mg/dL; baseline 0.86 mg/dL) and elevated liver enzymes. Autoimmune and myositis tests were negative. Abdominal ultrasound confirmed cirrhosis and normal-sized kidneys. Atorvastatin was discontinued and intravenous hydration was initiated, resulting in progressive normalization of CK and renal function, with gradual recovery of muscle strength.

**Conclusions.** In CLD, high-intensity statin therapy may precipitate severe rhabdomyolysis. In very-high cardiovascular risk patients with CLD and increased likelihood of intolerance, a stepwise strategy starting with low- to moderate-intensity statins and early add-on ezetimibe and/or PCSK9 inhibitors, and possibly bempedoic acid in selected cases, may preserve secondary prevention while potentially lowering recurrence risk.

**Abstract Code: FDI25102-61**

## **HYPONATREMIA-INDUCED BRUGADA PHENOCOPY: CASE REPORT AND DIAGNOSTIC IMPLICATIONS**

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**Introduction.** Brugada phenocopy (BrP) is the electrocardiographic appearance of a Brugada pattern due to various reversible causes that completely resolves after correction of the underlying abnormalities. Unlike Brugada syndrome (BrS), BrP resolves after correction of the underlying condition and is not associated with an increased risk of malignant arrhythmias.

**Case Report.** A 56-year-old man was admitted for generalized weakness and lower-extremity numbness. His past medical history was significant only for hypertension treated with a fixed combination of irbesartan and hydrochlorothiazide. Physical examination was unremarkable. Laboratory tests revealed hyponatremia ( $\text{Na}^+$  125 mEq/L), with normal troponin and thyroid function. ECG showed concave ST-segment elevation and negative T-waves in leads V1 and V2, consistent with the Brugada type I pattern. Transthoracic echocardiography was unremarkable. Hydrochlorothiazide was discontinued and the electrolyte imbalance was addressed. ECG completely normalized within 5 days.

**Conclusion.** BrS and BrP cannot be differentiated by their ECG patterns. In BrP, there is a clear reversible underlying condition, and thus the ECG abnormality is transient. Hyponatremia is a rare cause of BrP and should be included among its potential causes. Clinicians should be aware of the BrP, a reversible and benign condition with a favorable outcome in most instances. A misleading diagnosis of BrS may lead to unnecessary diagnostic procedures and inappropriate management plans that may have an adverse impact on patients' outcomes.

**Abstract Code: FDI24886-79**

## **THE ENGINEER WHO LOVED KITTENS TOO MUCH**

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**Introduction.** A 39-year-old engineer was admitted for persistent fever ongoing for over 10 days, shaking chills, fatigue and painful axillary lymph nodes. The medical history and preliminary physical examination was unremarkable.

**Description.** Blood tests showed elevated liver enzymes, LDH and CRP and mildly increased procalcitonin. The initial presentation was suggestive of a viral infection. Testing performed for cytomegalovirus, Epstein-Barr virus, West Nile virus, Chikungunya as well as for brucellosis, toxoplasmosis was all negative as well as repeated blood and urine cultures. Bed-side focused ultrasound revealed bilateral axillary enlarged lymph nodes measuring up to 2.7 cm with matted confluent areas. Total body CT confirmed pathological axillary lymphadenopathies with possible abscess areas, no additional radiological findings were noted. What to do next? Start empirical antibiotic therapy? PET scan? Lymph node biopsy? We performed additional tests for HIV, tuberculosis, Bartonella, Treponema, and ACE. Upon repeating a careful physical examination we noted on both hands, small crusted lesions resembling granulomas. Reviewing the medical history, 4 weeks before hospitalization, the patient reported being scratched from a sweet friendly stray kitten petted on the street. Empirical therapy with azithromycin was initiated, and due to worsening septic state, rifampicin was added, resulting in a good clinical response within a few days.

**Conclusion.** Laboratory tests confirmed elevated IgM antibodies against Bartonella henselae, leading to the diagnosis of acute cat scratch disease.

**Abstract Code: FDI24836-74**

**AUTOIMMUNE HEPATITIS AND UNDIFFERENTIATED CONNECTIVE TISSUE DISEASE  
FOLLOWING MRNA COVID-19 VACCINATION: A CASE OF ASIA SYNDROME**

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**Introduction.** Autoimmune/inflammatory syndrome induced by adjuvants (ASIA) describes immune-mediated conditions arising after exposure to substances with adjuvant-like activity. Although mRNA COVID-19 vaccines do not contain classical adjuvants, their lipid nanoparticle–mRNA platform exerts relevant immunostimulatory effects.

**Description.** We report the case of a 33-year-old woman with autoimmune thyroiditis and a familial autoimmune background who developed autoimmune hepatitis (AIH) and features consistent with undifferentiated connective tissue disease (UCTD) following COVID-19 mRNA vaccination. The clinical picture fulfilled Shoenfeld's diagnostic criteria for ASIA, including temporal association with vaccination, systemic symptoms, autoantibody positivity, genetic susceptibility and organ-specific autoimmune involvement. Corticosteroid therapy followed by azathioprine resulted in resolution of arthralgias, oral ulcers and normalization of liver function.

**Conclusions.** This case highlights ASIA syndrome as a potential post-vaccination autoimmune condition in genetically predisposed individuals. While vaccination benefits remain unquestionable, clinical awareness is essential to ensure timely diagnosis and appropriate immunosuppressive treatment in rare immune-mediated events.



**Abstract Code: FDI24895-79**

**MANAGEMENT DELL'EMORRAGIA CEREBRALE IN PAZIENTI ANTICOAGULATI CHE  
AFFERISCONO AL DIPARTIMENTO DI EMERGENZA E ACCETTAZIONE**

N. Costantini<sup>1</sup>, L. Secchi<sup>1</sup>, R. Beretta<sup>1</sup>

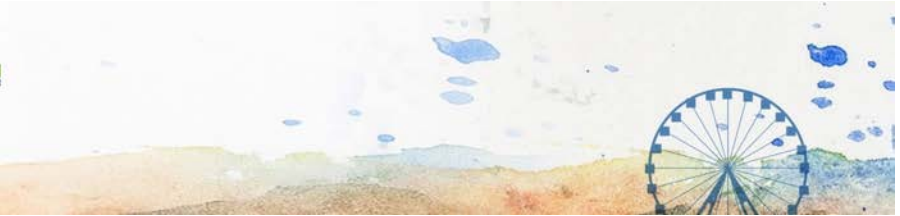
(1) ASL Gallura, Italy.

**Introduzione.** La gestione delle emorragie maggiori in corso di terapia anticoagulante orale nei dipartimenti di emergenza deve essere standardizzata, perchè spesso è il primo e decisivo contesto in cui vengono gestite.

**Materiali e Metodi.** Tra le emorragie maggiori analizziamo quelle intracraniche, tramite un'analisi retrospettiva di un anno, che terminerà il 28 aprile 2026: vengono arruolate tutte quelle che si sono presentate consecutivamente presso il Pronto Soccorso dell'Ospedale Giovanni Paolo II di Olbia. L'analisi ha distinto le forme spontanee da quelle post traumatiche, quelle in assunzione di antiaggreganti piuttosto che anticoagulanti orali e ha valutato le tipologie di reverse scelte in riferimento a quanto raccomandato nelle più recenti consensus.

**Risultati.** Nei primi sette mesi di osservazione sono state registrate 107 emorragie, di cui il 69% post traumatiche. Solo nel 79% dei casi è stata specificata la terapia a bordo del paziente: 21% in terapia anticoagulante orale (TAO) e 29% in terapia antiaggregante piastrinica. Il reversal della TAO è stato praticato solo nel 28% dei casi.

**Conclusioni.** Nella real life c'è una scarsa aderenza alle raccomandazioni sul reversal della TAO, soprattutto nei casi in cui gli antidoti e le rispettive dosi sono di provata efficacia come con anti vitamina K e Dabigatran. Si è utilizzato l'Andexanet- $\alpha$  con edoxaban e i PCCs (concentrati del complesso protrombinico) con il rivaroxaban. È evidente la necessità di fare chiarezza e standardizzare il management delle emorragie cerebrali negli anticoagulati.



**Abstract Code: FDI24544-70**

**UNMASKING GRANULOMATOSIS WITH POLYANGIITIS: A CASE OF RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS MISATTRIBUTED TO NON-STEROIDAL ANTI-INFLAMMATORY DRUGS NEPHROPATHY**

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**Introduction.** Granulomatosis with polyangiitis is a necrotizing vasculitis affecting small to medium-sized vessels, associated with anti-neutrophil cytoplasmic antibodies (c-ANCA) and pulmonary granulomas. It may cause rapidly progressive glomerulonephritis. Diagnosis and treatment require tissue biopsy and immunosuppression.

**Description.** A 51-year-old man presented with renal dysfunction. He referred bilateral ankle edema, polyarthralgia and prolonged nonsteroidal anti-inflammatory drugs (NSAID) use. He was an active smoker, with no asthma or known allergies. Physical exam revealed uncontrolled hypertension, without lymphadenopathy or organomegaly. Infections and malignancies were excluded. Urinalysis showed hematuria and nephrotic-range proteinuria. Autoimmune work-up showed c-ANCA positivity with normal complement levels. Lab revealed dyslipidemia. Renal ultrasound showed cortico-medullary dedifferentiation with normal resistive indices. Chest and facial computed tomography revealed pulmonary granulomatous lesions and nasal polyposis. Nasal endoscopy showed cyanotic mucosa. Renal biopsy confirmed pauci-immune crescentic glomerulonephritis, consistent with c-ANCA-associated vasculitis. Immunosuppressive therapy was promptly initiated with favorable initial response.

**Conclusions.** This case underscores the importance of a comprehensive diagnostic approach in medicine to avoid incorrect or delayed diagnosis. Our case is of particular interest because an apparent NSAID-induced nephropathy masked an underlying systemic vasculitis.

**Abstract Code: FDI24894-78**

## **SOMETIMES RARE DIAGNOSIS COME TOGETHER**

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**Introduction.** A sudden vision reduction and dyschromatopsia represent rare conditions that warrant further diagnostic investigations.

**Description.** A 48-year-old woman of Cuban origin accesses the emergency department because of pain in her right eye associated to decrease of visual acuity, dyschromatopsia and right temporal headache. She developed myalgia and arthralgia upon returning from a trip to Cuba. Diffuse nonspecific alterations suitable for inflammatory disease of the central nervous system were found at brain MRI. At lumbar puncture evidence of leukorrhachia with negativity of microbiological tests and research for oligoclonal band; anti-aquaporin 4 antibodies and interferon-gamma release assay were negative. Plasma levels of chitotriosidase were high and suggestive of sarcoidosis; also, syphilis serology was significant. Ophthalmological examination with fluorescein angiography was performed and it confirmed the clinical suspicion of luetic neuritis in the right eye. The chest- abdominal CT scan revealed multiple hilar-mediastinal lymph nodes. A lymph node biopsy has been performed and the histology showed non-necrotizing granulomatous inflammation. Bronchoalveolar lavage mycobacterial PCR was negative. Benzylpenicillin therapy and high-dose steroid therapy have been started, with gradual remission of visual symptoms and clinical general benefit.

**Conclusions.** Unilateral visual acuity loss can require detailed examinations for differential diagnosis and to start the right treatment as soon as possible. Having a complete picture of the patient is mandatory.

**Abstract Code: FDI24896-80**

## **AN INTERESTING CASE OF HYPERNATREMIA**

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**Introduction.** Electrolyte imbalances can be caused by endocrine disorders and should always be considered in cases of a lethargic state.

**Description.** An 81-year-old man was admitted to Emergency Department because of hematemesis during anticoagulant therapy for atrial fibrillation. Abdominal CT scan and gastroscopy were negative for haemorrhagic sources; proctoscopy revealed dark stools. The colonoscopy was not performed due to the onset of a drowsy state. The blood tests showed severe hypernatremia and worsening kidney function indices. The patient developed polyuria with a negative fluid balance. The head CT scan was negative for acute event and the electroencephalogram showed no graph elements compatible with epilepsy. The cerebrospinal fluid test ruled out the presence of meningitis. The brain MRI revealed an infarction of the neurohypophysis. In suspicion of central diabetes insipidus, therapy with cortisone acetate and desmopressin was started with improvement of sodium levels, plasma osmolarity, and fluid balance.

**Conclusions.** Severe hypernatremia can be caused by central diabetes insipidus and can lead to severe impairment of consciousness. Ischemia of the neurohypophysis is a rare cause of central diabetes insipidus, but it should be considered.

**Abstract Code: FDI24861-72**

**ATYPICAL INFECTIONS IN IMMUNOCOMPROMISED PATIENTS:  
A CASE OF *LACTOBACILLUS RHAMNOSUS* SEPSIS WITH SUSPECTED MYCOTIC  
THROMBOPHLEBITIS**

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**Introduction.** *Lactobacillus* spp. are common Gram-positive commensals of the gastrointestinal tract but may cause infections in immunocompromised patients. Standard therapies include penicillins and aminoglycosides, while resistance to ciprofloxacin and vancomycin is frequently reported.

**Description.** A 53-year-old man with history of ulcerative colitis, liver transplantation on everolimus and probiotics, total colectomy with ileorectal anastomosis for colorectal carcinoma, was admitted for fever. Laboratory tests showed elevated C-reactive protein, procalcitonin, and 1,3-beta-D-glucan (1,3-BDG) levels; abdominal CT revealed complete thrombosis of the splenic vein. Blood cultures were positive for *Lactobacillus rhamnosus*, ampicillin-susceptible and vancomycin-resistant. After therapy with ampicillin and caspofungin, added for suspected fungal thrombophlebitis, a PET/CT showed increased uptake at the site previously documented. In the absence of indications for surgical debridement, antibiotic therapy was continued until normalization of inflammatory markers and resolution of fever, while antifungal therapy was maintained for 7 days, then switched to weekly long-acting rezafungin for 3 weeks, with normalization of 1,3-BDG and PET findings.

**Conclusions.** This case highlights the importance of considering commensal species as potential pathogens in immunocompromised. In mycotic thrombophlebitis, source control through surgical debridement should be considered along with prolonged antifungal therapy, including long-acting agents, to achieve clinical and radiological resolution.

**Abstract Code: FDI25092-69**

## **NURSING STUDENTS' ATTITUDES AND OPINIONS ABOUT TRANSGENDER AND GENDER DIVERSE PEOPLE: A CROSS-SECTIONAL STUDY**

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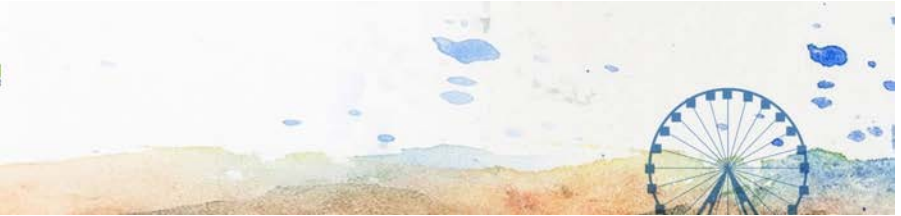
*(1) University Hospital Policlinico of Bari, (2) Affiliazione: Department of Precision and Regenerative Medicine and Jonian Area - (Dimepre-J), "Aldo Moro" University of Bari, (3) Department of Biomedicine and Prevention, "Tor Vergata" University, Rome, (4) Department of Innovative Technologies in Medicine & Dentistry, "G. D'annunzio" University of Chieti-Pescara, Chieti, (5) Interdisciplinary Department of Medicine, "Aldo Moro" University of Bari, (6) Department of Oncology, ASL Taranto, Taranto, Italy.*

**Introduction and Aim.** To improve nursing education in the care of transgender and gender diverse (TGD) people, it is important to understand students' attitudes and opinions towards this population. This study aimed to investigate nursing students' attitudes and opinions towards TGD people.

**Materials and Methods.** A cross-sectional study was conducted (July-October 2024) at the University of Bari, Italy. Data were collected using a questionnaire including: (i) sociodemographic data; (ii) TGD-related background; and (iii) the Transgender Attitudes and Beliefs Scale (TABS) (range 29–203, higher scores indicate more positive attitudes) comprising three factors: interpersonal comfort (range 14–98), sex/gender beliefs (range 10–70), and human value (range 5–35).

**Results.** Among the 79 students, 10.1% identified as homosexual and 34.2% had TGD friends. Mean TABS score was 184.0±16.9. Mean interpersonal comfort, sex/gender beliefs, and human value scores were 89.25±10.0, 60.4±7.7, and 34.4±1.6, respectively. Homosexual students and those with TGD friends reported significantly higher mean TABS scores (192.8±12.6 and 189.7±14.4, respectively;  $p<0.05$ ). Higher human value scores were correlated with more positive sex/gender beliefs ( $\rho=0.504$ ;  $p<0.001$ ) and greater interpersonal comfort ( $\rho=0.481$ ;  $p<0.001$ ). Sex/gender beliefs were also correlated with interpersonal comfort ( $\rho=0.623$ ;  $p<0.001$ ).

**Conclusions.** Educational experiences based on contact, exposure, and value-based reflection may enhance nursing students' preparedness to provide inclusive and competent care for TGD people.



**Abstract Code: FDI25024-64**

## **COPPER POISONING FROM ACCIDENTAL INGESTION OF VERDIGRIS**

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**Premises.** Copper sulfate is a rare mode of suicidal or accidental poisoning. The clinical course of this form of poisoning ranges from only gastrointestinal symptoms to gastrointestinal bleeding, intravascular hemolysis, acute kidney injury (AKI) and even death in severe cases. Hemodialysis (HD) is usually ineffective for directly removing copper in acute copper sulfate poisoning because copper rapidly binds to plasma proteins and gets stored in tissues, but HD remains crucial for managing AKI and fluid overload. copper sulfate poisoning.

**Description.** A 77-year-old Caucasian male with chronic kidney disease and hypertension was admitted to emergency department for vomiting after accidental ingestion of verdigris. Despite initial management with activated charcoal, hydration and chelation therapy using penicillamine, he developed intravascular hemolysis, rhabdomyolysis, AKI, hepatitis, pancreatitis and atrial fibrillation. Treatment involved fluid resuscitation, blood transfusions, antibiotics and HD. The duration of HD, despite the resumption of spontaneous diuresis, was based on monitoring serum and urinary copper levels, with progressive reduction of their values and patient's clinical recovery. After 4 weeks, he discontinued HD, with subsequent discharge home.

**Conclusions.** Cupremia and cupruria monitoring justified our empirical approach on HD. This case underscores the importance of prompt recognition and management of copper sulphate poisoning, emphasizing the potential for severe complications and the need for further research to establish standardized treatment protocols.

**Abstract Code: FDI25025-65**

## **CRACK LUNG SYNDROME**

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**Premises.** With the increasing use of inhaled drugs such as cocaine and amphetamines, drug-induced lung injury has become a relevant condition in emergency setting. The term crack lung syndrome describes an acute pulmonary syndrome resulting from the inhalation of crystalline cocaine. Cocaine-induced lung damage can mimic several pulmonary diseases, through various mechanisms such as alveolocapillary membrane lesions, increased alveolar permeability, diffuse interstitial damage, generation of ROS.

**Description.** A 34-year-old Caucasian male without comorbidity presented to the emergency department with sudden-onset dyspnea, wheezing, palpitations, and tachycardia. Laboratory tests revealed high values of white blood cell count and C-reactive protein as well as hypoxemia, ECG reported a sinus tachycardia. Lung CT showed diffuse bilateral alveolar ground-glass infiltrates, without pleural effusions, pulmonary embolism or cardiomegaly. During the clinical interview, the patient admitted to smoking cocaine. He was treated with ampicillin-sulbactam, oxygen, bronchodilators and prednisolone, with a quick resolution of respiratory symptoms and hypoxemia. The CT scan performed five days after admission showed significantly better results and he was therefore discharged home.

**Conclusions.** It is essential that clinicians are aware of this clinical condition when faced with patients with illicit drug use. Steroids may play a role in reducing inflammation, but further research is needed to establish standardized treatment protocols for this condition.

**Abstract Code: FDI25026-66**

**A SPONTANEOUS PNEUMOMEDIASTINUM AFTER *HAEMOPHILUS INFLUENZAE* INFECTION**

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**Introduction.** Haemophilus influenzae is an important pathogen for pneumonia and acute exacerbation of chronic obstructive pulmonary disease (COPD). Most H. influenzae infections are the result of direct extension from the nasopharynx to the lower respiratory tract. The CT findings usually included ground-glass opacity, bronchial wall thickening, centrilobular nodule, consolidation and rarely pleural effusion and mediastinal lymph node enlargement.

**Description.** A 84-year-old Caucasian female with COPD, hypertension and diabetes mellitus was admitted to our ward for cough, wheezing and worsening dyspnea. Laboratory tests revealed leukocytosis and hypoxemia. Lung CT showed bronchial wall and interseptal thickening. Respiratory PCR panel and cultural exams were positive for H. influenzae. She was treated with macrolides, oxygen, bronchodilators and prednisolone. Due to the onset of chest pain despite unremarkable finding of ECG and laboratory tests, a CT scan was repeated with evidence of a small pneumomediastium in the paratracheal area. She was therefore subjected to radiological monitoring, with a resolution of the pneumomediastinum after ten days.

**Conclusions.** Pneumomediastinum is a rare entity in the context of viral-bacterial severe community acquired pneumonia, while no cases of its onset are described in patient with acute exacerbation of COPD and H. influenzae infection, due probably to incessant cough in the context of a senile lung. The clinician must be aware of this condition, which can represent a real diagnostic and therapeutic challenge.

**Abstract Code: FDI24966-78**

**MANAGING EXTREME LIPOPROTEIN(A) ELEVATION: THE ESSENTIAL CONTRIBUTION OF THE INTERNAL MEDICINE LIPIDOLOGY SPECIALIST**

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**Background.** Residual cardiovascular (CV) risk after Percutaneous Coronary Intervention (PCI) remains clinically relevant. Elevated lipoprotein(a) [Lp(a)] is an important contributor through prothrombotic and proinflammatory mechanisms and may drive recurrent ischemic events despite optimal lipid-lowering therapy.

**Case Presentation.** A 52-year-old woman, smoker (30 pack-years), presented in 2010 with unstable angina. Coronary angiography revealed critical right coronary artery (RCA) stenosis, treated with PCI and drug-eluting stent implantation. From 2010 to 2023, she was hospitalized three times for recurrent ischemic events due to in-stent restenosis of the RCA, requiring repeated revascularizations. LDL-C levels were optimally controlled (<18 mg/dL) with rosuvastatin, ezetimibe, and alirocumab. Lipidology assessment showed Lp(a) >428 nmol/L with incomplete corneal xanthoma, identifying Lp(a) as the main determinant of residual CV risk. Following multidisciplinary discussion, prolonged high-potency dual antiplatelet therapy and lipoprotein apheresis were initiated.

**Conclusion.** This case emphasizes the clinical impact of extreme Lp(a) elevation, the importance of early Lp(a) measurement after CV events, and the key role of lipidology expertise in managing residual risk through advanced therapeutic strategies.

**Abstract Code: FDI24957-78**

**ANIMAL NAMING TEST E IDENTIFICAZIONE PRECOCE DI STATI DI ENCEFALOPATIA EPATICA:  
REVISIONE DELLA LETTERATURA**

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**Introduzione.** L'encefalopatia epatica (MHE) si configura come una sindrome con disturbi neurologici. Animal Naming Test (ANT) sembrerebbe essere uno strumento di valutazione particolarmente sensibile alle funzioni cerebrali associate alle regioni della corteccia anteriore e prefrontale (tra le prime ad essere coinvolte nelle fasi iniziali). L'ANT richiede al paziente di elencare il maggior numero di animali in 1 minuto e consente di misurare la fluidità semantica, offrendo una rapida valutazione cognitiva nei pazienti con cirrosi.

**Materiali e Metodi.** È stata condotta una revisione interrogando le banche dati PubMed, Cochrane Library e Cinahl, ricercando studi pubblicati dal 2014 al 2024.

**Risultati.** Sono stati selezionati 5 articoli; 4 studi affermano l'efficacia statisticamente significativa di ANT (sensibilità di 89%, specificità del 95%, valore predittivo positivo del 91%, valore predittivo negativo del 94%) evidenziando un'accuratezza diagnostica complessiva del 93%. L'area sotto la curva ROC risulta essere 0,978 indicando un'ottima capacità discriminativa del test. Un solo studio non ha identificato una correlazione con stati di encefalopatia epatica, ma con stati generali di fragilità e disabilità.

**Conclusioni.** ANT si configura come uno strumento rapido e userfriendly per l'identificazione precoce dell'encefalopatia epatica. Sono auspicati studi con campioni maggiori. L'adozione tramite app potrebbe rendere l'uso più agevole per il paziente e/o il caregiver e favorire un monitoraggio più frequente.

**Abstract Code: FDI25103-62**

**BASILAR FLOW VOLUME REDUCTION ACROSS ISCHEMIC TERRITORIES: A DUPLEX  
ULTRASOUND STUDY**

A.F. Damiani Tripolino<sup>1</sup>, M.D. Guglielmi<sup>1</sup>, E. Porreca<sup>1</sup>

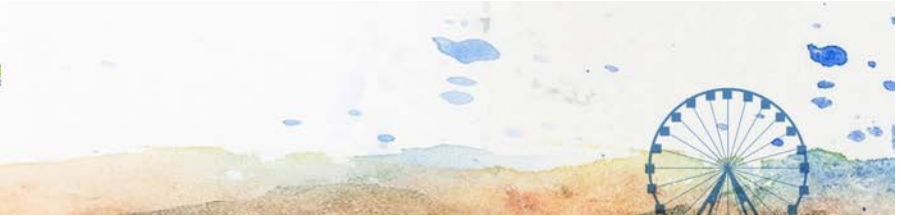
(1) UOC Medicina Generale 2 - Chieti, Italy.

**Background.** Vertebral and basilar artery flow volume is rarely used in routine practice, despite its potential role in posterior circulation ischemia. Evidence on flow alterations across ischemic territories remains limited.

**Methods.** From a retrospective cohort of emergency and hospitalized patients undergoing supra-aortic trunk ultrasound, subjects with ischemic brain lesions on CT were selected, including territorial and lacunar infarctions, recent or previous. Ischemia was classified by vascular territory into anterior (ACI) and posterior circulation ischemia (PCI); a CT-negative control group was included. Patients with cardioembolic sources and complete carotid occlusions were excluded to avoid flow redistribution. Vertebral and basilar flow volumes were assessed by duplex ultrasound. Group comparisons used non-parametric tests with Holm correction.

**Results.** Basilar flow volume differed significantly among groups ( $p < 0.001$ ). Median values were lowest in PCI ( $107 \pm 48$  mL/min), intermediate in ACI ( $130 \pm 58$  mL/min), and highest in controls ( $168 \pm 61$  mL/min). Post-hoc analysis showed significant reductions versus controls (PCI  $p_{\text{Holm}} = 2.0 \times 10^{-5}$ ; ACI  $p_{\text{Holm}} = 0.0015$ ). PCI showed a trend toward lower flow compared with ACI ( $p_{\text{Holm}} \approx 0.07$ ). Most lesions were lacunar or previous.

**Conclusions.** Basilar flow volume is reduced in ischemic patients, particularly in posterior circulation involvement, even in populations dominated by lacunar and previous lesions. Vertebrobasilar flow impairment may represent a stable hemodynamic marker for ischemic risk stratification.



**Abstract Code: FDI24760-70**

**BRUGADA ECG PATTERN IN A CAUCASIAN PATIENT WITH SEVERE HYPOTHYROIDISM**

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**Introduction.** Brugada syndrome (BrS) is a disorder leading to potentially life-threatening ventricular arrhythmias in patients with an apparently normal heart. It mostly affects men of Asian descent, and the prevalence varies between ethnicities. Typical ECG abnormalities with no symptoms are referred to as the Brugada pattern, and hypothyroidism is a potential trigger of this.

**Case Report.** We report on a Caucasian man with severe hypothyroidism and Brugada ECG pattern, which normalised after starting replacement therapy. The association has been previously described in only a few patients.

**Abstract Code: FDI24917-74**

**A RARE CASE OF PARANEOPLASTIC ASEPTIC MENINGITIS MEDIATED BY ANTIRECOVERIN ANTIBODIES**

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**Introduction.** In the paraneoplastic aseptic meningitis the immune system, attacking a neoplasm, produces antibodies that react against neuronal antigens, causing inflammation of the meninges and the nervous system. This condition is not characterized by pathognomonic clinical or instrumental signs, and only a few cases have been reported to date.

**Description.** A 76 y.o. man affected by non-small cell lung cancer and undergoing treatment with chemo-immunotherapy came to our attention for fever, back pain, postural instability, neck stiffness and photophobia. Blood tests showed a mild increase in inflammatory markers in the absence of evident infectious foci. Suspecting meningitis, a lumbar puncture was performed, resulting negative for infection. CT and EEG respectively excluded acute ischemic events and epileptogenic foci, while MRI revealed diffuse leptomeningeal enhancement. Two separate serological tests were positive for antirecoverin antibodies in absence of retinopathy. Therapy with dexamethasone was started, resulting in rapid clinical and radiological improvement, as documented by a follow-up MRI showing remission of the inflammatory findings. A diagnosis of aseptic meningitis mediated by onconeural antibodies was therefore made.

**Conclusions.** The diagnosis of aseptic meningitis mediated by onconeural antibodies is complex and requires clinical, biochemical, and radiological informations. Several cases of aseptic meningitis remain undiagnosed; when this condition is suspected, testing for onconeural antibodies in serum and cerebrospinal fluid should be considered.

**Abstract Code: FDI24537-72**

**PATHOGENETIC AND PROGNOSTIC CORRELATION BETWEEN ALPHA-1 ANTITRYPSIN DEFICIENCY AND BRONCHIAL ASTHMA**

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**Background.**

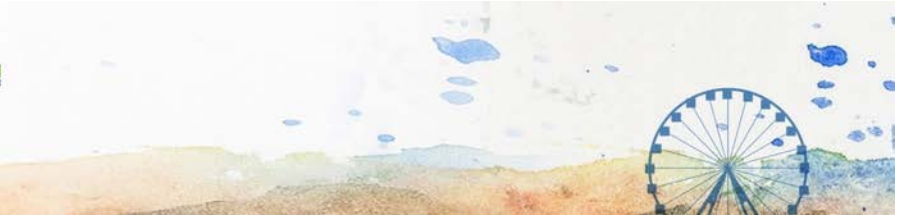
A possible association between alpha-1 antitrypsin deficiency and asthma has long been hypothesized, particularly with severe forms of this disease characterized by chronic airway inflammation.

**Clinical Case.**

25 patients (outpatients) were recruited, 14 men and 11 women, mean age 51 years; 5 with asthma, 2 with emphysema, 18 with other conditions (hypertensive heart disease, atrial fibrillation, diabetes mellitus, chronic kidney disease). Laboratory findings of alpha-1 antitrypsin deficiency were found in 8 patients. Genotyping (heterozygous mutations documented): exon 2 of the serpin 1 gene (1 patient, diagnosed with asthma), exon 5 of the serpin 1 gene (3 patients, 2 diagnosed with asthma and 1 with chronic bronchitis), exon 3 of the serpin 1 gene (4 patients, diagnosed with asthma). Patients positive for alpha-1 antitrypsin deficiency were treated with triple bronchodilator therapy, and remained stable at follow-up with few exacerbations.

**Conclusions.**

Many studies have documented an increased prevalence of asthma in the population with alpha-1 antitrypsin deficiency (4-38%), as well as an increased prevalence of alpha-1 antitrypsin deficiency in the asthmatic population (5-20%). Prevalence data, together with the fact that patients with asthma and alpha-1 antitrypsin deficiency have poorer disease control, a more rapid decline in respiratory function, and a worse prognosis than those without alpha-1 antitrypsin deficiency, suggest that the deficiency may be a risk factor for the development of asthma as well as capable of worsening the condition.



**Abstract Code: FDI24539-74**

## **ADVANCED BREAST CANCER: AN UPDATE ON PHARMACOTHERAPEUTIC EVOLUTION**

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**Background.** Ribociclib is a CDK4/6 inhibitor effective in HR+/HER2- advanced breast cancer. Nab-paclitaxel is a chemotherapy used for metastatic triple-negative breast cancer, including in early stages as neoadjuvant therapy.

**Clinical Case.** A seventy-year-old smoker with receptor-positive, HER2-negative left breast cancer with multiple liver metastases. She underwent quadrantectomy, combined chemotherapy (anthracyclines and cyclophosphamide), and local radiotherapy. Hormone therapy (tamoxifen, letrozole) and cycles of ribociclib and taxanes (Nab-paclitaxel) were administered. Intercurrent episode of paroxysmal atrial fibrillation requiring pharmacological cardioversion (amiodarone). At follow-up, the tumor stabilized, with liver metastases presenting as calcified metastases.

**Conclusions.** Ribociclib has been shown to improve overall and progression-free survival in the treatment of HR+/HER2- metastatic breast cancer. A significant reduction in the risk of disease progression or death was observed when ribociclib was combined with an aromatase inhibitor. The combination of ribociclib and letrozole prolonged median progression-free survival. Ribociclib is recommended as a first-line option combined with endocrine therapy for HR+/HER2- locally advanced or metastatic breast cancer. Nab-paclitaxel has been studied and used in metastatic triple-negative breast cancer, showing improved progression-free survival when combined with carboplatin compared to other regimens.

**Abstract Code: FDI24822-69**

## **ENCEFALOPATIA DI WERNICKE: DIFFICOLTÀ DIAGNOSTICHE NEL PAZIENTE INTERNISTICO PLURIPATOLOGICO**

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**Introduzione.** L'encefalopatia di Wernicke è una condizione neurologica acuta da deficit di tiamina, spesso sottodiagnosticata nel paziente internistico con abuso alcolico e comorbidità. La diagnosi è frequentemente ritardata poiché la triade classica: alterazioni dello stato mentale, disturbi oculomotori e atassia è completa solo in una minoranza dei casi.

**Descrizione.** Donna di 75 anni con anamnesi di abuso alcolico cronico, epatopatia di probabile eziologia etilica, anemia macrocitica grave e sindrome metabolica, ricoverata in Medicina Interna per anemia severa, insufficienza respiratoria acuta e scompenso cardiaco. Durante la degenza compariva disorientamento spazio-temporale associato ad afasia transitoria, per cui la paziente veniva trasferita in Neurologia. Gli accertamenti escludevano eventi ischemici e infettivi; l'EEG mostrava onde trifasiche diffuse e la RM encefalica evidenziava alterazioni dei corpi mammillari e della regione periacqueduttale, suggestive di encefalopatia di Wernicke. Veniva avviata terapia con tiamina ad alte dosi per via parenterale. Dopo stabilizzazione neurologica, la paziente veniva riaccolta in Medicina Interna per il proseguimento dell'iter terapeutico.

**Conclusioni.** Il caso evidenzia l'importanza di considerare precocemente l'encefalopatia di Wernicke nel paziente internistico con abuso alcolico e alterazioni dello stato di coscienza, anche in assenza della triade completa. Il trattamento tempestivo con tiamina ad alte dosi è fondamentale per prevenire esiti neurologici irreversibili e garantire un recupero clinico significativo.

**Abstract Code: FDI24733-70**

## **SEPTIC SACROILIITIS IN A DIABETIC WOMAN**

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(1) *Medicina Interna Ospedale L. Bonomo, Andria (BA), Italy.*

**Introduction.** Septic arthritis is a medical emergency that may be associated with significant mortality and morbidity in case of delayed diagnosis and management.

**Description.** An 84-year-old hypertensive and diabetic woman was admitted to the Internal Medicine ward for fever preceded by chills and severe sacroiliac joint pain resulting in functional impairment and bed rest. Blood tests showed increased inflammation markers while pelvic and hip radiographs did not document signs of osteoarthritis. Blood cultures were collected and *Streptococcus agalactiae* was identified. A pelvic CT scan evidenced thickening and postcontrast enhancement of the synovial membrane, distended by fluid at the left sacroiliac joint, and focal thrombosis of the ipsilateral internal iliac vein. There were no signs of bone erosion. It was not necessary to perform an arthrocentesis for culture of the joint fluid. Antibiotic therapy with daptomycin and linezolid was administered for 3 weeks resulting in a reduction in inflammation markers, rapid resolution of hip joint pain and resumption of ambulation. The follow-up CT scan also documented regression of inflammatory collection of the left sacroiliac joint. In this patient the only predisposing comorbidity for the development of septic arthritis was diabetes mellitus.

**Conclusions.** The acute onset of monoarticular joint pain, fever and immobility should raise suspicion of septic arthritis. Timely identification and treatment of septic arthritis can significantly reduce morbidity and mortality.

**Abstract Code: FDI24681-72**

**NON DIRE GATTO SE NON CE L'HAI NEL SACCO**

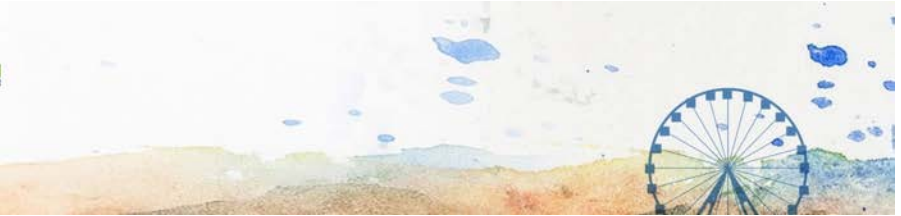
S. Della Mora<sup>1</sup>, A. Bersani<sup>1</sup>

(1) Ospedale San Bortolo di Vicenza (Rete Formativa Dell'università degli Studi di Padova), Italy.

**Introduction.** La bartonellosi sistemica è una delle possibili cause di FUO. In presenza di un elevato sospetto clinico, l'iter diagnostico non deve limitarsi alla sola sierologia, ma richiede un approccio multimodale.

**Case Report.** M. C., 17 anni, accede in PS per emoftoe, dolore toracico e febbre persistente; la RX del torace e l'angio TC del circolo polmonare non evidenziano nulla di significativo e gli esami mostrano anemia e aumento degli indici di flogosi. L'esame obiettivo è negativo, in particolare non lesioni cutanee o linfadenopatie superficiali e ulteriori accertamenti microbiologici, sierologici e biumorali risultano negativi. Un'ecografia addominale documenta aumento delle dimensioni della milza con lesioni ipoecogene nel contesto. Vengono escluse emoglobinopatie mentre le sierologie per le principali infezioni causa di splenomegalia non risultano dirimenti. Viene quindi eseguita una PET-TC che mostra un quadro compatibile con malattia linfoproliferativa. Si procede pertanto a biopsia escissionale di un linfonodo ascellare profondo di cui l'esame istologico, una volta disponibile, depone per linfadenite con caratteristiche suppurative, compatibile con malattia da graffio di gatto.

**Conclusioni.** L'infezione da *Bartonella henselae* deve essere presa in considerazione nei casi di FUO. Solitamente si presenta con una reazione cutanea e linfadenopatie regionali, raro ma possibile l'interessamento splenico e/o epatico. La diagnosi, che nasce dal sospetto clinico, si basa inizialmente su test sierologici, mentre la conferma definitiva si basa su emocolture, PCR ed esame istopatologico.



**Abstract Code: FDI25101-60**

**BRAIN AND PULMONARY ABSCESSSES IN A PATIENT WITH PATENT FORAMEN OVALE**

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**Introduction.** A 61-year-old woman presented to the hospital with fatigue and diplopia and was diagnosed with bilateral abducens nerve palsy. Initial brain computed tomography (CT) was negative for acute events. A few days later dysarthria developed, with CT evidence of a hypodense lesion in the temporal region. The patient was admitted to the internal medicine department and started antiplatelet therapy. Ceftriaxone was added because of inflammatory markers. A single episode of fever occurred, for which blood cultures were obtained, resulting negative for microbial growth.

**Description.** A contrast-enhanced brain MRI (MRI) was performed, which was negative for acute ischemic events but documented hyperintense oval formations with annular enhancement and perilesional edema, suspicious for abscesses. A CT scan with contrast medium further revealed oval pulmonary formations with hypodense content, small air spaces, and contrast enhancement, consistent with inflammatory changes. She was then transferred to the infectious diseases department and her therapy was adjusted by increasing the dosage of ceftriaxone and adding metronidazole, observing an improvement in laboratory values. Transthoracic and transesophageal echocardiography were negative for vegetations. She underwent cardiac bubble testing with significant passage of microbubbles after the Valsalva maneuver.

**Conclusions.** PFO can cause septic embolism. Identifying the presence of an interatrial shunt requires a comprehensive diagnostic workup, including transesophageal echocardiography with microbubble testing.

**Abstract Code: FDI25098-75**

## **QUANDO DA UN PROTIDOGRAMMA ARRIVA UNA DIAGNOSI INASPETTATA**

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**Premesse.** La sindrome di Sjogren è una malattia autoimmune caratterizzata dal coinvolgimento delle ghiandole esocrine e spesso associata a malattie autoimmuni.

**Caso Clinico.** Donna di 55 anni si presenta, dopo un ricovero per sepsi da *Staphylococcus aureus*, per incremento di indici di colesterasi, transaminasi e linfadenomegalie toraco-addominali. Alla visita lesioni nodulari escoriate su tronco/arti (prurigo nodularis). Nega patologie in anamnesi. Agli esami ematici aumento delle proteine totali (8 g/dl) con ipergammaglobulinemia policlonale. TC totalbody e ecoaddome mostrano steatosi epatica senza linfonodi patologici. Rilevate pregresse infezioni da EBV e CMV, sierologie per HBV, HIV e HCV negative. Agli esami ematici VES aumentata, PCR negativa, incremento di transamini e indici di colesterasi persistente. E' stata ipotizzata una patologia autoimmune con ricerca di autoanticorpi risultati positivi. Indagando meglio l'anamnesi emerge tumefazione parotidea bilaterale, xeroftalmia e xerostomia alcuni anni prima. Eseguita ecografia e biopsia delle ghiandole salivari (scialoadenite moderata-severa) e test per la xeroftalmia (positivo) ponendo diagnosi di Sjogren. Per l'incremento delle transaminasi è stata eseguita una biopsia epatica compatibile con epatite autoimmune in overlap. La paziente ha iniziato cortisone e terapia soppressiva con beneficio.

**Conclusioni.** Le malattie autoimmuni si manifestano con quadri clinici complessi che richiedono revisione anamnestica e degli esami strumentali per arrivare alla diagnosi nonché un team multidisciplinare di specialisti.

**Abstract Code: FDI25099-76**

## **QUANDO IL DOSAGGIO DEGLI ANTICOAGULANTI ORALI DIRETTI PUÒ AIUTARCI**

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**Premessa.** Per la più crescente assunzione degli anticoagulanti orali diretti (DOAC) crescono le sfide per una gestione corretta del profilo di rischio emorragico/trombotico e, in alcuni casi è necessario procedere ad esami di secondo livello.

**Caso Clinico.** Uomo di 87 anni si presenta per dispnea ed edemi declivi. In anamnesi: cardiopatia dilatativa primitiva, Fibrillazione atriale in DOAC (dabigatran), insufficienza renale. Agli esami ematici: indici di flogosi alti, BNP 1135, creatinina alta, INR 4 aPTT 102, transaminasi alte. Trattato il quadro infettivo e ridotto lo stato anasarcatico per persistenza del profilo di coagulazione alterato (PT e aPTT alto) è stato eseguito un dosaggio del DOAC e uno studio della coagulazione che ha mostrato elevati valori di dabigatran con deficit del fattore II e XI anche a distanza di tempo dalla sospensione del farmaco suggerendo un accumulo del DOAC in condizioni di peggioramento della funzione renale ed epatopatia da stasi. Visto il progressivo miglioramento del profilo coagulativo e della funzione renale è stato deciso di reintrodurre il DOAC con molecola a basso metabolismo epatico (edoxaban 30 mg) e supplemento di vitamina k.

**Conclusioni.** La compromissione epatica nello scompenso cardiaco può alterare il metabolismo dei DOAC, favorendone un accumulo e aumentando il rischio emorragico. Nonostante al momento non esistano linee guida ufficiali, in alcuni casi, il dosaggio ematico dei DOAC e dei fattori della coagulazione può aiutarci a prendere delle decisioni cliniche importanti per ottimizzare il profilo di rischio trombotico/emorragico

**Abstract Code: FDI25047-69**

## **STRANGE CASE OF FACIAL PARALYSIS**

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**Introduction.** Miller-Fisher syndrome is a rare neurological condition, a variant of Guillain-Barré syndrome, and represents a neurological emergency characterized by rapidly and progressive involvement of the peripheral nervous system (cranial nerves and motor coordination).

**Description.** A patient was admitted to the emergency room as a second case from another hospital, where she had been treated for lomabr back pain and Bell's palsy. She presented with worsening cognitive status and facial paralysis. After a neurological evaluation, an MRI scan (negative for acute symptoms) and a spinal tap were performed, due to suspected lymphomatous meningitis (a positive history of non-Hodgkin's lymphoma). While hospitalized, a spinal tap was performed, revealing evidence of albumin-cytology dissociation. This, combined with the worsening neurological status with extension of weakness to the upper and lower limbs, raised strong clinical suspicion of inflammatory cranial multineuropathy (Miller-Fisher syndrome). Treatment with intravenous immunoglobulin and cortisone was therefore initiated in the absence of a clinical response. Due to the progressive worsening of her clinical condition, the patient was discharged against medical advice.

**Conclusions.** This case report suggests that a definitive diagnosis of Miller-Fisher syndrome often requires several investigations to rule out other causes of neuropathy and promptly initiate the best possible therapy.

**Abstract Code: FDI25056-69**

## **TROMBOSI E NEOPLASIA, UN BINOMIO (QUASI) IMPRENSCINDIBILE**

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**Introduction.** CRT (Catheter-Related Thrombosis) is one of the most common complications in the management of venous catheters.

**Description.** A 50-year-old man was admitted to the emergency room due to intermittent, atypical chest pain for several days in a patient with colon cancer who had been treated surgically and was currently undergoing chemotherapy. A central venous catheter was placed in the right subclavian artery. Upon examination, the patient was in good clinical condition, with a Glasgow Coma Scale score of 15. The patient reported recently resolved pain. An electrocardiogram (ECG) showed sinus rhythm at an average rate of 75 beats per minute, with nonspecific repolarization abnormalities. Physical examination revealed a murmur of 4/6 on the Levine scale. Blood tests showed elevated D-dimer levels (2800 ng/dL). A computed tomography (CT) angiogram showed evidence of lobar pulmonary thromboembolism. Subsequently, an echocardiogram was performed, revealing a floating thrombus between the right atrium and right ventricle, measuring 2.5x1.8 cm, adherent to venous catheter. Cardiac MRI ruled out neoplastic metastasis, heparin and subsequently warfarin were started with International Normalized Ratio (INR) therapeutic target (2.5-3.5), as cardiac surgical evaluation confirmed. Approximately, after 3 months therapy, a new transesophageal echocardiogram confirmed resolution of the intracardiac thrombosis.

**Conclusions.** This clinical case highlights the delicate balance between the usefulness of a central venous catheter and its side effects.

**Abstract Code: FDI24969-81**

## **FARMACI PSICOATTIVI NELLE CARCERI: TRA NECESSITÀ TERAPEUTICA E RISCHIO DI ABUSO. UNA REVISIONE NARRATIVA DELLA LETTERATURA**

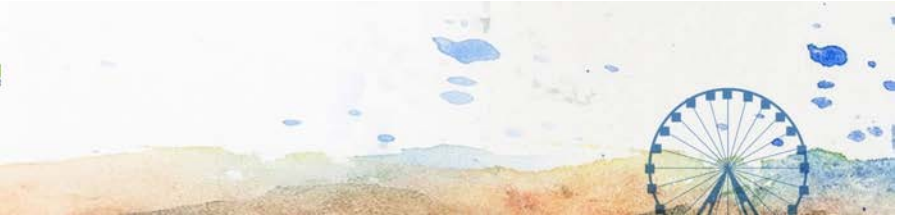
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**Introduzione.** Negli ultimi anni l'uso improprio di farmaci soggetti a prescrizione, in particolare psicoattivi, rappresenta una rilevante problematica di sanità pubblica, ulteriormente amplificata in ambito penitenziario. Un impiego inappropriato può determinare dipendenza, effetti collaterali significativi e comportamenti di abuso, talvolta legati a finalità di controllo comportamentale. L'analisi di questo fenomeno è essenziale per la tutela della salute dei detenuti e la sicurezza degli istituti. Lo studio si propone di analizzare l'uso dei farmaci psicoattivi in carcere, valutandone il rischio di uso improprio e le strategie per un impiego sicuro e appropriato.

**Materiali e Metodi.** Revisione narrativa della letteratura sul database PubMed includendo studi degli ultimi dieci anni, in lingua inglese e francese, relativi all'uso di farmaci psicoattivi in ambito penitenziario.

**Risultati.** L'uso di psicofarmaci risulta superiore rispetto alla popolazione generale, con frequenti prescrizioni off-label e politerapie; quetiapina e pregabalin sono i farmaci più utilizzati e associati a rischio di abuso. La sospensione controllata non ha evidenziato peggioramenti clinici, suggerendo un impiego non sempre strettamente terapeutico.

**Conclusioni.** L'uso di psicofarmaci in carcere è diffuso e potenzialmente inappropriato, soprattutto tra donne e soggetti con precedenti di dipendenza; sorveglianza clinica, documentazione accurata e revisione periodica delle prescrizioni sono essenziali per garantirne l'uso appropriato e tutelare la salute dei detenuti.



**Abstract Code: FDI24695-77**

## **AN UNEXPLAINED HYPOXEMIA**

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**Introduction.** The pathophysiologic origins of hypoxia in COPD involve multiple mechanisms, most notably ventilation perfusion mismatch as a consequence of airflow obstruction and emphysematous capillary bed destruction. However, there is increasing interest in understanding the role of patent foramen ovale (PFO)-mediated right-to-left shunting in hypoxia as a potential therapeutic target. The functional impact of PFO on exercise capacity in moderately severe COPD is still controversial

**Description.** We describe below a clinical case of a patient with COPD GOLD stage II who presented with apparently unexplained hypoxemia and was discovered to be due to PFO. We describe how surgical correction of the PFO had a significant impact on the patient's hypoxia and quality of life.

**Conclusions.** PFO is a cause of hypoxemia that should be suspected in selected cases of COPD as it can have a significant impact on comorbidities in these patients. In our case, we saw how surgical correction of PFO resulted in an improvement in the respiratory disease itself.

**Abstract Code: FDI24734-71**

## **USE OF ERDOSTEINE IN VIRAL EXACERBATIONS OF COPD**

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**Introduction.** Virus-induced exacerbations are very common in patients with COPD and can lead to a worsening of the disease itself. The use of erdosteine is little studied in this type of patients. Some in vitro studies show that erdosteine may accelerate healing in COPD exacerbations.

**Materials and Methods.** A total of 21 consecutive patients with GOLD stage 2 COPD experiencing a moderate COPD exacerbation caused by a virus, which did not require hospitalization, were enrolled and received erdosteine during treatment. They underwent evaluation with spirometry, blood tests, blood gas analysis, 6MWT, and MRC score before therapy and one month after the end of the exacerbation.

**Results.** All patients experienced benefits from treatment with erdosteine. Most of them maintained their GOLD staging value prior to the exacerbation. In some cases, there was an improvement in the MRC score.

**Conclusions.** Although the number of patients is small, our experience suggests that early use of erdosteine appears to improve the outcome of acute exacerbations of COPD.

**Abstract Code: FDI24659-77**

## **DA PAZIENTE A GESTORE DI SÉ: IL RUOLO CRUCIALE DELL'EDUCAZIONE INFERMIERISTICA NEL DIABETE MELLITO**

D. Diamantini<sup>1</sup>, C. Vannini<sup>1</sup>

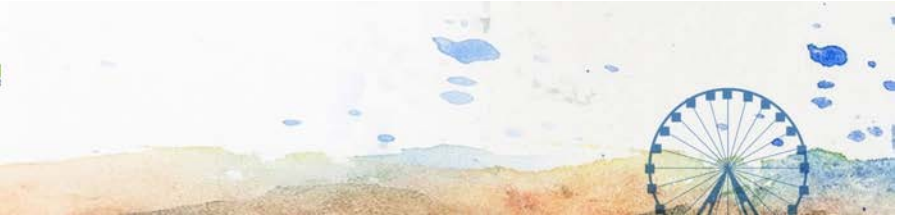
(1) AUSL Romagna, Italy.

**Introduzione.** La gestione del diabete mellito richiede un'efficace autocura per prevenire complicanze acute e croniche. L'obiettivo di questo progetto è delineare un programma di Educazione Terapeutica strutturato del Paziente diabetico, fondamentale per potenziare le competenze di autogestione e migliorare l'aderenza terapeutica nei pazienti diabetici.

**Materiali e Metodi.** Il progetto si basa su una revisione della letteratura per l'educazione nel diabete. Sono stati identificati tre pilastri per l'autonomia del paziente, che includono: 1) Riconoscimento dei segni di ipo/iperglicemia; 2) Apprendimento delle tecniche di misurazione della glicemia e la somministrazione dell'insulina; 3) Prevenzione delle complicanze.

**Risultati.** L'implementazione di un programma ETP mira a produrre risultati significativi. A livello clinico, si prevede un miglioramento del controllo metabolico e una riduzione della frequenza degli eventi acuti; a livello psicosociale, si attende l'aumento della self-efficacy del paziente nella gestione della malattia e un miglioramento della qualità di vita.

**Conclusioni.** Un approccio educativo sistematico, che comprende la gestione acuta e la prevenzione cronica, è un intervento fondamentale per trasformare il paziente da fruitore passivo a gestore attivo della propria salute, contribuendo in modo sostanziale alla riduzione dell'incidenza delle complicanze.



**Abstract Code: FDI24573-72**

**PROPOFOL-INDUCED GREEN URINE: A COLORFUL CLUE IN CLINICAL PRACTICE**

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**Introduction.** A 66-year-old woman with severe obesity and atrial fibrillation was admitted for septic shock (*E. faecalis*), complicated by acute renal failure and warfarin overdose. After initial improvement, she developed abdominal pain and hemodynamic instability; CT showed intestinal perforation. She underwent urgent right hemicolectomy. On postoperative day 5, green urine was noted, already present since day 1 in ICU. Urine and blood samples showed identical green discoloration; cultures were sterile. The urine returned to normal after 10 days.

**Description.** Green urine, first reported in 1987, can result from drugs with phenolic groups (propofol, indomethacin, amitriptyline), methylene blue, jaundice, *Pseudomonas* infection, or Hartnup disease. Our patient had normal liver tests and no infection; methylene blue was not used. Propofol, given during surgery, was the only plausible cause. Its hepatic metabolites are green chromophores that may color biological fluids—mainly urine, but also hair, milk, or feces. The phenomenon is more frequent with infusions >24 h and in obese patients, usually resolving within 72 h after withdrawal. Propofol metabolites increase uric acid excretion, mimicking the uricosuric effect of probenecid. In our case, discoloration persisted longer, possibly due to increased distribution in adipose tissue.

**Conclusions.** Green urine may follow propofol use through excretion of phenolic metabolites. Clinicians should recognize this benign, self-limiting manifestation related to anesthesia

**Abstract Code: FDI24596-77**

## **RETROPERITONEAL FIBROSIS: A DIAGNOSTIC AND THERAPEUTIC CHALLENGE**

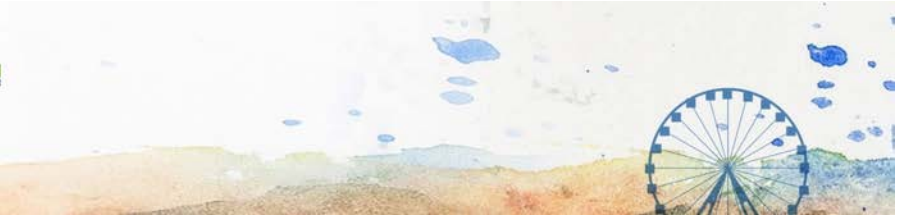
M.V. Domenech<sup>1</sup>, M. Negri<sup>1</sup>, I. Pellegrino<sup>1</sup>, T. Bosoni<sup>1</sup>, R. Longoni<sup>1</sup>, M. Calatroni<sup>2</sup>, L. Magnani<sup>1</sup>

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**Introduction.** A 77-year-old woman with hypertension and venous insufficiency was admitted for acute kidney injury secondary to bilateral hydronephrosis. She presented with abdominal discomfort, constipation, and headache. Initial imaging showed bilateral ureteral obstruction without calculi. Double-J stents were placed, and she was referred to our department for further management.

**Description.** CT and PET scans revealed a retroperitoneal mass surrounding the iliac arteries and presacral region, consistent with retroperitoneal fibrosis. Laboratory tests showed elevated inflammatory markers, negative autoimmune and infectious screening, and normal immunofixation. High-dose corticosteroid therapy (methylprednisolone 60 mg/day, then prednisone) led to marked improvement in renal function (creatinine 0.8 mg/dL). Due to the chronic inflammatory pattern, rituximab infusion (1000 mg) was administered with good tolerance.

**Conclusions.** Retroperitoneal fibrosis is a rare cause of obstructive nephropathy. Early recognition and immunosuppressive treatment can prevent irreversible renal damage. Rituximab may represent an effective steroid-sparing option in selected cases.



**Abstract Code: FDI25091-68**

## **A CASE REPORT OF CASTELMAN DISEASE: DIAGNOSTIC CHALLENGES AND CLINICAL MANAGEMENT**

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**Introduction.** Castleman disease is a rare lymphoproliferative disorder characterized by abnormal lymph node hyperplasia. It is classified into unicentric and multicentric forms. UCD involves a single lymph node region and is usually asymptomatic, making diagnosis challenging due to its rarity and nonspecific presentation.

**Discussion.** A 73-year-old man was admitted with dyspnea and peripheral edema. In previous months, an axillary lymph node biopsy was negative. Chest X-ray revealed a massive right-sided pleural effusion with partial lung collapse. A chest tube was urgently placed, draining a large volume of serous fluid. Pleural fluid analysis showed an exudative effusion with negative microbiological and cytological findings. Abdominal CT revealed a solitary, well-defined 5-cm lymph node in the mesenteric leaf with intense contrast enhancement, without other lymphadenopathy or organomegaly. Surgical excision was performed. Histopathological examination showed features consistent with the hyaline vascular variant of Castleman disease. Following complete surgical resection, no additional therapy was required. At 18-month follow-up, the patient remained asymptomatic with no evidence of disease recurrence.

**Conclusion.** This case describes an unusual presentation of unicentric Castleman disease with massive unilateral pleural effusion and nephrotic syndrome, emphasizing the importance of considering this diagnosis in patients with unexplained pleural and renal involvement associated with a localized lymph node mass.

**Abstract Code: FDI24627-72**

**WHEN THE GUT SPEAKS FIRST: A CASE OF HIV DIAGNOSED THROUGH GASTROINTESTINAL OPPORTUNISTIC INFECTION**

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**Introduction.** The gastrointestinal (GI) tract is a frequent site of clinical manifestations in HIV-infected individuals due to its direct contact with the external environment and susceptibility to opportunistic infections (OIs).

**Description.** A 44-year-old male presented to the Emergency Department with dyspepsia, odynophagia and weight loss. His medical history included psoriasis, chronic obstructive pulmonary disease, past cerebral hemorrhage, smoking. Initial examinations were unremarkable, except for mild lymphopenia. Imaging revealed oesophageal mucosal thickening and lymphadenopathy, while upper GI endoscopy showed ulcerative oesophagitis and reduced gastric wall distensibility. An infectious etiology was suspected. Further investigation revealed HIV infection, so the patient was transferred to the Infectious Diseases Unit for HAART (Highly Active Antiretroviral Therapy) administration.

**Conclusions.** GI OIs in HIV can affect multiple segments: oral cavity, oesophagus, hepatobiliary system, pancreas, anorectal area. Oesophageal involvement is particularly common in advanced stages, typically presenting with dysphagia, odynophagia or both. Candidal oesophagitis is the most prevalent, often coexisting with pathogens like CMV, HSV or Mycobacterium avium complex. HAART has significantly conditioned the clinical landscape, reducing immunodeficiency and GI complications through effective immune reconstitution. Clinicians must recognize both classic and subtle GI presentations in HIV to ensure timely diagnosis and management in view of HAART effects on patients survival.

**Abstract Code: FDI24793-76**

**EPIPLOIC APPENDAGITIS UNVEILED: A COMMONLY UNDIAGNOSED NON-SURGICAL CAUSE OF ACUTE ABDOMINAL PAIN**

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**Introduction.** This study reports a case of acute epiploic appendagitis (AEA) diagnosed by contrast-enhanced computed tomography (CT) in a patient presenting with acute abdominal pain. The case emphasizes the central role of CT in the differential diagnosis of acute abdomen, particularly for rare and self-limiting conditions, and in guiding conservative management to avoid unnecessary surgery.

**Description.** A 32-year-old woman presented to the emergency department with acute pain localized to the left lower quadrant of the abdomen. She was afebrile, and laboratory tests, including inflammatory markers, were within normal limits. Initial abdominal ultrasound showed no significant abnormalities. CT imaging revealed a well-defined oval lesion measuring approximately 2.5 cm within the mesocolic adipose tissue adjacent to the descending colon, characterized by central fat attenuation, a thin hyperattenuating peripheral rim, and mild surrounding fat stranding. No CT signs of diverticulitis, appendicitis or other acute inflammatory conditions were identified. These findings were consistent with AEA. Conservative treatment with analgesics led to complete symptom resolution within one week.

**Conclusions.** AEA is a rare and benign cause of acute abdominal pain, frequently misdiagnosed as diverticulitis or appendicitis. Contrast-enhanced CT represents the imaging modality of choice, allowing confident diagnosis and preventing unnecessary surgical intervention. Correct interpretation of CT findings is essential for prompt diagnosis and optimal patient management.

**Abstract Code: FDI24795-78**

## **SEEING THE INVISIBLE: CT IMAGING IN ASYMPTOMATIC ISOLATED SPONTANEOUS CELIAC ARTERY DISSECTION**

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**Introduction.** Isolated spontaneous celiac artery dissection (SICAD) is a rare vascular condition, frequently detected incidentally in asymptomatic patients. This study reports the incidental finding of a chronic SICAD in an asymptomatic woman, emphasizing the pivotal role of contrast-enhanced computed tomography (CT) in diagnosis and lesion characterization.

**Description.** A 60-year-old woman underwent contrast-enhanced abdominal CT as part of oncological follow-up. Imaging revealed an abnormal caliber of the celiac trunk. Multiplanar reconstructions confirmed an isolated chronic SICAD, with clear visualization of true and false lumens, without evidence of aneurysm, thrombosis, or visceral ischemia. The patient reported no related symptoms and had no prior history of vascular disease.

**Conclusions.** Contrast-enhanced CT allowed accurate diagnosis of SICAD by demonstrating the intimal flap and separation between true and false lumens. No signs of abdominal organ ischemia or relevant hemodynamic impairment were observed. In the absence of symptoms or complications, conservative management with clinical surveillance and periodic imaging follow-up was adopted, without the need for surgical or endovascular treatment. SICAD is a rare and often asymptomatic condition that requires precise radiological assessment to avoid inappropriate management. Contrast-enhanced CT remains the reference standard for diagnosis and follow-up, enabling reliable evaluation of vascular patency and disease evolution.

**Abstract Code: FDI24680-71**

**INSULIN RESISTANCE IS ASSOCIATED WITH INCREASED CLINICAL SEVERITY OF ISCHEMIC STROKE IN ELDERLY HYPERTENSIVE NON DIABETIC PATIENTS**

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**Introduction.** The contribution of insulin resistance to clinical severity of ischaemic stroke in elderly hypertensive non-diabetic patients remains unclear. This study evaluated the association between bioanthropometric indices of insulin resistance, clinical severity and radiological extent of ischaemic stroke.

**Materials and Methods.** 29 hypertensive patients aged sixty-five years or older without diabetes hospitalised for ischaemic stroke were retrospectively analysed. Insulin resistance was assessed using triglyceride to high-density lipoprotein cholesterol ratio, triglyceride–glucose index, triglyceride–glucose index body mass index and metabolic score for insulin resistance. Clinical severity was evaluated using the NIHSS and lesion extent by brain computed tomography.

**Results.** Mean age was seventy-nine plus or minus eight years; median NIHSS score was nine (interquartile range 6.7–17.5), and mean lesion size was 36.8±25 millimetres. Triglyceride–glucose index body mass index correlated with stroke severity ( $r=0.434$ ;  $p=0.019$ ) and lesion extent ( $r=0.393$ ;  $p=0.035$ ). Stroke severity correlated with fasting glucose ( $r=0.446$ ;  $p=0.015$ ) and metabolic score for insulin resistance ( $r=0.395$ ;  $p=0.034$ ). In regression analyses, triglyceride–glucose index body mass index ( $\beta=22.5$ ;  $p=0.031$ ) and metabolic score for insulin resistance ( $\beta=20.4$ ;  $p=0.023$ ) were the strongest predictors.

**Conclusions.** In elderly hypertensive non-diabetic patients, insulin resistance assessed by simple bioanthropometric indices is associated with greater clinical severity of ischaemic stroke

**Abstract Code: FDI24963-75**

## **AN UNUSUAL CAUSE OF SUDDEN MUSCLE WEAKNESS: A CASE OF THYROTOXIC PERIODIC PARALYSIS**

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**Introduction.** Periodic paralysis (PP) is a rare neuromuscular disorder characterized by episodes of muscle weakness. PP is classified as hypokalemic or hyperkalemic. Most cases of PP are hereditary, acquired cases of hypokalemic PP have been described in association with hyperthyroidism. Thyrotoxic PP is more prevalent in East Asian populations and in males.

**Description.** A 40 years old Caucasian man, with no drugs, no recent or past medical history, presented to the emergency department for acute paraparesis upon awakening. Neurologic examination demonstrated weakness affecting the proximal muscles of the legs. No other signs or symptoms present. Brain and cervical spine-computed tomography excluded acute lesions, laboratory tests showed severe hypokalemia (<2 mEq/L) and ECG detected atrial fibrillation. Intravenous potassium was administered with a rapid restoration of its serum levels, restoration of sinus rhythm at the ECG, and a complete resolution of symptoms. Thyroid function was then tested revealing hyperthyroidism (thyrotropin<0.005 mU/L, thyroxine 55 ng/L), immunologic testing and ultrasound confirmed a diagnosis of Graves' disease, concluding for Thyrotoxic PP in Graves' disease. Beta blocker and antithyroid drug were prescribed to prevent further attacks.

**Conclusions.** During acute attacks, thyrotoxic PP must be distinguished from other causes of acute quadriparesis. The finding of hypokalemia and recovery with treatment should alert the clinician to the diagnosis of hypokalemic PP, in which the possibility of thyrotoxicosis must always be evaluated.

**Abstract Code: FDI24624-69**

**UNMASKING METASTATIC METHICILLIN-RESISTANT *STAPHYLOCOCCUS AUREUS* BACTEREMIA: A COMPLEX CASE IN A PATIENT WITH PACEMAKER AND MULTIPLE SECONDARY FOCI**

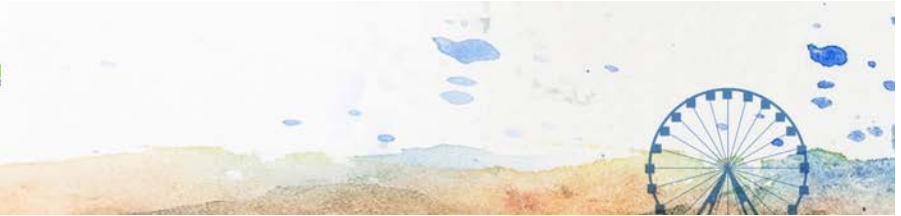
E. Fertani<sup>1</sup>, M.P. Marino<sup>1</sup>, M.E. Novielli<sup>2</sup>, F. Donvito<sup>2</sup>, V. Solfrizzi<sup>1</sup>, A. Venezia<sup>2</sup>, F. Mastroianni<sup>2</sup>

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**Introduction.** Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia remains a clinical challenge, particularly in patients with implantable cardiac electronic devices. Persistent bacteremia requires careful evaluation for deep-seated infection and metastatic complications.

**Description.** A sixty-seven-year-old man with diabetes, chronic renal failure, dyslipidemia, and Charcot foot presented with fever, abdominal pain, and diarrhea. He had recently undergone dual-chamber pacemaker implantation for complete atrioventricular dissociation. Laboratory tests showed leukocytosis, elevated C-reactive protein and procalcitonin, and repeated blood cultures positive for MRSA. Despite appropriate antibiotic therapy, bacteremia persisted for days. Transthoracic and transesophageal echocardiography excluded valvular and device-related infection; As duke criteria for infective endocarditis were not met, advanced imaging was performed. Whole-body computed tomography revealed bilateral septic pulmonary emboli, and positron emission tomography-computed tomography showed metabolic activity at D11 vertebra and right foot, consistent with spondylodiscitis and osteomyelitis. No uptake was detected at the pacemaker pocket or leads. The patient responded to targeted therapy with linezolid, daptomycin, and ceftaroline, with subsequent blood culture clearance.

**Conclusions.** This case underscores the importance of multimodal imaging and clinical vigilance in detecting hidden foci of MRSA infection when cardiac imaging is negative.



**Abstract Code: FDI24715-70**

**PURPLE URINE BAG SYNDROME OR IATROGENIC CHROMATURIA: A CASE OF CEFIDEROCOL ASSOCIATED DISCOLORATION**

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**Introduction.** Purple urine discoloration is a rare phenomenon that may be associated with certain medications or urinary tract infection, typically in hospitalized patients with complex comorbidities.

**Discussion.** We report the case of a 50-year-old bedridden woman with Pelletier-Leisti syndrome, severe intellectual disability, epilepsy, and rheumatoid arthritis, with a long-term indwelling Foley catheter. She was admitted with pneumonia requiring non-invasive ventilation. Her hospitalization was complicated by recurrent sepsis, hematomas requiring embolization, and transfusion-dependent anemia. She developed *Acinetobacter baumannii* bacteremia, susceptible to cefiderocol. Therapy was initiated, following recent intravenous iron administration and multiple transfusions. On the second day, sudden purple urine discoloration was observed. Urinalysis showed leukocyturia, microscopic hematuria, fungal hyphae, and alkaline pH, while cultures remained negative. Renal function was preserved, and no metabolic abnormalities were detected. Once blood cultures cleared, the antibiotic was discontinued and the discoloration resolved spontaneously.

**Conclusion.** While purple urine bag syndrome was considered, the absence of typical microbiological findings and catheter-associated staining excluded this diagnosis. The temporal association with cefiderocol therapy, recent iron exposure, and transfusions suggests a rare drug-induced chromaturia. Awareness of this benign but striking reaction is important to prevent unnecessary discontinuation of life-saving therapy.

**Abstract Code: FDI24716-71**

**NOT ONLY HEPATITIS C VIRUS: CRYOGLOBULINEMIC VASCULITIS IN A HEPATITIS B VIRUS-POSITIVE PATIENT AND DIRECT ORAL ANTICOAGULANT TREATMENT**

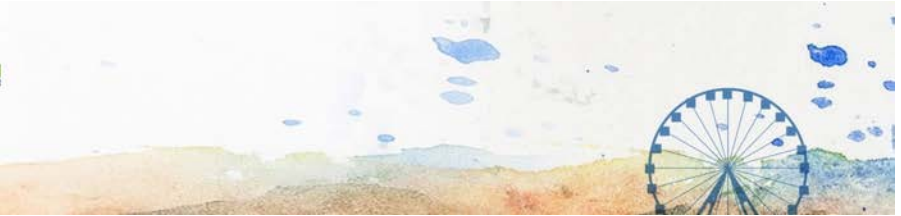
E. Fertani<sup>1</sup>, S. Cantatore<sup>1</sup>, R. Doronzo<sup>1</sup>, V.M. Amati<sup>1</sup>, R. Salvia<sup>1</sup>, V. Solfrizzi<sup>1</sup>, L. Crudele<sup>1</sup>, A. Moschetta<sup>1</sup>

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**Introduction.** Cryoglobulinemic vasculitis is most commonly associated with hepatitis C virus infection, while its occurrence in hepatitis B virus infection is rare.

**Discussion.** An 81-year-old woman with chronic kidney disease was diagnosed with heart failure with reduced ejection fraction and atrial fibrillation, thus treatment with edoxaban was initiated. Two weeks later, erythematous lesions appeared on the lower limbs and progressed to necrotic purpura despite corticosteroid therapy. The patient was admitted with acute renal dysfunction and bilateral pleural effusion. Staphylococcus aureus bacteremia was detected and treated successfully with antibiotics, leading to improvement in renal and cardiac function. Persistent vasculitic skin lesions prompted immunological workup, which revealed mixed type II cryoglobulinemia (monoclonal immunoglobulin A lambda versus polyclonal immunoglobulin G) with low complement C3 and negative autoimmune markers. Serology confirmed chronic hepatitis B virus infection (hepatitis B surface antigen positive, hepatitis B core antibody immunoglobulin G positive, hepatitis B virus DNA positive). The diagnosis of hepatitis B virus-associated mixed cryoglobulinemic vasculitis was established. Antiviral therapy with entecavir was initiated before immunosuppressive treatment to prevent viral reactivation.

**Conclusion.** This case emphasizes the importance of considering hepatitis B virus infection among the causes of cryoglobulinemic vasculitis and of adopting a multidisciplinary approach in complex overlapping conditions.



**Abstract Code: FDI24563-71**

**BETWEEN CONSCIENCE AND MORAL DISTRESS: NURSES' VOICE AS AN ETHICAL COMPASS IN CLINICAL DECISION-MAKING**

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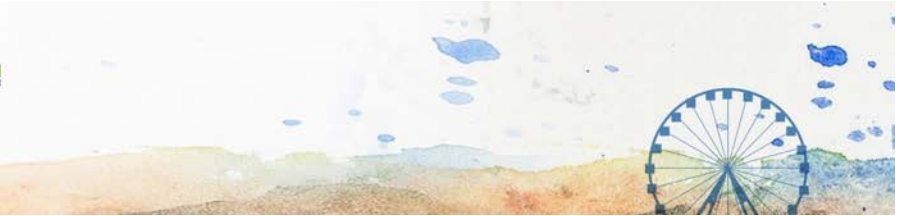
**Background.** Moral distress occurs when professionals cannot act according to their moral convictions. Freedom of conscience, an advanced yet fragile ethical competence, guides moral reasoning and supports integrity. Understanding their connection is essential to strengthen moral resilience and the ethical quality of care.

**Objective.** To explore the relationship between freedom of conscience, moral distress, and ethical competence, emphasizing the nurse's moral agency in clinical decision-making.

**Methods.** A narrative review and ethical analysis of Italian and international literature (2018–2025) were conducted, integrating reflective narratives from palliative and educational contexts to describe moral tensions and professional agency.

**Results.** Three dimensions emerged: (1) conscience as moral integrity; (2) distress as ethical dissonance; (3) ethical competence as a transformative resource fostering reflection and self-care.

**Conclusions.** Promoting conscience and ethical reflection reduces moral distress and enhances dignity and responsibility. Structured spaces for ethical dialogue and supervision sustain moral resilience and strengthen the ethical quality of care within healthcare teams.



**Abstract Code: FDI24564-72**

## **THE ETHICS OF SIMULATION: NURTURING MORAL AWARENESS AND PROFESSIONAL INTEGRITY IN NURSING EDUCATION**

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**Background.** Simulation-based learning offers a safe environment for skill development, yet its ethical dimension remains underexplored. Beyond technical competence, simulation represents a moral space where reflection, conscience, and integrity are cultivated. This study builds on Arcadi and Filippini (2025) to examine simulation as a context for ethical growth and moral awareness in nursing education.

**Objective.** To explore the ethical dimensions of simulation as a learning environment that nurtures moral awareness, reflective competence, and professional integrity in healthcare professionals.

**Methods.** A narrative review and ethical analysis of international and Italian literature (2018–2025) were conducted, integrating theoretical and experiential sources from simulation-based education and debriefing narratives.

**Results.** Three key dimensions emerged: (1) simulation as moral experience enabling awareness of ethical tension; (2) reflective dialogue as a moral encounter fostering shared meaning; (3) professional integrity as the integration of skill and responsibility.

**Conclusions.** Ethical simulation education strengthens moral agency and integrity, preparing nurses to act effectively and ethically. Embedding ethical reflection and narrative debriefing within simulation curricula enhances moral resilience and humanizes professional learning.

**Abstract Code: FDI24970-73**

**DISFUNZIONE DIAFRAMMATICA IN UNA COORTE DI SOGGETTI CON SCOMPENSO CARDIACO ACUTO VALUTATI IN PRONTO SOCCORSO: UNO STUDIO PILOTA**

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**Obiettivo.** La disfunzione diaframmatica (DD) è frequente in pz affetti da scompenso cardiaco (HF) ed è associata a una maggiore gravità della malattia. Scopo dello studio pilota è indagare le correlazioni cliniche/laboratorio della DD in una coorte prospettica di pazienti ricoverati dal pronto soccorso (PS) per instabilizzazione di HF acuto (ADHF).

**Pazienti/metodi.** Arruolati tutti i pz ricoverati in PS AOU Marche per ADHF. Dati raccolti: età, sesso, parametri clinici: frequenza cardiaca (FC), respiratoria (FR), SpO<sub>2</sub>; PAs e PAd, manifestazioni cliniche (classe NYHA, ortopnea, insorgenza acuta /progressiva sintomi), parametri eco-cuore e polmone (ecografia point-of-care), BNP, EGA, necessità CPAP/BiPAP in fase acuta. DD definita come riduzione escursione di 1 o entrambi gli emidiaframmi (<14 mm)+ loro ridotto ispessimento (<20%).

**Risultati.** Ottenuto campione di 30 pz consecutivi. Età media: 82,7 aa; DD presente in 12 (40%). Al momento del ricovero, pz DD presentavano > prevalenza di manifestazioni progressive, ortopnea, FR, FC, classe NYHA > elevata, > prevalenza uso CPAP/BiPAP. Tra variabili ecocardiografiche, Paps > elevata. Per EGA, pH significativamente ↓ al momento del ricovero in PS. Escursione diaframma dx e sx significativamente correlata a classe e a FR.% di ispessimento inspiratorio emidiaframma dx significativamente associata a classe NYHA

**Conclusioni.** In questo studio pilota, abbiamo osservato che la disfunzione diaframmatica era associata a sintomi più gravi, classe NYHA peggiore, parametri funzionali peggiori al momento del ricovero e maggiore necessità di ventilazione non invasiva.

**Abstract Code: FDI24846-75**

## **INORGANIC COMPOUND INHALATION AND HYPOXIC ISCHAEMIC ENCEPHALOPATHY**

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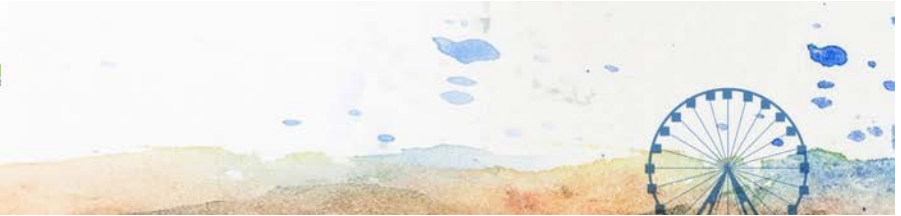
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**Introduction.** Inhalation of inorganic toxic substances may rapidly lead to hypoxic ischaemic encephalopathy, because of mechanical airway obstruction and inflammatory oedema.

**Materials and Methods.** A 50-year-old overweight, chronic smoker male, affected with atopy, arrived at the emergency department for severe dyspnoea and hypoxemia after accidental inhalation of inorganic toxic material: cement, carbon.

**Results.** Imaging showed massive supraglottic oedema and early interstitial changes. On day seven, neurological signs were evident: dysarthria, dysphonia, bilateral reduction of visual field, left ptosis, right deviation of protruding tongue, hyposthenia, deep and superficial hypoesthesia. MRN showed signs of posterior reversible encephalopathy syndrome (PRES) and hypointense in T1, hyperintense in T2/FLAIR lacunar ischaemias, more evident in left mesencephalon and right medulla oblongata. PRES fully remitted with steroids. The patient was transferred to rehabilitation unit. He recovered in one and half months' time and was discharged in good physical health condition.

**Discussion.** Outcomes of hypoxic ischaemic encephalopathy may be devastating. Literature supports algorithmic approaches to airway emergencies and emphasizes the role of bronchoscopy. Early recognition, innovative airway techniques avoid procedure-related complications and tracheal injury. Multidisciplinary intensive care are pivotal for successful management of anaphylaxis reaction and/or non-IgE mediated activation of mastcells by environmental toxicants, and management of cerebral ischaemic damage.



**Abstract Code: FDI24653-71**

## **CAVAL FILTER PLACEMENT FOR DEEP VEIN THROMBOSIS IN A PATIENT WITH OCCULT HEMORRHAGE**

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**Introduction.** Caval filter placement (CFP) is an interventional radiology maneuver that allows to reduce the risk of pulmonary embolism (PE) in patients with deep vein thrombosis (DVT) in whom anticoagulant therapy is contraindicated. In Internal Medicine (IM) wards patients usually have multiple pathologies and drugs, risk factors that increase both haemorrhagic and thrombotic risk.

**Case Report.** An 85-year-old woman came to Emergency Department (ED) after abundant oral and anterior nasal haemorrhage. One week before she had fallen reporting a multi-fragmented pelvic fracture; Total Computed Tomography (CT) after trauma accidentally documented pulmonary nodules suggestive for cancer. The second time in ED lab tests showed acute anaemia. Abdomen CT scan excluded active bleeding at the level of the pelvis but documented acute DVT in left common femoral vein. Esophagogastroduodenoscopy didn't show upper digestive bleeding. Patients needed multiple blood red cell transfusions. Combining the risk of PE and the suspicion of occult haemorrhage, CVP was proposed. Procedure was performed without acute complications; after three days patient was discharged without anticoagulation and with stable level of haemoglobin.

**Conclusion.** CVP is strongly recommended for people with proximal DVP where it is dangerous to receive anticoagulation. There is controversy in other population like people with extensive trauma or with cancer. In this case, patients' complexity required a collegial discussion but the choice for CFP allowed us to discharge her in stable condition.

**Abstract Code: FDI24654-72**

**SEVERAL REASONS FOR HIGH LEVEL OF CREATININE PHOSPHOKINASE: LOOK BEYOND THE FIRST EXPLANATION**

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**Introduction.** Muscle involvement is common in hypothyroidism. There is no unequivocal opinion regarding the safety of statin in patients with hypothyroidism. We describe a case of a man with mixed dyslipidaemia on statin therapy, high creatinine phosphokinase (CPK) and hypothyroidism.

**Case Report.** A 60-year-old man presented to Internal Medicine Clinic complaining asthenia and myalgia. His medical history included chronic obstructive pulmonary disease, coronary atherosclerosis, dyslipidaemia. Three months before he stopped atorvastatin for CPK elevation (1211 UI/L). Lab tests showed lipids' abnormalities (LDL cholesterol 164 mg/dL, triglycerides 722 mg/dl), hypothyroidism (TSH 31.5  $\mu$ U/mL), CPK elevation (210 UI/L). He was started on oral hydration, gradual thyroxine replacement, fibrate, ezetimibe, omega three fatty acids and proprotein convertase subtilisin kexin type 9 (PCSK9) inhibitors. Three months later patient felt better. Lab tests were all improved (LDL cholesterol 33 mg/dl, triglycerides 250 mg/dL, TSH 7  $\mu$ U/mL, creatinine 1.1 mg/dl).

**Conclusion.** Several conditions are responsible for CPK elevation. While statin intolerance is a major cause for high CPK, concomitant aetiologies must be searched. In this case patient had profound hypothyroidism and he took atorvastatin. Hypothyroidism may worsen muscle damage in patients receiving statins. A combined treatment (gradual thyroxine replacement, hydration, lipid-lowering drugs) resulted in metabolic and hormonal improvement. PCSK9 inhibitors constitute a safe and effective treatment for hyperlipidaemia in patients with high CPK and hypothyroidism.

**Abstract Code: FDI25088-74**

## **HEALTH LITERACY AND HEALTH-RELATED QUALITY OF LIFE IN PARKINSON'S DISEASE: A CROSS-SECTIONAL STUDY**

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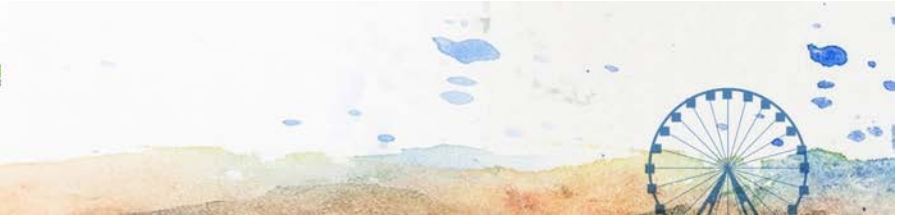
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**Introduction and Aim.** Parkinson's Disease (PD) is a chronic neurodegenerative disorder affecting 2-3% of individuals aged over 65 years. Whilst patients' Health Literacy (HL) is a crucial determinant of outcomes in chronic conditions, its relationship with Health-Related Quality of Life (HRQoL) in PD remains underexplored. This study evaluates HRQoL and HL in patients with PD.

**Materials and Methods.** A cross-sectional online survey was conducted (May-September 2025), using convenience sampling. Data were collected via a questionnaire including: (i) sociodemographic data; (ii) the 39-item Parkinson's Disease Questionnaire, Italian version (PDQ-39-IT) (range 0-100, lower scores indicate better HRQoL); (iii) the European Health Literacy Population Survey 2019-2021 (HLS19-Q12) (range 0-100, higher scores indicate higher HL).

**Results.** Among patients with PD (N=200), 61% were male, 59% aged over 60 years, and 52.5% retired. Mean HLS19-Q12 score was 42.38±27.58 and mean PDQ-39-IT score was 27.3±11.9. HLS19-Q12 scores differed significantly by age (H=9.136; p=0.028), with higher levels observed in younger patients. HLS19-Q12 showed significant positive correlations with all PDQ-39 domains ( $\rho=0.156-0.483$ ;  $p\leq 0.027$ ), particularly "emotional well-being" ( $\rho=0.483$ ;  $p<0.001$ ).

**Conclusions.** Patients with higher HL demonstrate greater awareness of disease-related limitations, particularly regarding emotional well-being. Targeted interventions should enhance HL while providing adequate psychological support to address increased disease consciousness.



**Abstract Code: FDI24743-71**

## **WHEN ISOLATED TRICUSPID REGURGITATION SIGNALS SYSTEMIC DISEASE: A CASE OF CARCINOID SYNDROME**

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**Introduction.** Carcinoid syndrome (CS) is a paraneoplastic condition caused by the release of serotonin and other vasoactive substances from well-differentiated small-intestinal neuroendocrine tumours (NETs), typically presenting with flushing, diarrhoea and respiratory symptoms. Cardiac involvement occurs in around 20% of cases and is associated with fibrous plaque deposition on the endocardium, usually reflecting metastatic disease to the liver.

**Description.** We report the case of a 62-year-old man referred to the emergency department for severe isolated tricuspid regurgitation despite the absence of pulmonary hypertension or other cardiac abnormalities. Medical history revealed chronic flushing in the last six months, progressive exertional dyspnoea and recent-onset diarrhoea. Laboratory tests showed elevated liver enzymes, cholestasis, INR prolongation, and markedly increased urinary 5-hydroxyindoleacetic acid (310 mg/24 hours; reference value <8.2 mg/24 hours), plasma chromogranin A (151 nmol/L; reference value <3 nmol/L) and neuron-specific enolase (23 µg/L; reference value <16 µg/L). Contrast-enhanced computed tomography and gallium-68 positron emission tomography identified multifocal ileal lesions with hepatic metastases. Liver biopsy confirmed a neuroendocrine tumour. Treatment with somatostatin analogues was initiated, resulting in clinical improvement.

**Conclusions.** Although rare, isolated primary tricuspid regurgitation should prompt thorough evaluation, as it may represent an early manifestation of metastatic NET associated with carcinoid syndrome.

**Abstract Code: FDI24611-65**

**PATIENT-REPORTED DRY MOUTH AS A DETERMINANT OF POSITIVE AIRWAY PRESSURE ADHERENCE IN OBSTRUCTIVE SLEEP APNEA**

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**Introduction.** Adherence limits the effectiveness of positive airway pressure (PAP) therapy in Obstructive Sleep Apnea (OSA). Despite its efficacy, many patients fail to maintain adequate nightly use. This study examined real-world PAP patterns to identify modifiable factors influencing consistency.

**Materials and Methods.** We retrospectively analyzed 367 outpatients in 2025 using clinical data, 7-day PAP SD card metrics, the Epworth Sleepiness Scale (ESS) and a behavioral questionnaire assessing dry mouth and humidifier use. Patients were classified as compliant or non-compliant based on  $\geq 4$  hours of use in the last 30 days. Standard statistical tests were applied.

**Results.** Of 367 OSA patients, 295 were compliant and 72 non-compliant. Age, sex, BMI, pressure settings, residual AHI and unintentional leaks did not differ. Dry mouth was reported more often in non-compliant patients, while humidifier use and ESS scores were similar.

**Conclusions.** Demographic and device-related variables were not associated with adherence. Patient-reported comfort distinguished between two groups: dry mouth was more common among non-adherent users, supporting discomfort as a barrier to sustained use. These findings support comfort-centered strategies. Once therapeutic efficacy is achieved, adherence depends primarily on symptom control and individualized support. Addressing mild dryness may prevent discontinuation and improve long-term adherence. These results reinforce a user-focused approach to PAP management.

**Abstract Code: FDI24791-74**

**NOT ALL THAT WOBBLER IS ALCOHOL: A HIDDEN CASE OF ENCEPHALOPATHY IN INTERNAL MEDICINE**

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**Introduction.** Wernicke encephalopathy (WE) is an acute neurological disorder resulting from acute or chronic deficiency of vitamin B1. It is characterized by ataxia, mental confusion, and ophthalmoplegia.

**Case Report.** A 69-year-old man with a history of bone marrow transplantation and chronic kidney disease, came to internal Medicine Unit reporting asthenia, confusion, fever and iporessia for a few weeks. Laboratory tests showed the following: hgb 11.8 MCV 89.2, eGFR 34.9 mL/min, hypo-osmolar hyponatremia (125 mmol/L) and a mild increase of CRP. Blood and urine cultures were negative. Chest X-ray showed no signs of infection. We started on electrolyte infusion due to gradual correction of hyponatremia. Brain CT scan excluded neurological emergencies. For the sudden onset of a decreased vision underwent an eye examination which showed Ny and oval retinal hemorrhage on vascular arcade. Brain MRI showed an abnormal signal in the splenium of corpus callosum and a symmetrical hyperintensity in thalamic and periaqueductal areas. Due to the suspicion of WE, thiamine replacement was initiated (500 mg iv every 8 h for 3 days, then 250 mg iv a day). The patient was transferred to intensive care for worsening neurological status and nosocomial pneumonia. The patient died after ten days.

**Conclusion.** WE is common among alcohol abusers. WE not alcohol-related is rather rare and often misdiagnosed. It can occur in malnutrition, prolonged starvation, anorexia, total parenteral nutrition, gastrointestinal disorders, thyrotoxicosis, malignant disorders, chronic kidney diseases, dialysis and organ transplantation.

**Abstract Code: FDI25010-59**

## **MANAGEMENT OF CARDIOVASCULAR DISEASE IN HUNTER SYNDROME**

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**Introduction.** Mucopolysaccharidosis type II (MPS II, or Hunter syndrome) causes severe progressive cardiac disease, primarily due to the buildup of glycosaminoglycans (GAGs) in heart tissue, leading to common issue like mitral/aortic valve thickening and insufficiency, ventricular hypertrophy, hypertension, making cardiac complication a leading cause of death. Early and regular cardiac monitoring with echocardiograms is crucial, and while enzyme replacement therapy helps, it doesn't fully reverse all valve damage.

**Description.** Hunter syndrome was diagnosed in a 43-year-old patient at the age of 7 because of multiple joint stiffness and dysostoses. Dyspnea and chest tightness have been recurring issues in his life. Tracheal stenosis with severe obstructive dysventilation syndrome was discovered during chest X-r He has been receiving weekly therapy with elaprase (0.5 mg/kg) at our day hospital since 2014. The electrocardiogram shows no signs of classic left ventricular hypertrophy. The echocardiogram shows mild left ventricular pseudohypertrophy (LVH 13 mm), with no increase in left ventricular mass; no evidence of kinetic alterations, with preserved ejection fraction (EF: 68%); presence of aortic valve sclerosis and mild mitral stenosis (area 2.2 cm<sup>2</sup>), similar to rheumatic disease).

**Conclusions.** Patients with MPS II should undergo regular check-ups with electrocardiograms and echocardiograms. The frequency of these assessments, in the absence of significant cardiac involvement, should be annual or even every two years, for forms in which cardiac involvement is mild.

**Abstract Code: FDI24706-70**

**MILIARY TUBERCULOSIS MASQUERADING AS CERVICAL LYMPHADENOPATHY: RAPID DETERIORATION AFTER THE START OF THERAPY IN A FRAIL ELDERLY PATIENT**

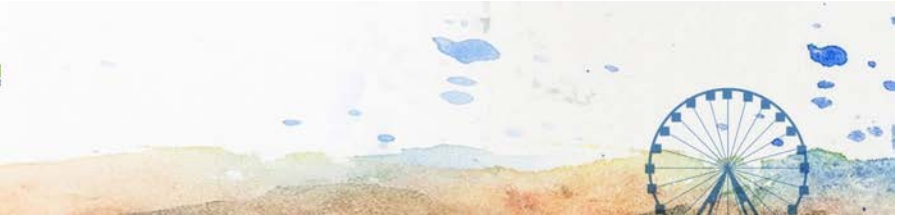
S. Fusaro<sup>1</sup>, F. Marchini<sup>1</sup>, F. Madesani<sup>1</sup>, A. Venturi<sup>1</sup>, C. Pandolfo<sup>1</sup>, B. Baldacci<sup>1</sup>, L. Chioni<sup>1</sup>, F. Amadori<sup>2</sup>

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**Introduction.** Miliary tuberculosis is a challenging diagnosis, particularly in frail elderly patients. Paradoxical deterioration after starting specific therapy may occur as an expression of immune reconstitution inflammatory syndrome.

**Description.** A frail elderly woman with multiple chronic conditions was admitted for an enlarging lateral cervical lymphadenopathy initially suggestive of lymphoma. Biopsy showed only inflammatory tissue. Her condition rapidly worsened, with increasing fatigue and cognitive decline. Imaging revealed a miliary pattern with micronodules and cavitated lesions, raising suspicion of disseminated *Mycobacterium tuberculosis* infection. Laboratory tests confirmed *M. tuberculosis* complex through nucleic acid amplification and direct smear microscopy. She started treatment with rifampicin, isoniazid and ethambutol. Despite early therapy, she developed severe respiratory failure and multi-organ dysfunction, leading to death within forty-eight hours from diagnosis and treatment onset.

**Conclusions.** Rapid respiratory and systemic deterioration after initiating therapy should raise suspicion of immune reconstitution inflammatory syndrome even in the absence of human immunodeficiency virus infection or immunosuppressive treatment. Close monitoring during the first seventy-two hours is recommended in frail elderly patients to promptly identify paradoxical reactions.



**Abstract Code: FDI25085-71**

## **ACQUIRED HEMOPHILIA A: A CASE REPORT**

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**Introduzione.** Acquired hemophilia (AHA) is a rare autoimmune disease characterized by inhibitory antibodies against coagulation factor VIII (FVIII) leading to an increased risk of bleeding. AHA has a mortality of 8-42%.

**Descrizione.** A 75-year-old man, with history of hypertension, kidney and bladder stones, lower limb venous thrombosis, pemphigus and previous episode of bleeding nine months before, was admitted to internal medicine in 2025 for asthenia and hematuria. Laboratory investigations showed anemia (5.7 g/dl), normal platelet count, normal PT and a prolonged aPTT (83 sec, 2.86 ratio). On examination, he presented extensive subcutaneous hematomas of the left chest wall and right thigh. AHA was confirmed based on low FVIII activity (0.4%) and high titer of FVIII inhibitor (8.9 BU/ml). Therefore, the immunosuppression with corticosteroids and hemostatic management with bypassing agent with rFVIIa and tranexamic acid were started. The patient was screened for tumors and other autoimmune disease process with negative

**Results.** Latent tuberculosis was detected with QuantiFERON tests. So, isoniazid therapy was started. At week four, the patient was discharged after he attained clinical stability and showed FVIII inhibitor titer level of 0.8 BU/ml, with low dose oral prednisone.

**Conclusioni.** When facing a case of AHA, it is necessary to initiate tests in search of underlying pathologies. There are reported case of AHA in tuberculosis patients where the acquired inhibitor has been eradicated with antituberculous drug alone, reducing adverse effects of immunosuppression therapy.

**Abstract Code: FDI24755-74**

## **THYROTOXIC CRISIS AS AN UNDERRECOGNIZED TRIGGER OF WERNICKE'S ENCEPHALOPATHY: WHEN HYPERMETABOLISM LEADS TO ACUTE COMA**

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**Introduction.** Wernicke's encephalopathy (WE) is an acute neurological disorder caused by thiamine deficiency, classically associated with alcoholism but increasingly recognized in non-alcoholic hypercatabolic conditions. We report a severe case of WE precipitated by thyrotoxic crisis and intractable vomiting.

**Description.** An obese woman with type 2 diabetes, multinodular goiter, recently hospitalized for pulmonary embolism, sepsis and major gynecological surgery, was admitted for persistent vomiting. Laboratory findings showed overt hyperthyroidism consistent with thyroid storm. Ongoing vomiting prevented effective oral antithyroid treatment. The patient progressively developed psychomotor slowing, delirium and coma (GCS-6). Brain CT scan, EEG and cerebrospinal fluid analysis were non-diagnostic. Contrast-enhanced brain MRI revealed symmetric lesions involving the thalami, periaqueductal region and brainstem, consistent with severe WE. High-dose thiamine combined with magnesium and B-complex vitamins was promptly initiated, leading to gradual recovery of consciousness and partial neurological improvement.

**Conclusions.** This case highlights a non-alcoholic WE in an obese patient with acute occult malnutrition, triggered by intractable vomiting and increased metabolic demand due to thyrotoxic crisis. Hyperthyroidism is an underrecognized cause of thiamine depletion. According to current literature, early empirical thiamine administration is mandatory even without the classic triad. WE should be considered in acute coma associated with hypercatabolic endocrine emergencies.

**Abstract Code: FDI24756-75**

**A SEWING NEEDLE IN THE HEART: CHRONIC ASYMPTOMATIC INTRACARDIAC FOREIGN BODY IN AN ELDERLY PATIENT**

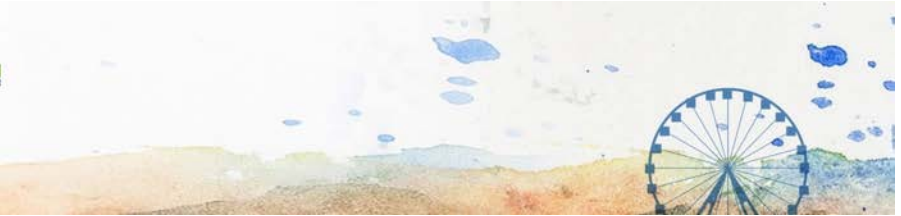
M. Galassi<sup>1</sup>, C. Benatti<sup>1</sup>, A. Mariani<sup>1</sup>, F. Bonetti<sup>1</sup>, F. Turrini<sup>1</sup>

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**Introduction.** Intracardiac foreign bodies (IFB) are rare findings, usually related to iatrogenic procedures, while accidental and long-standing cases are exceptional. Clinical relevance and management depend on location, mobility, and associated complications, and no standardized guidelines are available.

**Description.** An 86-year-old woman was referred to our Hepatology Unit for recently diagnosed hepatitis C virus infection with positive viremia and occult hepatitis B virus infection, associated with severe thrombocytopenia. During diagnostic work-up, an abdominal computed tomography scan with basal thoracic sections incidentally revealed a radiopaque intracardiac structure. The patient denied any history of cardiac surgery or endovascular procedures. Transthoracic echocardiography identified a linear foreign body approximately 28 mm in length, located in the left ventricle, apparently traversing the ventricular wall with involvement of the mid-segment of the left ventricular lateral wall. The foreign body was minimally mobile, shunts, or hemodynamic impairment. The patient was completely asymptomatic. A detailed retrospective history revealed a childhood episode consistent with accidental loss of a sewing needle. After multidisciplinary discussion, surgical removal was excluded due to advanced age, and stability of the finding.

**Conclusion.** This case highlights the value of multimodal imaging and careful anamnesis in identifying IFB. In selected asymptomatic patients with chronic and stable findings, conservative management may represent a safe and appropriate strategy.



**Abstract Code: FDI24608-71**

**MIGLIORARE LA QUALITÀ DELL'ASSISTENZA ATTRAVERSO L'ECOGRAFIA INFERMIERISTICA:  
CASE REPORT SULLA GESTIONE DI UN CASO DI RITENZIONE URINARIA ACUTA**

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**Introduzione.** La ritenzione urinaria acuta è frequente nei pazienti anziani e, se non riconosciuta, può causare dolore, agitazione e complicanze cliniche. L'ecografia vescicale eseguita dall'infermiere consente una stima rapida del volume vescicale e supporta le decisioni assistenziali, riducendo ritardi diagnostici e manovre invasive non necessarie.

**Descrizione.** Un paziente anziano con compromissione cognitiva, ricoverato in area medica, rimuoveva in modo traumatico il catetere vescicale durante un episodio di agitazione psicomotoria. Il mattino successivo risultava anurico, riferiva dolore pelvico e mostrava ulteriore agitazione con comportamento aggressivo. L'infermiere effettuava una valutazione clinico-assistenziale e un'ecografia vescicale, che documentava globo con volume di 738 millilitri. Confermata la ritenzione urinaria acuta, veniva riposizionato il catetere vescicale con drenaggio di 800 millilitri di urine. Il controllo ecografico successivo confermava il corretto posizionamento del presidio.

**Conclusioni.** L'intervento tempestivo guidato dall'ecografia vescicale ha consentito la rapida risoluzione della ritenzione urinaria, con riduzione del dolore e miglioramento dell'agitazione psicomotoria. Il caso evidenzia il ruolo delle competenze avanzate infermieristiche nella gestione delle complicanze urinarie e il valore dell'ecografia come supporto decisionale per migliorare qualità e sicurezza dell'assistenza.

**Abstract Code: FDI25046-68**

**MICROVASCULAR ALTERATIONS FOLLOWING COVID-19 INFECTION: EVALUATION BY NAILFOLD VIDEOCAPILLAROSCOPY**

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**Background.** SARS-CoV-2 induces endothelial and capillary damage. Nailfold videocapillaroscopy (NVC) shows significant capillary dilations, microhaemorrhages and abnormal shapes in the acute phase of COVID-19 and significant reduction of nailfold capillary density (NCD) in the short-term recovery phase (3 months). Also in long covid (LC) patients (pts), NVC shows significant microvascular damage compared with matched healthy controls, and normalisation of NCD in recovered COVID-19 (RC) pts without LC symptoms 12 months after acute SARS-CoV-2 infection. The aim of our study was to evaluate microcirculatory alterations by means of NVC in pts who had developed COVID-19 at least 12 months before our observation, divided into two cohorts depending on the persistence (LC) or otherwise of symptoms (RC).

**Materials and Methods.** We enrolled 30 pts (17M and 13 F, 48±18 mean years old) who had developed COVID-19 at least 12 months before: 15 (9M and 6F) pts with persistent COVID-19 symptoms (LC) and 15 (8M and 7F) pts fully recovered (RC). We used Videocap 3.0, 200x magnification and software (DS Medica, Italy).

**Results.** In LC pts, NVC showed abnormal shapes, dilated capillaries, microhaemorrhages, and reduced capillary density compared to RC pts who did not show significant alterations in the microcirculation.

**Conclusion.** NVC reveals significant persistence of microvascular damage in LC pts as compared with RC pts, which may contribute to the pathogenesis of persistent organ/systems dysfunction. However, longitudinal studies would be required to explore this in more detail.

**Abstract Code: FDI24770-71**

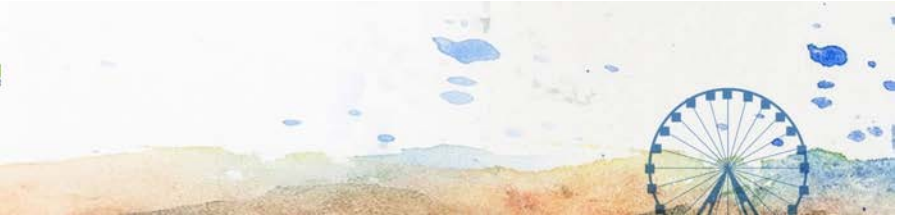
**STILL...A SATURDAY NIGHT FEVER!**

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**Introduction.** Adult-onset Still's disease (AOSD) is an inflammatory disorder with typical clinical triad of high spiking fever, arthralgiae and evanescent skin rash linked to hyper-activation of monocytic-macrophagic system. It has a prevalence of 10 cases every 1 million people with a peak incidence between 35 and 46 years of age.

**Description.** A 34-year-old woman with a family history of lupus nephritis presented to the emergency department with several days of high fever up to 40°C, diffuse myalgias and pharyngodynia. Laboratory tests revealed neutrophilic leukocytosis, markedly elevated ferritin (30,876 ug/L) [10-330], increased C-Reactive Protein (308 mg/L) [0-5] and negative urine and blood cultures. Viral serologies were unremarkable except for cytomegalovirus (CMV) IgM at the upper limit of normal (18 U/mL) [negative if < 18]. Exactly during hospitalization, she developed an erythematous rash on the thighs and legs, later extending to the trunk. Given the suspicion of adult-onset Still's disease, high-dose corticosteroids and an IL-1 $\beta$  inhibitor were initiated, leading to steroid-induced diabetes and drug-related hepatopathy, though.

**Conclusions.** CMV infection may act as a trigger for adult-onset Still's disease, which requires close monitoring not only for treatment-related complications but also for potential progression to macrophage activation syndrome (MAS), as early recognition can critically influence prognosis and therapeutic strategy.



**Abstract Code: FDI24638-74**

**L'AZIONE SINERGICA DI FINERENONE, INIBITORE DI SGLT2 E STEROIDE NELLA RISOLUZIONE DELLA SINDROME NEFROSICA IN UN CASO RECIDIVANTE DI GLOMERULONEFRITE FOCALE SEGMENTALE E MINIMAL CHANGE DISEASE**

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**Introduzione.** Presentiamo il caso di una donna di 43 anni, in follow-up presso l'ambulatorio divisionale di Nefrologia, in cui nel 2006 è stata posta diagnosi bioptica di glomerulo sclerosi focale segmentale (FSGS) e Glomerulonefrite a Lesioni Minime presentatosi associato a IRA lieve andato a remissione completa dopo terapia steroidea e diuretica. Di rilievo nell'anamnesi anche 3 aborti spontanei, trombofilia congenita in cui lo studio genetico ha dimostrato omozigosi polimorfismo gene beta fibrinogeno, omozigosi 4G/4G gene PAI IA<sub>g</sub>, omozigosi del polimorfismo gene ACE, omozigosi 677 TT gene MTHFR, anti protrombina Ig27 e IGM 52.

**Caso Clinico.** La paziente si è presentata al controllo lamentando edemi diffusi agli arti ed al volto, incremento ponderale, dislipidemia ed ipertensione arteriosa. Gli esami di laboratorio confermavano stato anasarcatico e proteinuria in range nefrosico (20 g/24 h) con spiccata ipoalbuminemia secondaria (1.4 g/dl), normofunzione renale (creatinina=0.6 mg/dl) e dislipidemia mista. Tenuto conto della nota indagine bioptica è stata trattata con prednisone (1.5 mg/kg dose a scalare), furosemide e sono stati associati farmaci di ultima generazione in tema di nefroprotezione. Sono stati somministrati Finerenone, al dosaggio di 20 mg/die, e Dapaglifozin 10 mg/die. Il trattamento combinato ha consentito un rapido miglioramento della sintomatologia e degli indici bioumorali.

**Conclusioni.** Il sinergismo dei nuovi farmaci nefroprotettori si è dimostrato determinante nella remissione della sindrome nefrosica.

**Abstract Code: FDI24693-75**

## **IL RUOLO DEL ROXADUSTAT NEL TRATTAMENTO DELL'ANEMIA REFRATTARIA POLIFATTORIALE IN UNA PAZIENTE TRAPIANTATA DI RENE AFFETTA DA MIELODISPLASIA**

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**Introduzione.** Nella gamma degli agenti stimolanti l'eritropoiesi negli ultimi anni il Roxadustat ha trovato uno spazio d'impiego importante nel panorama terapeutico. Ciò per facilità di assunzione (per os) ed efficacia sovrapponibile a quella delle eritropoietine ricombinanti o peghilate.

**Descrizione.** Presentiamo il caso di una paziente di 74 anni giunta a trapianto renale dopo aver sviluppato insufficienza renale cronica terminale da pielonefrite nel 1985. Trapiantata di rene nel 1992. Nel 2022 il quadro clinico è complicato con la diagnosi, biotticamente dimostrata, di displasia emopoietica. Nel novembre 2023 inizia terapia con Roxadustat (70 mg tre volte a settimana) partendo da valore basale di emoglobina di 10.5 g/dL. Ciò ha portato a un rapido incremento dei suoi livelli. Sospesa fino al mese di ottobre 2024 (emoglobina 10.3 g/die) la molecola è stata reintrodotta al dosaggio di 20 mg tre volte alla settimana sufficiente a ripristinare, e mantenere, i livelli intorno a 12 g/dL.

**Conclusioni.** Il Roxadustat, inibitore della prolin-idrossilasi (HIF-PH) del fattore inducibile da ipossia, si è dimostrato una valida alternativa nel trattamento dell'anemia renale complicata.

**Abstract Code: FDI25007-65**

## **NEFRITE INTERSTIZIALE E TUBERCOLOSI MILIARE SISTEMICA: IL CONTRIBUTO DEL NEFROLOGO NELLA GESTIONE MULTIDISCIPLINARE DI UN CASO COMPLESSO**

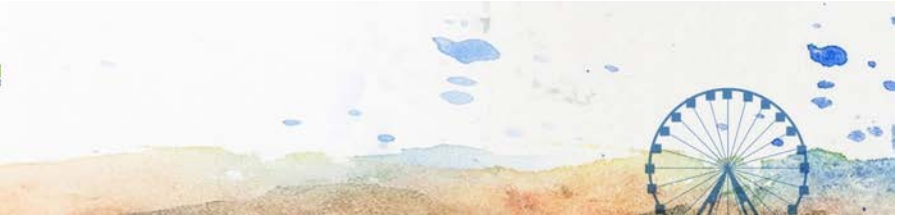
U. Gerini<sup>1</sup>, A. Giacomini<sup>1</sup>, A. Labombarda<sup>2</sup>, A. Marega<sup>3</sup>, M. Tosto<sup>1</sup>

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**Introduction.** La nefrite interstiziale (TIN) può complicare il quadro di TBC miliare sistemica anche in assenza di lesioni granulomatose a carico del parenchima renale. Riportiamo un caso che dimostra la stretta connessione fra l'infezione tubercolotica e la malattia renale.

**Description.** un paziente di 47 anni di origine indiana residente in Italia dal 2007 afferisce al PS lo scorso mese di luglio per riscontro di linfadenopatia polidistrettuale in assenza di febbre e sudorazioni. Riferisce significativa perdita di peso di circa 20 kg negli ultimi due anni. Gli esami di laboratorio evidenziano anemia microcitica (Hb=12 g/dl, Ht=36.2%) e IR (creatinina=2.9 mg/dl) con proteinuria di poco superiore al valore della soglia fisiologica (0.27 g/l). Non alterazioni degli indici di funzionalità epatica. La TAC toraco-addominale mette in evidenza a livello polmonare multiple chiazze confluenti, nulla di patologico viene riscontrato a carico dei reni, delle vie escrettrici e degli organi parenchimali addominali fatto salvo la presenza di linfadenopatia paraortica ed interaortocavale. La biopsia renale evidenzia TIN, la ricerca BK su linfonodo sovraclaveare risulta positiva per *Mycobacterium tuberculosis* totti-S.

**Conclusions.** il paziente viene preso in carico dalla SC Malattie Infettive e dalla Nefrologia per il follow-up in considerazione del quadro di IRC (creatinina persistente su valori di 2.9 mg/dl con GFR di 25 ml/min stadio 4 NKF/DOQI). La gestione multidisciplinare fra nefrologi, infettivologi, otoiatri ed internisti è risultata determinante nella gestione del caso.



**Abstract Code: FDI25066-70**

**LA DECISIVA GESTIONE MULTIDISCIPLINARE NEL TRATTAMENTO DI UN CASO DI LES AD ESPRESSIONE RENALE, CUTANEA ED ARTICOLARE**

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**Introduzione.** Presentiamo un complesso caso LES in una paziente di 52 anni esordito nel 2010 con concomitante impegno renale, cutaneo ed articolare. La gestione multidisciplinare e combinata di nefrologo, reumatologo ed internista si è rivelata determinante nel trattamento e nella stabilizzazione del complicato quadro clinico.

**Caso Clinico.** Paziente comorbida (ipertensione arteriosa, tratto talassemico) afferisce a controllo reumatologico nel 2003 per comparsa di eritema malare, fotosensibilità e prurito alle mani: posta diagnosi di connettivite indifferenziata (positività di anticorpi anti-nDNA anti muscolo liscio a basso dosaggio) ha iniziato con beneficio terapia steroidea e con azatioprina. Nel 2010, per comparsa di edemi declivi e di proteinuria in range nefrosico (4 g/24 h), ha eseguito biopsia renale che ha evidenziato quadro di nefrite lupica classe III ISN/RPS. La paziente ha iniziato micofenolato (1.5 g/die) associato a steroide (prednisone 25 mg/die) con beneficio. Per improvviso peggioramento della funzione renale (creatinina 3.89 mg/dL) e della proteinuria, per ipertensione arteriosa mal controllata e stato anasarcatico è stata ricoverata nel 2016 e posta in terapia diuretica, antipertensiva iniziando nel contempo micofenolato (1 g/die) e steroide al dosaggio di 1 mg/kg. La proteinuria si è ridotta in range subnefrosico (0.5 g/24 h) ma è esitata IRC allo stadio 3B NKF/DOQI e poliartralgie.

**Conclusioni.** La paziente assume attualmente Idrossiclorochina 200 mg 1 cp/die, Micofenolato 1.5 g/die, e paracetamolo al bisogno con stabilità clinica nel tempo.

**Abstract Code: FDI24571-70**

**FROM POLYSEROSITIS TO THE DIAGNOSIS OF PRIMARY ADRENAL INSUFFICIENCY: AN ATYPICAL CASE OF ADDISON'S DISEASE**

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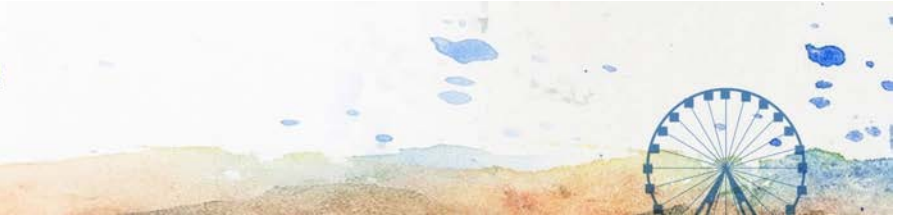
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**Introduction.** Addison's disease (AD) and adult-onset Still's disease are autoimmune disorders with complex and heterogeneous clinical presentations. This is a report on case where both conditions overlapped, making the clinical assessment both challenging and fascinating.

**Description.** of

**Clinical Case.** A 20-year-old male was admitted with fever, elevated liver enzymes, creatinine, hyperferritinemia, and neutrophilia, along with acute polyserositis requiring pericardial drainage. Infectious causes were ruled out. The anamnesis revealed weight loss due to vomiting and loss of appetite, but malnutrition and psychiatric components were excluded. After a brief period of clinical stability, pericardial effusion recurred, requiring a second drainage. Suspecting adult-onset Still's disease, steroid therapy and IL-1Ra inhibitor (Anakinra) were started with clinical improvement. Further investigations revealed elevated ACTH and plasma renin levels (during steroid therapy), which raised suspicion for Addison's disease, later confirmed by adrenal autoantibodies positivity. This diagnosis helped explain the initial multi-organ failure along with prior weight loss and marked fatigue. Treatment with hydrocortisone and fludrocortisone was initiated, along with maintenance IL-1Ra therapy, leading to clinical benefit.

**Conclusions.** This complex clinical case highlights the importance of considering and recognizing the possible coexistence of autoimmune diseases, which are not uncommonly overlapping.



**Abstract Code: FDI24637-73**

## **MALNUTRIZIONE E SARCOPENIA NEI REPARTI OSPEDALIERI: RISCHIO CORRELATO ALL'ETÀ E VALIDITÀ DELLO SCREENING NUTRIZIONALE E FUNZIONALE**

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**Introduzione e Obiettivi.** Malnutrizione e sarcopenia sono condizioni frequenti nei pazienti ospedalizzati e associate a esiti clinici sfavorevoli. Obiettivo dello studio è stimarne la prevalenza, valutare l'impatto dell'età  $\geq 70$  anni e verificare la validità di strumenti di screening rapido.

**Materiali e Metodi.** Studio prospettico su 51 pazienti ricoverati. Il rischio nutrizionale è stato valutato con Nutritional Risk Screening 2002 (punteggio  $\geq 3$ ), il rischio di sarcopenia con SARC-F (punteggio  $\geq 4$ ). La diagnosi di malnutrizione è stata effettuata secondo i criteri Global Leadership Initiative on Malnutrition, quella di sarcopenia secondo i criteri European Working Group on Sarcopenia in Older People 2. Le associazioni con l'età sono state analizzate con test del chi-quadrato.

**Risultati.** Età media  $71,7 \pm 17,5$  anni: 30 pazienti  $\geq 70$  ( $83,3 \pm 6,3$ ) e 21  $0,20$ ). Sarcopenia nel 31,4% (50,0%  $\geq 70$  vs 4,8%  $0,15$ ). Lo screening NRS-2002 ha identificato rischio nel 54,9% con buona concordanza (sensibilità 85%, specificità 78%). SARC-F ha individuato rischio nel 43,1%, con forte validità (sensibilità 100%, specificità 83%).

**Conclusioni.** La malnutrizione è altamente prevalente in reparto, mentre la sarcopenia è fortemente correlata all'età. Lo screening rapido con Nutritional Risk Screening 2002 e SARC-F mostra buona accuratezza diagnostica e supporta l'integrazione routinaria per l'identificazione precoce e l'intervento nutrizionale e riabilitativo tempestivo

**Abstract Code: FDI24870-72**

**BEDSIDE GASTROINTESTINAL ULTRASOUND IN INTERNAL MEDICINE: IS IT TRULY A LUXURY ONLY FOR GASTROENTEROLOGISTS? A 4-YEAR EXPERIENCE COMPARED WITH CONVENTIONAL ABDOMINAL ULTRASOUND IN 2074 ELDERLY PATIENTS**

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(1) *Medicina Interna, Ospedale Val Tidone, Castel San Giovanni, Piacenza, Italy.*

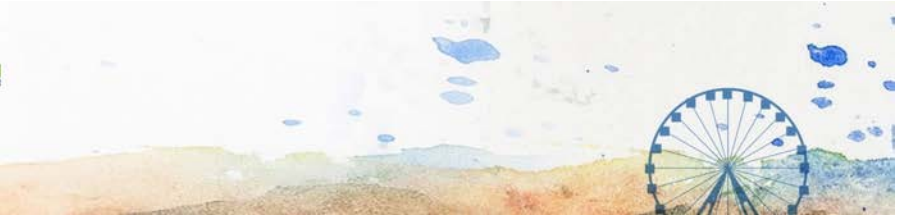
**Introduction.** This study evaluates the utility of gastrointestinal ultrasound (GI-US) versus conventional abdominal ultrasound (CA-US) for diagnosing abdominal pain.

**Materials and Methods.** From January 2021 to 2025, 2,074 elderly patients (mean age 75.6 years) were examined using both CA-US and bedside GI-US for abdominal pain. Ultrasound purposes were to: confirm a clinical diagnosis (Confirm-D); determine the cause of a clinically doubtful finding (Etiology-D); exclude an abdominal/GI condition (Exclusion-D); or make an unexpected diagnosis (Incidental-D). Both methods were compared against gold standards, assessing sensitivity, specificity, accuracy, PPV, NPV, and AU-ROC curves.

**Results.** CA-US: Confirm-D: 387; Etiology-D: 446; Incidental-D: 134; Exclusion-D: 1107. Overall diagnosis: 967/2074 cases. Performance: 954 true+, 1100 true-, 7 false+, 13 false- (Sens: 98.7%; Spec: 99.4%; Accuracy: 99%; AU-ROC: 0.9921).

GI-US: Confirm-D: 85; Etiology-D: 872; Incidental-D: 151; Exclusion-D: 967. Overall diagnosis: 1107/2074 cases. Performance: 960 true+, 1094 true-, 13 false+, 7 false- (Sens: 99.3%; Spec: 98.8%; Accuracy: 99%; AU-ROC: 0.9963). Overall diagnostic ability: CA-US 46.9% vs. GI-US 53.3% ( $p < 0.001$ ). GI-US was significantly superior for etiological diagnoses (42.05% vs. 21.5%,  $p < 0.001$ ). No difference in incidental findings (7.27% vs. 6.46%,  $p = ns$ ).

**Conclusions.** While both methods achieved high diagnostic value, GI-US surpassed CA-US in overall diagnostic rate and etiological diagnosis. GI-US is an essential tool for internists diagnosing abdominal pain.



**Abstract Code: FDI24773-74**

**THE WOMAN IN RED**

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**Introduction.** Leukocytoclastic purpura is an immune-mediated small-vessel vasculitis characterized histologically by neutrophilic infiltration and nuclear debris within postcapillary venules. Clinically, it most commonly presents as palpable purpura of lower extremities. Etiologies include infections, autoimmune diseases and malignancies, although a significant proportion of cases remain idiopathic.

**Description.** A 76 year-old woman presented to emergency department because of purpuric-petechial, slightly raised and confluent skin lesions; she had Latent Autoimmune Diabetes in Adults (LADA). An extensive serological panel (EBV, CMV, parvovirus B19, HBV, HCV, Coxsackie virus) and autoimmune screening (ANA, ENA, ANCA, anti-dsDNA, rheumatoid factor, cryoglobulins) were performed, all yielding negative results; complement-mediated skin involvement was excluded as C3 and C4 levels were normal. Because of the appearance of new lesions in flares, an excisional skin biopsy was performed revealing histological findings consistent with leukocytoclastic vasculitis. Laboratory and radiological test were performed, excluding renal and pulmonary involvement, with the disease solely manifesting at cutaneous level.

**Conclusions.** This case underscores the diagnostic value of skin biopsy in patients with isolated cutaneous purpura in the absence of identifiable infectious, autoimmune, or complement-mediated triggers. It highlights the importance of distinguishing primary cutaneous leukocytoclastic vasculitis from systemic disease to guide appropriate clinical management.

**Abstract Code: FDI24749-77**

**VALUTAZIONE DELL'IMPATTO DELL'INTEGRAZIONE MULTI-PROFESSIONALE SUGLI ESITI CLINICO-ASSISTENZIALI ED ORGANIZZATIVI: UNO STUDIO OSSERVAZIONALE IN AREA MEDICA DELL'AZIENDA OSPEDALIERO UNIVERSITARIA DI FERRARA**

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**Introduzione.** Molti studi internazionali hanno affrontato il tema della collaborazione interprofessionale ma pochi hanno indagato la correlazione tra il livello di integrazione multi-professionale e gli specifici esiti clinici ed organizzativi.

**Obiettivi dello studio.** Valutare il livello di integrazione multi-professionale nelle UU. OO. di degenza dell'Area Medica presso l'AOU di Ferrara e la sua associazione con alcuni outcome clinico-assistenziali ed organizzativi.

**Materiali e Metodi.** Per l'analisi del livello di integrazione percepito tra i professionisti di area medica è stato utilizzato un questionario validato I-AITCS II, che misura la collaborazione interprofessionale nei team sanitari in tre domini principali: Partnership, Cooperazione, Coordinamento. Rimangono in fase di completamento l'estrazione e l'analisi dei dati organizzativi e degli outcome assistenziali.

**Risultati.** Lo studio ha riportato un tasso di adesione del 78,3%. I medici hanno espresso valutazioni particolarmente positive negli item relativi al riconoscimento reciproco delle competenze, al coordinamento dei servizi sanitari e sociali. Gli infermieri hanno evidenziato percezioni più contenute trasversalmente in tutti i domini.

**Conclusioni.** La somministrazione del questionario ai professionisti di Area Medica ha rilevato livelli di integrazione eterogenei per professione ed unità operativa, l'analisi degli outcomes clinico assistenziali permetterà di evidenziare l'impatto dei diversi livelli di integrazione sulla qualità delle cure erogate e sul benessere del personale.

**Abstract Code: FDI24948-78**

**"GIÙ DAL LETTO ATTIVAMENTE": PROGETTO INNOVATIVO PER LA PREVENZIONE DELLA SINDROME DA ALLETTAMENTO E LA STIMOLAZIONE COGNITIVA DEI PAZIENTI ANZIANI OSPEDALIZZATI**

P. Gnerre<sup>1</sup>, A. Piras<sup>1</sup>, G. Ivaldi<sup>1</sup>, S. Capellano<sup>1</sup>, F. Esposito<sup>1</sup>

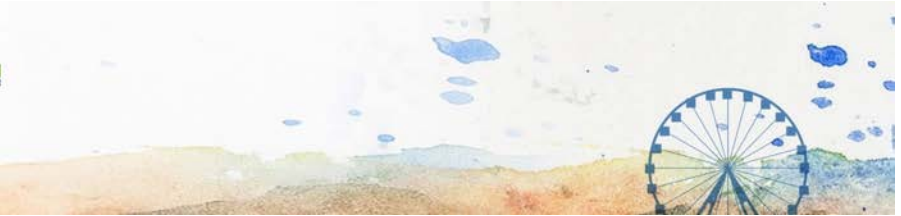
(1) Ospedale San Paolo, Savona, Italy.

**Introduzione.** Il progetto "Giù dal letto AttivaMente", nasce dalla partecipazione del Dipartimento Medico e del Dipartimento Attività Territoriali e della Riabilitazione dell'Area 2 ATS Liguria al programma nazionale "La Medicina Gentile che Cura e Ascolta" promosso da 1 Caffè Onlus e dalla Società Scientifica FADOI con il contributo della Fondazione De Mari. L'iniziativa si inserisce in un modello di assistenza integrata e gentile, che mette al centro la persona e non la sola patologia. L'intento del progetto è quello di contrastare gli effetti negativi dell'allettamento prolungato e di favorire il mantenimento dell'autonomia funzionale degli anziani.

**Materiali e Metodi.** Il progetto prevede interventi orientati sia alla mobilitazione precoce del paziente attraverso il potenziamento dell'attività dei fisioterapisti (Giù dal letto) sia alla stimolazione cognitiva tramite l'avvio di un programma di musicoterapia (posizionate casse acustiche in reparto per l'avvio di musica nelle ore serali) e di biblioterapia (AttivaMente) svolta dai volontari AUSER con lettura di testi forniti dalle biblioteche comunali.

**Risultati.** Il progetto ha avuto inizio il 15 Gennaio 2026. Abbiamo valutato l'efficacia del progetto attraverso due indicatori. Il primo derivante dalla valutazione del gradimento dell'iniziativa rivolto a parenti e pazienti. Il secondo valutando una variazione dell'incidenza di delirium nei pazienti ricoverati rispetto all'anno precedente.

**Conclusioni.** I risultati verranno presentati nel corso del Congresso Nazionale FADOI-ANIMO.



**Abstract Code: FDI24667-76**

**FROM CHEST TO BRAIN: BRAIN ABSCESS AS THE FIRST SIGNAL OF OSLER WEBER RENDU DISEASE**

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**Introduction.** Hereditary hemorrhagic telangiectasia, also known as Osler Weber Rendu disease, is an autosomal dominant disorder with a prevalence of approximately 1 in 5,000–10,000 individuals. This syndrome is characterized by recurrent epistaxis, mucocutaneous telangiectases and arteriovenous malformations, mainly pulmonary.

**Description.** A 35-year-old man with a history of epistaxis presented to the emergency department with left frontal headache and respiratory failure. Chest radiograph showed bilateral opacities and the patient was admitted for acute respiratory failure attributed to pneumonia. Chest contrast-enhanced computed tomography ruled out inflammatory infiltrates, revealing large pulmonary arteriovenous malformations with right-to-left shunt. These findings suggested an underlying cause of chronic respiratory failure, supported also by digital clubbing and elevated hemoglobin. Persistent headache prompted brain computed tomography, demonstrating a left frontal abscess with midline shift and multiple ischemic lesions. The patient underwent craniotomy with abscess evacuation, yielding *Aggregatibacter aphrophilus*, and a 4 weeks-regimen of Ceftriaxone. The course was complicated by thrombosis of the cerebral venous sinuses.

**Conclusions.** Pulmonary arteriovenous malformations may cause septic embolism, leading to brain abscess formation. As shown in our clinical case, a brain abscess may be one of the first signs of Osler Weber Rendu disease. Early recognition of pulmonary malformations is essential to prevent such complications.

**Abstract Code: FDI24669-78**

## **ARE WE FAR FROM THE TARGET? REAL-LIFE DATA OF LOW-DENSITY LIPOPROTEIN CHOLESTEROL IN HIGH-RISK DIABETIC PATIENTS**

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**Introduction.** Low-density lipoprotein cholesterol is a key determinant of cardiovascular risk in diabetic patients. In real-life settings, guidelines recommended targets are often unmet. This study aimed to assess the prevalence of uncontrolled low-density lipoprotein cholesterol in the diabetic population of the Franciacorta area and to estimate the proportion of patients who could potentially meet the targets upon oral therapeutic intensification.

**Materials and Methods.** This retrospective observational study included 517 patients from the Franciacorta diabetology clinics attending medical assessments during 2024–2025. Data on low-density lipoprotein cholesterol and lipid-lowering therapies were collected. Patients above target but within 25% were classified as near-to-target. Descriptive analyses and a simulation of lipid levels after therapy intensification were performed.

**Results.** The target was achieved in 30.75% of patients, while 69.25% were above target. Among these, 52.23% were near-to target, indicating a modifiable gap manageable through the intensification of high-intensity statins, ezetimibe or bempedoic acid therapies. The simulation showed that optimization could raise target achievement to 66.92%.

**Conclusions.** The study reveals a substantial therapeutic gap in low-density lipoprotein cholesterol control in the everyday clinical practice. The high proportion of near-to-target patients suggests that strategies of oral therapy intensification may meaningfully reduce the cardiovascular risk of diabetic subjects in the Franciacorta area.

**Abstract Code: FDI24767-77**

## **UNA METASTASI INUSUALE**

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**Introduzione.** I batteri del genere *Nocardia* possono causare infezioni suppurative, localizzate o sistemiche; non comuni, sono considerate infezioni opportunistiche, ma possono avvenire anche in pazienti immunocompetenti. Caratteristica è la capacità di disseminarsi in vari organi, con predilezione per il sistema nervoso centrale, e la necessità di terapie antibiotiche prolungate, per la possibilità di progredire o recidivare nonostante terapia.

**Descrizione.** Uomo di 63 anni, affetto da mesotelioma pleurico localmente avanzato, operato e chemioterato, ricoverato per lesione espansiva cerebellare. Esordio clinico legato a sintomatologia vertiginosa, nausea e vomito; imaging con evidenza di singola lesione con aspetto colliquato e ampio edema perilesionale. Non febbre o altri segni sistemici, segnalata polmonite settimane prima, curata efficacemente con terapia antibiotica. Nel sospetto di metastasi veniva trattato con terapia antiedemigena con corticosteroidi e mannitolo, con beneficio, e veniva effettuato intervento neurochirurgico di asportazione. In sede operatoria riscontro di lesione ascessuale, con microbiologia e istologico compatibili con infezione da *Nocardia*. Necessaria successiva revisione chirurgica per recidiva, e terapia antibiotica per un anno.

**Conclusioni.** In un paziente oncologico con lesione cerebellare il primo sospetto è quello di una metastasi, e spesso il ricovero viene disposto in Medicina. Una buona conoscenza infettivologica consente all'internista un approccio più corretto nella diagnosi differenziale, in un paziente con fattori di rischio.

**Abstract Code: FDI24908-74**

## **QUANDO LA LEPTOSPIRA PUÒ DIVENTARE LETALE: LA SINDROME DI WEIL**

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**Introduzione.** donna di 85 anni giungeva in pronto soccorso per febbre fino a 38°C, sintomi simil influenzali, contrazione della diuresi e lieve ittero cutaneo. Tra gli esami bioumorali era presente iperbilirubinemia prevalentemente diretta (3,3 mg/dl), insufficienza renale acuta (creatinina 4 mg/dL), piastrinopenia severa (46.000/mm<sup>3</sup>), PCR elevata. Ecografia addome completo = non dilatazione delle vie biliari. In anamnesi si segnalava solo ipertensione arteriosa.

**Descrizione.** Inizialmente veniva sospettata una sepsi a origine urinaria con piastrinopenia secondaria a stato settico. In seconda giornata si assisteva a netto peggioramento del sensorio (Tac cerebrale negativa), dispnea, rialzo ulteriore dei valori di bilirubina diretta, peggioramento della piastrinopenia (inferiore alle 20.000/mm<sup>3</sup>). Si escludeva una coagulazione intravascolare disseminata. Raccogliendo meglio l'anamnesi patologica prossima la figlia della paziente riferiva che la mamma viveva sola in campagna in mezzo a vari animali (conigli, galline, ecc) e con presenza di topi. Nel sospetto di leptospirosi si richiedeva la ricerca di leptospira impostando una terapia antibiotica specifica (piperacillina/tazobactam) La diagnosi di leptospirosi veniva confermata dalla PCR su sangue e urina (sierologia IgM negativa). Successivamente la paziente migliorava fino alla restitutio ad integrum.

**Conclusioni.** Leptospirosi con sindrome di Weil (ittero marcato, insufficienza renale acuta, coagulopatia, polmonite).

**Abstract Code: FDI24878-80**

**AN UNUSUAL CASE OF DRUG-RELATED SYNCOPES: HIGHLIGHTING THE IMPORTANCE OF MEDICATION REVIEW**

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**Introduction.** Patients with multiple chronic comorbidities often present with complex clinical pictures in which drug-related adverse effects may mimic cardiopulmonary or neurological conditions. We report a case of recurrent syncopal episodes ultimately attributed to iatrogenic causes.

**Description.** A 60 years old male patient with history of chronic respiratory failure, obesity, coronary heart disease with preserved ejection fraction, chronic kidney disease, and diabetes was admitted for worsening dyspnea. During hospitalization, he experienced multiple prolonged episodes of unresponsiveness, occasionally associated with cyanosis and one episode of respiratory arrest requiring cardiopulmonary resuscitation. Extensive cardiological, neurological, and pulmonary investigations excluded acute ischemia, pulmonary embolism, epileptic seizures, or structural brain lesions. Electroencephalography findings showed generalized slowing, consistent with metabolic encephalopathy. Given the suspicion of iatrogenic contribution, gabapentin and zolpidem were discontinued in consideration of their role in suppressing central neurological functions, resulting in complete resolution of syncopal episodes. The patient showed progressive clinical stabilization and was transferred to a rehabilitation program.

**Conclusions.** This case highlights the importance of considering drug-induced causes in recurrent unexplained syncope, particularly in patients with complex multimorbidity, and emphasizes the role of careful medication review in preventing potentially life-threatening events.

**Abstract Code: FDI24565-73**

**RESTORING INTESTINAL CONTINUITY: LAMS RECANALIZATION**

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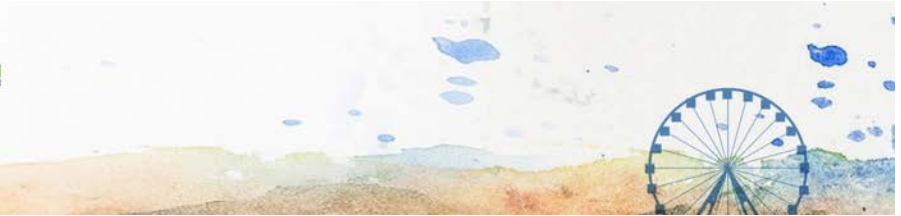
(1) Ospedale Buccheri la Ferla, Palermo, Italy.

**Introduction.** Endoscopic stenting is used to treat benign and malignant lower GI strictures [1]. SEMS in benign obstruction show high technical and clinical success with low complication rates [2]. Lumen-apposing metal stents (LAMS) have been applied for complete colorectal stenosis recanalization using EUS-guided rendezvous [3,4].

**Case Report.** We report a case of LAMS-assisted recanalization of complete J-pouch–afferent limb stenosis without EUS guidance. A 45-year-old man with ulcerative colitis, post-total colectomy with ileal J-pouch and subsequent fistula requiring ileostomy, developed chronic pouchitis treated with vedolizumab. Follow-up endoscopy showed complete pouch stenosis without visible communication. Saline and methylene blue injection into the efferent limb revealed dye in the pouch, confirming a fistulous tract. A guidewire was advanced from the pouch into the afferent limb, allowing deployment of a 16×20 mm LAMS (Niti-S™ HOT SPAXUS™) over the wire under fluoroscopy, restoring intestinal continuity.

**Conclusion.** Endoscopic exploration confirmed reanastomosis; the procedure was well tolerated. LAMS placement proved a safe, minimally invasive option to re-establish bowel continuity in complex postoperative settings.

- 1- Shen B et al. Lancet Gastroenterol Hepatol. 2020 Apr.
- 2- Fardanesh A et al. Tech Coloproctol. 2024 Jul.
- 3- Ngamruengphong S et al. Endoscopy. 2020 Sep.
- 4- Guzik P et al. Endoscopy. 2023 Dec.



**Abstract Code: FDI24732-69**

## **A VERY YOUNG 82-YEARS-OLD MAN**

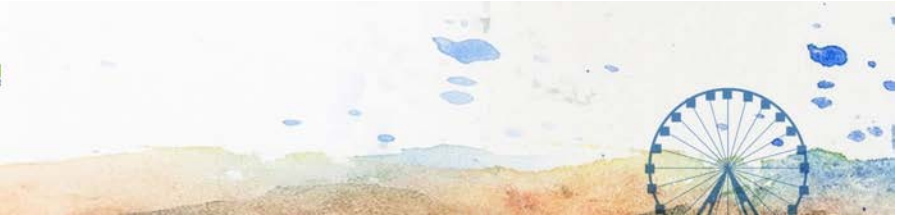
G. Grandi<sup>1</sup>, L. Pitotti<sup>1</sup>, V. Del Rio<sup>1</sup>, L. Clerici<sup>1</sup>, M.T. Lavazza<sup>1</sup>, A. Mazzone<sup>1</sup>

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**Introduction.** Rosai-Dorfman disease is a rare non-Langerhans cell histiocytosis, with a higher prevalence in young adults, characterized by a variable clinical course and potential association with autoimmune or neoplastic disorders.

**Case Description.** An 82-year-old man with a history of type 2 diabetes mellitus and hypertensive cardiomyopathy presented to the emergency department with nausea and vomiting. Laboratory investigations revealed exclusively microcytic iron-deficiency anemia associated with elevated  $\beta_2$ -microglobulin levels. Abdominal ultrasonography showed hepatosplenomegaly in the absence of signs of liver cirrhosis or portal hypertension. A fluorodeoxyglucose positron emission tomography (FDG-PET) scan was subsequently performed, demonstrating marked tracer uptake involving the spleen, the entire spine, the paranasal sinuses, multiple lymph nodes and chest wall mass. Biopsy of the chest wall mass established the diagnosis of Rosai-Dorfman disease. Given the complete resolution of clinical symptoms, the patient was managed with a watch-and-wait approach. At 6-month follow-up, the patient remained clinically stable.

**Conclusions.** Rosai-Dorfman disease may present with an insidious clinical course and can onset also in advantage age. FDG-PET is useful for assessing disease extent and for guiding biopsy, which is essential for definitive diagnosis. In adult patients, the disease often follows a benign course; therefore, therapeutic management should be individualized on a case-by-case basis.



**Abstract Code: FDI25106-65**

**CEREBRAL AMYLOID ANGIOPATHY-RELATED INFLAMMATION PRESENTING AS A BRAIN TUMOR: A CASE REPORT**

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**Introduction.** Cerebral amyloid angiopathy-related inflammation(CAA-ri) is a rare and aggressive subtype of Cerebral amyloid angiopathy,causated by an autoimmune reaction to the accumulation of amyloid-beta in the walls of cerebral vessels. The syndrome typically presents with headache, decrease in consciousness,behavioral change,focal neurological signs and seizures and it can mimic other focal and diffuse neurological disorders.

**Description.** A 79 year-old man presented to the Emergency Room for a momentary loss of consciousness with amnesia. He had an history of hypertension and diabetes. Blood tests,electrocardiogram,echocardiogram and the echocolor-doppler of supra-aortic trunk revealed no significant alterations. Brain CT showed a solitary area of low density with mass effect localized in the right temporal region. A contrast-enhanced brain MRI showed white matter T2 hyperintensity in right temporal region (vasogenic edema)and multiple cerebral microhemorrhages in the bilateral supratentorial and subcortical regions. The patient underwent biopsy of the suspected brain tumor. The histological examination showed amyloid deposition. He started high-dose corticosteroid therapy for 2 weeks. A 6-month follow-up brain MRI with contrast showed the disappearance of vasogenic edema.

**Conclusion.** CAA-ri is a potentially reversible encephalopathy which manifests as a with imaging features of cerebral inflammation,oedema and microhemorrhages. Definite diagnosis of CAA-ri requires histopathologic confirmation,while the diagnosis of probable and possibile CAA-ri is based on clinical and MRI findings

**Abstract Code: FDI25089-75**

## **HEALTHCARE PROFESSIONALS' COMMUNICATION SKILLS IN TRANSMITTING DIFFICULT NEWS: A CROSS-SECTIONAL STUDY**

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**Introduction and Aim.** Communicating difficult news can be a source of stress for healthcare professionals (HCPs). How HCPs conduct these conversations can significantly affect patients and families over time. The purpose of this study is to evaluate HCPs' communication skills in conveying difficult news.

**Materials and Methods.** A cross-sectional study was implemented between March and May 2025. HCPs completed a self-report questionnaire developed from the Italian Program to Enhance Relational and Communication Skills (PERCS) study, and including four dimensions (preparation, communication, relationship, confidence, anxiety).

**Results.** A sample of 365 HCPs participated, 29.86% (n=109) were 31-40 years, 66.85% (n=244) were nurses and 43.01% (n=157) had gained field communication experience. Statistically significant differences were found based on age, discipline, and education: participants over 50 achieved a higher total score, Me=16, IQR=13-17 (H=38.59, p<0.001), physicians achieved a higher score, Me=16, IQR=13-17.5 (H=19.53, p<0.001), and those who completed continuing education courses, Me=15, IQR=12.25-16 (H=8.21, p=0.042).

**Conclusions.** HCPs of advanced age or those who have participated in continuing education demonstrated greater ability to communicate difficult news. These findings suggest communication-focused training may further enhance the skills among younger HCPs, helping to reduce both the stress experienced by HCPs and the negative effects on patients and their families.

**Abstract Code: FDI24950-71**

**RISCHIO FRATTURATIVO NEI PAZIENTI RICOVERATI IN MEDICINA INTERNA. AN UNDERSTIMATED PROBLEM? WHAT CAN WE DO?**

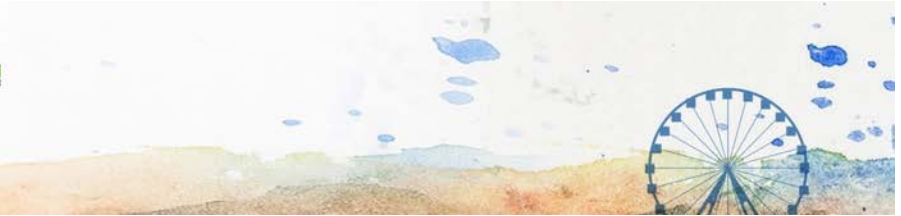
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**Introduzione.** Le fratture da fragilità rappresentano una delle principali cause di morbilità, mortalità e consumo di risorse sanitarie. I pazienti ricoverati nei reparti di Medicina Interna presentano molteplici fattori di rischio per frattura. Nonostante ciò, il rischio è spesso sottostimato e inadeguatamente trattato. Obiettivo del nostro studio è analizzare l'entità del rischio fratturativo nei pazienti ricoverati, identificando i principali determinanti clinici e valutando possibili strategie.

**Materiali e Metodi.** Abbiamo valutato i fattori di rischio per frattura, e la presenza di diagnosi e/o terapia per osteoporosi, nonché sottoposto i pazienti a valutazione osteometabolica nell'ambito di un progetto denominato "Bone-screen" per intercettare le underdiagnosis e in percorsi dedicati per i pazienti con fratture da fragilità istituendo i Fracture Liaison Services nei pazienti ricoverati consecutivamente di età > 65 anni.

**Risultati.** I pazienti ricoverati in MI presentano un'elevata prevalenza di fragilità scheletrica e di fattori di rischio per caduta. La valutazione sistematica del rischio fratturativo e l'osteoporosi rimane spesso non diagnosticata. Tuttavia, l'impiego di strumenti clinici semplici, la revisione della terapia farmacologica, la valutazione dello stato vitaminico D, l'adozione di misure di prevenzione delle cadute e l'avvio precoce di terapie anti-osteoporotiche possono contribuire significativamente alla riduzione del rischio di fratture future.



**Abstract Code: FDI25028-68**

**HEMODIALYSIS CATHETER-RELATED SUPERIOR VENA CAVA SYNDROME:  
TWO CASE REPORTS**

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**Introduction.** Superior vena cava (SVC) syndrome is caused by central venous system stenosis or occlusion leading to upper-extremity venous congestion, most often due to malignancy. Patients with end-stage renal disease (ESRD) on hemodialysis are also at risk due to long-term vascular access needs. Here, we describe two cases of SVC syndrome caused by vascular access thrombosis in hemodialysis patients.

**Description.** 1. A 79-year-old man with ESRD and hypertension presented with dyspnea and upper limbs cyanosis following failed hemodialysis access. He was confused and hemodynamically unstable. Capillary refill time was prolonged and the skin of his head, neck, chest and upper limbs was erythematous. He had distended neck veins and engorged chest wall vessels. A computed tomography (CT) chest scan revealed an SVC thrombus, immediately above the right atrium. 2. A 74-year-old woman with ESRD developed headache, neck and upper limbs edema and cyanosis after ceftriaxone use. Self-administered corticosteroids were ineffective. She was alert, hemodynamically stable, but showed significant cyanosis, facial plethora, and a tender central line. CT chest scan showed thrombus from the right internal jugular vein to SVC, with mediastinal collaterals, suggestive of SVC syndrome. Both received low-molecular-weight heparin and underwent percutaneous transluminal angioplasty. They were discharged after 14 days without recurrence.

**Conclusions.** SVC is a potentially life-threatening syndrome and requires prompt imaging for diagnosis. Advances in endovascular treatment have improved patient outcomes.

**Abstract Code: FDI25035-66**

**DRUG-RESISTANT HYPERPYREXIA IN AN UNDEFINED SYNDROMIC SETTING: DIAGNOSIS OF A RARE GENETIC SYNDROME DUE TO *TUBA1A* MUTATION**

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**Introduction.** Drug-resistant hyperpyrexia is a rare clinical condition characterized by persistent fever that cannot be controlled with conventional antipyretic treatments. Its clinical management can be challenging, as it may be due to a wide range of conditions, as infections, autoimmune diseases, and genetic disorders.

**Discussion.** We report the clinical case of a 38-year-old woman affected since birth by an undiagnosed genetic syndrome, who presented to the Emergency Department with high-grade fever in the apparent absence of infectious sources and unresponsive to standard therapies. The patient had a complex baseline clinical condition, characterized by severe physical and intellectual developmental delay, structural abnormalities of brain development, severe epileptic seizures, and a history of recurrent episodes of persistent fever, lasting even several months and resolved spontaneously. Repeated investigations performed during hospitalization failed to identify infectious or autoimmune causes. In the absence of documented causes of fever, genetic testing was performed, revealing a mutation in the *TUBA1A* gene, which is primarily associated with lissencephaly and severe epilepsy, consistent with the patient's clinical features.

**Conclusions.** The diagnosis of *TUBA1A*-related syndrome provided a plausible explanation for the patient's symptoms, although fever is not a typical feature reported in the syndromic spectrum. The hyperpyrexia may be due to the brain malformations associated with the genetic disorder, potentially involving the hypothalamic thermoregulatory centers.

**Abstract Code: FDI25006-64**

## **FUNCTIONAL OUTCOMES IN OLDER PATIENTS ACCORDING TO COGNITIVE STATUS AND COMORBIDITY: A RETROSPECTIVE OBSERVATIONAL STUDY**

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**Introduction and Aim.** Functional decline in older patients is a major determinant of disability and healthcare burden. Cognitive impairment and comorbidity burden are recognized as key factors influencing functional outcomes. The aim of this study was to evaluate the impact of cognitive status and comorbidity burden on functional outcomes.

**Materials and Methods.** A retrospective observational study was conducted on 313 older patients, was assessed with the Mini-Mental State Examination (MMSE) and stratified into three groups: <14, 14–24, >24. Comorbidity burden was assessed with the Charlson Comorbidity Index (CCI) as <1, 1–2, ≥3. Functional outcomes included Barthel Index, ADL, IADL, Braden, and Tinetti. Descriptive statistics and non-parametric tests were used.

**Results.** Functional outcomes showed a clear gradient across cognitive groups. Barthel (14.53 vs 31.64 vs 38.22) ADL (0.36 vs 1.27 vs 1.72) IADL (0.28 vs 0.92 vs 3.08) increased markedly with MMSE ( $p < 0.001$ , Mann–Whitney) while Braden was minimally affected (14.65–14.68). CCI differences were smaller for Barthel (29.58 vs 25.34) ADL (1.15 vs 1.09) IADL (0.94 vs 0.91) but more pronounced for Tinetti (9.51 vs 5.19;  $p < 0.05$ , Mann–Whitney).

**Conclusions.** The analyzed data indicate that cognitive status is the main determinant of residual functional abilities in older patients, with a greater impact than comorbidity on activities of daily living. Comorbidity primarily affects balance and gait.

**Abstract Code: FDI24678-78**

## **A RARE CASE OF ENDOCARDITIS ON THE TRICUSPID VALVE**

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**Introduction.** A 94-year-old woman was admitted to our department due to a bedridden syndrome developed following bilateral pneumonia.

**Description.** The patient presented at admission with respiratory failure associated with a decline in general condition, in the absence of fever or other symptoms. Blood tests showed neutrophilic leukocytosis and increased inflammatory markers. An echocardiogram was performed, revealing a large hyperechoic mass corresponding to the atrial side of the tricuspid valve, floating in the right atrial cavity, measuring 23 mm x 12 mm. Blood cultures showed the presence of *Staphylococcus lugdunensis*, commonly a coagulase-negative bacterium that causes endocarditis with a high clinical impact and a high risk of mortality. Targeted antibiotic therapy with Ceftriaxone, Vancomycin, and Levofloxacin was initiated.

**Conclusions.** The patient nevertheless died despite an initial clinical and laboratory improvement. In our case, a particular aspect is related to the fact that the tricuspid valve was involved, a very rare event probably linked to the previous placement of a central venous catheter.

**Abstract Code: FDI24577-76**

## **LESIONI EPATICHE DI NATURA DA DETERMINARSI**

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**Introduzione.** Uomo, 50 anni. Anamnesi muta.

**Descrizione.** Il paziente giunge per addominalgia, esegue TC addome con riscontro di formazioni epatiche bilobar da riferire a secondarismi; esegue biopsia epatica che depone per carcinoma scarsamente differenziato; EGDS e Colonscopia con riscontro di polipo <1 cm del retto compatibile con NET. Il paziente è stato ricoverato presso il nostro reparto per second opinion. Sono stati coinvolti nella gestione del caso complesso i colleghi della Chirurgia Epato-Biliare e dello IOV. La biopsia epatica è stata ripetuta in quanto la precedente non era diagnostica. Nell'ottica di avviare un trattamento sistemico si condivideva anche con i radiologi interventisti l'indicazione a posizionamento di PTBD. Il nostro paziente è deceduto durante la degenza. L'esito della biopsia epatica lo abbiamo ricevuto dopo il decesso, compatibile con NET.

**Conclusioni.** L'incidenza dei NET è in costante aumento; il tasso di metastasi al momento della diagnosi è elevato, con un range che va dal 50% all' 85%. I NET in molti casi presentano una crescita lenta e sono poco aggressivi; talvolta possono però crescere rapidamente e comportarsi in modo maligno con metastasi a distanza. In pazienti di età <60 anni, con metastasi epatiche da NET a sede primitiva drenata dal sistema portale, a basso grado di malignità, coinvolgimento epatico <50%, radiologicamente stabile per almeno sei mesi, tumore primitivo radicalmente asportato e assenza assoluta di malattia extrapatica, il trapianto di fegato potrebbe essere preso in considerazione previa discussione multidisciplinare.

**Abstract Code: FDI24812-68**

## **TWO-YEAR LONGITUDINAL EVALUATION OF TRIGLYCERIDE GLUCOSE BODY MASS INDEX IN TYPE TWO DIABETES MELLITUS TREATED WITH EMPAGLIFLOZIN**

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**Introduction.** Type two diabetes mellitus is associated with increased cardiometabolic and cerebrovascular risk. Sodium glucose cotransporter two inhibitors provide metabolic and cardiovascular benefits. The Triglyceride Glucose Body Mass Index, combining triglycerides, fasting glucose and body mass index, is a surrogate marker of insulin resistance and vascular risk. The aim was to evaluate longitudinal changes in this index in patients treated with empagliflozin.

**Materials and Methods.** This multicenter retrospective observational study included 111 patients with type two diabetes mellitus. Anthropometric, metabolic, blood pressure and renal parameters were collected at baseline and after two years of treatment using paired comparisons.

**Results.** After two years, body weight, body mass index, waist circumference, glycated hemoglobin, blood pressure, total cholesterol, low density lipoprotein cholesterol and triglycerides were significantly reduced, with increased high density lipoprotein cholesterol. Renal function remained stable with reduced microalbuminuria. The Triglyceride Glucose Body Mass Index decreased from  $150.2 \pm 29.1$  to  $139.2 \pm 27.3$ .

**Conclusions.** Empagliflozin treatment was associated with improved cardiometabolic profile and reduced insulin resistance. The Triglyceride Glucose Body Mass Index is a simple marker for monitoring vascular risk in clinical practice.

**Abstract Code: FDI25096-73**

**NURSES' KNOWLEDGE OF ITALIAN LAW NO. 219/2017 ON ADVANCE TREATMENT DIRECTIVES AND ITS IMPLEMENTATION IN HEALTHCARE FACILITIES**

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**Introduction and Aim.** of the study: Nurses play a central role in implementing Advance Treatment Directives (ATDs) in healthcare organizations. However, their knowledge regarding Italian Law No. 219/2017 and its implementation in healthcare facilities is poorly documented. The aim of the study was to evaluate nurses' knowledge of legislative provisions and the implementation of the Law's principles in healthcare facilities.

**Materials and Methods.** A cross-sectional online survey (February–April 2025) was conducted among a sample of Italian nurses. Knowledge and organizational adherence to Law No. 219/2017 were assessed using a validated 10-item questionnaire with dichotomous responses (Bolcato et al., 2020).

**Results.** 388 nurses, mostly female (77.1%) and under 30 years (69.1%), participated. 71.4% reported adequate knowledge of ATDs, with higher levels among women (69.9%) and those aged 22-25 (80.6%). Male nurses (RR=1.51), those aged 31-40 (RR=1.50), and those with over 20 years of experience (RR=2.20) showed insufficient knowledge. Nurses with direct ATD experience achieved higher scores than those without experience (median 9 [IQR 8–9], RR = 0.66 vs median 8 [IQR 7–9], RR = 1.22; p= 0.008). The reported organizational adherence to ATD-related practices was lower, except in pediatric settings (RR=0.36, p=0.013).

**Conclusions.** Nurses' knowledge of ATDs varies by demographic and professional factors, and adherence within healthcare facilities remains relatively low. Focused education and uniform procedures are essential for effective, patient-centered implementation of ATDs.

**Abstract Code: FDI24642-69**

**UN CASO ATIPICO DI BRONCOPOLMONITE EOSINOFILA ORGANIZZATIVA AD ESORDIO TARDIVO CON EVOLUZIONE FAVOREVOLE DOPO TERAPIA CORTICOSTEROIDEA AD ALTO DOSAGGIO**

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**Introduzione.** La broncopolmonite eosinofila organizzativa è una rara entità infiammatoria caratterizzata da infiltrato eosinofilo, consolidamenti e opacità a vetro smerigliato. Il riconoscimento precoce è cruciale, poiché la condizione può sovrapporsi a patologie respiratorie croniche e imitare quadri infettivi o interstiziopatici.

**Descrizione.** Donna di 87 anni con asma bronchiale e fibrosi polmonare si presentava con dispnea ingravescente e tosse secca. All'ingresso era presente eosinofilia (7.6%), poi normalizzata allo 0.01%. Le indagini microbiologiche erano negative per *Aspergillus*, *Legionella*, *Pneumococco* e *Mycoplasma*. La valutazione pneumologica iniziale documentava insufficienza respiratoria acuta su quadro cronico e indicava incremento della terapia corticosteroidica. La tomografia computerizzata mostrava estese aree a vetro smerigliato con pattern a "crazy paving", suggestive per polmonite eosinofila organizzativa. Una successiva rivalutazione confermava l'ipotesi e indicava terapia corticosteroidica ad alto dosaggio. Il decorso clinico risultava favorevole.

**Conclusioni.** Il caso mostra come la broncopolmonite eosinofila organizzativa possa determinare rapido deterioramento respiratorio. L'esclusione delle infezioni, l'analisi integrata degli esami radiologici e le valutazioni pneumologiche hanno consentito una diagnosi accurata. La tempestiva terapia corticosteroidica ha prodotto una risposta significativa.



**Abstract Code: FDI24579-78**

**INTOSSICAZIONE SUBACUTA DA LITIO CON PRESENTAZIONE SIMIL-CREUTZFELDT-JAKOB:  
UN CASO CLINICO**

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**Introduzione.** Il litio è un farmaco stabilizzatore dell'umore largamente utilizzato nel trattamento dei disturbi bipolari, ma caratterizzato da una ristretta finestra terapeutica. L'intossicazione da sali di litio può determinare un quadro neurologico misconosciuto, con sintomatologia sovrapponibile a forme neurodegenerative rapidamente progressive, come la malattia prionica di Creutzfeldt-Jakob (MCJ).

**Descrizione.** L. C., uomo, 65 anni, in trattamento cronico con litio carbonato per disturbo bipolare da oltre 15 anni, viene ricoverato per comparsa di afasia, bradicinesia, confusione mentale con tremore e rapido deterioramento cognitivo nell'arco di poche settimane. All'ingresso: gli esami ematochimici evidenziano modesta leucocitosi neutrofila, lieve insufficienza renale con lieve ipernatriemia e litiemia pari a 2,8 mEq/L. Viene tempestivamente sospesa terapia con sali di litio e avviata terapia reidratante e diuretica con esito tuttavia infruttuoso; quindi viene eseguita emodialisi in urgenza. Nei giorni seguenti si osserva miglioramento progressivo del sensorio e del linguaggio, con recupero completo dell'assetto cognitivo e della funzione renale al follow-up.

**Conclusioni.** Il caso descritto evidenzia come l'intossicazione cronica da litio possa mimare un quadro di encefalopatia rapidamente progressiva, suggerendo diagnosi differenziale con MCJ e altre forme neurodegenerative. L'attenta valutazione anamnestica, la tempestiva sospensione del farmaco e il trattamento dialitico risultano fondamentali per la prognosi e la remissione sintomatologica del paziente.

**Abstract Code: FDI24897-81**

## **UN'INSIDIOSO CASO DI ACIDOSI METABOLICA**

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**Introduzione.** La chetoacidosi euglicemica (eu-DKA) è una variante atipica della chetoacidosi diabetica, caratterizzata da glicemia <250 mg/dL. Associata all'uso di inibitori del cotrasportatore sodio-glucosio di tipo 2 (SGLT2-i), questa condizione può sfuggire alla diagnosi precoce a causa di livelli glicemici non allarmanti, ritardando il trattamento.

**Descrizione.** Donna di 82 anni con diabete tipo 2 e demenza senile, ricoverata per rallentamento ideomotorio in urosepsi. La terapia domiciliare comprendeva SGLT2-i, metformina e neurolettici. In Pronto Soccorso la paziente ha presentato una crisi epilettica; nel post-critico, l'emogasanalisi (EGA) ha mostrato una grave acidosi metabolica (pH 7,15, HCO<sub>3</sub> 13,5 mmol/L, lattati 6,5 mmol/L). All'ingresso in reparto le condizioni erano critiche: stato soporoso, respiro aspro e PCR elevata (26,5 mg/dL). Un EGA di controllo ha confermato la persistenza di acidosi a gap anionico aumentato (pH 7,20, HCO<sub>3</sub> 6,3 mmol/L, pCO<sub>2</sub> 16 mmHg) con lattati normalizzati (0,7 mmol/L) e glicemia di 165 mg/dL. La diagnosi differenziale è stata risolta dall'esame urine, che ha rivelato glicosuria (>1000 mg/dL) e chetonuria (80 mg/dL). Gli accertamenti (TC cranio, rachicentesi, Rx torace) hanno escluso altre cause acute, riconducendo il quadro a eu-DKA precipitata dallo stato settico.

**Conclusioni.** Il caso evidenzia come la letargia e l'acidosi fossero sostenuti da una eu-DKA. Un esame semplice come lo stick urine è risultato decisivo, sottolineando la necessità di indagare sempre la chetonuria nei pazienti in terapia con SGLT2-i, indipendentemente dai valori glicemici.

**Abstract Code: FDI24942-72**

**EARLY DETECTION AND MANAGEMENT OF PERIPHERALLY INSERTED CENTRAL CATHETERS-RELATED THROMBOSIS IN ONCOHEMATOLOGICAL PATIENTS THROUGH SERIAL ULTRASOUND MONITORING: A PROSPECTIVE OBSERVATIONAL STUDY**

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**Introduction and Aim.** Central Venous Catheters (CVCs) are widely used in different diseases, and Peripherally Inserted Central Catheters (PICCs) are preferred in oncohematological patients. In this population PICCs increase the risk of thromboembolic events. Compressive Ultrasound (CUS) and Color Doppler sonography allow early detection of thrombosis before clinical signs appear. This study aims to monitor PICC-related thrombosis in oncohematological patients using serial CUS, evaluating incidence, timing, and predisposing factors, along with assessing the impact of early anticoagulant therapy.

**Materials and Methods.** Oncohematological patients requiring PICC underwent serial CUS to monitor the catheter up to subclavian vein. When venous patency was unclear, Color Doppler was used. Ultrasound evaluations were scheduled between days +3 and +7, then every 14-21 days, based on chemotherapy timing. If thrombosis was detected, patients were treated with Low-Molecular-Weight Heparin (LMWH).

**Results.** 30 patients were enrolled (20 lymphomas, 4 multiple myelomas, 6 acute leukemias). PICC thrombosis, detected before symptoms, occurred in 9 patients (30%). Early initiation of LMWH allowed catheter retention in all cases without bleeding events.

**Conclusions.** Oncohematological patients with PICC are at a high risk of subclinical thrombosis. Serial CUS enables early detection, allowing prompt anticoagulation and preservation of the catheter's function. Identifying predictors of thrombosis may help target prophylaxis to high-risk individuals and could improve PICC management.

**Abstract Code: FDI24923-71**

## **IMPLEMENTAZIONE DELLA FORMAZIONE IN ECOGRAFIA BEDSIDE: IMPATTO CLINICO E ORGANIZZATIVO NELLA MEDICINA INTERNA DELL'OSPEDALE DI RIVOLI (TO)**

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**Introduzione e Obiettivi.** L'ecografia clinica bedside (Point-of-Care Ultrasound, POCUS) è sempre più utilizzata in Medicina Interna. Lo studio valuta l'impatto clinico e organizzativo dell'introduzione di una formazione sul campo peer-to-peer in ecografia bedside nel reparto di Medicina Interna dell'Ospedale di Rivoli, confrontando un periodo pre- e post-formazione.

**Materiali e Metodi.** Nel 2024 è stato attivato un percorso formativo sul campo che ha coinvolto 13 medici su 16. Sono stati confrontati due periodi: gennaio–settembre 2023 e gennaio–settembre 2025. Gli indicatori analizzati, normalizzati per i ricoveri, includono degenza media, peso clinico dei pazienti (SDO), mortalità, utilizzo degli esami strumentali e tempo operativo dei trasporti interni.

**Risultati.** Nel periodo post-formazione i pazienti presentano una maggiore complessità clinica, con aumento del peso SDO (+4%). La mortalità si riduce dal 22% al 15% (-31,8%). L'attività diagnostica mostra una riduzione importante degli esami che richiedono trasporto del paziente, in particolare la radiografia del torace (-49%), TC torace con mdc, ecografia addome ed ecocardiografia. Impattante è il risparmio del lavoro operativo di trasporto stimato di 5.922 minuti (circa 99 ore).

**Conclusioni.** La formazione in ecografia bedside è associata a un miglioramento degli esiti clinici con razionalizzazione dell'attività diagnostica. L'integrazione della POCUS nella pratica clinica consente una gestione più efficace dei pazienti complessi ottimizzando l'impiego delle risorse assistenziali.

**Abstract Code: FDI24789-81**

**FIREWALKING: WHAT A PAIN!**

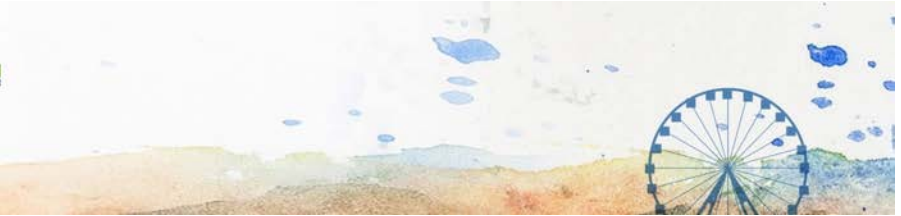
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**Introduction.** Thrombocytosis, a condition defined by a high platelet count, can be the result of essential thrombocythemia (ET), a clonal myeloproliferative neoplasm in which around half of the cases carry a JAK2 mutation. Extreme thrombocytosis could be diagnostically challenging and require careful clinical management because of increased bleeding risk associated with aspirin.

**Description.** A 84-years-old woman presented with erythromelalgia and recent onset of weakness in the left upper limb. She reported benzodiazepine as the only chronic medication. Laboratory results confirmed thrombocytosis (1,360x10<sup>9</sup>/L). Mild hyperkalemia, undetectable on blood gas, leans towards pseudohyperkalemia secondary to thrombocytosis. Serum protein electrophoresis and von Willebrand factors were normal; abdominal ultrasound showed no hepatosplenomegaly. Bone marrow aspiration defined an essential thrombocythemia-type myeloproliferative neoplasm and atypical lymphoid infiltration compatible with monoclonal B lymphocytosis. Mutation of the JAK2 gene resulted in negative. Cytoreduction with hydroxycarbamide was initiated and after a few days with platelets reduction under 1.000x10<sup>9</sup>/L aspirin was added. Progressive clinical improvement allowed for discharge without feet pain.

**Conclusions.** Investigating the etiology of thrombocytosis is an essential step, to prevent major thromboembolic events and to promptly initiate the most effective therapy. It is recommended valuation of the bleeding risk before aspirin therapy.



**Abstract Code: FDI24848-77**

**SARCOPENIA: EFFECTS OF SUPPLEMENTATION AND EXERCISE**

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**Introduction.** Sarcopenia is a condition defined by a progressive decline in muscle mass and strength, leading to reduced autonomy and functional impairment in older adults. Early identification of individuals at risk is supported by functional assessment tools such as the Strength, Assistance in walking, Rise from a chair, Climb stairs, Falls (SARC-F) questionnaire. To evaluate the effectiveness of a nutritional supplement based on pea protein isolate, branched-chain amino acids in older adults with risk or diagnosis of sarcopenia.

**Materials and Methods.** 20 participants aged  $\geq 65$  years with a SARC-F score  $\geq 4$  and/or documented reduction in muscle strength or physical performance were enrolled. They were assigned either to an intervention group receiving the supplement for X weeks combined with moderate exercise, or to a control group performing exercise only. Lean mass was assessed using bioelectrical impedance analysis, muscle strength with handgrip dynamometry, and physical performance through the 4-meter gait test and the chair stand test. The SARC-F questionnaire was administered at baseline and at the end of the intervention.

**Results.** The intervention group showed a significant improvement in SARC-F score, handgrip strength, physical performance and a moderate increase in lean mass. The control group exhibited less pronounced changes

**Conclusions.** Supplementation with pea protein isolate, branched-chain amino acids and vitamins, combined with exercise, appears promising in improving functional parameters in older adults at risk of sarcopenia.

**Abstract Code: FDI24699-81**

**DOUBLE TROUBLE: A CLINICAL CASE OF HERPETIC ENCEPHALITIS AND INFECTIVE ENDOCARDITIS RELATED TO IMPLANTABLE CARDIAC ELECTRONIC DEVICES**

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**Introduction.** HSV-1 encephalitis occurs most frequently in immunocompetent adults. Viral reactivation can be triggered by conditions such as stress, surgery, or transient immunomodulation.

**Description.** A 76-year-old man presented to ER with acute mental confusion, postural instability, fever and headache. Discharged with a diagnosis of urinary sepsis and postural instability to be investigated further. A few days later, he returned to ER with the same symptoms. His medical history included recent TURB for bladder cancer, aortic valve replacement and pacemaker. Given the subacute symptoms, a lumbar puncture was not initially performed, but empirical treatment was initiated and brain MRI showed lesions consistent with encephalitis in the left temporo-mesial and lenticulo-capsular regions. Cerebrospinal fluid examination was indicative of viral encephalitis, with positivity for HSV-1 DNA and PCR for E. coli. Due to persistent fever, blood cultures and transoesophageal echocardiography were performed, with negative

**Results.** FDG-PET showed infection of the pacemaker electrode, which was removed and replaced with a wireless intracardiac pacemaker. After discharge, extrapyramidal symptoms appeared, consistent with basal ganglia involvement on FDG-PET. Rehabilitation and levodopa therapy were initiated, with significant clinical and functional improvement.

**Conclusion.** Persistent fever, even in the presence of a previously defined infection, should always raise suspicion of an additional infectious focus, especially in patients with implantable cardiac electronic devices.

**Abstract Code: FDI25074-69**

## **PERCORSO DI TERAPIA EDUCAZIONALE DI GRUPPO PER PAZIENTI AFFETTI DA DIABETE MELLITO**

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**Introduzione.** Il Diabete è una patologia cronica con un forte impatto sulla qualità della vita, sulla morbilità e sulla mortalità. Scopo di questo studio pilota è valutare l'efficacia di un percorso educativo di gruppo per l'autogestione della malattia e delle sue complicanze.

**Materiali e Metodi.** Viene effettuata un'analisi osservazionale trasversale reclutando 16 soggetti con Diabete. Proposto, in collaborazione con l'Associazione Diabetici, un percorso di gruppo di 6 incontri con coinvolgimento di diverse figure professionali del team diabetologico o che collaborano con esso: infermiere esperte, diabetologo, nutrizionista, dietista, medico dello sport, psicologo. Vengono somministrati un questionario di gradimento e un questionario SCL90; effettuato controllo emoglobina glicata a 3 e a 6 mesi.

**Risultati.** Il 100% ha seguito tutto il percorso e ha dichiarato di aver riportato un beneficio. Migliorate le strategie di gestione della patologia nell'80%, migliorato l'aspetto motivazionale nel 92% e il compenso glicemico nel 65%.

**Conclusioni.** Lo studio sottolinea l'impatto positivo della terapia di gruppo e degli approcci di consapevolezza nella gestione del diabete. I risultati evidenziano l'efficacia degli interventi di gruppo strutturati multidisciplinari e multiprofessionali nell'empowerment dei pazienti. Di qui l'importanza di integrare tali programmi in strategie globali di gestione del diabete.

**Abstract Code: FDI25014-63**

**WHEN CULTURES ARE NEGATIVE: RENAL TUBERCULOSIS AS A DIFFERENTIAL DIAGNOSIS IN RECURRENT URINARY TRACT INFECTIONS**

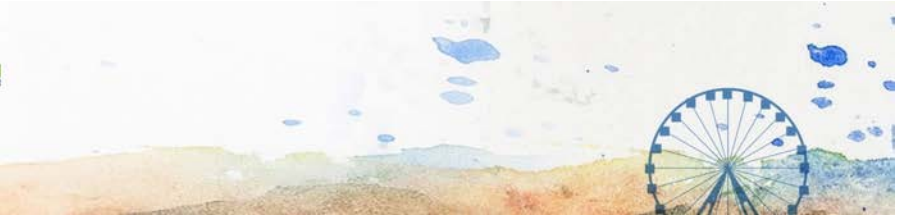
C. Lomonaco<sup>1</sup>, N. Barp<sup>1</sup>, S. Talami<sup>1</sup>, F.C. Stragà<sup>1</sup>, A. Da Rin Bianco<sup>1</sup>, L. De Marco<sup>1</sup>, O. Isak<sup>1</sup>, V. Fazio<sup>1</sup>, P. Di Palma<sup>1</sup>, A. De Pellegrin<sup>1</sup>

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**Introduction.** Renal tuberculosis is one of the most frequent forms of extrapulmonary tuberculosis. It is often characterized by a long latency period and non-specific symptoms, which can lead to severe parenchymal damage and renal failure if not diagnosed early.

**Case Description.** A 75-year-old man was admitted for dysuria and hyperpyrexia. His medical history included vascular endoprosthesis placement and the insertion of a right ureteral stent, recent febrile episodes, including right pyelonephritis, without any microbiological isolates identified. Laboratory tests showed PCT 4.92mcg/L, CRP 7.90 mg/dl microhematuria, leukocyturia. Empirical therapy with Piperacillin/Tazobactam and Linezolid was initiated. He underwent also ureteral stent replacement. A few days after antibiotics discontinuation, the fever recurred. PET-CT and contrast-enhanced CT scans revealed inflammation of the right renal pelvis and ureter, along with miliary nodules in the chest. Urine cultures for BK were positive for the growth of Acid-Fast Bacilli. The patient was subsequently managed by infectious disease specialists, who initiated anti-tuberculosis therapy. Culture results confirmed the growth of *Mycobacterium tuberculosis* complex.

**Conclusions.** This case highlights how renal tuberculosis remains a diagnostic challenge due to its non-specific presentation and the frequent absence of pulmonary symptoms. The persistence of sterile leukocyturia and microhematuria should always prompt the clinician to include genitourinary tuberculosis in the differential diagnosis.



**Abstract Code: FDI25015-64**

## **TRENBOLONE-INDUCED PROLONGED CHOLESTASIS: A CASE REPORT**

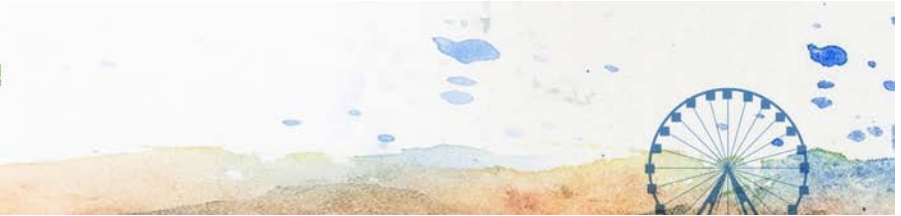
C. Lomonaco<sup>1</sup>, I. Odeta<sup>1</sup>, V. Fazio<sup>1</sup>, A. Da Rin Bianco<sup>1</sup>, L. De Marco<sup>1</sup>, P. Di Palma<sup>1</sup>, C. Manuppelli<sup>1</sup>, N. Barp<sup>1</sup>, S. Talami<sup>1</sup>, A. De Pellegrin<sup>1</sup>

(1) Azienda ULSS1 Dolomiti, Bolzano, Italy.

**Introduction.** The abuse of anabolic-androgenic steroids represents a growing public health issue, also among recreational gym-goers. Trenbolone is a synthetic derivative of nandrolone originally developed for veterinary use and never approved for human consumption. This case highlights role of repeated and targeted pharmacological history-taking in identifying toxic etiology in cases of unexplained jaundice.

**Description.** A 63-year-old man was admitted to the Internal Medicine department due to the onset of jaundice one month prior. Blood chemistry tests revealed: AST 131 IU/L, ALT 143 IU/L, total bilirubin 37.2 mg/dL, direct bilirubin 17.2 mg/dL, and creatinine 1.29 mg/dL. Serology for HAV, EBV, Leptospira, HIV, HBV, Toxoplasma, HSV, CMV and autoimmune screenings (anti-LKM, ASMA, AMA, ANA, ENA, anti-DNA, anti-liver antigens) were negative, ceruloplasmin and iron studies were within normal limits. A liver biopsy showed drug-induced hepatotoxicity with a cholestatic pattern. Upon questioning, the patient admitted to using an anabolic steroid, Trenbolone acetate, in the preceding months. During hospitalization, a worsening of renal function was observed which was managed with hydration and bicarbonates. Subsequently, there was a slow decrease in bilirubin levels, reaching 5.6 mg/dL after three months.

**Conclusions.** Trenbolone acetate is capable of inducing severe and prolonged intrahepatic cholestasis. With potential long-term injury. A proactive and non-judgmental toxicological history remains the most effective diagnostic tool to correctly guide supportive therapy.



**Abstract Code: FDI25034-65**

## **A RARE CASE OF NECROTIZING FASCIITIS**

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**Introduction.** Necrotizing fasciitis (NF) although rare, is potentially fatal and characterized by rapidly progressive skin necrosis with subcutaneous tissue and deep fascia involvement. The majority of cases are polymicrobial, although a recent surge has been reported in monomicrobial NF caused by *Klebsiella pneumoniae* (KP-NF), which is strongly associated with diabetes.

**Description.** A 66-year-old woman was hospitalized for fever, hypotension and increasing pain over the right side due to a fall occurred 2 weeks before. She had a history of diabetes. Physical examination revealed a red and swollen area on the right side, with local epidermal necrosis, visible scabs, positive tenderness, and local fluctuation. A computer tomography showed swelling of the right chest and abdomen wall soft tissues with multiple gas shadows and exudative changes. Laboratory tests showed white blood cells at  $25 \times 10^9$  g/L, procalcitonin at 30 ng/mL and interleukin-6 at 170.48 pg/mL. After cultures were performed, treatment with clindamycin and ceftriaxone were started. On hospital day 4, ceftriaxone was changed to meropenem with the report of *Klebsiella Pneumoniae* (KP) in the culture. Over the course of 6 weeks of antibiotic therapy the patient demonstrated obvious clinical improvement.

**Conclusions.** This case of KP-NF occurred in the chest and abdomen wall due to non-penetrating trauma, with rapid progression making it rarely reported in the literature. Studies are needed for further insights into the spectrum of this life-threatening infection for better prevention and treatment.

**Abstract Code: FDI25100-59**

**THE DIFFICULTY IN THE DIFFERENTIAL DIAGNOSIS OF PRION DISEASES IN THE VAST  
CHAPTER OF DEGENERATIVE ENCEPHALOPATHIES IN THE INTERNAL MEDICINE  
DEPARTMENTS: DESCRIPTION OF A CLINICAL CASE**

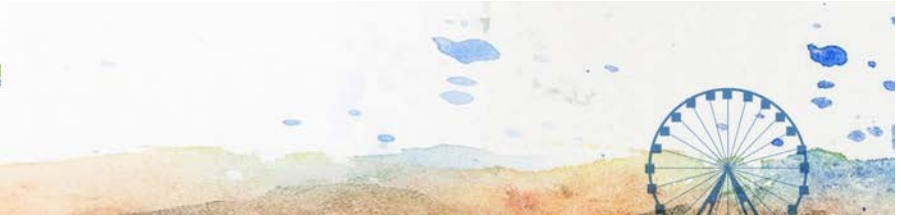
M. Lordi<sup>1</sup>, F. Pietrantonio<sup>2</sup>

*(1) Azienda Ospedaliera Universitaria Careggi - UOC Geriatria Utig, Firenze, (2) ASL Roma 6 - Ospedale dei Castelli - UOC Medicina Interna, Roma, Italy.*

**Introduction.** Prion diseases, or transmissible spongiform encephalopathies, fall within the broad category of degenerative diseases of the central nervous system. They are caused by prions, which are altered forms of the prion protein (PrP), normally present in various organs, particularly the brain.

**Description.** A 56-year-old female patient was admitted to the emergency room after falling to the floor while fully conscious. She reported impaired balance for approximately 3 months and dysarthria for 3 weeks. She has a history of left venous thrombosis and right cerebral ischemia, secondary epilepsy, and favism. She is alert, with poor 3-axis orientation and mild nystagmus. Blood tests, chest X-ray, ECG, echocardiogram, and head CT scan are within normal limits. The neurological consultation recommended an intracranial arterial and venous MRI scan, which showed focal hyperintense signal changes on T2 and FLAIR sequences, characterized by marked diffusion restriction in several areas of the supratentorial brain. A neurological reevaluation was performed: the findings did not appear to be unambiguous, and an inflammatory-infectious disorder (prion disease?) could not be ruled out; a toxic-metabolic disorder was less likely (negative tests). A cerebrospinal fluid (CSF) analysis was essential. The patient underwent a spinal tap, and CSF tests revealed a positive prion protein, confirming the clinical suspicion of Creutzfeldt-Jakob prion disease.

**Conclusions.** These are very rare diseases, difficult to diagnose, with a very long latency, rapid progression, and often a fatal outcome.



**Abstract Code: FDI24941-71**

**FROM BAKER'S CYST TO VENTRICULITIS**

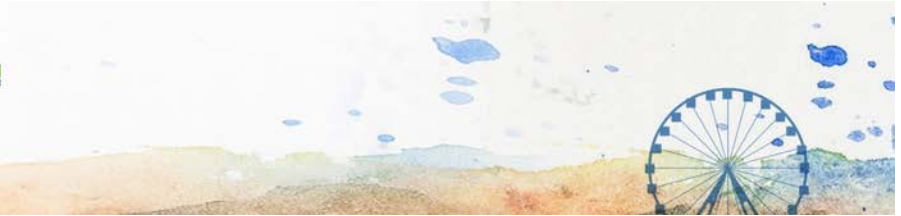
C. Macri<sup>1</sup>, G. Mesiano<sup>1</sup>, I. Sivieri<sup>1</sup>, L. Lupo<sup>2</sup>, F. Moroni<sup>2</sup>, F.R. Ermini<sup>2</sup>, N. Palagano<sup>2</sup>, M. Finocchi<sup>2</sup>, A. Pesci<sup>2</sup>, V. Vannucchi<sup>2</sup>

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**Introduction.** Septic arthritis caused by *Staphylococcus aureus* can lead to systemic dissemination, particularly in elderly patients. Central nervous system involvement is uncommon but associated with high mortality.

**Case Description.** An elderly patient was initially treated for right knee septic arthritis due to methicillin-susceptible *S. aureus* following aspiration of a Baker's cyst and discharged after targeted antibiotic therapy. One month later the patient was readmitted with transient confusion and signs of systemic inflammation, including leukocytosis, elevated C-reactive protein, hyponatremia, and left basal lung consolidation. Brain CT and CT angiography excluded ischemic or hemorrhagic events. Broad-spectrum antibiotics were started for suspected pneumonia and urinary tract infection; however the clinical condition worsened, with recurrence of knee inflammation. Joint aspiration revealed purulent synovial fluid positive for methicillin-susceptible *Staphylococcus aureus*, and blood cultures grew gram-positive cocci, prompting modification of antibiotic therapy. Neurological status rapidly deteriorated, with reduced consciousness and gaze deviation. Repeat brain imaging demonstrated acute non-obstructive hydrocephalus with transependymal cerebrospinal fluid leakage. Lumbar puncture revealed purulent cerebrospinal fluid. The patient rapidly declined and died from cardiocirculatory arrest.

**Conclusion.** This case underscores the risk of fulminant neurological complications due to hematogenous spread of *S. aureus* in recurrent septic arthritis.



**Abstract Code: FDI24934-73**

**END-OF-LIFE CARE AND ADVANCE HEALTHCARE DIRECTIVES IN HEALTHCARE EDUCATION:  
PERCEPTIONS AND EDUCATIONAL NEEDS OF ITALIAN NURSING AND MEDICAL STUDENTS**

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**Introduction and Aim.** End-of-life care requires ethical sensitivity, legal awareness, and advanced communication skills. In Italy, Law 219/2017 regulates informed consent and Advance Healthcare Directives, yet its implementation remains inconsistently addressed in healthcare education. This study explored perceptions and educational needs related to end-of-life care and Law 219/2017 among nursing and medical students.

**Materials and Methods.** A qualitative descriptive multicenter study was conducted across three Italian universities (Florence, Ancona, and Bologna) using five focus groups and one individual interview. Thirty-nine undergraduate nursing and medical students participated. Data were collected through semi-structured interviews and analysed using inductive thematic analysis.

**Results.** Three main themes emerged: (i) fragmented knowledge and limited practical understanding of Law 219/2017 and Advance Healthcare Directives despite strong ethical awareness; (ii) cultural and communicative barriers, including death avoidance, emotional distress, and limited interprofessional collaboration; and (iii) educational gaps, with students advocating for earlier and practice-based training, including simulation and case discussions.

**Conclusions.** Despite strong ethical engagement and commitment to patient autonomy, students felt insufficiently prepared for end-of-life care. Integrating structured education on end-of-life care and Advance Healthcare Directives into healthcare curricula is essential to support competent, empathetic, and legally sound practice.



**Abstract Code: FDI24662-71**

## **LA SCHEDA DI DIMISSIONE INFERMIERISTICA: PROGETTAZIONE E SPERIMENTAZIONE DI UNO STRUMENTO STRUTTURATO PER LA CONTINUITÀ ASSISTENZIALE POST-ACUTA**

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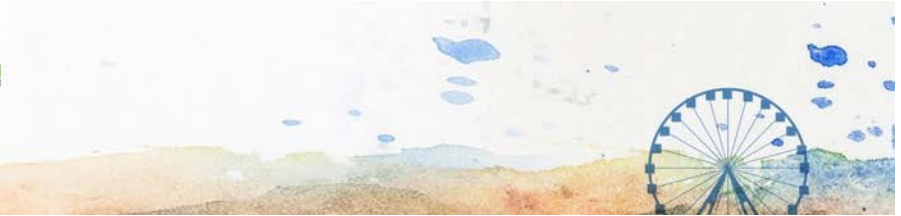
(1) AUSL Romagna, Italy.

**Introduzione.** Il Discharge Planning è un momento ad alto rischio di complicanze e riammissioni ospedaliere, spesso gravato dalla frammentazione di informazioni tra setting acuto e territorio. Le attuali procedure di dimissione faticano a fornire una valutazione infermieristica standardizzata dei bisogni assistenziali residui del paziente e del livello di preparazione e carico del caregiver informale. L'assenza di strumenti differenziati per le diverse destinazioni post-acuzie (casa autonoma, ADI, struttura intermedia) compromette l'efficacia della continuità di cura.

**Materiali e Metodi.** La scheda di dimissione è stata sviluppata partendo da una revisione della letteratura. E' stata suddivisa in tre parti: 1. Valutazione dei Bisogni Residui; 2. Valutazione del Carico e dei Bisogni Formativi del Caregiver; 3. Piano Assistenziale Differenziato che si adatta a una delle tre destinazioni: Domicilio Autonomo, Domicilio con ADI, o Trasferimento Struttura Territoriale.

**Risultati.** L'implementazione di questa scheda promette di standardizzare la comunicazione del passaggio di consegne assistenziale, riducendo il rischio clinico post-dimissione e fornendo un supporto mirato ai caregiver.

**Conclusioni.** La scheda di dimissione strutturata è uno strumento infermieristico cruciale che rafforza il ruolo dell'infermiere come garante della continuità delle cure.



**Abstract Code: FDI25001-59**

**UNPROVOKED THROMBOSIS: THE CLOT IS THINKING**

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**Introduction.** Combined oral contraceptives (COC) induce a hypercoagulable state but the thrombotic risk is relative low. Therefore, a deep vein thrombosis (DVT) in a young women using COC should prompt investigation other risk factors. Malformations of inferior vena cava (IVC) may promote venous stasis and synergistically increase thrombotic risk. This study aimed to assess the relevance of the association between COC use and IVC malformations and to evaluate the potential role of pre-treatment screening.

**Materials and Methods.** A literature review of published case reports was performed, focusing on women with IVC malformations diagnosed after the development of venous thrombosis during COC therapy.

**Results.** Since 1999, 30 cases have been reported involving women with a mean age of 24 years, no family history of thrombosis, and receiving COC. Congenital thrombophilia or additional transient risk factors were identified in a minority of cases. Reported malformations included partial or complete IVC agenesis. Warfarin or rivaroxaban were the most common treatment, while local or mechanical thrombolysis was used selectively. COC discontinuation was not associated with recurrence.

**Conclusions.** IVC malformations may remain clinically silent until other thrombotic risk like COC is added. The rarity of these anomalies does not support routine screening. However, targeted investigation should be considered in women developing extensive or atypical thrombosis during COC therapy, particularly in the absence of major risk factors.

**Abstract Code: FDI24585-75**

**RELATIONSHIP BETWEEN ATRIAL STRAIN, SYSTEMIC INFLAMMATION, AND COGNITIVE PERFORMANCE IN AMBULATORY PATIENTS WITH HEART FAILURE AND PRESERVED EJECTION FRACTION: A CROSS-SECTIONAL OBSERVATIONAL STUDY**

C.D. Maida<sup>1</sup>, M. Daidone<sup>2</sup>, G. Geraci<sup>3</sup>, G. Vassallo<sup>4</sup>

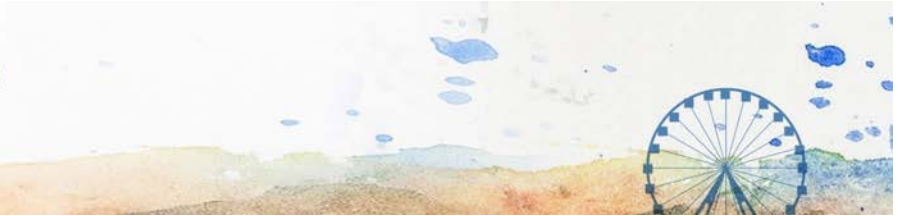
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**Aims of the study.** Cognitive impairment is frequent in heart failure with preserved ejection fraction and may be linked to atrial dysfunction, inflammation and depressive symptoms. We aimed to assess the relationship between left atrial longitudinal strain, inflammatory burden and cognitive performance in ambulatory heart failure with preserved ejection fraction.

**Materials and Methods.** Cross-sectional observational study in clinically stable patients with heart failure with preserved ejection fraction. All subjects underwent clinical assessment, echocardiography with left atrial strain, measurement of inflammatory biomarkers and cognitive testing with Mini Mental State Examination and Montreal Cognitive Assessment. Depressive symptoms were measured with a depression scale. Associations were analysed using correlation and multivariable regression models adjusted for major confounders

**Results.** Eighty-two patients were enrolled. Left atrial strain showed a strong positive association with cognitive performance, independent of age, comorbidities and renal function. Depressive symptoms were inversely related to atrial strain and cognition. The inflammatory score showed a modest but significant association with worse cognitive performance but no correlation with atrial strain.

**Conclusions.** In heart failure with preserved ejection fraction, left atrial strain is an independent correlate of cognitive performance, while inflammation and depressive symptoms contribute in parallel. Atrial strain may help identify patients at higher risk of cognitive vulnerability.



**Abstract Code: FDI24703-67**

**SPINAL EPIDURAL ABSCESS: A DIAGNOSTIC CHALLENGE**

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**Introduction.** Spinal epidural abscess (SEA) is a serious condition that is often difficult to diagnose, as the classic triad of fever, back pain, and neurological symptoms is present in only a minority of patients, leading to diagnostic delays that potentially result in neurological deficits.

**Description.** A 56-year-old man was admitted to our department for bowel sub-obstruction, moderate low back pain, and fever. Abdominal examination revealed generalized tenderness with reduced peristalsis; spinal and neurological examination were negative. Laboratory tests showed neutrophilic leucocytosis, increased infection markers, and revealed an unacknowledged diabetes. Chest x-ray and abdominal CT scan excluded infections in the most common sites and organic causes of bowel obstruction. During hospitalization, the back pain spread to the cervical region, and acute urine retention appeared; so spinal magnetic resonance imaging (MRI) was performed, revealing multiple epidural abscesses involving the entire spine with compression of the cauda equina, probably responsible for urinary retention and abdominal symptoms. The patient was urgently referred to neurosurgical intervention. Blood and abscess cultures quickly became positive for a *Staphylococcus aureus*; the antibiotic therapy was redefined based on the antibiogram.

**Conclusions.** We present a case of SEA with nuanced symptoms at onset, underlining the importance of having a high index of suspicion and the need for early recognition, timely imaging, and prompt intervention in its management to avoid long-term neurological impairment.

**Abstract Code: FDI24707-71**

**ABDUCCO, DEDUCCO: AN ABDUCENS NERVE PALSY CASE REPORT**

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**Introduction.** Isolated abducens nerve palsy typically presents as unilateral impairment of ocular abduction and binocular horizontal diplopia. The main causes are neoplastic, traumatic, or microvascular, while the etiology of about 25% of cases remains unknown. Microvascular infarction is common in elderly patients with hypertension and diabetes, but VI nerve palsy usually resolves spontaneously within 10–12 weeks.

**Description.** a 54-year-old woman attended the emergency department complaining of a headache, double vision and high blood pressure. Lab tests and a cranial computed tomography scan were performed, resulting than negative. The patient was admitted to our unit and a cranial magnetic resonance imaging scan with and without gadolinium was requested. The MRI scan revealed non-specific focal gliotic lesions in the periventricular subtentorial area, close to the left frontal horn and subcortex. Autoimmunity and infectious disease screening (TORCH panel and viral infection screening) were negative. Finally, a blood pressure holter monitor revealed hypertensive peaks in the early morning, consistent with the onset of symptoms prior to hospitalisation. Anti-hypertensive therapy further improved the patient's condition, and the VI nerve palsy progressively faded away. Antiplatelet therapy was also added.

**Conclusions.** Abducens nerve palsy is the most common form of isolated ocular cranial neuropathy. An MRI scan is crucial to exclude other causes and confirm microvascular infarction. Correcting risk factors is also essential.

**Abstract Code: FDI25072-67**

## **GLOBAL WARMING AND METFORMIN: A NOVEL RISK FOR LACTIS ACIDOSIS?**

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**Introduction.** Metformin-associated lactic acidosis (MALA) is a rare but life-threatening complication, with mortality rates of 30–50%. Climate change and rising global temperatures may influence the incidence of conditions predisposing to MALA. Notably, 2023 was the warmest year on record. This study aimed to evaluate whether higher ambient temperatures are associated with MALA occurrence.

**Materials and Methods.** We retrospectively analyzed medical records of patients admitted between 21 June and 20 September 2023. Blood gas, hematological, and clinical data were collected, along with daily temperature data for the same period.

**Results.** Out of 154 patients, 58 had type 2 diabetes mellitus. During the 92 summer days analyzed, the average daily temperature was  $\leq 26^{\circ}\text{C}$  on 46 days and  $>26^{\circ}\text{C}$  on 46 days. Diabetic patients were divided into two groups according to admission-day temperature. Group 1 included 30 patients admitted on days  $\leq 26^{\circ}\text{C}$ ; 14 were on metformin therapy (mean age 72.36 years). Group 2 included 28 patients admitted on days  $>26^{\circ}\text{C}$ ; 11 were on metformin therapy (mean age 73.85 years). In Group 2, three patients developed acute renal failure due to dehydration and fulfilled diagnostic criteria for MALA (arterial pH  $<7.35$  and lactate  $>5$  mmol/L).

**Conclusion.** MALA was observed only during periods of higher temperatures. These findings suggest that extreme heat may represent a risk factor for dehydration and acute renal failure, potentially triggering MALA. Clinicians should consider climate-related factors in the management of patients receiving metformin.

**Abstract Code: FDI24780-72**

**PRESCRIZIONE DI ESERCIZIO FISICO NELLA CARDIOMIOPATIA IPERTROFICA SARCOMERICA.  
SI O NO?**

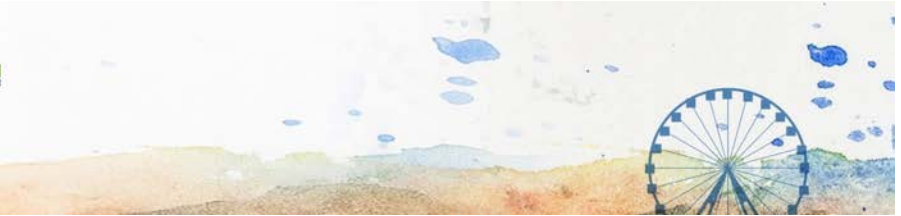
M. Manai<sup>1</sup>

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**Introduzione.** La cardiomiopatia ipertrofica è una malattia primitiva del miocardio a trasmissione autosomica dominante, la cui prevalenza stimata è 0,2-0,5% negli adulti. Pur essendo noti i benefici dell'esercizio fisico, esso è tuttora scarsamente prescritto anche nelle forme a basso rischio. Il presente lavoro sottolinea l'importanza di una corretta prescrizione, al fine di migliorare prognosi e qualità di vita.

**Descrizione.** Maschio, 18 anni, scarsa tolleranza allo sforzo fisico. Nega sincope. Alla visita: soffio sistolico 3/6. Elettrocardiogramma: sovraccarico ventricolo sinistro, alterazioni della ripolarizzazione. Ecocardiogramma: ipertrofia settale, ostruzione tratto di efflusso. Cinesi normale. Enzimi negativi. Cardioimaging e genetica positive per patologia sarcomerica. Holter: non aritmie. Inizia terapia medica massimizzata, stretto follow up. Dopo circa 4 mesi miglioramento clinico e strumentale; esegue ecostress: non ostruzione emodinamicamente significativa al picco, asintomatico, non aritmie. Si dà indicazione all'esercizio aerobico a intensità lieve-moderata mantenendo la frequenza tra 30-59% della frequenza cardiaca di riserva.

**Conclusioni.** La sedentarietà è un fattore di rischio aggiuntivo di comorbidità anche nei pazienti affetti da cardiomiopatia, pertanto una corretta prescrizione individualizzata di esercizio fisico è essenziale nelle forme a basso rischio.



**Abstract Code: FDI24668-77**

## **A STRANGE CASE OF ISOLATED DISTAL DEEP VEIN THROMBOSIS**

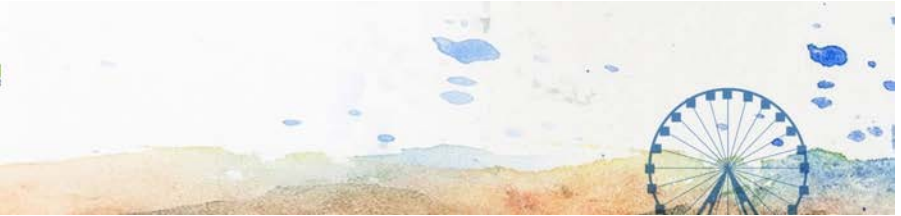
S. Mangiacapra<sup>1</sup>, M. Nunziata<sup>1</sup>, R. Natale<sup>2</sup>, N. Iuliano<sup>1</sup>, A. Casoria<sup>1</sup>, V. Di Fronzo<sup>1</sup>, A. Ciervo<sup>1</sup>, M.G. Montuori<sup>1</sup>, V. Scarano<sup>3</sup>, M. Amitrano<sup>1</sup>

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**Introduction.** CANOMAD is a rare syndrome characterized by chronic neuropathy with sensory ataxia, ocular, bulbar motor weakness. These patients have serum monoclonal IgM gammopathy and hematologic malignancies in 30-40% of cases. Autoreactive IgM most frequently recognize Myelin-associated glycoprotein. Case history: A 59-year-old man was suffering from diplopia, oral dryness, weight loss, calf pain. An ecocolordoppler showed a distal deep vein thrombosis in right sural vein. He started anticoagulant therapy. Heterozygosis for the G20210A mutation of prothrombin gene was found. Electrophysiologic studies showed axonal and demyelinating patterns. Brain and spinal cord contrast enhanced MRI was normal. Peripheral blood immunophenotyping showed a lymphoproliferative B cell clone with monoclonality. Osteomodillary biopsy showed a diagnosis of Waldstrom Macroglobulinemia.

**Discussion.** Monoclonal gammopathies associated with peripheral neuropathy are more commonly IgM, the monoclonal component and cytokine secretion of tumoral cell causes hyperviscosity syndrome. Pathophysiologic mechanisms that link gammopathy and neuropathy include specific autoantibody activity of the IgM against different components of the nerve.

**Conclusion.** The autoreactive activity against gangliosides can be responsible of CANOMAD syndrome. In our case, the clinical pattern was dominated by ophthalmoplegia, symmetric sensory polyneuropathy of the leg and motor impairment. Corticosteroids and immunosuppressive drugs are often ineffectively, intravenous immunoglobulins and rituximab are the most effective therapies.



**Abstract Code: FDI24670-70**

## **TWO CASES OF ARTERIOVENOUS FISTULA OF THE LOWER EXTREMITY**

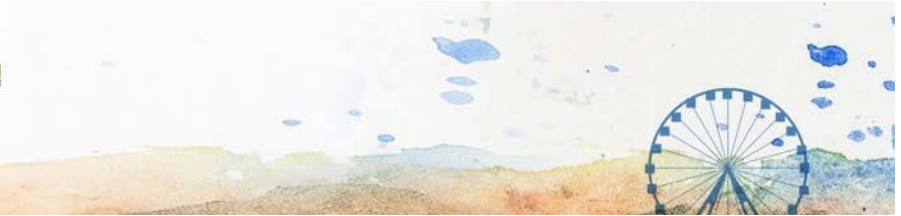
S. Mangiacapra<sup>1</sup>, M. Nunziata<sup>1</sup>, R. Natale<sup>2</sup>, M. Mastroianni<sup>1</sup>, A. Campanile<sup>1</sup>, V. Iorio<sup>1</sup>, A. Casoria<sup>1</sup>, V. Di Fronzo<sup>1</sup>, M.G. Montuori<sup>1</sup>, M. Amitrano<sup>1</sup>

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**Introduction.** Arteriovenous fistulas (AVFs) are abnormal connections between the arterial and venous system, it can be congenital or acquired and may occur anywhere in the body and it causes fatigue, pain, and edema.

**Case Report.** A 19-year-old man presented with pain and discomfort in his lower extremities, echocolordoppler revealed a popliteal arteriovenous fistula, diagnostic arteriography showed multiple arterial branches from the deep femoral artery, superficial femoral artery, and three leg vessels, with rapid contrast passage into the venous system; the flow slowed at the foot. The patient underwent embolization of three arterial branches from the anterior tibial artery and one from the deep femoral artery. Despite persisting multiple afferents vessels, arterial flow to the foot improved, and the patient experienced symptom relief. Follow-up evaluations showed no heart failure or brain malformations. A 41-year-old man with a history of post-traumatic left femoral-popliteal deep vein thrombosis presented with pain in the lower third of the thigh and popliteal area, echocolordoppler showed an AVF between the superficial femoral artery and popliteal vein, confirmed by CT angio. Diagnostic-therapeutic arteriography identified an AVF originating from two arterioles in the distal superficial femoral artery, which were embolized with complete resolution of the fistula; the patient reported significant symptom improvement.

**Conclusions.** Embolization is an effective treatment for AVF. The presence of AVF in other anatomical sites must be considered.



**Abstract Code: FDI24606-69**

**IMPLEMENTATION OF GUIDELINES IN THE TREATMENT OF *CLOSTRIDIoidES DIFFICILE*:  
REDUCING RECURRENCES AND COSTS IN THE PARMA AUSL**

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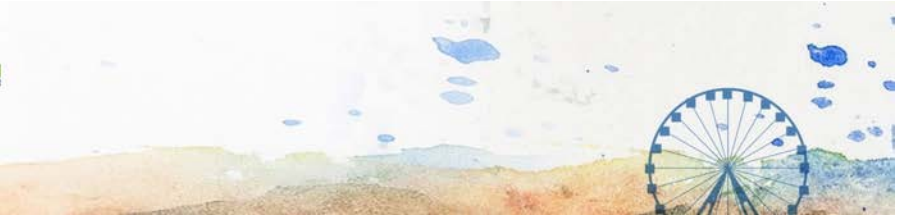
*(1) U.O. Patologia Clinica Dipartimento di Medicina e Diagnostica AUSL di Parma, (2) UOC Medicina Dipartimento di Medicina e Diagnostica AUSL di Parma, (3) Servizio Farmaceutico Ospedaliero ed Assistenza Diretta, Dipartimento Farmaceutico Interaziendale AUSL di Parma - AOU di Parma, Italy.*

**Background.** Clostridioides difficile (CD) causes severe diarrheal infections representing a substantial public health threat. In healthcare settings, CD is also a main cause of healthcare associated infections, with high costs associated with morbidity and mortality.

**Materials and Methods.** Medical records of the Internal Medicine Department from the Local Health Unit of Parma (Hospital of Fidenza, 214 beds, of Borgotaro 121) have been retrospectively assessed by retrieving all incident cases of CD infections for the time period January 2022 – June 2024. Case definition required the identification on stool specimens of CD bacterial antigens and/or toxins A and B. Medical treatment was performed in accordance with ESCMID/ISDA guidelines (2021).

**Results.** Cumulative occurrence of CD infection was estimated into 1.70 cases per 100 inpatients (2.37 cases/100 inpatients in 2022; 1.07 cases/100 inpatients in 2023; 1.53 cases/100 inpatients during the first half of 2024), including an estimated occurrence of 1,03 cases/100 inpatients in the Borgo Val di Taro hospital, and 2,01 cases/100 inpatients in the Fidenza hospital. Cumulative expenses for medical treatment was estimated in 25,162.75€ (259.41€ pro-capita: 245.41€ in 2022; 347.59€ in 2023; 181.04€ during the first semester of 2024).

**Discussion.** In conclusion, CD has been characterized as a significant health threat, with substantial morbidity. The accurate implementation of available international guidelines is therefore recommended in order to reduce the occurrence of CD-associated complications and resulting health expenditures.



**Abstract Code: FDI25054-67**

**25(OH) VITAMIN D DEFICIENCY IN WOMEN: A RETROSPECTIVE OBSERVATIONAL STUDY**

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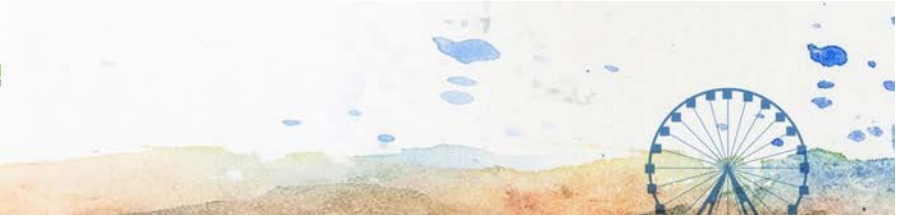
(1) UOC Medicina 3, AORN Cardarelli, Italy.

**Introduction and Aim.** Vitamin D deficiency, defined as a serum 25-hydroxyvitamin D [25(OH)D] concentration <20 ng/mL, has developed into a global health issue that affects males and females of all age groups. Currently, there is no evidence of the usefulness of a "universal" screening for vitamin D levels, nor that this can be helpful in ensuring greater success of vitamin D supplementation. The aim of this study is to describe the prevalence of vitamin D deficiency in all women admitted to our Internal Medicine Ward (IMW) in Campania.

**Materials and Methods.** It is a retrospective, observational study including women, aged > 18 years, admitted to our IMW, hospitalized for any cause between January 2025 to December 2025.

**Results.** A total of 273 women hospitalized, enrolled 59% (162/273), mean age (70 years). Serum concentrations of vitamin D were dosed in 34% (55/162) women. This study found that 58% (32/55) of women had vitamin D deficiency, 26% (14/55) had vitamin D insufficiency, and 16% (9/55) of women had vitamin D normal. Only 40% (13/32) of the women who had vitamin D deficiency, received vitamin D supplementation during hospitalization and at discharge. In our patients age over 40 years and inadequate calcium intake were significantly associated with low serum vitamin D levels.

**Conclusions.** This study shows that in our IMW, vitamin D dosage is not performed on all women, but in patients with conditions at risk for hypovitaminosis D, such as age > 70 and that it is important to implement vitamin D supplementation strategies in women with vitamin D deficiency.



**Abstract Code: FDI24859-79**

**A NEW TYPE OF HYPERSENSITIVITY PNEUMONITIS: PODIATRIST'S LUNG**

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**Case Report.** s. We observed three consecutive cases of Hypersensitivity pneumonitis (HP) in female subjects working in a beauty center. They were sometimes assigned to care for and treat feet and nails. In particular, they sporadically used an electric nail sander, a device that produces fine particulates, and the patient never used airway protection. Patients presented acutely with fever, dyspnea, dry cough, oxygen desaturation, and were brought to the emergency department with a suspected diagnosis of community-acquired pneumonia (CAP). Pulmonary function tests showed a reduction in diffusing capacity (DLCO) in all five patients ( $60 \pm 15\%$  of predicted). Skin prick tests were positive for *Trichophyton* spp. in all cases, while specific IgG antibodies were negative. Bronchoalveolar lavage data revealed significant lymphocytosis in all cases ( $45 \pm 15\%$ ). The dominant radiological pattern was ground-glass appearance in the three patients with acute onset and centrilobular in those with subacute onset. Follow-up assessments, including pulmonary function testing and DLCO measurement, were conducted at one, three, and six months. Two patients experienced complete radiological and clinical resolution after beginning to wear protective masks. Only one patient received oral steroids for severe dyspnea and progressive DLCO decline, and achieved complete radiological and clinical stability at six months.

**Conclusion.** HP is a diagnostic challenge for physicians. The clinical manifestations are similar to those of CAP, and the list of occupations/exposures associated with HP is continuously expanding.

**Abstract Code: FDI24830-68**

**SUCCESSFUL TREATMENT WITH IMIPENEM/CILASTATIN/RELEBACTAM OF A POLYMICROBIAL BACTEREMIA DUE TO MEROPENEM/VABORBACTAM-RESISTANT KPC-KP AND ENTEROCOCCUS FAECALIS: A CASE REPORT**

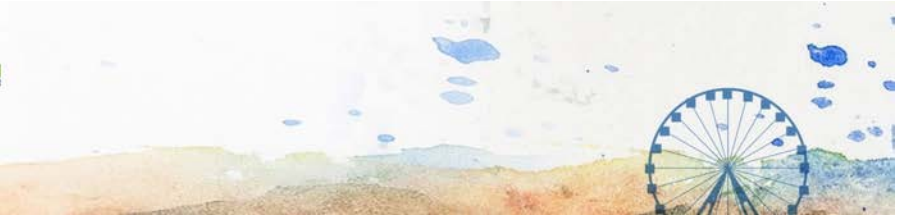
F. Marzi<sup>1</sup>, M. Alessandri<sup>1</sup>, A. Amendola<sup>1</sup>, V. Cusumano<sup>1</sup>, V. De Crescenzo<sup>1</sup>, S. Del Vecchio<sup>1</sup>, S. Radi<sup>1</sup>, M. Manini<sup>1</sup>

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**Introduction.** Carbapenemase-producing *Klebsiella pneumoniae* (KPC-Kp) represents a critical global health threat. While meropenem/vaborbactam (M/V) is a primary treatment option, resistance is increasingly reported. Imipenem/cilastatin/relebactam (IMI/REL) has demonstrated in vitro activity against some M/V-resistant KPC-Kp strains, but real-world clinical data remain limited.

**Description.** We report the case of an 80-year-old male with advanced Parkinson's disease and multiple comorbidities admitted for sepsis. Blood cultures isolated *Enterococcus faecalis* and KPC-Kp resistant to M/V (MIC >8 mg/L) but susceptible to IMI/REL (MIC ≤2 mg/L). Targeted therapy with IMI/REL (500/500/250 mg every 6 hours) was initiated. The patient showed rapid clinical and laboratory improvement, with documented clearance of bacteremia and no adverse events. The choice of IMI/REL provided a strategic advantage for the enterococcal co-infection due to the intrinsic activity of imipenem against *E. faecalis*. Echocardiography ruled out endocarditis and the patient was discharged in stable condition.

**Conclusions.** To our knowledge, this represents the first clinical report of KPC-Kp bacteremia resistant to M/V and concurrently susceptible to IMI/REL with documented in vivo microbiological clearance and favorable outcome. Our case highlights the potential role of IMI/REL as a rescue therapy for infections resistant to other novel beta-lactamase inhibitors, particularly in frail patients requiring polymicrobial coverage. Further studies are needed to optimize treatment strategies in this complex setting.



**Abstract Code: FDI25076-71**

**CIRROSI HBV E ALD CANDIDATA A TRAPIANTO**

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**Introduzione.** L'inserimento in lista trapianto fegato richiede età  $\leq 75$  aa. Indicazioni in urgenza Epatite acuta severa (INR  $\geq 1.5$  o EPS) Acute on chronic liver failure (ACLF) grado  $\geq 1$ . Indicazioni non in urgenza. 1. Scompenso non acuto di cirrosi (ascite, EPS, sanguinamento gastroenterico); Cirrosi scompensata MELDNa  $\geq 13$ . 2. PBC e PSC sintomatiche (eccezioni al MELDNa) 3. HCC non trattabile 4. Recidiva di HCC dopo trattamento (resezione o RFTA) 5. Colangiocarcinoma ilare  $< 2$  cm. Controindicazioni maggiori: SCC, BPCO severa, neoplasia solida con guarigione oncologica  $< 5$  anni, diabete complicato, Demenza o patologia neurologica invalidante, Malattia psichiatrica (psicosi), tossicodipendenza, Assenza di supporto familiare/sociale e Consumo di alcool Attivo ( $> 40$  gr/die).

**Descrizione.** Uomo di 38 anni, pakistano, in Italia per ricongiungimento familiare, giunge in PS per ittero, dolore addominale e primo riscontro di cirrosi multifattoriale (ALD, HBV) con ipertensione portale Child PUGH C12, MELDNa 27. Avviato al Centro trapianti regionale (CTR) per ACLF score 38 e CLIF-C OF 9, astinente  $> 60$  gg. Iniziato trattamento con NUC (entecavir) e gestione della ipertensione portale (diuretici, albumina, rifaximina, carvedilolo). Escluso da lista trapianto per mancanza di supporto sociale e scarsa consapevolezza di malattia avanzata.

**Conclusioni.** Trasferito dal CTR a reparto internistico per stabilizzazione del quadro. Permanendo il problema assistenziale viene preso in carico da RSA con la supervisione di centro epatologico Hub.

**Abstract Code: FDI24723-69**

**THE DARATUMUMAB DECEPTION IN MULTIPLE MYELOMA TREATMENT: SEVERE REVERSIBLE ENCEPHALOPATHY MASQUERADING AS A PSYCHIATRIC DECLINE**

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**Introduction.** Drug-induced neurotoxicity in multiple myeloma (MM) can mimic psychiatric disorders, complicating the diagnosis. We report a case of acute encephalopathy during daratumumab-lenalidomide-dexamethasone (Dara-Rd) induction, initially misdiagnosed as psychiatric.

**Description.** A 76 years old male patient with MM started first-line therapy with Dara-Rd. Two weeks later he developed acute insomnia, severe psychomotor agitation and confusion. The clinical picture was initially interpreted as a psycho-organic syndrome, leading to ineffective psychiatric treatment. Subsequent onset of steppage gait and drowsiness prompted re-evaluation. Electromyography confirmed polyneuropathy. Brain magnetic resonance imaging (MRI) revealed fronto-parieto-occipital and ponto-mesencephalic T2-hyperintensities suggestive of toxic-metabolic edema. Conversely, spinal MRI raised suspicion of leptomeningeal spread but comprehensive cerebrospinal fluid (CSF) analysis showed blood-brain barrier dysfunction but negative cytology, viral and autoimmune panels. Once excluded disease progression and infection, Daratumumab-associated neurotoxicity was diagnosed. Chemotherapy was withheld. The patient showed progressive neurological improvement. Follow-up MRI confirmed complete resolution of cerebral edema.

**Conclusions.** Immunotherapy-based regimens can trigger severe neurotoxicity initially mimicking psychiatric disorders. Prompt neuro-imaging and CSF analysis are vital to distinguish reversible drug toxicity from disease progression, ensuring correct decision to withhold the offending agent.

**Abstract Code: FDI24724-70**

**DISCORDANT CLONALITY AND IATROGENIC FLARE: UNMASKING EPSTEIN-BARR VIRUS-POSITIVE LYMPHOPROLIFERATIVE DISORDERS IN PRESUMED PSORIATIC ARTHRITIS**

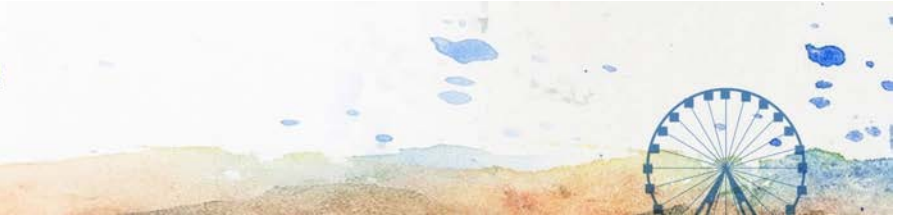
L. Mattioli<sup>1</sup>, F. Dall'O<sup>1</sup>, F. De Leva<sup>1</sup>, E. Battilani<sup>1</sup>, M.C. Fontana<sup>1</sup>

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**Introduction.** Epstein-Barr virus-positive lymphoproliferative disorders (EBV-LPDs) are heterogeneous conditions driven by immune dysregulation and may mimic rheumatological and hematologic diseases, leading to inappropriate treatment.

**Description.** A 57-year-old man was admitted with fever, polyarthritis, papular skin lesions and generalized lymphadenopathy detected by positron emission tomography/computed tomography (PET/CT). Skin biopsy revealed an aggressive CD20-positive, kappa-restricted B-cell infiltrate, while bone marrow (BM) biopsy and infectious screening were negative. Psoriatic arthritis was diagnosed, and steroids plus methotrexate (MTX) were initiated. During steroid tapering, the patient rapidly deteriorated. A subsequent PET/CT demonstrated disease progression. A second BM biopsy showed massive lambda-restricted plasmacytosis, mimicking multiple myeloma and discordant with skin findings. Excisional lymph node biopsy finally established the diagnosis of polymorphic EBV-positive LPD. MTX withdrawal and rituximab led to clinical remission.

**Conclusions.** EBV-LPDs represent a major diagnostic challenge due to their clinical and pathological heterogeneity. Apparent clonal discrepancies across tissues may reflect disease polymorphism rather than distinct malignancies. Rapid disease progression during immunosuppression should prompt diagnostic reassessment, as early recognition allows timely immunosuppressant withdrawal and initiation of effective B-cell-directed therapy.



**Abstract Code: FDI24726-72**

**PANCYTOPENIA IN AUTOIMMUNE HEPATITIS: UNMASKING *MYCOPLASMA PNEUMONIAE*-INDUCED COLD AGGLUTININ DISEASE AND CYTOMEGALOVIRUS REACTIVATION TO RESTORE AZATHIOPRINE THERAPY**

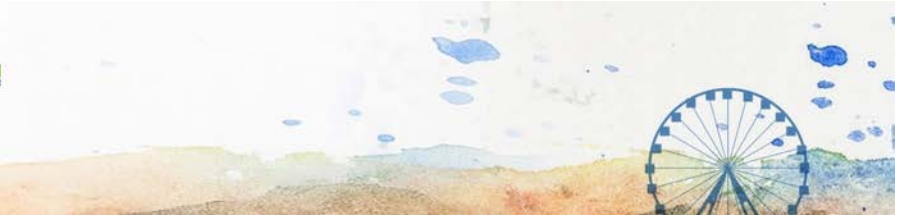
L. Mattioli<sup>1</sup>, E. Battilani<sup>1</sup>, F. De Leva<sup>1</sup>, F. Dall'O<sup>1</sup>, M.C. Fontana<sup>1</sup>

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**Introduction.** Patients receiving immunosuppression for Autoimmune Hepatitis (AIH) face risks of atypical infections mimicking drug toxicity. We report a case of pancytopenia due to *Mycoplasma pneumoniae* (MP) and Cytomegalovirus (CMV) co-infection.

**Description.** A 65-year-old female with AIH treated with azathioprine and budesonide was admitted for fever, anemia and neutropenia (neutrophils 630/mm<sup>3</sup>, hemoglobin 9 g/dL). Chest X-ray showed pulmonary consolidation. Given the immunosuppressed status, a broad microbiological workup was initiated, identifying MP infection (IgM positive) and concurrent CMV reactivation (positive DNA on blood and pharyngeal swab). The detection of MP prompted a specific investigation for hemolysis, confirming the presence of Cold Agglutinin Disease (biochemical signs of hemolysis and positive agglutinin screening). Azathioprine was temporarily withdrawn due to neutropenia; doxycycline and valganciclovir was administered. At 14-day follow-up, the patient achieved complete hematologic recovery (neutrophils 2310/mm<sup>3</sup>, hemoglobin 12.1 g/dL) with negative viral markers and undetectable cold agglutinins. This resolution confirmed the infectious etiology, allowing the safe and early reintroduction of azathioprine to maintain AIH remission.

**Conclusions.** In AIH patients, severe cytopenias should trigger a search for specific reversible causes rather than being attributed solely to drug toxicity. Proactive identification of these triggers is pivotal: treating the infection allows for rapid re-initiation of immunosuppression, preventing the risk of hepatic flare.



**Abstract Code: FDI24804-69**

## **MEDITERRANEAN SPOTTED FEVER AND THROMBOTIC THROMBOCYTOPENIC PURPURA: A COMPLICATED CASE**

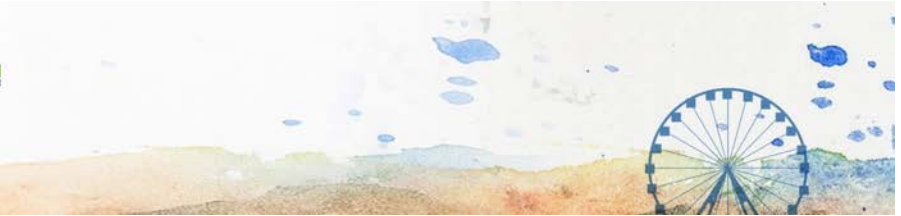
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**Premises.** *Rickettsia conorii* infection, transmitted by Rhipicephalus ticks, causes Mediterranean spotted fever. Typical manifestations include fever, myalgias, and rash, but atypical multisystem involvement may hinder diagnosis. Serology confirms infection; doxycycline is the treatment of choice.

**Description.** A 45-year-old male gardener, without comorbidities, presented with a 7-day remittent fever unresponsive to paracetamol, diffuse rash, and progressive confusion. Initial tests showed neutrophilic leukocytosis, CRP 66 mg/L, and PCT 41.7 ng/mL. Brain CT and MRI were unremarkable, as was CSF analysis. Empirical vancomycin and meropenem were started; blood and urine cultures were negative, and echocardiography revealed no vegetations. Clinical deterioration prompted serologic screening for emerging pathogens, showing IgM and IgG positivity for *R. conorii*; doxycycline was initiated. The patient subsequently developed thrombotic thrombocytopenic purpura, acute kidney injury, and anemia. Plasma exchange, transfusions, and renal support were started, leading to rapid improvement and progressive normalization of inflammatory markers, with complete remission by day 13.

**Conclusions.** This case illustrates that *R. conorii* infection may progress to severe, atypical presentations. The onset of TTP, a rare but life-threatening complication, requires early recognition and multidisciplinary management. Prompt doxycycline initiation and plasma exchange were crucial for a favorable outcome.



**Abstract Code: FDI24797-80**

**FULMINANT ENDOGENOUS PANUVEITIS CAUSED BY *LISTERIA MONOCYTOGENES* IN A PATIENT WITH MULTIPLE CHRONIC COMORBIDITIES: A CASE REPORT**

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**Introduction.** *Listeria monocytogenes* is a rare cause of endogenous endophthalmitis, typically affecting individuals with impaired cell-mediated immunity. Its clinical presentation may resemble viral or autoimmune uveitis, leading to diagnostic delay.

**Description.** A 70-year-old woman with diabetes mellitus, chronic kidney disease stage 4, cirrhosis due to NASH, chronic anemia, and bioprosthetic mitral–aortic valves presented with acute photophobia and rapidly progressive visual loss in the right eye. Viral uveitis was initially suspected and intravenous acyclovir was initiated. Aqueous humor PCR for herpesviruses later returned negative, while blood cultures identified *Listeria monocytogenes*. Targeted intravenous ampicillin, dry vitrectomy, and intravitreal antibiotics were administered. Despite improvement in intraocular inflammation, visual acuity remained limited to light perception at discharge.

**Conclusions.** *Listeria monocytogenes* should be considered in fulminant panuveitis, especially in multimorbid patients. Even with appropriate antimicrobial therapy, visual recovery may remain poor.

**Abstract Code: FDI24607-70**

**PREVALENZA DI ATEROSCLEROSI CAROTIDEA ASINTOMATICA IN PAZIENTI CLASSIFICATI A RISCHIO CARDIOVASCOLARE INTERMEDIO-ALTO SECONDO SYSTEMATIC CORONARY RISK EVALUATION 2 (SCORE2-SCORE2-OP)**

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**Introduzione.** L'aterosclerosi rappresenta la causa della maggior parte delle malattie cardiovascolari. Lo scopo dello studio è di calcolare la prevalenza di placca carotidea asintomatica in soggetti classificati a rischio cardiovascolare (RCV) intermedio/alto secondo SCORE2 e SCORE2-OP della Società Europea di Cardiologia (ESC) evidenziando così la percentuale di soggetti che vengono riclassificati a RCV molto alto con la metodica.

**Materiali e Metodi.** Analisi retrospettiva di una coorte di 599 soggetti senza malattia cardiovascolare nota, sottoposti a screening della aterosclerosi carotidea asintomatica con ecocolordoppler. Tali soggetti sono stati sottoposti a calcolo del rischio cardiovascolare secondo lo SCORE2 ESC.

**Risultati.** Sono risultati arruolabili 477 soggetti dei 599 iniziali. La ricerca di placca carotidea ha dato esito positivo in 395 pazienti (82,8% ± 3,4%), di cui 347 a livello della carotide interna e 48 della carotide esterna. La placca carotidea era presente nel 77,6% dei soggetti a rischio moderato e nel 83,4% di quelli a rischio alto.

**Conclusioni.** L'ecodoppler ha permesso di riclassificare a RCV molto alto l'82,8% dei soggetti in esame, con implicazioni in termini di target di trattamento. Per una prevalenza di placche così elevata il numero di soggetti da sottoporre a screening per evitare un evento cardiovascolare potrebbe essere ragionevole.

**Abstract Code: FDI25004-62**

## **SORVEGLIARE PER CURARE: GESTIONE DELL'INFEZIONE CHIRURGICA IN LUNGODEGENZA RIABILITATIVA**

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**Introduzione.** Le infezioni del sito chirurgico rappresentano una frequente complicanza postoperatoria, con rilevante impatto clinico e sulla qualità di vita. Tra queste, l'infezione periprotetica d'anca è particolarmente grave, richiede una diagnosi complessa e una gestione multidisciplinare. Viene presentato il percorso diagnostico-terapeutico di un paziente ricoverato nella nostra struttura.

**Descrizione.** Paziente di 91 anni, portatore di artroprotesi d'anca destra, ricoverato per riabilitazione dopo intervento di riduzione plastica di laparocele. All'ingresso era asintomatico, con parametri vitali stabili e dolore controllato; non erano disponibili informazioni sulla ferita chirurgica dell'anca. Durante il ricovero ha seguito regolarmente il programma riabilitativo. Dopo alcuni giorni, alla medicazione, si evidenziava deiscenza della ferita con secrezione sierosa. Veniva avviata antibiotico terapia empirica e richiesto consulto specialistico. Gli esami mostravano aumento della Proteina c reattiva e il tampone cavitario risultava positivo per *Pseudomonas aeruginosa*. Il paziente veniva trasferito presso altra sede e sottoposto a terapia a pressione negativa, con progressivo miglioramento fino alla risoluzione.

**Conclusioni.** Le infezioni periprotetiche d'anca richiedono un'attenta sorveglianza clinica e una gestione tempestiva. Una documentazione incompleta e una comunicazione inefficace tra équipe possono ritardare diagnosi e trattamento. Prevenzione, monitoraggio accurato e collaborazione multidisciplinare sono elementi chiave per migliorare gli esiti clinici.

**Abstract Code: FDI24827-74**

**MALATTIA DA ATTIVAZIONE MACROFAGICA: RICONOSCERLA PRIMA CHE SIA TROPPO TARDI**

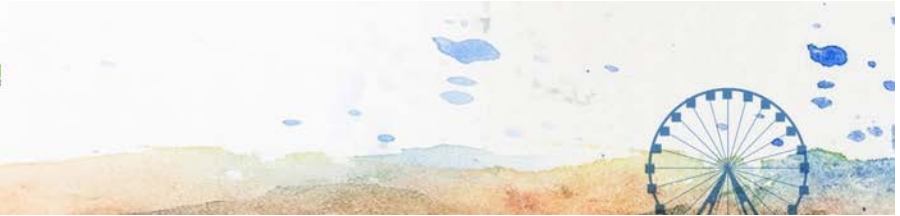
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**Introduzione.** La sindrome da attivazione macrofagica (MAS) è una complicanza rara ma potenzialmente fatale della Malattia di Still dell'Adulto (AOSD), caratterizzata da una risposta immunitaria iper-infiammatoria incontrollata che può evolvere rapidamente ad insufficienza multiorgano. La diagnosi è complessa, per tale motivo esistono alcuni score dedicati quali HScore e MAS score a supporto del clinico.

**Descrizione.** Caso di un uomo di 43 anni affetto da AOSD, già trattato con corticosteroidi ed indometacina, ricoverato per febbre persistente, artromialgie diffuse e toracoalgia associata ad insufficienza respiratoria richiedente ossigenoterapia ad alti flussi. La TC torace mostrava consolidamenti parenchimali bilaterali basali e versamento pleurico. Gli ematochimici evidenziavano leucocitosi neutrofila, attivazione flogistica, iperferritinemia severa (44.000 µg/L), trigliceridi, lattato deidrogenasi, fibrinogeno e D-dimero elevati e PT allungato. Gli accertamenti microbiologici, inclusa broncoscopia con BAL, risultavano negativi. Si osservava progressivo peggioramento clinico-laboratoristico, nonostante antibiotico-terapia empirica, con evoluzione in MAS. Anche l'HScore risultava elevato. Impostata terapia con anakinra e corticosteroidi ad alte dosi con rapido miglioramento clinico, riduzione della ferritina e risoluzione radiologica del quadro polmonare.

**Conclusioni.** La MAS è una complicanza dell'AOSD che richiede elevato sospetto clinico. L'impiego di score diagnostici consente un riconoscimento precoce per avviare tempestivamente terapie mirate, migliorando la prognosi.



**Abstract Code: FDI25093-70**

**NURSING STUDENTS' AWARENESS OF LAW 38/2010, KNOWLEDGE OF PAIN ASSESSMENT AND MANAGEMENT, AND RELATED PAIN PRACTICES IN PATIENTS WITH COGNITIVE DEFICITS: A CROSS-SECTIONAL STUDY**

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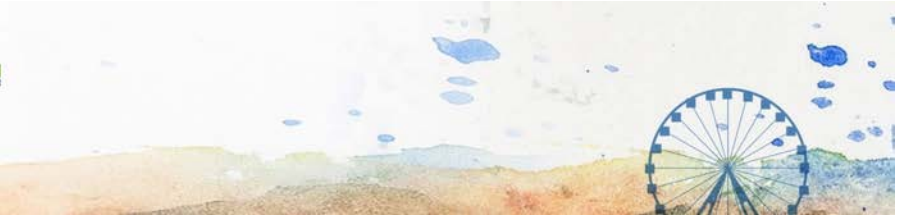
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**Introduction and Aim.** Law 38/2010 mandates pain assessment and management by healthcare professionals and appropriate educational programmes. However, nursing students showed inadequate knowledge about pain assessment and management, which is particularly challenging in cognitively impaired patients. This study aimed to evaluate nursing students' awareness of Law 38/2010, knowledge of pain assessment and management, and related pain practices in patients with cognitive deficits.

**Materials and Methods.** A cross-sectional study was carried out (March-July 2025) among nursing students (University of Bari). A self-reported questionnaire was used to explore: (i) sociodemographics; (ii) awareness of Law 38/2010 and knowledge on pain assessment and management (based on Rapetti et al., 2024); (iii) pain assessment and management practices in patients with cognitive deficits (based on Rebellato & Torresan, 2015).

**Results.** Among 130 participants, 68.5% (n=89) were <22 years and 43.8% (n=57) in the second year. Most (n=101, 78%) were aware of Law 38/2010. However, 54.6% (n=71) had not received education on pain assessment and management. Only 50.8% (n=66) use pain scales, and among scales for cognitively impaired patients, students knew only PAINAD (Pain Assessment in Advanced Dementia) (n=23, 17.7%). Less than half (n=52, 40.3%) reported pain was assessed at every shift.

**Conclusions.** Educational interventions are needed to strengthen nursing students' awareness of Law 38/2010 and address gaps in pain knowledge and practices, particularly when hindered by cognitive deficits.



**Abstract Code: FDI24835-73**

**WHEN MALNUTRITION, DYSPHAGIA, AND INFECTION CONVERGE: ASPIRATION PNEUMONIA COMPLICATED BY WERNICKE ENCEPHALOPATHY AND TAKOTSUBO SYNDROME**

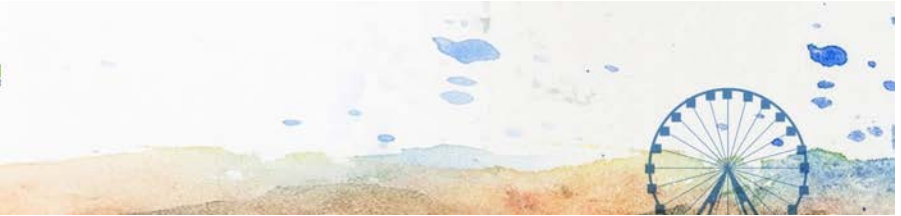
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**Introduction.** Aspiration pneumonia is a frequent complication in patients with dysphagia. Wernicke encephalopathy can arise from non-alcoholic malnutrition and worsen swallowing dysfunction. This case shows the interplay among dysphagia, nutritional deficiencies, aspiration pneumonia, and acute cardiac complications during hospitalization, highlighting the role of multidisciplinary management in internal medicine units and early nutritional support to prevent life-threatening events.

**Description.** A 64-year-old man with prior surgical removal of a left cervical paraganglioma complicated by dysphagia was admitted for aspiration pneumonia with respiratory failure. Neuroimaging showed Wernicke encephalopathy; chest imaging showed left-sided pneumonia with obstruction of the left main bronchus. During antifungal therapy initiated after sputum cultures positive for *Candida albicans*, the patient developed acute electrocardiographic changes, including QT interval prolongation and torsades de pointes, followed by Takotsubo syndrome. Due to irreversible dysphagia, a percutaneous endoscopic gastrostomy was placed and enteral nutrition was initiated, followed by rapid respiratory, neurological, and hemodynamic stabilization.

**Conclusions.** Dysphagia, Wernicke encephalopathy due to malnutrition and aspiration pneumonia may worsen clinical outcomes. This case shows the essential role of early nutritional support, careful monitoring for drug-related adverse effects, and a multidisciplinary approach in the management of multisystemic conditions frequently occurring in internal medicine units.



**Abstract Code: FDI24722-68**

**UPPER-LIMB DEEP VEIN THROMBOSIS IN A YOUNG PATIENT:  
THE CLINICAL RELEVANCE OF SEVERE HYPERHOMOCYSTEINEMIA**

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**Introduction.** Hyperhomocysteinemia has been linked to venous thromboembolism (VTE), although causality is debated. Guidelines do not recommend routine testing, as results rarely change management. However, markedly elevated levels in young patients with atypical thrombosis may be clinically relevant. We report an upper-limb deep vein thrombosis (DVT) in a young athlete with severe hyperhomocysteinemia, illustrating this dilemma.

**Description.** A 24-year-old basketball player developed acute shoulder pain, arm heaviness and limited motion during training. After five days, shoulder ultrasound and MRI were normal. The same evening, Doppler revealed right subclavian–axillary DVT. Anticoagulation with enoxaparin then Edoxaban was followed by recurrence of pain, swelling and cyanosis. A new Doppler confirmed thrombosis, leading to fondaparinux and bridging to warfarin. Thrombophilia screening showed severe hyperhomocysteinemia (99  $\mu\text{mol/L}$ ) with homozygous MTHFR mutation; all other tests were normal. Thoracic outlet syndrome was suspected, although provocative tests were negative and the patient declined angio-MRI. Vitamin therapy (folate, B6, B12) was added. After one month, homocysteine normalized (13  $\mu\text{mol/L}$ ) and Doppler showed near-complete recanalization. Warfarin was stopped after seven months, with persistent wellbeing on cyclic vitamin supplementation.

**Conclusions.** Severe hyperhomocysteinemia may represent an additional risk factor in young patients with upper-limb DVT. Although guidelines discourage routine testing, selective measurement may be appropriate in atypical cases.

**Abstract Code: FDI24639-75**

## **NEUROTOSSICITÀ DA CEFEPIME: UN CHALLENGE PER LA COGESTIONE MEDICO-CHIRURGICA**

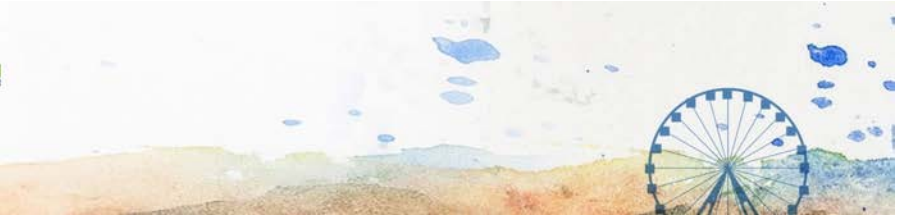
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**Introduzione.** Uomo, 77 anni, in chirurgia cogestita da hospitalist per emicolectomia destra, termoablazione e resezioni epatiche di metastasi da carcinoma colico. Il post-operatorio è complicato da sepsi da deiscenza di anastomosi ileo-colica.

**Descrizione.** Il paziente è sottoposto a relaparotomia e ileostomia. Avviata terapia antibiotica mirata con cefepime, tigeclina e vancomicina per sepsi da E. coli, Enterococco f. e Stafilococco A. In 15<sup>a</sup> giornata mantenimento solo di cefepime con normali valori di funzione renale. In 20<sup>a</sup> giornata, parametri vitali stabili, ma comparsa di confusione, approfondimento del sensorio e mioclono. Le valutazioni neurologiche indicavano una disfunzione cerebrale metabolica. Evidenza di leucocitosi, flogosi spenta, creatinina 2.61 mg/dL. Si sospendeva cefepime nel sospetto di neurotossicità sostenuta da peggioramento multifattoriale della funzione renale. Al mancato miglioramento dopo sospensione dell'antibiotico si concordava seduta emodialitica depurativa con completa risoluzione del quadro neurologico. Successivo miglioramento della funzione renale.

**Conclusioni.** In letteratura è nota la neurotossicità da cefepime per la capacità di superare la barriera ematoencefalica, indipendentemente dai dosaggi. I sintomi comprendono confusione, mioclono ed epilessia soprattutto in pazienti anziani con danno renale. Nella maggior parte dei casi i sintomi regrediscono alla sospensione; il trattamento di una sintomatologia persistente appare dibattuto e possono essere indicati antiepilettici ed emodialisi. Quest'ultima rimane un trattamento da considerare visto il caso clinico.



**Abstract Code: FDI25021-61**

**FROM CRISIS TO RESILIENCE: A STRUCTURAL REORGANIZATION OF EMERGENCY DEPARTMENTS AND HEALTHCARE INTEGRATION IN ITALY IN THE POST-PANDEMIC**

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**Introduction.** The COVID-19 pandemic served as a definitive "stress test" for the Italian National Health Service (SSN), exposing structural vulnerabilities in Emergency Departments (EDs) caused by a decade of linear budget cuts. This study analyzes the systemic failures highlighted by the crisis to propose a transformative organizational model for internal medicine and emergency care.

**Materials and Methods.** We analyzed legislative responses (D. L. 18/2020, D. L. 34/2020) and hospital-based experimental models implemented during the emergency. The study focused on two priorities: the implementation of "dual-track" patient flows (COVID vs. non-COVID) and the transition from traditional "specialty silos" to an "intensity-of-care" paradigm.

**Results.** The analysis confirms that the integration of Hospital Hubs with Community Houses (Case della Comunità), as mandated by D. M. 77/2022, is a structural necessity to mitigate ED boarding. Key findings show that high-intensity clinical management and digitalization of the territory-hospital interface significantly improve patient throughput and ensure continuity of care for chronic and acute patients.

**Conclusions.** Resilience in public health requires a hybrid model where clinical excellence in time-dependent pathways (Stroke, Trauma, Chest Pain Units) is embedded within a flexible and territorially-integrated infrastructure. Transitioning to an intensity-of-care model is essential to prevent future system collapses and optimize hospital resource management.

**Abstract Code: FDI25022-62**

**CEREBRAL VENOUS THROMBOSIS AND LIFE-THREATENING HYPERHOMOCYSTEINEMIA: A CASE REPORT OF MUTATION IN THE ELDERLY**

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**Introduction.** Cerebral Venous Thrombosis (CVT) is a rare cause of stroke. Its variable clinical presentation makes diagnosis challenging, especially in elderly patients where non-specific symptoms like confusion may predominate. Identifying underlying prothrombotic conditions is crucial for secondary prevention.

**Case Description.** A 78-year-old woman presented with acute focal neurological deficits (left hemiparesis, global aphasia). Initial brain CT showed a large hemorrhagic venous infarction in the left frontoparietal lobes and subarachnoid hemorrhage. CT-venography confirmed superior sagittal sinus thrombosis. The patient lacked common CVT risk factors (malignancy, infection). Comprehensive thrombophilia screening identified marked hyperhomocysteinemia associated with the homozygous C677T MTHFR mutation as the sole prothrombotic cause. She was treated with therapeutic Low Molecular Weight Heparin (LMWH), transitioned to warfarin, and achieved significant neurological recovery.

**Conclusions.** This case underscores that CVT must be considered in the differential diagnosis of acute neurological deficits in the elderly, even when presenting as hemorrhagic infarction without common risk factors. Severe hyperhomocysteinemia represents a significant, potentially reversible thrombotic risk in older adults. Screening for homocysteine is justified in unexplained CVT, as folate supplementation can mitigate recurrence risk.

**Abstract Code: FDI24613-67**

## **POLMONITE NECROTIZZANTE DA *SERRATIA* IN PAZIENTE CON ENFISEMA BOLLOSO: UN CASO A PRESENTAZIONE COMPLESSA**

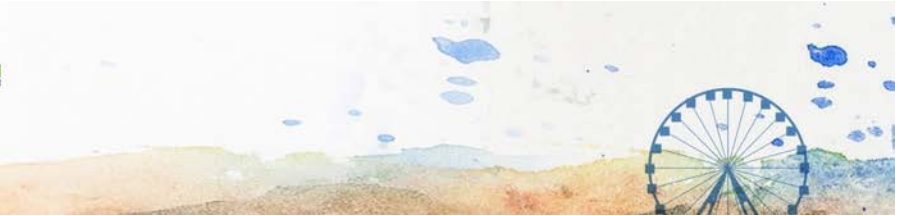
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**Introduzione.** Le riacutizzazioni respiratorie in pazienti con enfisema bolloso possono nascondere infezioni aggressive, soprattutto quando compaiono cavitazioni, linfadenopatie mediastiniche e segni di possibile coinvolgimento sistemico. *Serratia marcescens*, generalmente patogeno nosocomiale, è riportata anche come causa di polmonite necrotizzante con possibile estensione mediastinica.

**Descrizione.** Un uomo di 55 anni, forte fumatore, si presentava per dispnea ingravescente ed episodio sincopale con severa insufficienza respiratoria. La tomografia toracica mostrava enfisema macrobollosa, addensamenti ground-glass e consolidativi in parte cavitati, linfadenomegalie mediastiniche, lievi versamenti pleurico e pericardico e una formazione simil-diverticolare paraesofagea contenente aria, suggestiva di coinvolgimento mediastinico. Di rilievo la presenza di piccoli nuclei aerei nel sistema venoso giugulare, nella vena cava e nell'atrio destro, compatibili con microperforazioni o diffusione infettiva profonda. L'espettorato risultava positivo per *Serratia marcescens*. L'ecografia addominale documentava epato-splenomegalia, con screening per malattie da accumulo poi negativo.

**Conclusioni.** La combinazione di cavitazioni, aria mediastinica, nuclei aerei venosi e isolamento di *Serratia marcescens* indica una polmonite necrotizzante ad alto rischio evolutivo, potenzialmente simile a quadri neoplastici o sistemici. Il caso evidenzia l'importanza di riconoscere precocemente infezioni invasive in presenza di reperti radiologici complessi.



**Abstract Code: FDI24796-79**

## **AN UNUSUAL CASE OF ACALCULOUS CHOLECYSTITIS**

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**Introduction.** Acalculous cholecystitis is a rare condition, typically observed in critically ill patients or as a complication of systemic diseases. Its presentation as an initial manifestation of leptospirosis is uncommon and may lead to diagnostic delay.

**Description.** A 21-year-old man was admitted with fever, headache and abdominal pain following ingestion of smoked salmon. Laboratory tests showed elevated inflammatory markers, hyperbilirubinemia, liver cytolysis and cholestasis. The patient denied drug or supplement use. Empirical antibiotic therapy was initiated, but clinical and laboratory deterioration occurred, with persistent fever and severe right upper quadrant pain. Abdominal CT scan and endoscopic ultrasound revealed gallbladder wall thickening and pericholecystic fluid without gallstones or biliary dilatation; no invasive procedures were indicated. Repeated blood, urine and stool cultures were negative, as were serologies for hepatotropic viruses, major bacterial infections and autoimmune diseases. The clinical course further worsened with conjunctival hemorrhage, epistaxis, hemorrhagic alveolitis and acute kidney injury. Given the association of acalculous cholecystitis and multiorgan involvement, *Leptospira* serology was performed and resulted positive (IgM 1.8). Antibiotic therapy was switched, leading to progressive improvement.

**Conclusion.** Leptospirosis should be considered in patients with acalculous cholecystitis and systemic involvement. Early recognition and targeted treatment are crucial to improve outcomes.



**Abstract Code: FDI25097-74**

**GESTIONE DELL'ANTICOAGULAZIONE NELL'ENDOCARDITE SU PROTESI VALVOLARE MECCANICA COMPLICATA DA STROKE ISCHEMICO-EMORRAGICO E PIASTRINOPENIA DA SEPSI: UN DELICATO EQUILIBRIO CLINICO**

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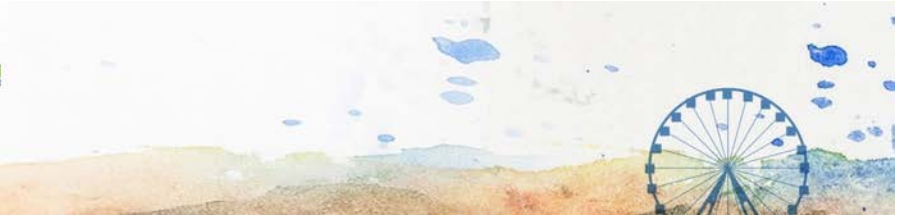
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**Premesse.** La gestione della terapia anticoagulante in pazienti complessi rappresenta una sfida clinica rilevante, in particolare quando coesistono elevato rischio trombotico ed emorragico.

**Descrizione.** del

**Caso Clinico.** Paziente di 49 anni, portatore di protesi valvolare aortica meccanica, intervento di Bentall, in trattamento con acenocumarolo, ricoverato per stato confusionale e ipertensione. All'ingresso paziente in condizioni generali critiche, Glasgow Coma Scale 10, ipotensione e tachicardia. Alla risonanza magnetica encefalica multipli focolai ischemici cerebrali; la tomografia computerizzata (TC) a 24 ore evidenziava emorragia subaracnoidea e intraparenchimale, imponendo lo stop dell'anticoagulazione, data anche la severa piastrinopenia da sepsi. Per l'evidenza di vegetazione mobile di 6 mm su protesi aortica ad ecocardiografia transesofagea, avviata antibiotico terapia mirata per *Staphylococcus aureus*. Dopo 14 giorni di stabilità del focolaio emorragico e negativizzazione delle emocolture, l'anticoagulazione veniva reintrodotta con eparina non frazionata endovena e stretto monitoraggio neuroradiologico. Il successivo riscontro di ascesso periprotetico aortico e nuova vegetazione mitralica imponeva l'intervento cardiocirurgico. Prima del trasferimento comparsa di shock emorragico da dissezione aortica, veniva trasportato in urgenza presso centro cardiocirurgico per intervento di sostituzione tubo valvolato aortico

**Conclusioni.** Il caso evidenzia la complessità nella gestione dell'anticoagulazione in pazienti con protesi meccanica e complicanze neurologiche emorragiche.



**Abstract Code: FDI24906-72**

**SERONEGATIVE AUTOIMMUNE ENCEPHALITIS: A CASE REPORT**

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**Introduction.** Autoimmune encephalitis is an inflammatory disease affecting the central nervous system (CNS) mediated by autoimmune responses. However, auto-antibodies may not be always detectable. In this subgroup of seronegative forms, the diagnosis is challenging and relies on the integration of clinical and radiological findings and response to immunomodulatory therapies

**Case history.** We report the case of a 55-year-old male with history of ulcerative colitis, hypereosinophilia, atrial fibrillation, and epilepsy admitted with vomit, abdominal pain and weight loss into our Department of Internal Medicine. During hospitalization, the patient developed cognitive impairment, decreased level of sensorium, and seizures. Electroencephalography revealed a severe background slowing. Magnetic resonance imaging showed multiple bilateral periventricular and temporal hyperintense lesions with diffuse perivenular enhancement, findings suggestive of an autoimmune encephalitis astrocytopathies. Lumbar puncture was performed and cerebrospinal fluid (CSF) analysis demonstrated mild pleocytosis and elevated protein levels, with negative antibody testing and sterile cultures. The patient was treated with intravenous immunoglobulins and corticosteroids, leading to a clinical and imaging improvement

**Conclusion.** The clinical picture is consistent with the diagnosis of seronegative autoimmune encephalitis, supported by suggestive MRI features, infectious etiology exclusion and positive response to immunomodulatory therapy, despite negative CSF antibody testing.

**Abstract Code: FDI24676-76**

## **STEATOHEPATITIC VARIANT HEPATOCELLULAR CARCINOMA IN A HIGH METABOLIC-RISK PATIENT: A CASE REPORT**

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**Introduction.** The steatohepatic variant of hepatocellular carcinoma (SH-HCC) is an uncommon histological subtype of HCC characterized by steatosis, ballooned hepatocytes, Mallory–Denk bodies, and pericellular fibrosis. It is frequently associated with metabolic dysfunction, yet its clinical presentation may be subtle and radiologic findings often overlap with other hepatic neoplasms

**Description.** We report the case of a 58-year-old male, former professional rugby player, with type 2 diabetes mellitus, moderate obesity, dyslipidemia, and a strong family history of hepatic malignancies. He presented with profound asthenia and unintentional weight loss of 22 kg over three months, without fever or jaundice. A contrast-enhanced total-body CT scan performed for suspected malignancy revealed a 17×12 cm mass in the right hepatic lobe with multiple additional lesions throughout the liver. Serum tumor markers were markedly elevated, including CEA, CA19-9 and AFP. Following multidisciplinary discussion, a high-risk percutaneous biopsy was performed, confirming the diagnosis of steatohepatic variant hepatocellular carcinoma. During hospitalization, the patient's condition deteriorated, developing *Staphylococcus aureus* septic shock requiring vasopressor support and ultimately died 30 days after admission.

**Conclusions.** SH-HCC should be considered in metabolically compromised patients with atypical or multifocal hepatic lesions. Early multidisciplinary assessment and meticulous supportive care are essential, as rapid deterioration and fatal complications may occur.

**Abstract Code: FDI24661-70**

## **UN PONTE TRA AMBULATORIO E BLOCCO OPERATORIO: IL RUOLO AVANZATO DELL'INFERMIERE NEL PERCORSO CHIRURGICO DEL PIEDE DIABETICO**

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**Introduzione.** Il Piede Diabetico è una delle complicanze più gravi del diabete mellito. La gestione del piede diabetico richiede un approccio multidisciplinare intensivo e continuo, che va dallo screening in ambulatorio, al trattamento delle lesioni complesse, fino all'eventuale intervento chirurgico. Talvolta esiste una discontinuità assistenziale tra l'ambiente clinico e quello chirurgico, che può portare a ritardi decisionali sul trattamento. L'obiettivo del progetto è formare un Infermiere con una doppia competenza specialistica: Infermiere di Ambulatorio del piede diabetico e Infermiere di Sala Operatoria per gli interventi sul piede.

**Materiali e Metodi.** Le due infermiere responsabili dell'ambulatorio del piede diabetico hanno effettuato un addestramento con gli infermieri del Blocco operatorio, acquisendo competenze su sterilità, percorso operatorio e strumentazione.

**Risultati.** La riorganizzazione ha portato ad una riduzione degli errori, grazie alla continuity of care, una standardizzazione delle cure, l'ottimizzazione dei tempi operatori, dimissioni precoci e una riduzione delle riammissioni.

**Conclusioni.** La presa in carico precoce da parte dell'ambulatorio del piede diabetico ha permesso una riduzione significativa dei tempi di attesa chirurgica, una riduzione delle complicanze grazie al follow up post operatorio.

**Abstract Code: FDI24644-71**

**FROM ASCITES TO MALIGNANT PERITONEAL MESOTHELIOMA: THE DIAGNOSTIC WORKUP OF A RARE TUMOUR**

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**Introduction.** Ascites is a common clinical manifestation of a wide spectrum of heterogeneous underlying conditions. All possible causes of ascites should be considered in the differential diagnosis to ensure an appropriate diagnostic workup. Among the rare causes, malignant peritoneal mesothelioma must be considered, as its diagnosis is particularly challenging.

**Description.** We present the case of a 77-year-old female (M. A.) who developed ascites and lower-quadrant abdominal pain. She had no prior history of cancer and no documented occupational exposure to asbestos or other known carcinogens. After exclusion of the principal benign and malignant causes of ascites, we performed a biopsy and <sup>18</sup>F-fluorodeoxyglucose positron emission tomography/computed tomography (FDG-PET/CT). The final diagnosis was primary malignant peritoneal mesothelioma, an extremely rare tumour.

**Conclusions.** This case highlights the complexity of the differential diagnosis. The diagnostic work-up for peritoneal mesothelioma must integrate the patient's clinical history, physical examination, tumour markers, and imaging findings. Biomarkers such as mesothelin and advanced imaging modalities including FDG-PET/CT assume an increasingly important role in staging and in distinguishing peritoneal disease entities

**Abstract Code: FDI24738-75**

**ASSOCIATION BETWEEN REACTIVE HYPOGLYCEMIA AND METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE IN NON-DIABETIC OBESE SUBJECTS**

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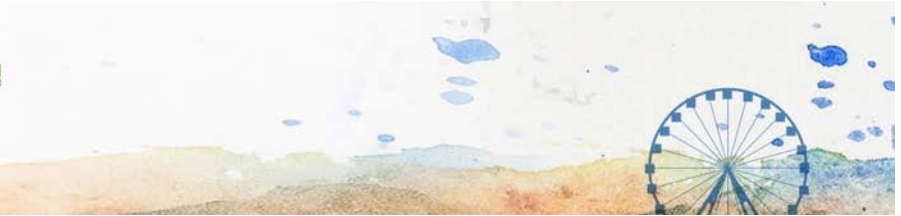
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**Introduction.** Metabolic dysfunction-associated steatotic liver disease (MASLD) is defined as liver steatosis entity in addition to the presence of overweight or obesity, diabetes mellitus or evidence of metabolic dysfunction. Previous studies have indicated that liver cirrhosis is associated with hypoglycaemia, but there have been no studies investigating the association between MASLD and reactive hypoglycaemia in noncirrhotic obese populations without type 2 diabetes. The aim of our study is to explore this association.

**Materials and Methods.** 55 obese subjects underwent an anthropometric and biochemical assessment and a 7-day diary of alcohol intake. All subjects were divided into two groups based on presence or absence of MASLD evaluated by ultrasound, before a 75 gr prolonged oral glucose tolerance test (POGTT).

**Results.** Among the two groups, the incidence of hypoglycaemia was significantly different after 210 minutes ( $p < 0.05$ ). Similarly, the insulin levels in MASLD group after 210 minutes were slightly higher than in group without MASLD. In addition, values of metabolic parameters were higher in patients with MASLD [LDL cholesterol ( $120 \pm 25$  vs  $114.2 \pm 24.8$ ), serum triglycerides ( $154 \pm 87$  vs  $112.4 \pm 69.7$ ), systolic blood pressure ( $133 \pm 20$  vs  $124.2 \pm 12.8$ ) and diastolic blood pressure ( $84.2 \pm 8.2$  vs  $76.4 \pm 10.6$ )].

**Conclusions.** In our study, non-diabetic obese subjects with MASLD showed higher rate of reactive hypoglycaemia than no-MASLD subjects.



**Abstract Code: FDI24740-68**

**CORRELATION BETWEEN METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE AND THE REDUCTION OF GLOMERULAR FILTRATION RATE IN NON-DIABETIC OBESE PATIENTS**

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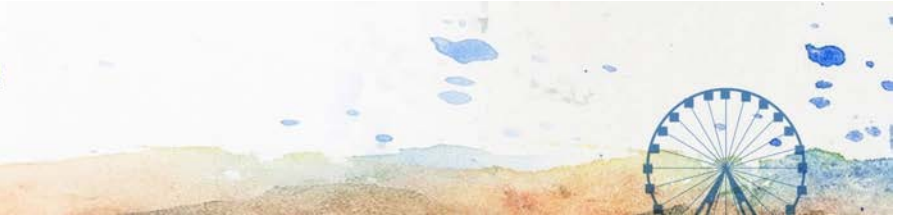
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**Introduction.** Metabolic dysfunction-associated steatotic liver disease (MASLD) is significantly increasing globally. Chronic Kidney Disease (CKD) is characterized by the presence of kidney damage. The association between MASLD and CKD represents a significant clinical challenge, as both are chronic conditions with significant consequences on cardiovascular morbidity. The aim of our study was to evaluate the correlation between the presence of MASLD and the reduction of glomerular filtration rate in non-diabetic obese patients.

**Materials and Methods.** We studied 164 non-diabetic obese patients. All participants underwent medical history and physical examinations, including collection of anthropometric, biochemical parameters and abdominal ultrasound. Glomerular filtration rate was assessed using CKD-EPI and MDRD formulas.

**Results.** We found a significant correlation between MASLD and GFR reduction in the female population, while this correlation is not present in male patients. This result could be a consequence of the lower number of male population in the study than female one and/or could be due to a different distribution of variables that affect the glomerular filtration rate.

**Conclusions.** Our data cannot provide definitive answers, but we can hypothesize a panorama in which it could be useful to evaluate which cofactors prove to be more or less important in the development of renal failure in patients with MASLD.



**Abstract Code: FDI24972-75**

## **A STRANGE CASE OF ANGIOEDEMA**

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**Introduction.** Angioedema is the rapid swelling of the skin, mucosa, and submucosal tissues; in addition to the allergy-mediated form, it has also been reported as a side effect of some drugs, particularly ACE inhibitors, and some foods; there is also a hereditary form due to a deficiency of the blood protein C1 inhibitor. Clinically, the skin of the face, usually around the mouth, and the mucosa of the mouth and/or larynx and tongue are involved; swelling occurs within a few minutes to several hours.

**Description.** A 73-year-old man was admitted to the Vascular Chirurgia department of the San Giuseppe Moscati hospital in Avellino for forefoot amputation. His medical history included arterial hypertension treated with ramipril, chronic ischemic heart disease, type 2 diabetes mellitus on insulin therapy, and atopic dermatitis on Depilumab. While hospitalized, he was transferred to the Internal Medicine department for severe respiratory failure in noscomial pneumonia treated with meropenem and linezolid. Suddenly, during hospitalization, the patient developed hemilanguage edema approximately two hours after lunch treated with antihistamine and corticosteroid therapy. C3, C4 and C1-inhibitor dosage was required which were negative.

**Conclusions.** The clinical picture appeared to be late-onset ace-inhibitor angiodema, despite the patient having already been on therapy for several years. It is possible that antibiotic polypharmacotherapy was a cofactor in the onset of glossitis; it is also interesting to note that angioedema affected only the hemilanguage and not the entire organ.

**Abstract Code: FDI24775-76**

## **UNEXPECTED ATHEROMASIA**

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**Introduction.** Patients with CAD/PAD are frequently encountered in clinical practice. We present the cases of a 62-year-old man and a 57-year-old woman.

**Description.** Nothing to do with family history and medical history. No cardiovascular risk factors. Both have been complaining of mild asthenia and chest discomfort after intense exercise for several months. General physical examination is negative, LDL 95-92 and Lp(a) 38-42 mg/dL, respectively; Chest X-ray: mild bronchovascular thickening and coronary calcifications. Normal ECG; Echocardiogram: Slightly reduced global contractility EF 52-50%. Coronary CT: eccentric plaques with mixed components are present in all coronary branches, causing stenosis 40-50%. After medical therapy with Rosuvastatin-Ezetimibe 20/10 mg, Perindopril/Amlodipine 10/5 mg, Bisoprolol, ranolazine and ASA/Clopidogrel, the symptoms disappeared.

**Conclusions.** It is common to find a discrepancy between atheroma burden and risk factors present in an individual patient. Our patients developed CAD in the absence of traditional risk factors. The residual risk (RR) is correlated with the overall risk. This is partly due to the failure to consider additional risk factors, which are therefore under-recognized and under-controlled. In reality, adequate assessment of the RR is essential for effectively reducing overall risk. These cases, which are far from rare, highlight how not all atheromatous diseases develop along the same path. Therefore, implementing knowledge of the pathophysiology is essential to create a tailored prevention and treatment plan.

**Abstract Code: FDI24776-77**

## **UNEXPECTED ISCHEMIC STROKE**

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(1) *UO di Medicina Interna in Area Critica. Arnas Garibaldi, Catania, Italy.*

**Introduction.** Intensive treatment of cardiovascular risk factors reduces adverse cardiovascular events. We describe the case of a 75-year-old man.

**Description.** A former smoker and non-drinker. He has a history of rectal cancer surgery and has undergone a thyroidectomy for goiter, rheumatoid arthritis, arterial hypertension, and multiple vascular atheromatous conditions. He is taking L-thyroxine, Zofenopril, ASA, Pravastatin and Methotrexate. He is admitted to the ER for a stroke. On admission, his BP is 120/70 mmHg, HR 72 bpm, SpO2 99%; ECG and echocardiogram are within normal limits; LDL 56 mg/dL, Lp(a) 20 mg/dL, HbA1c 38 mmol/mol. CT scan shows a defect in opacification of the M2-M3 segment of the left middle cerebral artery. Treated with systemic thrombolysis complicated by hemorrhagic infarction. CDUS: severe isohyperechogenic atheromasia in the right and left common carotid arteries. On the left, a microulcerated plaque at the bulb and at the origin of the external carotid artery.

**Conclusions.** Despite excellent control of all risk factors, the patient developed a serious ischemic cerebrovascular event. This was due to residual CV risk (RR). In our patient, the risk may be inflammatory. Treated with colchicine 0.5 mg/day, no events occurred at the 2-year follow-up. RR control is essential for effectively reducing the overall risk profile and is based on an integrated intervention that combines all the various prevention strategies derived from available evidence and interacts through mutual enhancement between lifestyle and pharmacological interventions.

**Abstract Code: FDI24713-68**

## **QUANDO L'ENDOSCOPIA TACE, IL SOSPETTO CLINICO PARLA: UN APPARENTE *COLD CASE* DI COLITE COLLAGENOSICA**

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**Introduzione.** La colite collagenosica è una forma di colite microscopica di difficile identificazione per la variabilità istologica della malattia, con alterazioni minime o assenti nelle fasi non attive o in caso di campionamento insufficiente.

**Descrizione.** Donna di 46 anni con alvo diarroico da sei anni; esami infettivi, indici di flogosi e sierologia celiachia nella norma, assenza di sintomi sistemici. Non abuso etilico, non assunzione di farmaci, dieta senza nickel e lattosio. Ripetute colonoscopie documentavano erosioni a carico della mucosa del sigma distale (biopsia: flogosi cronica cripte con riduzione delle cellule caliciformi). Mesalazina e prednisone risultavano inefficaci e la paziente otteneva sollievo clinico con budesonide a pieno dosaggio, con ricaduta alla riduzione e mai remissione completa. Pertanto, è stata eseguita una rivalutazione colonoscopica con 3 biopsie a livello di ciascun tratto di colon macroscopicamente indenni. L'esame istologico a tutti i livelli ha dimostrato la presenza di ispessimento a banda del collagene subepiteliale, permettendo finalmente di porre diagnosi "certa" di colite collagenosica. E' stata così avviata terapia immunosoppressiva con azatioprina. A distanza di poche settimane, la paziente riferisce una netta e progressiva regressione della sintomatologia, con regolarizzazione dell'alvo.

**Conclusioni.** Questo caso evidenzia l'importanza della perseveranza clinica nel sospettare una colite microscopica e sottolinea il ruolo dell'azatioprina come opzione terapeutica nei quadri steroideo-dipendenti o steroideo-resistenti.



**Abstract Code: FDI24979-82**

**ICTUS EMBOLICO E LESIONI VALVOLARI ‘MINORI’:  
QUANDO IL CUORE NASCONDE LA FONTE**

G. Nicolini<sup>1</sup>, F. Martire<sup>1</sup>, M.C. Zaccaria<sup>1</sup>, S. Battaglia<sup>1</sup>, F. Di Cosimo<sup>1</sup>, M. Spadaro<sup>1</sup>, M.S. Fiore<sup>1</sup>

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**Introduzione.** Le masse valvolari non trombotiche sono una potenziale causa di ictus embolico e la terapia anticoagulante è una opzione di prevenzione secondaria.

**Descrizione.** Donna di 78 anni affetta da ipertensione arteriosa e dislipidemia, con recente intervento di chirurgia vascolare per arteriopatía periferica, in doppia terapia antiaggregante, con afasia non fluente e stato confusionale. Gli accertamenti neuroradiologici hanno documentato lesioni ischemiche cerebrali in fase subacuta a distribuzione compatibile con genesi emboligena. Sono stati esclusi: fibrillazione atriale, trombosi intracardiache, shunt destro-sinistro, patologia carotidea significativa, patologie trombofiliche. L'ecocardiogramma transesofageo e la risonanza magnetica cardiaca hanno evidenziato una calcificazione caseosa dell'anulus mitralico in prossimità del lembo anteriore, associata a una formazione filiforme, ipermobile, aggettante in cavità ventricolare, di pertinenza dell'apparato tensore mitralico. Tale lesione è stata considerata una possibile fonte cardioembolica e, dopo discussione multidisciplinare, è stata avviata terapia anticoagulante orale con apixaban allo scopo di prevenzione secondaria ed impostato follow up cardiologico e neurologico.

**Conclusione.** Il quadro è compatibile con lesione valvolare benigna ad elevato potenziale emboligeno. L'uso degli anticoagulanti ad azione diretta è da incoraggiare pur in assenza di linee guida, ma in virtù dei risultati di case series che ne documentano l'uso come terapia di prevenzione secondaria, con assenza di recidive nel breve-medio termine.

**Abstract Code: FDI25042-64**

## **ASCESSO EPATICO NEL GRANDE ANZIANO: TRA FRAGILITÀ E RESILIENZA**

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**Introduzione.** L'ascesso epatico è una patologia infettiva gravata da elevata morbilità e mortalità, in particolare nel paziente anziano. L'età avanzata rappresenta un fattore prognostico indipendente associato a fragilità clinica e plurime comorbidità.

**Caso Clinico.** Donna di 91 anni, affetta da BPCO e diabete mellito tipo 2, giunta in ospedale per dispnea. Agli esami laboratoristici, incremento degli indici di flogosi, anemia macrocitica e piastrinopenia. Alla TC torace-addome, presenza di voluminosa raccolta ascessuale epatica sottocapsulare del lobo destro (13×6×12 cm) e ulteriore analoga lesione di 6 cm x 4 cm. La paziente veniva sottoposta a drenaggio percutaneo ecoguidato della maggiore con aspirazione di materiale purulento e avvio di terapia antibiotica empirica ad ampio spettro. L'esame colturale del drenaggio risultava positivo per *Streptococcus anginosus*, consentendo la rimodulazione della terapia antibiotica in senso mirato. Alla rimozione del drenaggio, i controlli ecografici documentavano una significativa riduzione delle dimensioni della raccolta, con netta risoluzione della componente fluida. Alla dimissione la paziente risultava apiretica e clinicamente stabile, avviata a follow-up ecografico.

**Conclusioni.** Questo caso evidenzia come un approccio tempestivo e mini-invasivo possa migliorare l'outcome dell'ascesso epatico nel grande anziano fragile. Infatti, il drenaggio percutaneo si conferma efficace e sicuro, associato a riduzione della mortalità, delle recidive, della durata della degenza ospedaliera e dei costi sanitari rispetto all'approccio chirurgico. Fine modulo



**Abstract Code: FDI24971-74**

## **ESIGENZE DI UN APPROCCIO PALLIAVISTICO ANTICIPATORIO: RICERCA DI CONSENSO SUI METODI E FORMAZIONE DELL'EQUIPE**

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Razionale e

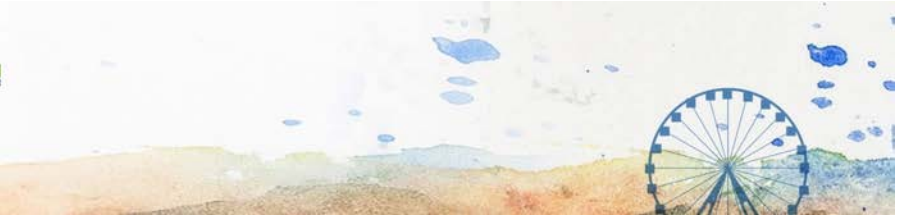
**Introduzione.** Lo studio esplora le esigenze di un approccio palliativistico anticipatorio nel contesto FADOI, focalizzandosi su strumenti come NECPAL, GSF-PIG, RADPALL e SPICT per l'identificazione precoce dei bisogni palliativi. Attraverso un sondaggio su 15-16 esperti italiani (età media 55 anni, 75% ruoli dirigenziali), si analizzano prassi cliniche, formazione e integrazione con telemedicina/IA. Le cure palliative sono spesso tardive, limitate alla fase terminale, contro le raccomandazioni OMS/EAPC per "cure palliative precoci e simultanee". In Italia, l'uso degli strumenti di screening è disomogeneo; lo studio valuta routine clinica, formazione e impatto organizzativo per standardizzare e migliorare la continuità assistenziale.

**Obiettivi.** Primari: uso routinario degli strumenti, modalità operativa/formazione, impatto su attività cliniche. Secondari: diffusione, frequenza e percezione competenze.

**Metodi.** Panel reclutato tramite URP/LinkedIn, multidisciplinare (territorio/hospice). Survey Delphi-like con round su identificazione casi, PDTA, strumenti, formazione, leadership.

**Risultati.** Uso saltuario/spesso dei tool; Domanda a sorpresa generica/ottimistica. Preferenza leadership dal basso verso l'alto. Variabilità regionale legata a formazione/risorse.

**Discussione.** Approccio anticipatorio riduce ricoveri inappropriati, ma esiste poco "reskilling" sulle metodiche citate in letteratura. Serve formazione sistematica, PDTA condivisi, sanità digitale, audit. Futuri studi prospettici.



**Abstract Code: FDI24823-70**

**WHEN TROPONIN MISLEADS: MACROTROPONIN AND FALSE ACUTE MYOCARDIAL INJURY IN A PATIENT WITH METABOLIC SYNDROME AND COVID-19 PNEUMONIA**

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**Introduction.** Cardiac troponin is the gold standard for diagnosing myocardial injury. However, the association with COVID-19-related myocarditis has revealed a cohort of patients with persistently elevated, false-positive troponin I (hs-cTnI) levels. This phenomenon is linked to macrotroponin, a high-molecular-weight complex formed by troponins and immunoglobulins (IgG).

**Description.** A 70-year-old woman with metabolic syndrome was admitted for COVID-19 pneumonia. Laboratory tests showed significantly elevated hs-cTnI (1,690 ng/L) despite the absence of anginal symptoms and a normal echocardiogram. The ECG revealed sinus rhythm with non-specific ventricular repolarization abnormalities. Given her clinical history, coronary angiography and cardiac MRI were performed; both ruled out coronary artery disease and myocarditis. Despite negative imaging and the resolution of pneumonia, hs-cTnI remained stable at 1,383 ng/L. Subsequent tests for troponin T and heterophile antibodies were negative. Finally, polyethylene glycol (PEG) precipitation was performed, demonstrating a hs-cTnI recovery of <10%, confirming the presence of macrotroponin.

**Conclusion.** Macrotroponin should be suspected when a significant discrepancy exists between cTn levels and the clinical/instrumental findings. In COVID-19 patients, immune activation may exacerbate this biochemical anomaly, particularly in the context of chronic inflammation from metabolic syndrome. Integrating the PEG precipitation test into laboratory protocols is highly recommended to prevent unnecessary invasive procedures, thereby reducing patient risk and healthcare costs.

**Abstract Code: FDI24600-63**

**WHEN FEVER STRIKES TWICE: A CASE REPORT OF *STREPTOCOCCUS PNEUMONIAE* MYELITIS WITH DELAYED-ONSET REACTIVE ARTHRITIS**

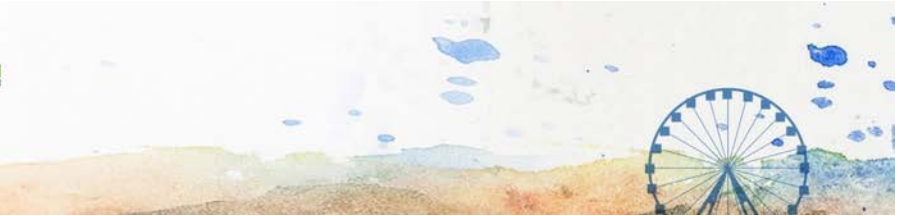
R.L. Norrito<sup>1</sup>, S. Mastrilli<sup>2</sup>, F. Fiorello<sup>1</sup>, G. Taormina<sup>1</sup>, L. Di Giorgi<sup>2</sup>, G.M.A. Ruggirello<sup>2</sup>, C.D. Maida<sup>3</sup>, A. Piazza<sup>2</sup>, F. Cartabellotta<sup>1</sup>

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**Introduction.** *Streptococcus pneumoniae* very rarely affects the spinal cord in immunocompetent adults, and its association with reactive arthritis is rare. Recognising such atypical presentations is essential for timely diagnosis and management.

**Description.** A 68-year-old man with hypertension and benign prostatic hyperplasia presented with fever and acute urinary retention. Neurological examination showed decreased tendon reflexes and weakness of both lower limbs. Increased cell count and elevated protein levels were observed in cerebrospinal fluid analysis, and the polymerase chain reaction was positive for *Streptococcus pneumoniae*. Antimicrobial therapy and corticosteroids induced a remarkable neurological improvement. Ten days later, the patient developed acute arthritis of the right ankle; the joint fluid was sterile without crystals, autoimmunity resulted in negative results, suggesting the diagnosis of reactive arthritis; therapy with oral prednisone led to a complete remission of the symptoms at 3 weeks.

**Conclusions.** We report an infrequent case of pneumococcal transverse myelitis complicated by reactive arthritis in an immunocompetent patient. It highlights the chance of a bacterial myelitis with immunemediated complications. Early identification and therapy improve outcomes significantly.



**Abstract Code: FDI24590-71**

## **COLOR DOPPLER EVALUATION AND DIAGNOSIS OF LOCAL COMPLICATIONS AFTER ARTERIAL ENDOVASCULAR PROCEDURES**

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**Introduction.** Diagnostic and therapeutic percutaneous endovascular procedures have become more common in recent years, and so also the number of local complications has increased. After such procedures a simple clinical examination may show the presence of an inguinal mass, but does not permit a diagnosis, while Color Doppler and Duplex Scanner can make a differential diagnosis between hematoma, pseudoaneurysm, arteriovenous fistula or other disease.

**Description.** Color Doppler is ubiquitously used to diagnose such complications as it offers a low-cost, easy-to use method, only minimally uncomfortable for the patient. This ultrasound system can provide both anatomic and haemodynamic information. Our study highlights the diagnostic possibilities offered by the Color Doppler and Duplex Scanner and details, using many illustrations and examples, how the most common complications such as hematoma, pseudoaneurysm, arteriovenous fistula and thrombosis are imaged.

**Conclusions.** This tool is now widely used in hospitals, but not all operators are sufficiently trained, especially given the lack of guidelines on the subject. We believe it would be useful to publish an update with a review of the literature from recent years and a detailed description of the procedures used to diagnose complications, along with a series of illustrated examples of excellent resolution that we have obtained.

**Abstract Code: FDI24622-67**

**A LARGE DECUBITUS ULCER INVOLVING THE ENTIRE GLUTEAL-ISCHIAL REGION WITH BONE EXPOSURE IN A 32-YEAR-OLD MAN**

M. Novelli<sup>1</sup>, A. Sorressa<sup>2</sup>, L. Ramadori<sup>2</sup>, J. Frau<sup>2</sup>

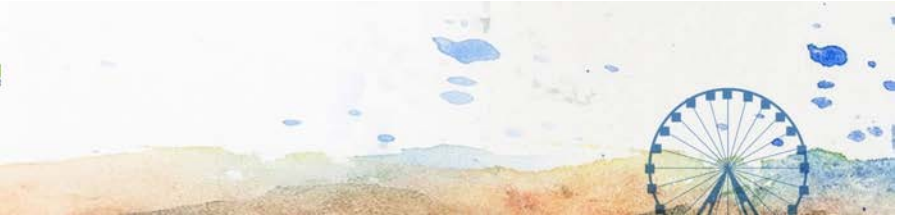
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**Introduction.** Spina bifida is a birth defect that occurs when the neural tube fails to close completely during embryonic development, causing a defect in the spine and spinal cord. This condition can range from mild to severe and may manifest with motor difficulties, loss of sensation, deformities, and bladder or bowel problems, but the severity depends on the type and extent of the defect. In our case we describe a patient with a large sacral decubitus with paraparesis due to spina bifida.

**Description.** We admitted a 32-year-old man with spina bifida, paraparesis, and neurogenic bladder to the spinal unit. He had a suprapubic bladder catheter, a colostomy, and a baclofen infusion pump. Upon admission, he had a large pressure sore involving the entire gluteal-ischial region with exposed bone. Goal: to attempt to manage the infection. Abdominal CT with contrast revealed a large skin ulcer on the left hip, extensive osteostructural changes at the joint level, and in the ipsilateral iliopsoas muscle, along with several air bubbles in the presence of several lesions with slight marginal contrast enhancement, suggesting a possible abscess component. Integrated management has begun between infectious disease specialists, wound specialists and plastic surgeons, combined with hyperbaric therapy. It has required several surgical revisions up to now.

**Conclusions.** Internal medicine physicians and nurses are often required to manage patients with sepsis from skin lesions in predominantly surgical patients, even young and complex patients like the one described in the

**Case Report.**



**Abstract Code: FDI24548-74**

**EPILEPTIC SEIZURES AND CRITICAL LIMB ISCHEMIA SECONDARY TO PATENT FORAMEN OVAL: CASE REPORT**

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**Introduction.** Patent foramen ovale (PFO) is common, affecting up to one-fourth of the population. Its most dangerous consequence is paradoxical embolism, typically causing stroke but also, though rarely, critical limb ischemia or visceral infarctions. PFO-related embolization is often overlooked in favor of more frequent causes, such as atrial fibrillation. Delayed recognition of this treatable condition can result in severe complications. Debate remains whether PFO should be considered the main or sole cause in patients with regional ischemia.

**Case Description.** A 54-year-old male was admitted to our ER with new-onset epileptic seizures. He had previously been hospitalized for critical limb ischemia. Brain CT revealed a left frontal cortical lesion. Although cardiovascular risk factors were present, atherosclerosis alone did not explain the clinical picture. Angio-CT showed normal cardiac findings and no significant atherosclerosis. Considering multiple ischemic events, we investigated for PFO. The bubble test confirmed the diagnosis, and percutaneous closure was successfully performed. The patient was discharged with scheduled follow-up.

**Conclusions.** Intracardiac thromboembolism should be suspected when ischemic lesions involve more than one district without a clear etiology. In such patients, PFO screening should be systematically considered. It is easily performed with transthoracic echocardiography, safe, and crucial for guiding timely intervention.

**Abstract Code: FDI24696-78**

**INFECTION AND INFLAMMATION IN C-ANCA-ASSOCIATED PAUCI-IMMUNE VASCULITIS WITH PRIMARY RENAL INVOLVEMENT: THE ROLE OF CT IMAGING, PROCALCITONIN SIGNIFICANCE AND DIAGNOSTIC DELAY OF A RARE CONDITION**

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**Introduction.** ANCA-associated pauci-immune glomerulonephritis is the most common cause of rapidly progressive glomerulonephritis, predominantly affecting adults over 50 years. Its annual incidence is estimated at 3,1 per million in the USA and between 1 and 2 per million in the Europe.

**Description.** A 71-year-old woman was admitted with a history of fever, nausea, vomiting and low back pain. Laboratory tests showed anemia, thrombocytosis, neutrophil leukocytosis with an increase in CPR, PCT, GGT, alkaline phosphatase and LDH. Acute kidney injury was confirmed with an eGFR of 12 mL/min and moderate proteinuria. A CT scan revealed bilateral pyelonephritic abscesses, so empirical antibiotic therapy was administered. A reduction in PCT, increase in CRP and persistent fever were observed, while all culture tests remained negative. The patient underwent hemodialysis due to the development of bilateral pleural effusion and pericarditis. An otolaryngology evaluation revealed nasal crusting. The autoimmune panel showed positivity for c-ANCA antibodies. Renal biopsy confirmed pauci-immune ANCA-associated crescentic necrotizing glomerulonephritis with predominantly active lesions. The patient was started on rituximab therapy after with the serositis resolved and renal function improved.

**Conclusion.** In the management of this case, a confounding factor was the presence of pyelonephritic abscesses on the initial CT scan, which were no longer visible on the two-week follow up CT. It is possible that the first CT scan primarily reflected the inflammatory state?

**Abstract Code: FDI24924-72**

**BARRIERE E FATTORI FACILITANTI PER L'ADOZIONE DELLA DOLL THERAPY NEI CONTESTI OSPEDALIERI: UNA REVISIONE NARRATIVA**

M. Oldani<sup>1</sup>, N. Orlacchio<sup>1</sup>, M.A. La Monica<sup>1</sup>, F. Vezzoli<sup>1</sup>

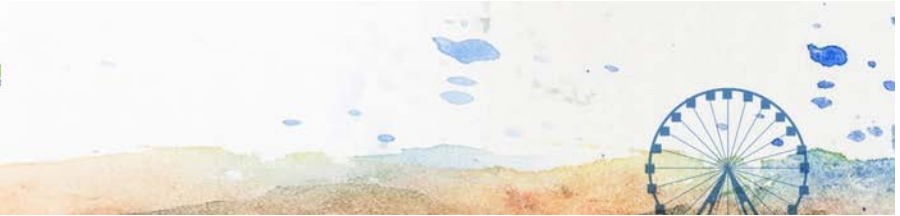
(1) ASST OVEST Milanese, Legnano (MI), Italy.

**Introduzione.** La Doll Therapy (DT) costituisce un intervento non farmacologico efficace nella riduzione dei sintomi comportamentali quali agitazione, irritabilità e apatia nelle persone affette da demenza; tuttavia, le esperienze di implementazione in ambito ospedaliero sono limitate. Obiettivo è identificare le barriere e i fattori facilitanti che influenzano l'adozione della DT nei contesti ospedalieri.

**Materiali e Metodi.** E' stata condotta una revisione narrativa interrogando le banche dati ILISI, PubMed, PsycInfo, Scopus, CINAHL, Joanna Briggs Institute, Cochrane Library, Embase e Web of Science, ricercando studi pubblicati tra il 01/01/2015 e il 15/10/2025, in lingua italiana e inglese.

**Risultati.** Sono stati inclusi 24 articoli. Sono emerse tre principali categorie di barriere: etico-culturali, organizzative e formative-relazionali, e tre categorie di fattori facilitanti: formazione e competenza relazionale degli operatori, organizzazione e supporto gestionale, coinvolgimento e collaborazione tra professionisti e caregiver.

**Conclusioni.** Una formazione infermieristica specifica che includa la DT nei percorsi universitari e di aggiornamento e l'inclusione dei caregiver riduce il timore di infantilizzazione del paziente; l'elaborazione di procedure e la partecipazione di volontari e associazioni potrebbe facilitare la diffusione della DT in ospedale.



**Abstract Code: FDI24633-69**

**GENDER DIFFERENCES IN COAGULATION PROFILE IN OBSTRUCTIVE CORONARY ARTERY DISEASE: RESULTS FROM AN ANGIOGRAPHICALLY CONTROLLED STUDY**

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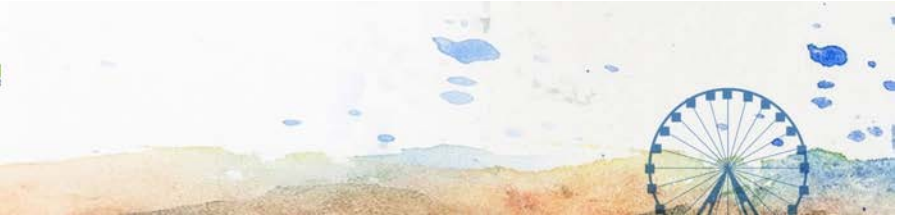
*(1) UO Medicina Interna, Ospedale Valli del Noce, Cles (TN), (2) UO Cardiologia, Ospedale Santa Maria del Carmine, Rovereto (TN), (3) Dipartimento di Medicina, Università degli Studi di Verona (VR), (4) Laboratorio Analisi, Azienda Ospedaliera Universitaria Integrata di Verona (VR), (5) Laboratorio Analisi, Ospedale Santa Maria del Carmine, Rovereto (TN), (6) Diagnostica Stago, Gennevilliers, Francia, (7) Direzione Generale, Azienda Provinciale per i Servizi Sanitari, Trento (TN), Italy.*

**Introduction.** Gender differences in ischemic heart disease are widely reported but remain still not fully understood. An extensive coagulation panel was conducted in clinically stable subjects with angiographically-demonstrated coronary artery disease (CAD) to investigate potential sex-based differences.

**Materials and Methods.** Obstructive CAD was defined as lumen stenosis >50% in at least one epicardial vessel. Subjects who were using oral anticoagulants or who had experienced a myocardial infarction within the past three months were excluded from this analysis. The coagulation panel included coagulant activity of factors II, V, VII, VIII, IX, X, XI, and XII, as well as global coagulation test, such as thrombin generation assay (TGA), and biomarkers of tissue factor (TF) pathway, like tissue factor pathway inhibitor (TFPI) and activated factor VII-antithrombin (FVIIa-AT) complex.

**Results.** The CAD group included 64 females and 257 males. Females were older, had lower body mass index (BMI) and higher LDL cholesterol plasma concentration. Compared to males, females presented significantly higher levels of coagulant activity of factors V, VII, XI, and XII, as well as higher levels of FVIIa-AT, but no difference in TGA parameters or TFPI. FVIIa-AT remained associated with female sex after adjustment for age, BMI, renal function, plasma lipids and coagulant activities by linear regression models.

**Conclusions.** females with CAD exhibit a different coagulation profile compared to their male counterpart, but no effect was observed on the overall TGA.



**Abstract Code: FDI24708-72**

**HYPERNATREMIA IN MULTIPLE MYELOMA-RELATED ACUTE KIDNEY INJURY NEEDS PROMPT EVALUATION FOR NEPHROGENIC DIABETES INSIPIDUS**

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**Introduction.** Multiple myeloma (MM) is frequently associated with renal impairment, electrolyte abnormalities, and susceptibility to infections. Coexistence of severe recurrent hypernatremia, acute kidney injury (AKI-KDIGO 2012), and a suspected paraneoplastic nephrogenic diabetes insipidus (NDI) is a rare diagnostic challenge.

**Description.** An 80-year-old patient with advanced MM and cardiac, renal and respiratory comorbidities was admitted with AKI (serum creatinine 2.95 mg/dL) and dehydration due to *Klebsiella oxytoca* urinary infection. Broad-spectrum antibiotics were initiated and then targeted. Despite infection control, patient developed recurrent hypernatremia (168–141 mOsm/L), hypokalemia, hypomagnesemia, and marked polyuria. Lab data, including serum (332 mOsm/Kg) and urinary (219 mOsm/Kg) osmolarity, urine output (3.5–4 L/day), and inadequate response to hypotonic fluids with K<sup>+</sup>/Mg<sup>+</sup> supplementation supported suspicion of NDI. Ultrasound excluded obstruction. Evidence-based differential diagnoses (osmotic diuresis, adrenal insufficiency, hypercalcemia, diuretics) were excluded. Malnutrition, anemia requiring transfusion, and heart failure contributed to clinical frailty, requiring individualized, nephrology-guided fluid management and sodium correction

**Conclusions.** Persistent hypernatremia in patients with MM-related AKI is an underrecognized complication warranting consideration of NDI. Identifying the polyuria-hypernatremia pattern provides a key diagnostic clue enabling early detection, and timely, tailored fluid and electrolyte management in this high-risk population

**Abstract Code: FDI24710-65**

## **SEASONAL BULLOUS RASH AS A MANIFESTATION OF SECONDARY PELLAGRA IN CHRONIC ALCOHOLISM**

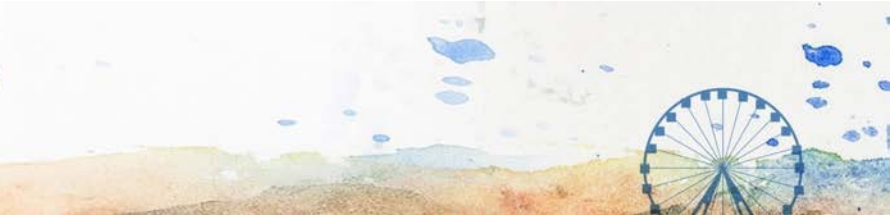
D. Palmeri<sup>1</sup>, A. Patti<sup>1</sup>, L. Ghattas<sup>1</sup>, L. Poli<sup>1</sup>, G. Eusebi<sup>1</sup>, A. Salemi<sup>1</sup>, L. Romano<sup>1</sup>, A. Mazzocchi<sup>1</sup>, P. Montanari<sup>1</sup>, A. Grassi<sup>1</sup>

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**Introduction.** Pellagra is a rare disease in industrialized world, but it can occur in patients with malabsorption states.

**Description.** A 65-year-old man experiencing homelessness with chronic alcoholism and progressive lower limbs weakness was admitted for a summer photosensitive bullous rash, peripheral neuropathy, macrocytic anaemia and retrocardiac pneumonia. He presented with malnutrition, electrolyte imbalance, marked hypoproteinaemia/hypogammaglobulinemia (IgG 481 mg/dL), consistent with advanced alcohol-related immune suppression and nutritional depletion. Skin lesions improved after supplementation therapy, supporting the diagnosis of pellagra. Other causes of bullous photosensitive eruptions, including porphyria, suspected because of increased urinary porphyrins (175.3 µg/24h), but ruled out after comprehensive biochemical tests in referred regional laboratory. Autoimmune blistering diseases and drug reactions at dermatologic follow up were further excluded. Neurological findings confirmed an axonal sensory neuropathy due to vitamin deficiencies and chronic alcohol toxicity. The patient improved with targeted vitamin supplementation, nutritional support, infection control and alcohol withdrawal.

**Conclusions.** In photosensitive dermatitis, especially when associated with diarrhoea, pellagra disorders with systemic involvement should be considered. Dermatologic, neurologic, hematologic and immune abnormalities are key clues to an underlying severe malnutritional state requiring prompt correction.



**Abstract Code: FDI25083-69**

## **AN UNEXPECTED SUICIDAL BEHAVIOUR IN ADVANCED CANCER: THE ROLE OF INTERNAL MEDICINE IN RECOGNIZING HIDDEN PSYCHOLOGICAL DISTRESS**

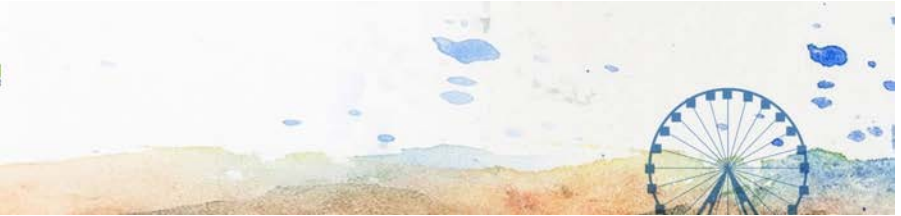
D. Palmeri<sup>1</sup>, A. Patti<sup>1</sup>, L. Ghattas<sup>1</sup>, L. Poli<sup>1</sup>, G. Eusebi<sup>1</sup>, A. Salemi<sup>1</sup>, L. Romani<sup>1</sup>, A. Mazzocchi<sup>1</sup>, A. Grassi<sup>1</sup>

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**Premises.** Suicidal behaviour in hospitalized patients of Internal Medicine wards with advanced cancer is a complex and underestimated issue. Frailty, chronic pain, disability and social impairment are silent triggers

**Description.** We report the case of a cognitive intact male patient with metastatic renal cell carcinoma (brain and bone involvement), admitted to our Internal Medicine ward for pain control and functional decline. At admission, the patient was cognitively intact, partially autonomous (Barthel Index 90), and used to live alone. During hospitalization, progressive mobility impairment, severe lower limb pain, infections including COVID-19 and Klebsiella urosepsis induce temporary suspension of radiotherapy, and a complicated discharge planning. Despite preserved insight and acceptance of care, patient expressed ambivalent thoughts about his loss of autonomy, prompting psychological support. Unexpectedly, he declares voluntary drug ingestion to suicide, requiring emergency treatment and multidisciplinary assessment including Internal Medicine, Psychiatry, Psychology, Emergency doctors, Social Services, and Physiotherapy

**Conclusions.** Suicidal behaviour in the absence of clear psychiatric red flags requires a holistic and multidisciplinary approach. Internal Medicine plays a pivotal role in early identification of psychological distress and in coordinating multidisciplinary interventions to ensure patient safety



**Abstract Code: FDI24694-76**

## **IN RARE CASES OF THE CHEST PAIN, THE LUNG TAKES PRECEDENCE OVER THE HEART**

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**Introduction.** Lymphangioliomyomatosis (LAM) is a rare, systemic neoplastic disease that is associated with cystic lung destruction, and abdominal tumors, including angiomyolipomas and lymphangioliomyomas. Dyspnea with daily activities, recurrent pneumothoraces develop in most patients within 10 years of symptom onset.

**Description.** We describe the case of a 19-year-old male who presented to the Emergency Department with acute chest pain and dyspnea. The patient is a heavy smoker and has a slender build. Physical examination revealed reduced breath sounds on the right hemithorax. Chest radiography demonstrated a right-sided spontaneous pneumothorax, which was promptly treated with chest tube insertion. We detected clinical improvement, so the patient is discharged with a recommendation for a pulmonary specialist visit. Post a week, the patient returned in ED with severe dyspnea, so he is undergoing a TC that shows multiple, diffuse, thin-walled pulmonary cysts involving both lungs, a radiological pattern highly suggestive of pulmonary LAM. Laboratory investigations are unremarkable, and no extrapulmonary manifestations are identified at the time of diagnosis. Based on the clinical presentation, characteristic imaging findings, a diagnosis of sporadic pulmonary LAM is considered.

**Conclusion.** This case highlights the importance of considering rare cystic lung diseases in young patients presenting with spontaneous pneumothorax and emphasizes the key role of chest computed tomography in the early recognition of pulmonary LAM, even in atypical male patients.

**Abstract Code: FDI24855-75**

## **PAIN MANAGEMENT IN OLDER ADULTS WITH COGNITIVE IMPAIRMENT IN ACUTE AND POST-ACUTE SETTINGS**

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**Introduction.** Pain in older adults with cognitive impairment is an under-recognised and under-treated critical challenge.

**Objective.** To compare pain detection and management in patients over 65 years of age with and without cognitive impairment in two settings: Internal medicine (acute) and long-term care (post-acute), highlighting differences in pain recognition and treatment.

**Materials and Methods.** The study included 55 patients (28 acute, 27 post-acute) with pain during hospitalisation. The following were analysed: cognitive history, screening with Pfeiffer Test during hospitalisation, Barthel Index (current vs. 30-day baseline), pain therapy protocols. Pain was assessed using the Verbal Rating Scale or Pain Assessment in Advanced Dementia for non-communicative patients.

**Results.** Both settings were homogeneous in terms of age and high initial dependency, which hospitalization had a significant impact on. The groups were homogeneous in terms of cognitive decline during hospitalization. The PAINAD scale effectively mitigated the risk of under-recognition, as indicated by the intensity of pain detected. Paracetamol was the most common treatment for breakthrough pain, while a higher rate of opioid initiation was observed in the acute setting.

**Conclusions.** It is essential to implement the use of multidimensional and observational pain assessment scales in all healthcare settings, training operators and caregivers. In this study inpatient pain therapy was correctly guided by pain intensity and was not influenced by cognitive decline.

**Abstract Code: FDI24984-78**

**MASSIVE EPISTAXIS AND NEUROLOGICAL DEFICIT: ATYPICAL PRESENTATION OF PARA-INFECTIOUS ARTERITIS AND CAROTID PSEUDOANEURYSM**

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**Introduction.** Endoscopic endonasal odontoidectomy is a complex procedure for treating atlanto-axial junction lesions. Like any surgical intervention, it carries risks of late infectious complications, such as para-infectious arteritis. Diagnosis is often delayed as symptoms may be subtle or mimic acute cerebral ischemia, postponing therapeutic intervention and leading to potentially fatal outcomes.

**Case Report.** A 77-year-old male presented to the emergency department 3 months after endoscopic odontoidectomy with intermittent epistaxis. Initial findings included asthenia, right upper limb weakness, and mild anemia; head Computed Tomography (CT) showed no acute ischemic lesions. During hospitalization, the patient developed sudden, massive, and uncontrollable epistaxis. Following stabilization and blood transfusions, CT Angiography revealed skull base para-infectious arteritis with clivus erosion and a left internal carotid artery pseudoaneurysm. This resulted in transient bleeding and a left temporo-fronto-parietal ischemic stroke. Blood cultures were positive for *Streptococcus costellatus*. The patient was treated with emergency endovascular placement of 3 flow-diverter stents and targeted antibiotic therapy, achieving progressive neurological recovery.

**Conclusion.** This case emphasizes the need for high clinical suspicion of para-infectious arteritis in patients with prior invasive skull base procedures. Early diagnosis, prior to the onset of ischemic or hemorrhagic complications, is critical. A multidisciplinary approach remains essential for managing these severe complications.

**Abstract Code: FDI25057-70**

**NEUROLOGICAL MANIFESTATIONS IN PATIENT WITH SYSTEMIC LUPUS ERYTHEMATOSUS AND SARCOIDOSIS: A CASE REPORT**

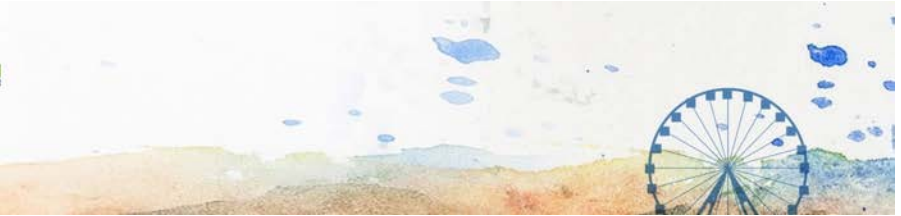
A. Parisi<sup>1</sup>, E. Marrone<sup>1</sup>, G. Di Monda<sup>1</sup>, F. Gallucci<sup>1</sup>, E. La Fata<sup>1</sup>, R. Buono<sup>1</sup>, D. Morelli<sup>1</sup>, U. Malgeri<sup>1</sup>, G. Maniscalco<sup>2</sup>, U. Valentino<sup>1</sup>

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**Background.** Systemic lupus erythematosus (SLE) and sarcoidosis are both complex autoimmune disorders with variable clinical manifestations. SLE is also commonly associated with neurological manifestations. We present a case of neurological manifestations in a patient with SLE and concomitant sarcoidosis.

**Case Report.** A 42-year-old woman, previously diagnosed with SLE and concomitant pulmonary sarcoidosis 3 years ago in treatment with oral corticosteroid therapy and hydroxychloroquine, presented to the emergency department for headache with visual disturbances. A magnetic resonance imaging (MRI) reveals multiple discrete white matter lesions in periventricular, cortical/subcortical junction, and frontal lobe and signs of intracranial hypertension. A cerebrospinal fluid analysis demonstrated elevated protein, but was negative for autoantibodies or signs of liquor infection. She has not been diagnosed with multiple sclerosis or neurosarcoidosis, but with probable neurological lupus and received treatment with high-dose corticosteroids and mycophenolate mofetil (MMF). She achieved remission with intravenous rituximab. She began appropriate multidisciplinary follow-up to monitor disease progression and rituximab-related adverse effects.

**Conclusion.** Neurological manifestations of SLE are common but extremely heterogeneous. Further well-designed clinical studies are needed to better understand the diagnosis and optimal treatment of neurological manifestations of SLE and its various subtypes.



**Abstract Code: FDI24663-72**

**INTRAVASCULAR DIFFUSE LARGE B-CELL LYMPHOMA WITH PERICORONARIC LOCALIZATION AND HYPOPITUITARISM**

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**Introduction.** Intravascular large B-cell lymphoma is a subtle rare and aggressive lymphoma characterized by proliferation of large neoplastic cells within blood vessels. Diagnosis is often post-mortem.

**Description.** An 89-year-old man was admitted with a month-long history of hypoxemia, fatigue, dyspnea, weight loss and night sweats. Recent hormonal tests had revealed secondary hypothyroidism and hypoadrenalism, and replacement therapy had been started. His history included elderly cardiomyopathy, and left bundle branch block. On examination he showed tachypnea and splenomegaly (18 cm on bedside ultrasound). Oxygen saturation was 94% on 2 L/min nasal oxygen. Blood tests revealed thrombocytopenia (41,000/ $\mu$ L), acute kidney injury (creatinine 2.37 mg/dL), elevated lactate dehydrogenase (1416 U/L), high N terminal brain natriuretic peptide (3318 pg/mL) and ferritin (2337 ng/mL). After three days his condition suddenly worsened, leading to severe respiratory failure and cardiorespiratory arrest. Autopsy showed multiorgan involvement by intravascular large B-cell lymphoma, especially in lungs, skin and spleen. Cardiac samples revealed a lymphomatous mass encasing the proximal left anterior descending artery. The pituitary gland was not included in the autopsy.

**Conclusion.** Intravascular large B-cell lymphoma may have subtle presentation with aspecific signs and symptoms related to confounding clinical pictures as pituitary or respiratory dysfunction, followed by rapid deterioration. It should be considered early in the differential diagnosis of unexplained systemic presentations.

**Abstract Code: FDI24625-70**

**TRATTAMENTO DELLO SCOMPENSO CARDIACO IN MEDICINA INTERNA: STUDIO  
OSSERVAZIONALE RETROSPETTIVO MONOCENTRICO**

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**Introduzione.** Lo scompenso cardiaco (SC) è causa frequente di ricovero in Medicina Interna; scopo dello studio è descrivere le caratteristiche dei pz ricoverati e le terapie adottate

**Materiali e Metodi.** n=149 pz ricoverati per SC nella Medicina Interna dell'Ospedale SSCD di Pescia (11/24-05/25); collezionati dati anamnestici, clinico-umorali e strumentali, fenotipizzando i pz in base alla frazione di eiezione (FE). Outcome valutati: degenza mediana, rispedalizzazione per SC e mortalità

**Risultati.** Età mediana 85 anni, 95% fragile (mediana 5 comorbidity); degenza mediana 7 giorni, mortalità 19%, riospedalizzazioni a un mese 11%. SC de novo nel 45%. Fenotipo prevalente a EF preservata (HFpEF), 46%; SC a FE ridotta (HFREF) 31% e lievemente ridotta (HFmrEF) 23%. Terapie prescritte (ammissione vs dimissione): iACE/ARB 49% vs 50%, p<0.001; ARNI 4% vs 10%, p<0.001;  $\beta$  bloccanti 60% vs 79%, p<0.001; MRA 29% vs 58%, p 0.002; SGLT2-I 14% vs 31%, p<0.001; 4 pilastri nei pz HFREF 7% vs 44%, p 0.04. Terapia con SGLT2-I correlava con HFREF (p <0.001), BNP elevato (p 0.03), diabete (p 0.05), CKD G3 (p 0.02), ARNI,  $\beta$  bloccante e MRA (p <0.001) e inversamente con età (p 0.004)

**Conclusioni.** In questa coorte di anziani fragili e comorbidi la terapia raccomandata per lo SC è mantenuta alla dimissione, con inerzia terapeutica nei pz più anziani e con grave compromissione renale, evidenziando la difficoltà di applicazione delle linee guida nei pz più complessi

**Abstract Code: FDI25008-66**

**CLINICAL AND THERAPEUTIC IMPLICATIONS OF *HELICOBACTER PYLORI* ASSOCIATED MALT LYMFOMA TRASFORMING INTO PRIMARY GASTRIC DIFFUSE LARGE-B CELL LYMPHOMA**

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**Introduction.** Primary gastric lymphomas primarily include low-grade MALT B-cell lymphoma and diffuse large B-cell lymphoma, classified as pure lymphoma and transformed MALT lymphoma. Current guidelines recommend bacterial eradication of *Helicobacter pylori*, the role of which has been widely demonstrated. Case report of a patient with gastric large B-cell lymphoma that regressed after *H. pylori* eradication.

**Description.** A 69-year-old male with hypertensive heart disease with preserved LVEF, mitral valve sclerosis, and bladder cancer sequelae. Dyspepsia with epigastric pain unrelated to meals for over 4 weeks. Positive for *Helicobacter pylori* fecal antigen. Esophagogastroduodenoscopy revealed a circumferential lesion in the antrum, bleeding over 10 cm, compatible with diffuse large B-cell lymphoma. Whole-body CT and PET scans revealed no lesions. After eradication therapy with quadruple bismuth, a follow-up endoscopic examination after 4 weeks revealed only a small antral scar with histology consistent with chronic atrophic gastritis with complete intestinal metaplasia and B- and T-cell infiltrate with nodular aggregates.

**Conclusions.** Hematological evaluation ruled out treatment for lymphoma. Endoscopic and clinical follow-up was scheduled for 3 months. Gastric diffuse large B-cell lymphoma with a MALT component can regress after HP eradication in 50-70% of cases. The ability to induce remission of DLBCL, which is more aggressive than MALT lymphoma, with antibiotic therapy, without chemoimmunotherapy, represents an advantage for patients and for healthcare resources utilized.



**Abstract Code: FDI25011-60**

**REGIONE TOSCANA: UNA LEGGE SULL'INNOVAZIONE DIGITALE E SUI DIRITTI DI  
CITTADINANZA DIGITALE AL PASSO CON I TEMPI E LE SFIDE DI OGGI.  
IL CONTESTO IN CUI SI COLLOCA LA LEGGE E LE NOVITÀ INTRODOTTE**

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La Regione Toscana si conferma un laboratorio di innovazione normativa e di processo con la Legge Regionale 9 dicembre 2024, n. 57. Il provvedimento, che aggiorna la L. R. 54/2009 sul sistema informativo regionale e sul coordinamento delle infrastrutture e dei servizi digitali, rappresenta una visione strategica per il futuro digitale della Toscana. In un contesto di trasformazione accelerata, la Regione punta a governare il cambiamento e a trasformarlo in un motore di sviluppo inclusivo e sostenibile per cittadini, imprese, pubbliche amministrazioni e comunità locali. La Legge 57/2024 nasce dalla consapevolezza che l'innovazione digitale non è un fine, ma uno strumento per migliorare la qualità della vita, rafforzare il tessuto economico, rendere più efficiente la PA e promuovere una società equa e partecipativa. Il testo si articola su due direttrici: la promozione dell'innovazione digitale attraverso un presidio regionale basato su infrastrutture e piattaforme, e la tutela dei diritti di cittadinanza digitale per garantire inclusione ed equità, con attenzione alle aree periferiche. Un ruolo centrale è attribuito alla sanità digitale, essenziale per modernizzare il Servizio Sanitario Regionale tramite strumenti come il Fascicolo Sanitario Elettronico 2.0 e la "Connected Care", che integra ospedale e territorio, potenzia telemedicina e assistenza domiciliare e favorisce una gestione più sicura e collaborativa dei dati clinici. La condivisione delle informazioni consente una migliore prevenzione e cura, assicurando servizi omogenei e accessibili su tutto il territorio.

**Abstract Code: FDI24987-81**

## **PARANEOPLASTIC SYNDROME AS A CAUSE OF ECTOPIC ACTH-DEPENDANT CUSHING SYNDROME**

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**Introduction.** Cushing syndrome results from prolonged exposure to glucocorticoids due to exogenous steroid use or endogenous cortisol overproduction and about 6 to 10% of cases of endogenous Cushing syndrome are sustained by ectopic ACTH production. Non-pituitary neuroendocrine tumours (NETs) are a rare cause of Cushing syndrome with challenging diagnosis since NETs can remain undetected for years.

**Description.** A 69 yo female with an history of diabetes, high blood pressure and depression was admitted to the hospital with severe hypokalaemia. Uncontrolled hypertension, moon face and acute psychosis were also present. Late night salivary cortisol and the overnight 1 mg dexamethasone suppression test confirmed hypercortisolism. Plasma ACTH >100 pg/mL indicated ACTH-dependent Cushing syndrome. DDAVP stimulation test and overnight 8mg dexamethasone suppression test both failed in differentiating between pituitary and ectopic aetiology. Pituitary MRI excluded macroadenomas. Whole-body imaging was performed: 68Ga-DOTATOC PET raised the suspicion of a pancreatic NET and EUS-guided biopsy enabled the diagnosis. Therapy with a steroidogenesis inhibitor was started.

**Conclusions.** Pancreatic NETs in 30% of cases produce peptide hormone involved in paraneoplastic syndrome. Hypokalaemia is a clue to diagnosis for paraneoplastic Cushing syndrome, mainly if associated with recent onset or exacerbations of hypercortisolism-related symptoms. Assessment of serum cortisol levels and whole-body imaging when appropriated are key in the workup of hypokalaemia to rule out a paraneoplastic aetiology.

**Abstract Code: FDI24736-73**

## **RETROPERITONEAL ABSCESS COMPLICATING URINARY TRACT INFECTION DUE TO ESCHERICHIA COLI: A CLINICAL CASE**

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**Introduction.** Retroperitoneal abscess is a rare but potentially severe complication of urinary tract infections. Clinical presentation is often insidious and may mimic other abdominal conditions. Computed tomography is the gold-standard examination for early diagnosis.

**Description.** A 78-year-old woman with a medical history of hypertension and cholecystectomy was hospitalized for fever, dysuria, and mild abdominal pain. In the preceding days, she had started antibiotic therapy at home after a urine culture grew *Klebsiella pneumoniae* and *Escherichia coli*. Laboratory tests showed leukocytosis and elevated C-reactive protein. Repeated urine and blood cultures were negative. Empiric antimicrobial therapy with broad-spectrum antibiotics was initiated. The clinical picture progressed toward sepsis. A contrast-enhanced abdominal CT scan revealed a large fluid abscess (15×9×22 cm) between the posterolateral margin of the liver and the abdominal wall. The patient was subsequently admitted to the surgical department and underwent exploratory laparoscopy with abscess drainage. A sample of purulent material was sent for culture and was positive for *E. coli*. After drainage and antibiotic therapy, the patient gradually improved, with progressive normalization of inflammatory markers.

**Conclusions.** In elderly patients with comorbidities, urinary tract infections may evolve into retroperitoneal abscesses. Multidisciplinary management, including targeted antibiotic therapy, interventional radiology, and, when necessary, surgery, is essential to achieving infection control and reducing morbidity and mortality.

**Abstract Code: FDI24921-69**

## **WHEN MUSCLE BREAKDOWN RESULTS IN KIDNEY FAILURE: A DIAGNOSTIC CHALLENGE**

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**Introduction.** Rhabdomyolysis complicated by acute kidney injury (AKI) is a rare but severe manifestation of untreated primary hypothyroidism.

**Description.** A 21-year-old man with no known risk factors and a history limited to sinus bradycardia presented with a 10-day history of asthenia and diffuse myalgias. Physical examination showed bilateral calf tenderness. Laboratory tests revealed markedly elevated creatine phosphokinase, myoglobin and CK-MB levels, hypertransaminasemia, acute kidney injury and severe primary hypothyroidism (TSH>100  $\mu$ U/mL with suppressed thyroid hormones) with positive anti-thyroglobulin and anti-thyroidperoxidase antibodies. Urinalysis demonstrated myoglobinuria without erythrocytes. Arterial blood gas analysis showed mild metabolic acidosis. Abdominal ultrasonography excluded acute pathology, while cervical ultrasonography was consistent with chronic autoimmune thyroiditis. After excluding traumatic, exertional, infectious, compressive, drug-related and electrolyte-related causes, a diagnosis of rhabdomyolysis complicated by AKI secondary to autoimmune hypothyroidism was made. Treatment with aggressive intravenous fluid and oral levothyroxine led to progressive normalization of muscle enzymes, renal function and thyroid hormone levels.

**Conclusions.** This case illustrates that hypothyroidism, although common, may rarely present with severe rhabdomyolysis and AKI. Thyroid function testing should be included in the diagnostic work-up of unexplained rhabdomyolysis and acute kidney injury.

**Abstract Code: FDI25038-69**

**A RARE CASE OF PENILE GRANULOMATOSIS WITH POLYANGITIS: CASE REPORT AND MULTIDISCIPLINARY APPROACH OF MEDICAL HOSPITALIST COMANAGEMENT IN UROLOGY**

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**Introduction.** This case report describes a rare case of granulomatosis with polyangiitis (GPA) with penile involvement, occurring in approximately 1% of patients. The case illustrates the need for a coordinated multidisciplinary approach, encompassing immunosuppressive therapy, rigorous infection control, surgical management, and hyperbaric oxygen therapy (HBOT) to support wound healing.

**Description.** a 34-year-old male with a history of systemic GPA who presented with dysuria, pyuria, and penile edema. He was admitted to the Urology Department, where was evaluated by urologists and hospitalist. Blood and urine cultures were negative. Imaging revealed edematous penile tissues and a dorsal penile abscess that progressed into a necrotic ulcerative lesion. Histopathological examination confirmed necrotizing vasculitis consistent with GPA. The patient underwent escharotomy and split-thickness skin grafting, which failed due to local infection with methicillin-resistant *Staphylococcus aureus* (MRSA) and persistent vasculitic activity. Antimicrobial therapy, corticosteroid-based immunosuppression, and hyperbaric oxygen therapy (HBOT) were subsequently initiated. HBOT was associated with progressive secondary-intention wound healing.

**Conclusions.** penile involvement in granulomatosis with polyangiitis (GPA) poses a significant diagnostic and therapeutic challenge, demanding a multidisciplinary approach. Prompt recognition, intensive immunosuppressive therapy, rigorous infection control, and the use of adjunctive hyperbaric oxygen therapy (HBOT) may improve clinical outcomes.

**Abstract Code: FDI24940-70**

## **CEREBRAL THROMBOSIS IN INFLAMMATORY BOWEL DISEASE: CASE REPORT AND NARRATIVE REVIEW OF PUBLISHED ADULT CASES**

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**Introduction.** Cerebral thrombosis is an uncommon but clinically relevant complication of inflammatory bowel disease (IBD). Evidence is limited to isolated case reports and suggests a multifactorial process mainly related to intestinal inflammation and systemic clinical factors. This study presents a case of cerebral venous thrombosis in a patient with chronic inflammatory colitis and compares it with previously published reports.

**Description.** We report a 44-year-old woman with chronic inflammatory colitis who developed left sigmoid sinus thrombosis complicated by intracerebral hemorrhage during estrogen-progestin therapy. Thrombophilia testing revealed Lupus Anticoagulant positivity and homozygous MTHFR mutation. A narrative review identified sixteen case reports published between 2005 and 2022, describing eighteen adult patients with IBD-associated cerebral thrombosis. Most patients were female and developed neurological events during active intestinal disease, often associated with anemia, dehydration or other clinical risk factors. Cerebral venous thrombosis was the predominant presentation, whereas arterial events were rare. Anticoagulation represented the main therapeutic approach.

**Conclusions.** Cerebral thrombosis in IBD appears to result mainly from disease activity and systemic factors, while individual prothrombotic abnormalities were inconsistently reported and likely act as additional contributors. Comparison with published cases highlights recurring clinical patterns and supports prompt neurological evaluation in IBD patients with new neurological symptoms.

**Abstract Code: FDI24781-73**

**ABDOMINAL AORTIC DISSECTION ASSOCIATED WITH HYPERALDOSTERONISM: A CASE REPORT AND REVIEW OF EMERGING EVIDENCE**

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**Introduction.** Primary aldosteronism (PA) is a common and potentially curable cause of secondary hypertension associated with increased cardiovascular morbidity and mortality beyond blood pressure levels. Aldosterone excess contributes to vascular damage through pro-inflammatory, pro-fibrotic and remodeling effects on the arterial wall. An association between PA and aortic diseases has been increasingly reported but remains underrecognized in clinical practice.

**Case Report.** We report a case of a 52-year-old woman referred due to acute abdominal and lower limb pain with detection of a subrenal aortic dissection on CT scan. Given her young age and newly diagnosed hypertension, a secondary cause was investigated. An elevated aldosterone-to-renin ratio was detected and autonomous aldosterone secretion was confirmed by saline infusion test. Review of imaging revealed a left adrenal nodule. Adrenal vein sampling showed significant left-sided lateralization. The patient was deemed eligible for left adrenalectomy. Following surgery, she progressively reduced antihypertensive therapy. Genetic analysis showed a germline mutation in *CLCN2*, indicative of familial hyperaldosteronism type II.

**Conclusion.** This case supports the emerging link between primary aldosteronism and aortic dissection, suggesting that aldosterone excess may play a direct pathogenic role in aortic wall vulnerability, independently of hypertension severity. Screening for PA should be considered in patients with aortic dissection and hypertension, as early diagnosis and targeted treatment may reduce the risk of severe cardiovascular complications.

**Abstract Code: FDI24729-75**

## **CYTOKINE RELEASE SYNDROME INDUCED BY GLOFITAMAB IN A PATIENT WITH HIGH-GRADE NON-HODGKIN LYMPHOMA: A CASE REPORT**

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**Introduction.** High-grade non-Hodgkin lymphoma (NHL) with MYC and BCL2 rearrangements is a rare, aggressive malignancy that often requires intensive treatment. Glofitamab, a bispecific antibody, has emerged as a promising therapy for refractory NHL. Cytokine release syndrome (CRS) is a serious complication associated with bispecific antibodies. To our knowledge, we report the first case worldwide of CRS induced by Glofitamab.

**Description.** A 62-year-old male with NHL was initially treated with first-line chemotherapy, achieving complete remission. In April 2025, he developed a rapid relapse with severe myopericarditis due to myocardial infiltration. After failure of second-line therapy, Glofitamab was initiated in June 2025, leading to significant clinical improvement with regression of NHL. After the third cycle of Glofitamab, the patient was admitted to our department with fever and dysuria. A diagnosis of *Klebsiella pneumoniae* ESBL urinary tract infection was made, and the patient was treated with meropenem. Despite resolution of the infection, persistent febrile episodes and elevated IL-6 levels suggested the development of CRS. Steroid therapy (1 mg/kg methylprednisolone) was initiated, resulting in rapid defervescence and normalization of IL-6 levels.

**Conclusions.** This case highlights CRS as a possible complication of Glofitamab therapy. Given the increasing use of bispecific antibodies in the treatment of malignancies, CRS is likely to become an emerging issue. Early corticosteroid intervention proved effective in managing this inflammatory response.

**Abstract Code: FDI24877-79**

## **QUALITY OF LIFE AND COPD: THE ROLE OF TELENURSING IN NURSING CARE.**

### **A LITERATURE REVIEW**

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**Introduction.** Chronic obstructive pulmonary disease (COPD) is a chronic and progressive condition that reduces quality of life. Its management requires continuity of care, therapeutic education, and multidisciplinary support. Telenursing—nursing care delivered remotely through telemedicine—has emerged as a strategic tool for home monitoring, patient empowerment, and optimization of care pathways. The aim is to analyze the effectiveness of telenursing in improving the quality of life of adults with COPD, evaluating its benefits, limitations, and key elements for success.

**Materials and Methods.** A literature review was conducted in PubMed and CINAHL (2020–2025). The research question was formulated using the PICO framework, with defined inclusion and exclusion criteria.

**Results.** 869 articles identified, 10 were included. Telemonitoring, videoconferencing, apps, and wearable devices improved quality of life, symptom management, and therapeutic adherence. Some studies did not show significant differences compared with traditional care, particularly in the absence of active clinical support. Consistently positive outcomes included increased patient safety, reduced hospital admissions, and greater autonomy.

**Conclusions.** The most effective interventions are interactive and integrated into multidisciplinary care pathways. Quality of life improves not only through symptom reduction but also when patients perceive continuous support and assume a central role in their care. Telenursing is a promising approach but should be embedded within a person-centered care model.

**Abstract Code: FDI24711-66**

## **DYING OF LAUGHTER! A RARE CASE REPORT OF SEINFELD SYNDROME**

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**Introduction.** Seinfeld syndrome or Laughter-induced syncope, is a rare subset of neurally mediated syncope due to specific triggers, such as coughing, micturition, or swallowing, that cause a paroxysmal vagal reaction with consequent bradycardia or hypotension and brain hypoperfusion.

**Case Report.** A 37 year-old woman, no smoker, no alcohol drinker, obese since her second pregnancy (BMI 30), presented to our Department for a syncopal episode triggered by a vigorous laugh, the last of referred repeated events when she strongly laughing, onset after her second discharge. The episode was brief and followed by complete spontaneous recovery within a time of about 3 minutes as referred by her mother. Cardiovascular and neurological evaluations were normal. Her brain computed tomography, ECG and echocardiogram resulted normal, while her 72-h heart monitor showed a further episode of syncope induced by laughter. Her routine blood investigations, including a full blood count, renal profile, electrolytes, thyroid function tests, and glucose levels, were all within normal limits. Due to the temporal association with laughter, we diagnosed a Seinfeld syndrome. The patient was advised against having an extensive laugh, especially outside the house, as this could trigger a blackout. A six-month follow-up the patient experienced no further episodes after avoiding excessive laughter.

**Conclusions.** The uncommon Seinfeld syncope represents a rare and intriguing subset of situational syncope, which is very important to identify and diagnose so as to provide the appropriate patient management.

**Abstract Code: FDI24704-68**

## **TRATTAMENTO DELLE LESIONI CUTANEE CON LUCE BLU. UNA REVISIONE DELLA LETTERATURA**

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**Introduzione.** e obiettivo dello studio: Le lesioni cutanee croniche impattano negativamente sulla salute generale e sulla qualità di vita di chi ne è affetto. Sono caratterizzate da una lenta evoluzione e da una resistenza a trattamenti convenzionali. Negli ultimi anni l'impiego della luce blu ha suscitato crescente interesse per le sue potenziali proprietà antibatteriche, antinfiammatorie e biostimolanti. Obiettivo dello studio è revisionare la letteratura per valutare l'efficacia della luce blu come trattamento per la gestione delle lesioni cutanee.

**Materiali e Metodi.** E' stata condotta una revisione della letteratura, reperiti gli articoli utilizzando le principali banche dati. Sono state utilizzate le parole chiave: "Wound care", "Photobiomodulation", "blue light", "ulcer". Sono stati applicati i criteri di inclusione ed esclusione.

**Risultati.** 17 studi sono stati inclusi nella revisione. La fotobiomodulazione con luce blu favorisce la riduzione dell'infiammazione locale e stimola i processi di rigenerazione tissutale; contribuisce alla riepitelizzazione e alla formazione di tessuto di granulazione, ha effetto antibatterico.

**Conclusioni.** La fotobiomodulazione con luce blu, risulta essere un trattamento innovativo e promettente nello scenario clinico del wound care, se utilizzata da personale sanitario specializzato. La letteratura sottolinea la necessità di ulteriori studi su larga scala per confermare l'efficacia e definire i protocolli terapeutici standardizzati. Attualmente, la luce blu rappresenta un trattamento complementare da integrare alla terapia standard.

**Abstract Code: FDI24689-80**

**EVALUATING WIRELESS VITAL PARAMETER CONTINUOUS MONITORING FOR CRITICALLY ILL PATIENTS HOSPITALIZED IN INTERNAL MEDICINE UNITS: A PILOT RANDOMIZED CONTROLLED TRIAL**

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**Introduction.** Wireless Vital Parameter Continuous Monitoring (WVPCM) allows continuous tracking of patient vital parameters, facilitating earlier detection of clinical deterioration. Aim is to evaluate the effectiveness of use WVPCM compared to standard of care (SoC) in critical ill patients in Internal Medicine ward. Investigation of the attitude of health professionals toward use of new technologies was also carried out.

**Materials and Methods.** Light Monitor Study (LIMS) is a prospective, open-label, randomized, multi-center pilot trial comparing WVPCM and SoC during the first 72 hospitalization hours. Main outcomes: major complications. Study was planned to enroll 296 critically ill patients (MEWS  $\geq 3$  and/or NEWS  $\geq 5$ ) and qualitative survey of healthcare staff.

**Results.** Due to COVID outbreak study was early interrupted. 135 patients (WVPCM=68; standard care=67) were randomized. No statistically significant differences between WVPCM and SoC were observed for major complications (31.2% vs. 37.5%,  $p=0.577$ ), in-hospital mortality (11.1% vs. 17.5%,  $p=0.309$ ), hospital length of stay (10 vs. 9 days,  $p=0.463$ ). WVPCM decreased nursing workload. Median time spent on detection of vital signs was 0 minutes/patient/day compared to 24.4 minutes ( $p<0.001$ ) in the control group. 22% of patients (15/68) experienced discomfort with the device.

**Conclusions.** Reduced sample size does not allow us to affirm superiority of WVPCM over SoC. Opinions on the wireless device for patient monitoring were favorable considering WVPCM clearly superior to traditional in-person visits and easy to use.

**Abstract Code: FDI24536-71**

**PRE-/POST-LYSIS PAPS CORRELATION: "PROMPS" STUDY. COMPARATIVE ANALYSIS IN 30 PATIENTS WITH VENOUS THROMBOEMBOLISM. THREE-YEAR EXPERIENCE (2023-2025)**

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**Introduction.** The "PROMPS" study, an acronym for "Pre/post-lysis Systolic Pulmonary Arterial Pressure," enrolled 30 patients, aged 48 to 82, with venous thromboembolism admitted between January 2023 and December 2025. The initial clinical picture was characterized by severe respiratory failure (pO<sub>2</sub> <60 mmHg) and hemodynamic instability (SBP <90 mmHg). All patients underwent: contrast-enhanced thoracoabdominal-pelvic CT; pulmonary angiography with local-regional fibrinolysis associated with mechanical thrombectomy; Pre-lysis and 30-day post-lysis echocardiography with measurement of systolic pulmonary artery pressures. The "PROMPS" study has the following

**Objectives.** 1) To verify any relationships between pre-lysis PAP values and 30-day post-lysis PAP values; 2) To verify the statistical significance found by applying the parametric Student's t-test.

**Materials and Methods.** The Student t-test calculates the relative value (VR) of the t-index to be associated with the difference found according to the following formula:  $t = (M1-M2) / \sqrt{DS12 / N1 + DS22 / N2}$ .

**Results.** The Student t-test shows a highly significant correlation (p<0.001) of the two variables examined (Pre-lysis PAP values and post-lysis PAP values at 30 days). In fact, the "t" value obtained is 5.14 and the VC (critical value) of "t" for p=0.001 is 3.65 with GL=29.

**Conclusions.** The "PROMPS" study demonstrated that in the group of 30 patients with venous thromboembolism, there was a highly significant correlation between the two variables considered: pre-lysis PAPs and post-lysis PAPs.

**Abstract Code: FDI24540-66**

**INCIDENTAL VENOUS THROMBOEMBOLISM IN 30 CANCER PATIENTS: ROLE OF THE KHORANA SCORE: "RASCO STUDY". FIVE-YEAR EXPERIENCE (2021-2025)**

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**Introduction.** The "RASCO" study, an acronym for "khoRAna SCORe and cancer," enrolled 30 patients with incidental complete venous thromboembolism and cancer between January 2021 and December 2025. The "RASCO" study has the following

**Objectives.** 1) to verify any existing relationships between the Khorana score values and venous thromboembolism; 2) to verify the statistical significance to determine whether the relationships between the variables considered are due to chance.

**Materials and Methods.** For analysis was performed the Cochran's Q test. To calculate  $\chi^2$ , the following formula is used:  $\chi^2 = (k-1)[(k x) - y^2] / (k y) - z = 20.95$ . "k" indicates the 3 variables considered: "VTE," "DVT," and "PE," which correspond to the patient classes of "VTE" (complete venous thromboembolism), "DVT" (deep vein thrombosis), and "PE" (pulmonary embolism), "x" indicates the total squares of the 3 variables considered. "y" indicates the total clinical conditions. "y<sup>2</sup>" indicates the square of the total clinical conditions. "z" indicates the total squares.

**Results.** The Cochran's Q test shows that the clinical situation of "VTE" observed in all patients assumes a high statistical significance since the relative value (RV) of the  $\chi^2$  obtained is 60 with Degrees of Freedom (DF) = 2 and the critical value (CV) of the  $\chi^2$  for p = 0.001 is 13.816. The differences in choice are highly significant at p < 0.001.

**Conclusions.** The "RASCO" study demonstrated that there is a highly significant correlation between the Khorana score and the severity of the venous thromboembolism.

**Abstract Code: FDI24965-77**

## **DIAGNOSI DI PRODROMAL-BODY LEWY DEMENTIA COME PARADIGMA DI COMPLESSITÀ INTERNISTICA**

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**Introduzione.** L'esordio rapidamente evolutivo di sintomatologia neuro-psichiatrica, imputabile anche ad eziologia organica o a demenza in fase prodromica, richiede un accurato approccio diagnostico, con rilevanti ricadute clinico-assistenziali. Presentiamo il caso di un uomo di 62 anni ricoverato nel nostro reparto di Medicina Interna per rapido declino cognitivo-funzionale, inizialmente ascritto alla sfera psichiatrica (ansia, insonnia, alterazioni comportamentali).

**Descrizione.** Nel sospetto di demenza rapidamente progressiva, il work-up diagnostico ha prioritariamente escluso cause infettive, autoimmuni o paraneoplastiche, con indagini siero-liquorali ed imaging morfologico risultati negativi. L'imaging funzionale (FDG-PET encefalo e DATSCAN) evidenziava invece pattern tipico di neurodegenerazione, in quadro di parkinsonismo concorde con il riscontro di rigidità e plurime cadute. Fluttuazioni cognitive, agitazione psicomotoria, ideazione delirante, sundowning con wandering notturno e sogni vividi disturbanti risultavano inoltre coerenti con fase prodromica di Body Lewy Dementia. La valutazione neuropsicologica documentava infine declino cognitivo con compromissione delle abilità visuo-spaziali, con conferma della diagnosi e avvio di terapia con inibitori dell'acetilcolinesterasi.

**Conclusioni.** Anche in presenza di sintomatologia apparentemente psichiatrica, una valutazione integrata consente una diagnosi tempestiva e una più appropriata pianificazione dei percorsi di cura, confermando il ruolo centrale della Medicina Interna nella gestione della complessità clinica.

**Abstract Code: FDI24884-77**

**REFRACTORY SEVERE HYPOKALEMIA IN SUSPECTED RARE PARANEOPLASTIC  
HYPERALDOSTERONISM IN A MALNOURISHED CANCER PATIENT: A CASE REPORT**

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A 68-year-old woman was admitted for severe hypokalemia (HK) (1.7 mmol/L), fatigue, weight loss, resistant hypertension, and metabolic alkalosis (pH 7.537, HCO<sub>3</sub> 51). She had a history of pharyngeal adenocarcinoma with low oral food intake and malnutrition. Iatrogenic causes were ruled out, excluding the use of diuretics or other medications associated with HK, as well as gastrointestinal losses. Chronic hypertension was uncontrolled despite multiple therapies: beta-blockers, amlodipine, ACE inhibitors, and alpha-blockers, all at maximum doses. High doses of intravenous (IV) and oral potassium chloride were administered, in combination with magnesium sulfate and IV artificial nutrition. Despite several days of high-dose potassium supplementation, no significant change was observed, and potassium levels remained persistently very low (ranging from 1.7 to 2.1 mmol/L). Renin levels and aldosterone, performed while on ACE inhibitor therapy, was within the normal range. Cortisol, ACTH, TSH, and urine electrolytes were all within normal limits. Total body tomography and PET were negative for detection of adrenal glands masses or systemic metastases.

**Conclusions.** “Ex adiuvantibus”, we introduced a mineralocorticoid receptor inhibitor (MRA), canrenone, which led to rapid correction of hypokalemia and hypertension control (NIBP: 182/110 to 140/70). In the absence of proven hyperaldosteronism, but with a clear response to MRA, we suspected a paraneoplastic syndrome with hyperaldosteronism or an aldosterone-like mediator associated HK, in combination with low potassium intake in malnutrition.

**Abstract Code: FDI24975-78**

## **UNA GRAVIDANZA "SOTTO PRESSIONE": UN CASO DI SORVEGLIANZA PRESSORIA E VASCOLARE NELL'ARTERITE DI TAKAYASU**

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**Introduzione.** La vasculite di Takayasu comporta un aumento del rischio di ipertensione arteriosa, fatto che nelle donne in età fertile può comportare rischio di gestosi gravidica. Come monitorare queste pazienti?

**Caso Clinico.** Donna 34 anni alla 20 settimana gestazionale, affetta da arterite di Takayasu con coinvolgimento aortico, carotideo, succlavio, ascellare in terapia con infliximab. Il ginecologo si rivolge allo specialista di medicina interna perchè non risulta affidabile, a causa delle stenosi arteriose, il monitoraggio pressorio consueto e come controllare la paziente in vista del parto.

**Conclusioni.** Le vasculiti comportano rischio di complicanze multiorgano, le pazienti con vasculite in gravidanza necessitano di una collaborazione multidisciplinare in cui lo specialista di medicina interna contribuisce in maniera essenziale alla gestione delle comorbidità.

**Abstract Code: FDI24720-66**

**CEFALEA, DOLORE PELVICO, INSUFFICIENZA RENALE E RIDUZIONE DELLA PERFORMANCE SPORTIVA: I MILLE VOLTI DEL MIXEDEMA**

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**Introduzione.** Maschio, 22 anni, pesista amatoriale, accede in PS per dolore pelvico, cefalea, sensazione di “viso gonfio”, astenia con riduzione della performance in allenamento. Nega assunzione di anabolizzanti/integratori. Esami ematici: creatinina 1,66, ALT 221, LDH 395, CPK 1465. TC addome: ispessimento ed imbibizione del tessuto adiposo addominale, modica ascite pelvica, linfonodi reattivi in sede inguinale. ECG: spiccata bradicardia sinusale. Ecocardiografia: eucinesia biventricolare, non valvulopatie, lieve versamento pericardico.

**Descrizione.** Riconfermato in Medicina Interna: Esegue approfondimento laboratoristico di secondo livello, tutto nella norma eccetto: TSH 404, FT3 0.39, FT4 0.9, anticorpi anti perossidasi tiroidea 255 e anti-tireoglobulina > 4000. Ecografia tiroidea: Tiroide in sede, aumentata di dimensioni, diametro A/P di 25 mm circa in entrambi i lobi e 12,5 mm all'istmo; ecostruttura ipoecogena con vascolarizzazione scarsa o nulla nelle porzioni più centrali e profonde e presenza di segnali di flusso nelle porzioni più periferiche; linfadenopatia reattiva in sede latero-cervicale. Diagnosi di ipotiroidismo in tiroidite di Hashimoto. Trattato con levotiroxina (1,5 µg/Kg/die). Dopo quasi 2 mesi di terapia normalizzazione di creatinina, CPK, ALT e riduzione del TSH. Riferito calo ponderale di 8 Kg, risoluzione di cefalea e algie pelviche con piena ripresa dell'attività pesistica.

**Conclusioni.** L'ipotiroidismo può manifestarsi in modo molto variegato e polimorfo. Importante, soprattutto data la giovane età, escludere anche quadri polighiandolari autoimmuni.

**Abstract Code: FDI24959-80**

## **WHEN INGUINAL PAIN IS NOT ABDOMINAL: A DIAGNOSTIC CHALLENGE IN INTERNAL MEDICINE**

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**Introduction.** Inguinal and suprapubic pain is most frequently related to abdominal, urological or musculoskeletal disorders. Rare causes are often overlooked, particularly when early imaging studies are inconclusive, leading to prolonged diagnostic pathways.

**Description.** A 40-year-old man presented repeatedly to the emergency department with persistent right inguinal and suprapubic pain, progressive functional limitation and low-grade fever, initially suggesting an abdominal etiology. Laboratory tests and abdominal computed tomography (CT) scans failed to identify a clear cause. Inflammatory markers gradually increased, while repeated blood cultures remained negative. Empirical antibiotic therapy did not result in clinical improvement. Due to the persistence of symptoms, imaging studies were reconsidered in a multidisciplinary setting, revealing subtle osteolytic changes of the right iliopubic branch. Pelvic magnetic resonance imaging demonstrated inflammatory involvement of the pubic symphysis and adjacent musculature. A CT-guided bone biopsy established the diagnosis of an infectious process caused by *Pseudomonas aeruginosa*. Prolonged targeted antibiotic therapy led to significant clinical improvement and functional recovery.

**Conclusions.** This case underscores the rarity of *Pseudomonas aeruginosa* infection involving the pubic symphysis and illustrates how atypical presentations may delay diagnosis. It emphasizes the importance of reassessing previous imaging findings and adopting a multimodal diagnostic approach when standard evaluations do not explain the clinical course.

**Abstract Code: FDI24962-74**

**SEVERE AMIODARONE-INDUCED THYROTOXICOSIS IN A CRITICALLY ILL PATIENT:  
DIAGNOSTIC AND THERAPEUTIC CHALLENGES**

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**Introduction.** Amiodarone-induced thyrotoxicosis is a rare but potentially life-threatening complication. Two main forms exist: type 1, in patients with preexisting thyroid disease, and type 2, a destructive thyroiditis in an otherwise normal gland. Early recognition is crucial to prevent severe cardiovascular and systemic complications.

**Description.** A 69-year-old man with recurrent atrial fibrillation (AF), ischemic cardiomyopathy, and a pacemaker was transferred from intensive care after cardiac arrest with ventricular fibrillation following right hemicolectomy for adenocarcinoma. Postoperatively, he developed persistent AF, delirium, and progressive thyroid dysfunction. Initial therapy with high-dose methimazole was started, and thyroid ultrasound was essentially normal with negative autoantibodies. As thyrotoxicosis and arrhythmic instability persisted, potassium perchlorate and mexiletine were added. Persistent, difficult-to-control AF raised suspicion of amiodarone-induced thyrotoxicosis exacerbated by iodine load from contrast media. Therapy was intensified with corticosteroids and propranolol. Under this tailored regimen, thyroid function gradually normalized, arrhythmia stabilized and the patient regained full functional autonomy.

**Conclusions.** This case underscores the diagnostic and therapeutic complexity of amiodarone-induced thyrotoxicosis in critically ill patients with multiple comorbidities. Multidisciplinary evaluation, multimodal pharmacologic management, and vigilant monitoring are essential to achieve recovery and prevent life-threatening complications.

**Abstract Code: FDI24549-75**

**HOSPITAL STAY INDICATORS FOR ACUTE PATIENTS ACCORDING TO FRAGILITY AND CLINICAL COMPLEXITY: SUSTAINABILITY, EXISTING ORGANIZATION MODELS AND FUTURE CHALLENGES**

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**Introduction.** There has been a rapid change in nosology of patients accessing National Health Service, with a prevalence of degenerative diseases. Medicine today can no longer focus solely on management of acute patients, instead supporting a universe of chronically ill patients at high risk of worsening conditions which imply an unsustainable Length Of Stay (LOS). The aim of this observational Real-world study was to understand which variable correlates most with LOS.

**Materials and Methods.** We analyzed patients admitted to the Surgical Units of ARNAS Civico Hospital in Palermo (General Surgery, Neurosurgery, Orthopedics). Were included both patients admitted and discharged from the Surgical Units and patients transferred to other medical units. Through a multivariate analysis we studied the variables that affect the length of hospital stay.

**Results.** It was observed that the most significant driver of length of stay was the number of specialist consultations requested for any Department. Hospitalization costs expressed according to Diagnosis Related Group (DRG) were not sustainable, and it cannot be the primary contributor to length of stay. Was conducted a multivariate analysis which showed a coefficient of determination  $R^2$  0.057. The model therefore explains 50.7% of the variability in hospital stay.

**Conclusions.** The concept of a hospital department must be re-established, encouraging multidisciplinary management that is not delegated to specialist consultation, as the current hospital model is unsustainable.

**Abstract Code: FDI24725-71**

## **LE CONSEGNE INFERMIERISTICHE AL LETTO DEL PAZIENTE: IL PUNTO DI VISTA DEI PROFESSIONISTI. UNO STUDIO OSSERVAZIONALE PER CONOSCERE PERCEZIONI, CRITICITÀ E OPPORTUNITÀ**

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**Introduzione.** Le consegne al letto del paziente costituiscono un modello assistenziale alternativo al tradizionale, basato sulla trasmissione delle informazioni clinico-assistenziali in presenza dell'assistito. Tale approccio è il gold-standard per il miglioramento della qualità, della continuità delle cure e della sicurezza, favorendo il coinvolgimento attivo e il rafforzamento della relazione infermiere-paziente.

**Obiettivo.** Rilevare la percezione del personale in merito al metodo delle consegne al letto del paziente, analizzandone punti di forza e criticità, con attenzione agli aspetti comunicativi, organizzativi e alla gestione della privacy.

**Materiali e Metodi.** Studio qualitativo condotto a luglio 2025 presso la UOC di Medicina Interna dell'Ospedale dell'Angelo (AULSS3 Serenissima). Sono stati realizzati 3 focus group con il personale sanitario operante in un contesto in cui il metodo è applicato da oltre un anno. I dati sono stati analizzati mediante thematic analysis.

**Risultati.** Dall'analisi emergono i temi principali: tempo, privacy, coinvolgimento e comunicazione. La presenza dell'assistito favorisce un linguaggio più professionale, riduce i tempi di consegna grazie all'osservazione diretta e limita comunicazioni non pertinenti. Punti di forza risultano peer education e il coinvolgimento degli operatori sociosanitari.

**Conclusioni.** Le consegne al letto del paziente migliorano la qualità della comunicazione, incrementano la fiducia dell'assistito e contribuiscono alla riduzione di omissioni ed errori, promuovendo un approccio olistico e più efficiente al processo di cura.

**Abstract Code: FDI24890-74**

## **A CHALLENGING CULPRIT BEHIND AN INFLAMED AORTA: IGG4-RELATED DISEASE**

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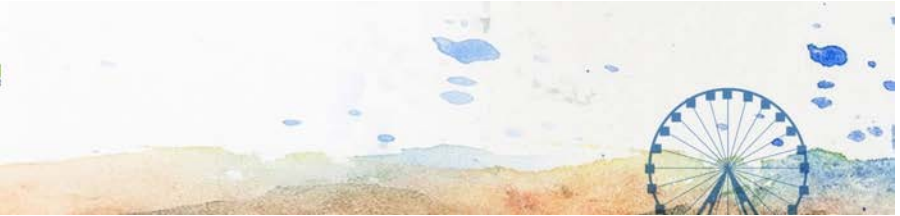
(1) A.O Ordine Mauriziano di Torino, Italy.

**Background.** Aortitis and periaortitis are rare, severe causes of thoraco-abdominal pain and systemic inflammation. Their clinical presentation is often nonspecific, resulting in a difficult differential diagnosis that includes infectious, idiopathic and autoimmune conditions. Among these, IgG4-related disease (IgG4-RD) is a multisystem disorder that often remains unrecognized.

Case

**Discussion.** A 74-year-old man with a recent history of nephrectomy presented with posteriorly radiating abdominal pain. CT angiography revealed a small ulcerative lesion of the aortic arch with parietal inflammation and rapid progression on short-interval follow-up. Multifocal aortic involvement was observed, with segmental inflammatory thickening of the aorta and epiaortic branches, associated with elevated inflammatory markers. Findings were confirmed by PET imaging and empirical therapy with antibiotics, antifungals and corticosteroids was initiated. Infectious investigations were negative, whereas serum IgG4 levels were markedly elevated. A diagnosis of suspected IgG4-related aortitis was established and corticosteroid therapy was continued, resulting in initial radiological improvement with complete resolution of clinical symptoms and inflammatory markers. A structured radiological follow-up and second-line therapy with rituximab were organized.

**Conclusions.** IgG4-RD represents a rare but treatable cause of aortitis and should be considered in cases of discontinuous aortic inflammation. Early recognition enables effective treatment, avoiding inappropriate therapies and vascular complications.



**Abstract Code: FDI24750-69**

## **IS THIS TRULY CHRONIC PAIN IN AN ONCOLOGY PATIENT?**

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**Introduction.** In cases of *Staphylococcus aureus* sepsis, a medical history and physical examination are required to identify potential portals of entry. Patients should also be questioned regarding symptoms that may reflect metastatic infection.

**Description.** A 69-year-old woman was hospitalized due to the onset of left-leg edema and near-syncope. This patient was in therapy with trastuzumab-deruxtecan for breast carcinoma. She reported pain involving the thoracic spine for which she had initiated analgesic therapy. Chest CT angiography and venous Doppler ultrasonography of the lower limbs revealed a subsegmental pulmonary embolism and a deep venous thrombosis of the left leg. Arterial blood gas analysis was consistent with type 1 respiratory failure, and laboratory tests supported a septic picture. Blood cultures obtained from both a peripheral vein and the PICC line were positive for methicillin-susceptible *Staphylococcus aureus* (MSSA), prompting initiation of cefazolin and daptomycin. Abdominal ultrasound and brain CT were negative for septic emboli, and transesophageal echocardiography excluded endocarditis. Contrast-enhanced thoracic spine MRI was performed and revealed an epidural abscess at the D5-D7 level with spinal cord compression. The patient underwent evacuation of the abscess; cultures were positive for MSSA. Surveillance blood cultures turned negative. Follow-up MRI demonstrated resolution of the lesion.

**Conclusions.** The clinical approach to *S. aureus* bacteremia consists of careful history and physical examination and diagnostic evaluation as needed.

**Abstract Code: FDI24901-67**

## **A CASE OF HYPOGLYCEMIA NOT RELATED TO INSULIN**

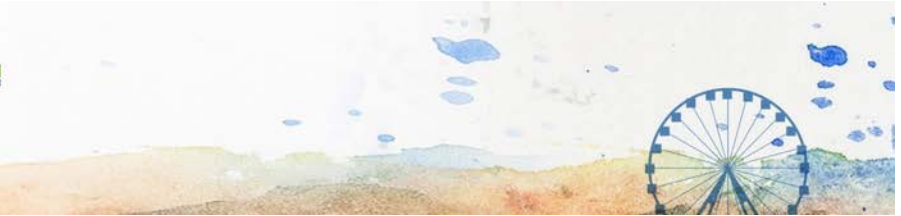
G. Querci<sup>1</sup>, G. Bastianini<sup>1</sup>, L. Bartolomei<sup>1</sup>, P. Nigro<sup>1</sup>, F. Corradi<sup>1</sup>

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**Introduction.** Secondary adrenal insufficiency is due to a lack of stimulation via pituitary adrenocorticotrophic hormone or hypothalamic corticotropin-releasing hormone.

**Description.** A 66-year-old underweight woman was admitted to our Unit due to acute confusional state, associated with hypoglycemia (22 mg/dL). Symptomatic hypotension was observed, fasting blood glucose levels were low, with inappropriately suppressed insulin (2,5 mUI/mL) and C-peptide levels (4,8 mcg/L). Abdominal ultrasound and liver function tests were unremarkable. Given the patient's history of autoimmune diseases and long-standing symptoms (anorexia, weight loss, asthenia, low mood and persistent hypotension), screening for celiac disease, autoimmune gastritis, and primary adrenal insufficiency was performed and found negative. Repeated measurements revealed suppressed ACTH (<3 pg/ml) and cortisol levels (2 mcg/L). Further pituitary evaluation demonstrated deficiencies in growth hormone (GH 0,64 mg/L, IGF1 16,6 mcg/L) and gonadotropins (FSH 4,2 UI/L), with hyperprolactinemia (2515 mUI/mL). Brain MRI demonstrated an "empty sella" with displacement of the pituitary stalk. Visual field testing was normal. Initiation of physiological replacement therapy with oral cortisone acetate led to normalization of blood pressure and blood glucose levels, restoration of appetite, and gradual recovery of independent ambulation.

**Conclusions.** Adrenal insufficiency may cause non-specific symptoms. Early detection and testing based on clinical suspicion may prevent subsequent presentation with adrenal crisis.



**Abstract Code: FDI25050-63**

**AUTOIMMUNE HEMOLYTIC ANAEMIA AND POSITIONAL CHEST PAIN AS THE FIRST PRESENTATION OF SYSTEMIC LUPUS ERYTHEMATOSUS IN A 17-YEAR-OLD GIRL: CASE REPORT**

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**Introduction.** Autoimmune haemolytic anemia (AIHA) and serositis are recognised but uncommon inaugural manifestations of systemic lupus erythematosus (SLE) during adolescence.

**Description.** We report the case of a 17-year-old Nigerian girl, born and living in Italy, admitted for severe symptomatic anaemia (Hb 6,4 g/dL) associated with positional chest pain suggestive of acute pericarditis. Initial work-up revealed a positive direct antiglobulin test (warm type); however, biochemical markers of hemolysis were discordant with mildly increased haptoglobin (223 mg/dL) and only moderately raised lactate dehydrogenase (288 U/L). Peripheral smear demonstrated ortho and polychromatophilic erythroblasts, numerous reticulocytes and rare immature myeloid elements without blasts. Ultrasonography confirmed mild hepatosplenomegaly (liver 16 cm; spleen 12.5x6 cm). High-titre anti-Sm and anti-RNP antibodies together with low C3 fulfilled the 2019 EULAR/ACR classification criteria for SLE (total score = 25). Non steroidal anti-inflammatory therapy controlled pericardial symptoms and subsequent corticosteroid treatment stabilised the haematological picture.

**Conclusions.** Discrepancy between a positive Coombs test and absent biochemical evidence of overt haemolysis should raise suspicion of systemic autoimmunity. Anti-Sm antibodies remain pivotal for early recognition of juvenile SLE even in the presence of misleading infectious seologies and equivocal laboratory findings.

**Abstract Code: FDI24701-65**

## **SUNDOWN SYNDROME: COMPRENDERE I SINTOMI E GESTIRLI PER MIGLIORARE LA QUALITÀ DI VITA DELLA PERSONA AFFETTA DA DEMENZA. REVISIONE DELLA LETTERATURA**

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**Premesse e Scopo dello studio.** Il Sundown Syndrome, consiste in un insieme di comportamenti, come disorientamento, agitazione, disturbi del sonno, che si presentano al calar del sole, nelle persone affette da demenza. Per cercare di impedirne o rallentarne l'insorgenza, gli operatori sanitari possono attuare terapie non farmacologiche e successivamente, se non si hanno effetti positivi, si può ricorrere alle terapie farmacologiche. Obiettivo di questa revisione è approfondire le manifestazioni del Sundown Syndrome ed evidenziarne le strategie assistenziali.

**Materiali e Metodi.** È stata condotta una revisione della letteratura, reperiti gli articoli attraverso le principali banche dati (Medline, CINAHL, Scopus). Parole chiave utilizzate: Sundown Syndrome, Sundowning, Nurs\*, Alzheimer's Disease, Dementia, Circadian Rhythm, Neuropsychiatric Symptoms.

**Risultati.** Inclusi in revisione 9 studi, che dimostrano che esistono numerose tecniche assistenziali non farmacologiche, da cui il paziente può trarre beneficio. Viene anche evidenziato che nelle persone affette da demenza, è difficile poter dimostrare che un cambiamento della sintomatologia manifestata possa essere il risultato di un trattamento effettuato.

**Conclusioni.** Dalla revisione emerge che è fondamentale creare un ambiente sicuro e instaurare un rapporto di fiducia con il paziente così da riconoscere subito i sintomi, attuare gli interventi non farmacologici per ridurre le manifestazioni della patologia. Tra gli operatori non vi è una completa conoscenza di questa sindrome e degli interventi efficaci per trattarla.

**Abstract Code: FDI24682-73**

## **FEVER OF UNKNOWN ORIGIN. A CASE REPORT**

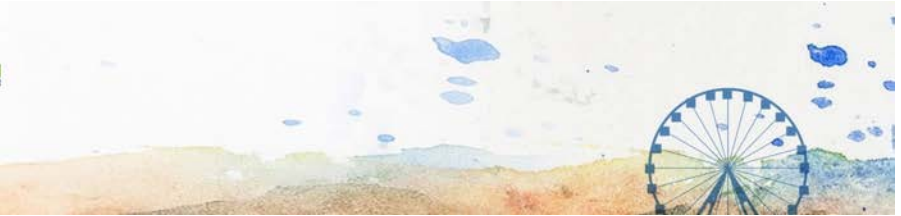
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**Introduction.** Macrophage activation syndrome (MAS) is a potentially fatal systemic disease, associated with a high expression of cytokines, resulting in an uncontrolled inflammatory response. It is characterised by high fever, hepatomegaly, splenomegaly, hemorrhagic manifestations and several alterations in laboratory tests including pancytopenia, hypofibrinogenemia, hypertriglyceridemia, hyperferritinemia. In adults, MAS is triggered by several causes, including infection, drugs, malignancy, and rheumatic disorder.

**Description.** A 30-year-old male patient, with a history of intravenous drug abuse, was admitted to the Internal Medicine ward for persistent fever without organ-specific symptoms. Clinical examination and clinical ultrasound revealed severe hepatosplenomegaly. Blood tests showed pancytopenia, high values of D-dimer, ferritin, and triglycerides, hypofibrinogenemia, and normal coagulation values. Microbiological investigations defined Leishmania. Corticosteroids, high dose intravenous immunoglobulin, and liposomal amphotericin B were effectively administered.

**Conclusions.** Macrophage activation syndrome is a rare, life-threatening disease in which early diagnosis and aggressive therapeutic strategy may improve the outcome. Due to its rarity, epidemiologic data are still lacking. There is great need for new and specific therapies for this condition. Cytokine-directed therapies have the potential to target the effector cells of MAS. We hope that new clinical studies may reveal a key role for cytokine inhibitors in the treatment of MAS.



**Abstract Code: FDI24994-79**

## **UNUSUAL DIAGNOSIS OF VISCERAL LEISHMANIASIS: A CASE REPORT**

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**Introduzione.** Visceral leishmaniasi is a protozoan disease caused by species of genus *Leishmania*. In the Mediterranean area it is a zoonotic disease and dog is the main reservoir. The clinical manifestations are marked by insidious onset of persistent fever, coupled with hepatosplenomegaly and pancytopenia. Immunosuppression increases the risk of severe clinical forms and impairs response to treatment.

**Descrizione.** A 51-year-old-male with a previous history of liver transplantation owing to primary sclerosing cholangitis and Crohn's disease was admitted to internal medicine in January 2025 for intermittent fever and frequent diarrhea that lasted for about seven months. He was unresponsive to antimicrobial, antiviral, and antifungal agents. Microbiological investigations were negative. The patient was undergoing immunosuppressive therapy. Laboratory findings showed severe pancytopenia. On clinical examination, there was splenomegaly. Cytomorphology examination of the bone marrow aspirate revealed an amastigote form of *Leishmania*. Polymerase chain reaction confirmed *Leishmania* spp. infection. Treatment with liposomal amphotericin B was initiated with resolution of fever and pancytopenia.

**Conclusioni.** This case highlights the challenge of early diagnosis of visceral leishmaniasi in liver transplant recipients with fever, pancytopenia, which can be caused by hematological disorders, immunosuppression or viral diseases. Pancytopenia is usually associated with prolonged illness. In our case, the observation of bone marrow aspirate proved decisive for diagnosis.

**Abstract Code: FDI24946-76**

## **QUANDO LA MUSICA CURA: LA MUSICOTERAPIA CONTRO IL DELIRIUM**

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Il delirium è una sindrome acuta e fluttuante caratterizzata da alterazioni dell'attenzione, dello stato cognitivo e del livello di coscienza, associata a esiti clinici sfavorevoli quali aumento della mortalità, prolungamento della degenza e incremento del carico assistenziale. Colpisce soprattutto il paziente anziano ospedalizzato e riconosce un'eziologia multifattoriale, legata a squilibri neurotrasmettitoriali e processi neuro-infiammatori in soggetti vulnerabili. I principali fattori di rischio includono età avanzata, demenza, comorbidità, infezioni, disidratazione, squilibri elettrolitici, dolore non controllato e polifarmacoterapia. Poiché il delirium è prevenibile nel 30–40% dei casi, le strategie non farmacologiche rivestono un ruolo centrale. Programmi strutturati come l'Hospital Elder Life Program hanno dimostrato una riduzione significativa dell'incidenza del delirium mediante interventi multimodali di orientamento, mobilitazione precoce, ottimizzazione del sonno, idratazione e coinvolgimento dei caregiver. In questo contesto, la musicoterapia rappresenta un intervento semplice, a basso costo e centrato sul paziente. La musica modula il sistema nervoso autonomo, riducendo stress e ansia, e agisce sui circuiti limbici con rilascio di endorfine, in linea con i meccanismi fisiopatologici del delirium. Studi clinici indicano che l'ascolto di musica significativa per il paziente può ridurre l'incidenza e la gravità degli episodi deliranti, limitando il ricorso a sedativi. Integrata nei protocolli assistenziali infermieristici, rappresenta strategia di prevenzione.

**Abstract Code: FDI24947-77**

**FERRIC DERISOMALTOSE THERAPY: BALANCING CLINICAL EFFICACY AND COSTS EFFICIENCY**

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**Background.** Fast iron repletion in iron deficiency anemia can boost patient performance and quality of life while reducing both direct and indirect costs. Ferric derisomaltose enables high-dose intravenous (IV) iron delivery in a single session.

**Methods.** We reviewed 27 patients (male/female 20/7) treated with ferric derisomaltose in our Day Hospital during 2025 for iron deficiency anemia without active bleeding (average hemoglobinb 9.6g/dL, average transferrin saturation 8%). We assessed the impact of therapy on work absenteeism and overall costs compared with multi-dose IV iron protocols and oral iron therapy. Key endpoints included days off work for healthcare visits, treatment-related resource consumption and associated costs from both the patient and healthcare system perspectives.

**Results.** In 93% of patients a single infusion achieved rapid iron repletion within 30 days, with quicker symptom relief and 1.5 g/dL increase of Hb. This fast-track correction translated into fewer workdays lost due to treatment, lower travel expenses, reduced time burden and less productivity loss. Although drug acquisition costs are higher upfront, they are effectively offset by savings in administration, resource use and indirect costs.

**Conclusions.** Ferric derisomaltose use is linked to reduced work absenteeism and tangible cost savings for both patients and healthcare providers. By pairing strong clinical efficacy with a streamlined administration pathway, this drug emerges as a value-based and cost-effective option for managing iron deficiency anemia in selected patients.

**Abstract Code: FDI24541-67**

**TRAVEL HISTORY UNLOCKS THE DIAGNOSIS: A MALARIA CASE REVEALED**

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**Introduction.** Malaria represents an infrequent differential diagnosis in Europe, often missed. This case underlines the role of history in diagnosing hemolytic anemia with fever.

**Description.** A 64-year-old man presented to Cardarelli's Emergency Department on September 22nd with a 10-day history of fever and diffuse pain. Blood tests showed normal procalcitonin (0.2 ng/mL), C-reactive protein (CRP) 5 mg/L (normal range 0.6-5 mg/L), hemoglobin (Hb) 10,9 g/dL and leukocytes  $7.0 \times 10^9$  mm/L. He was discharged on empirical antibiotics but returned 7 days later with persistent fever and anemia with Hb 7.8 g/dL, reticulocytes 5.3%, lactate dehydrogenase (LDH) 770 U/L. Digestive endoscopy excluded bleeding; the Coombs test remained with daily intermittent fevers. Transferred to Internal Medicine at Federico II University for further evaluation, detailed history revealed travel to Senegal with return on September 1st. Blood smear showed *Plasmodium falciparum* gametocytes (0.6% parasitemia) with positive antigens; HIV coinfection was excluded. He received dihydroartemisinin-piperazine for 3 days and 2 units of packed red blood cells when Hb fell to 6.4 g/dL. On day 3, parasitemia was 0.4% confirming therapeutic response. 10 days later, CRP was 0.38 mg/L and Hb had risen to 9.5 g/dL.

**Conclusions.** the meticulous clinical history was the decisive clue in suspecting malaria, particularly after fever onset 3 weeks post-return with hemolytic anemia. In low-prevalence European settings, thorough history with travel details ensures timely diagnosis and management of hemolytic anemia.

**Abstract Code: FDI24988-82**

**NON-CIRRHOTIC PORTAL HYPERTENSION DURING IMMUNE CHECKPOINT INHIBITOR THERAPY: A RARE CASE OF PORTO-SINUSOIDAL VASCULAR DISORDER**

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**Introduction.** Immune checkpoint inhibitors (ICIs) therapy can lead to pleiotropic adverse events caused by T lymphocytes tissue damage. Among the most frequent ones we find immune-related pneumonias, hepatitis, but also colitis, nephritis and endocrinopathies. The following report shows a very rare case of Porto-Sinusoidal Vascular Disorder (PSVD), a non-cirrhotic liver condition leading to portal hypertension and its complications.

**Description.** A 66 year-old male patient was hospitalized for abdominal pain, loss of appetite and sarcophobia with significant weight loss. He had undergone chemotherapy (CHT) and surgery for squamous lung cancer and had begun treatment with immunotherapy (pembrolizumab). Due to episodes of cholangitis needing placement of biliary stents, he underwent EUS, abdominal CT-scans and MRI with evidence of esophageal varices and mesenteric thrombosis without signs of advanced liver disease: these signs of portal hypertension were not present in radiological staging preceding CHT. A diagnosis of PSVD was hypothesized as an adverse effect of ICI treatment: pembrolizumab was discontinued and corticosteroid therapy was started: both clinical symptoms and nutritional state of the patient improved. Anticoagulant treatment and beta-blockers were prescribed as per current guidelines for portal hypertension.

**Conclusions.** This case report highlights the importance of multidisciplinary follow-up of patients undergoing ICI treatment to identify adverse events. In most cases, discontinuation of immunotherapy is indicated, along with initiation of steroid treatment.

**Abstract Code: FDI24578-77**

**ANY ROLE OF COLCHICINE IN CLOSTRIDIUM DIFFICILE INFECTION?**

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**Introduction.** Clostridium difficile infection (CDI) is increasing worldwide; we know usual risk factors, which, however, may be absent.

**Description.** We present a 72-year woman, suffering from chronic gout and on continuous colchicine therapy (0.5 mg/day) for five years, who developed a CDI. Patient was admitted for severe watery diarrhea, abdominal pain, and fever (38.5°C) for 48 hours prior. Despite the absence of recent antibiotic exposure or PPI use, patient presented with leukocytosis (18,000/ $\mu$ L) and increased inflammatory markers and diagnosis of CDI was confirmed by a positive test for C. difficile toxins A/B in the stool. Colchicine therapy was temporarily suspended, and we start with oral vancomycin (125 mg four times daily) for 10 days, with complete resolution of symptoms. After 15 days of relative well-being and the resumption of therapy with colchicine, the patient experienced a recurrence of CDI, this time successfully treated with fidaxomicin. A subsequent colonoscopy ruled out IBD disease

**Conclusions.** This case highlights the possibility of CDI even in the absence of antibiotic exposure or PPI use, suggesting that colchicine, while not an antibiotic, might influence the intestinal microbiota or immune response, making patients more susceptible, as previously published\*. Further research is needed to clarify the potential role of colchicine as a risk factor for CDI.

\*Effect of Cochicine on Clostridium Difficile Infection Incidence, Recurrence and Severity, *Inf Dis in clin Practice* 2015.

**Abstract Code: FDI25043-65**

## **MANAGEMENT OF IMMUNODEFICIENCIES IN AN INTERNAL MEDICINE SETTING: A SINGLE CENTER EXPERIENCE**

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**Introduction.** Immunodeficiencies constitute a heterogeneous group of disorders that result from a failure or absence of elements of the immune system. Immunodeficiencies can be primary or secondary. This abstract focuses on the management of immunological disorders in internal medicine patients with recurrent infections.

**Materials and Methods.** We report a case series of 10 patients accessed to our internal medicine department for recurrent infections, who received diagnoses of immunological disorders.

**Results.** Five patients had acquired immunodeficiencies. They were affected by recurrent respiratory, urinary or skin infections. Three of them developed immunodeficiency after rituximab intake for haematological diseases. Two patients were previously treated with different immunosuppressive therapies for autoimmune diseases. In two patients with recurrent skin infections we diagnosed monogenic primary immunodeficiency, due to STAT-1 GOF mutation in a patient and mutation in the CTSC gene, responsible for Papillon le Fevre disease, in another one. In other three patients genetic tests are in progress. Three patients have common variable immunodeficiency. For all of them diagnostic delay is over 10 years. Seven of our patients were treated with immunoglobulins s.c. or e.v. 5 patients with selective IgA deficiency were also identified.

**Conclusions.** In internal medicine department immunological diseases are more common than expected, so they should be considered in patients accessing the internal medicine department for recurrent infections. Early diagnosis and treatment improve patients' prognosis.

**Abstract Code: FDI25013-62**

**CARATTERIZZAZIONE DELLA QUALITÀ OSSEA IN PAZIENTI CON CARCINOMA DELLA MAMMELLA IN TERAPIA CON INIBITORI DELL'AROMATASI: UNO STUDIO CASO-CONTROLLO**

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**Introduzione.** La Cancer Treatment-Induced Bone Loss (CTIBL) impatta significativamente sulla qualità di vita per l'elevato rischio di frattura, non giustificato completamente dal deficit quantitativo di densità minerale ossea (BMD). Valori elevati di telopeptide C terminale del collagene di tipo I (CTX) indicativi di aumentato riassorbimento osseo correlano con maggior rischio di frattura e di recidiva ossea.

**Materiali e Metodi.** Parametri biochimici di ricambio minerale osseo e la BMD di 90 pazienti con tumore mammario, in terapia con inibitore dell'aromatasi (AI), sono stati confrontati con quelli di 58 pazienti con osteoporosi severa post-menopausale (PM) di età sovrapponibile (media 72 anni). È stato inoltre indagato l'effetto di una precedente terapia con bifosfonati (BP).

**Risultati.** Nel gruppo CTIBL era frequente l'ipovitaminosi D (21%), e i valori di CTX erano superiori al controllo (CTIBL: 0.67 vs PM: 0.37 mcg/l,  $p < .001$ ); CTX era più elevato nei primi anni PM e nei primi 4 anni di terapia con AI, ed era inappropriatamente alto in caso di precedente terapia con BP (0.48 mcg/l). I valori densitometrici, superiori nel gruppo CTIBL (T-score-LS CTIBL: -2.5 vs PM: -3.2,  $p < .001$ ), correlavano negativamente con il CTX ed erano inferiori nel PM e nei primi 4-5 anni di terapia con AI.

**Conclusioni.** E' fondamentale la valutazione osteo-oncologica precoce (CTX e BMD) e il monitoraggio serrato per valutare l'efficacia della terapia anti-riassorbitiva ed identificare pazienti low/no-responders a più elevato rischio di frattura e recidiva di malattia ossea.

**Abstract Code: FDI25039-70**

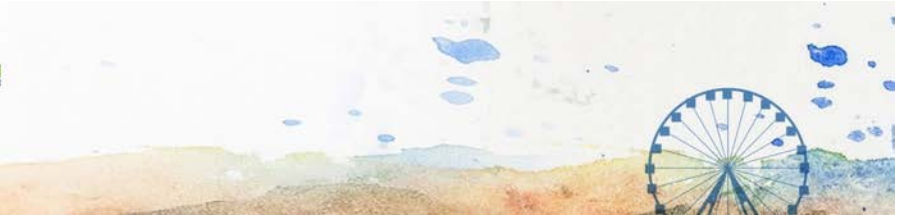
## **COCAINE-INDUCED ACUTE LIVER FAILURE IN A PATIENT ADMITTED TO SUB-INTENSIVE CARE UNIT**

R. Schipani<sup>1</sup>, R. Derna<sup>2</sup>, R. Greco<sup>2</sup>, G. Errico<sup>2</sup>, M. Beatrice<sup>2</sup>, L. Finizia<sup>2</sup>, C. Savinelli<sup>2</sup>, M.F. Coppola<sup>3</sup>, M. Balia<sup>4</sup>, M.G. Coppola<sup>5</sup>  
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**Introduction.** Acute liver failure is a life-threatening injury that is caused by viral infections, drugs and toxins, vascular problems, Wilson diseases, autoimmune hepatitis, implantable cardioverter defibrillator.

**Description.** A 50-year-old man presented to the emergency department for multiple inappropriate Implantable Cardioverter Defibrillator shocks at home, triggered by atrial fibrillation, without loss of consciousness. He had a history of post ischemic dilated cardiomyopathy. The patient had also complained of diarrhea for a month. In the emergency department the patient was confused but hemodynamically stable. Blood tests revealed markedly elevated liver function tests, prolonged coagulation studies, hepatic encephalopathy, normal renal function and electrolytes (GOT 2627U/L, GPT 2550U/L, INR 3.6, factor V 0%, factor VII 3%, ammonia 192 mcMol/L, lactate levels 10 mmol/L). Echocardiogram: severely compromised left ventricular systolic function, normal right ventricular systolic function and inferior vena cava diameter. CT scan of the abdomen and chest showed hepatomegaly. Patient was admitted to Sub-intensive Care Unit of our Hospital. He was managed intravenous therapy with N-acetylcysteine, branched-chain aminoacids, fresh plasma, vitamin K, lactulose with progressive clinical and blood tests improvement. Autoimmune tests, viral screens-A, B, C, HIV, EBV and CMV infections, were all negative. The patient reported cocaine use at home.

**Conclusion.** We hypothesize that cocaine may cause acute liver failure through two mechanisms of injury: hypoperfusion-induced ischemic hepatitis- and increased oxidative stress due to the depletion of glutathione.



**Abstract Code: FDI24692-74**

## **EFFICACY AND SAFETY OF SGLT2 INHIBITORS IN A REAL LIFE ELDERLY POPULATION**

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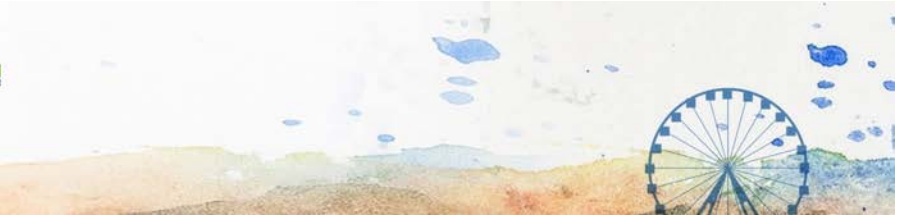
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**Introduction.** SGLT2 inhibitors are a class of drugs that have been shown to reduce mortality and CV events with a favorable safety profile. The aim of this study was to evaluate the efficacy and safety of this drugs in a real life elderly population with multiple comorbidities.

**Materials and Methods.** we conducted a longitudinal observational study in a population referred to a Int. Med. Dep. with median age of 86 years, by monitoring clinical and laboratoristic parameters before and after starting a therapy with SGLT2 inhibitors.

**Results.** We highlighted a marked and statistically significant reduction in NTproBNP after approximately 1 month of therapy ( $p<0,001$ ), and a further less marked reduction after approximately 5 months of therapy, with a clinical improvement (reduction in NYHA class) ( $p<0,001$ ). The remaining anti-heart failure therapy was evaluated, and emerged that there were no significant changes between baseline and subsequent follow-up, either in terms of the number of medications or the dosage. We observed drug discontinuation in 9.1% of the sample, because of genital infections, hypotension, and acute kidney disease, equally distributed.

**Conclusions.** Our study confirms the benefits already documented in the literature of introducing SGLT2 inhibitors therapy with consequent short- and medium-term reduction of NTproBNP; furthermore, a good safety profile emerges even in a population of very elderly people with comorbidities and on polypharmacy, paying particular attention to pharmacodynamic interactions, especially with other drugs with diuretic action



**Abstract Code: FDI24603-66**

**LATE HEPATOTOXICITY AFTER INTENTIONAL INGESTION OF A PELARGONIC ACID-CONTAINING HERBICIDE: DESCRIPTION OF AN UNPUBLISHED CASE**

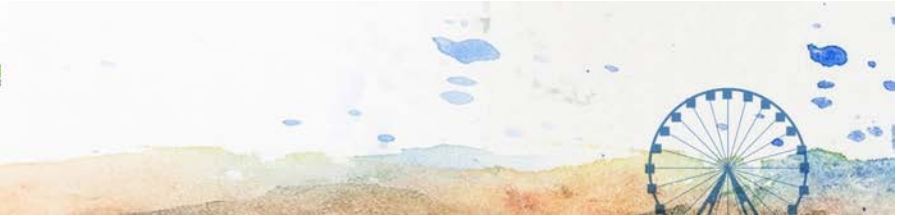
C. Sgroi<sup>1</sup>, I.M. Timpanaro<sup>1</sup>, S.A. Neri<sup>1</sup>, K. Battiato<sup>1</sup>, L. Incorvaia<sup>1</sup>, M. Vacante<sup>1</sup>, E. Cristaldi<sup>1</sup>, R.A. D' Amico<sup>1</sup>, M. Bonaccorso<sup>1</sup>

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**Introduction.** Pelargonic acid (PAH) is a plant growth inhibitor and there are limited evidence of hepatotoxicity in humans. Clinical data on acute liver damage following ingestion of commercial formulations are still scarce, while data on the delayed hepatotoxicity are absent.

**Case Report.** A 37-y-old man presented to the emergency room six hours after voluntary poisoning by PAH. He was drowsy but hemodynamically stable. Initial tests showed normal cytolysis-cholestasis and bilirubin-coagulation values. Poison Control Centre (PCC) of Pavia suggested endoscopic evaluation, which showed caustic lesions in the esophagogastric mucosa. Sedation and tracheal intubation were performed, followed by admission to the ICU. After 8 days, the patient was extubated and transferred to the Psychiatry Unit. On the 9th day following the ingestion of herbicide the patient showed a progressive increase in cytolysis-cholestasis values, suggesting hepatotoxicity. An internal medicine consultation indicated admission to the Internal Medicine Unit for diagnostic and therapeutic evaluation. During hospitalization in our department, the patient underwent a chest and abdominal CT scan, ECG and echocardiogram (negative) and, on the indication of the PCC, he did hydration and PPI, with progressive improvement of the haematochemical parameters.

**Conclusions.** This case describes a late but transient liver injury, with a mixed cytolytic-cholestatic pattern following PAH ingestion. Although hepatotoxicity is not documented in humans, it is appropriate to suspect possible liver involvement in case of exposure.



**Abstract Code: FDI24650-68**

**IL CARING IN EVOLUZIONE: TRAIETTORIE DI SVILUPPO DEL PENSIERO DISCIPLINARE  
NELL'AREA MEDICA DELLA USL TOSCANA SUD EST**

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**Introduzione.** L'implementazione delle tassonomie infermieristiche ha promosso modelli organizzativi orientati al superamento dell'approccio prestazionale. L'analisi valuta l'appropriatezza del ragionamento diagnostico e la coerenza degli obiettivi di salute nei Piani Assistenziali Individualizzati (PAI).

**Metodi.** Analisi retrospettiva dei PAI in area medica, valutando completezza, correttezza della diagnosi prioritaria, coerenza degli obiettivi, pianificazione e adeguatezza degli interventi assistenziali.

**Risultati.** Le diagnosi risultano appropriate e coerenti con le caratteristiche dei pazienti anziani a elevata dipendenza funzionale. Gli obiettivi sono allineati al ragionamento diagnostico basato sul modello GNNN. L'implementazione del Primary Nursing ha consolidato responsabilità professionale e continuità assistenziale.

**Conclusioni.** Il modello GNNN e il Primary Nursing favoriscono coerenza, sistematicità e comunicazione efficace tra infermieri. L'adozione di un linguaggio standardizzato migliora la condivisione degli obiettivi assistenziali. Studi futuri potrebbero correlare indicatori NOC e NSO per valutare l'impatto sugli outcome organizzativi.

**Abstract Code: FDI24674-74**

**BLUE MAN SYNDROME**

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**Introduction.** Novel technologies have significantly improved clinical practice. Notwithstanding, clinicians do not have enough time to carefully assess patient history. Although often overlooked among other information, occupational history holds huge diagnostic potential. Here we report an intriguing case of a young blue woman.

**Description.** A 53-year-old woman presented with an unusual blue complexion and sclerae, associated with motor disorders and atypical psychiatric manifestations.

She spent a few years abroad working in a factory, although not specifying her tasks.

Physical examination showed a distinct blue discoloration of sclerae and exposed skin. Neurological exam highlighted bradykinesia, rigidity, and gait disturbances. In addition, she reported psychiatric symptoms including panic attacks, auditory and visual hallucinations, apathy, and cognitive decline. Brain MRI revealed T1 hyperintensity in the basal ganglia, an uncommon finding in parkinsonism disorders. Blood and urine tests showed significantly elevated urinary manganese levels, suggesting chronic intoxication. Diagnosis was further confirmed by careful reassessment of occupational history in a clock making factory.

Collaboration with poison control center in multidisciplinary team resulted in a treatment plan involving chelation therapy, psychiatric support, and ongoing follow-up.

**Conclusions.** This case highlights how detailed occupational history is often relevant, and it must not be overlooked, as it significantly reduces time to diagnosis and improves patient outcome and quality of life.

**Abstract Code: FDI25048-70**

**SINDROME DELLA VENA CAVA SUPERIORE DEVICE-CORRELATA:  
RUOLO DETERMINANTE DELL'ECOGRAFIA NELLA DIAGNOSI INIZIALE E NEL FOLLOW-UP**

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Una donna di 77 anni con anamnesi di carcinoma mammario bilaterale trattato con mastectomia e chemioterapia, portatrice di Port-a-Cath non più utilizzato da circa tre anni, si presentava in Pronto Soccorso per edema progressivo del volto, del collo e della parte superiore del torace, associato a dispnea ed edema dell'orofaringe. Il quadro clinico veniva interpretato come reazione allergica inducendo all'esecuzione di una TC del torace senza mezzo di contrasto, risultata non dirimente. Alla rivalutazione clinica, il turgore delle vene giugulari, l'edema a mantellina e la pletora orientavano verso il sospetto di sindrome della vena cava superiore (SVCS). L'ecografia del collo con ecocolordoppler documentava trombosi della vena giugulare e della vena succlavia sinistre, consentendo una diagnosi immediata. La TC del torace con mezzo di contrasto confermava una trombosi estesa delle vene succlavia sinistra, anonime e della vena cava superiore a partenza dal catetere. Il caso evidenzia come, in presenza di segni clinici suggestivi, l'ecocolordoppler si sia dimostrato uno strumento rapido, accessibile e determinante per la diagnosi della SVCS device-correlata, consentendo un tempestivo inquadramento clinico. L'esecuzione di TC del torace senza mezzo di contrasto per sospetta reazione allergica è invece risultata fuorviante e ha ritardato la diagnosi. L'ecocolordoppler ha rivestito un ruolo fondamentale nel follow-up, permettendo il monitoraggio dell'evoluzione della trombosi e la valutazione della risposta alla terapia anticoagulante in modo non invasivo e ripetibile.

**Abstract Code: FDI25073-68**

**OVER-THE-COUNTER, OVER THE LIMIT: A CASE OF SEVERE TOXICITY FROM EXCESSIVE ALPHA-LIPOIC ACID USE**

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Alpha-lipoic acid (ALA) is a naturally occurring antioxidant widely used as an over-the-counter dietary supplement for various conditions. Although generally considered safe at therapeutic doses, severe toxicity has been reported after acute ingestion of suprathreshold amounts. We describe a rare case of severe ALA intoxication in a previously healthy 32-year-old woman. The patient ingested approximately 200 mg of ALA on 10-15 occasions over a six-hour period while working as a dietary supplement tester. She developed vomiting and malaise, followed by somnolence, nystagmus and diffuse clonic activity, progressing to coma. Laboratory evaluation revealed profound hyperlactatemic metabolic acidosis (pH 6.5, lactate 7.7 mmol/L) and early consumption coagulopathy. Neuroimaging was unremarkable. Prompt supportive treatment, including aggressive intravenous fluids and sodium bicarbonate infusion, led to rapid neurological improvement, although hyperlactatemia persisted initially. The patient was admitted to the ICU and showed progressive clinical recovery. Thrombocytopenia, likely related to disseminated intravascular coagulation, gradually resolved. She was discharged without sequelae. This case highlights that acute high-dose ALA ingestion can cause life-threatening metabolic and neurological complications. Clinicians should routinely inquire about supplement use and consider ALA toxicity in patients presenting with unexplained metabolic acidosis or altered mental status. Early supportive management remains essential for favorable outcomes.



**Abstract Code: FDI24888-81**

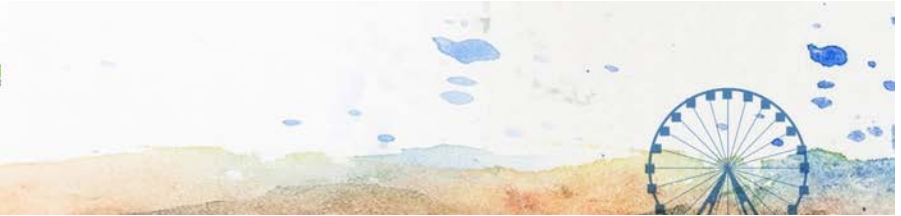
**CASO CLINICO DI UN GRAVE STATO SETTICO COMPLICATO DA SHOCK SETTICO,  
SECONDARIO AD INFEZIONE DA STAFILOCOCCO AUREO**

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**Descrizione.** Paziente di 22 anni giunge in PS per insufficienza renale, severa piastrinopenia, elevati indici di flogosi, epatosplenomegalia. Riferisce artralgie e astenia. In anamnesi recente viaggio ad Hong-Kong, revisione di tatuaggio e, 15 giorni prima, un'estrazione dentaria per cui aveva praticato terapia con amoxicillina. L'addome si mostra diffusamente dolente. Il paziente riferisce feci ipocoliche e urine ipercromiche. L'emogas all'ingresso evidenzia un'alcalosi respiratoria con lattati nella norma e assenza di ipossiemia. Vigile, orientato. Cute e mucose asciutte, subittero, lesione vescicolare braccio dx, lesione simil crosta polso sx e dorso mano dx. Ipotensione, oligoanuria. Dopo gli esami colturali, pratica terapia con cristalloidi bilanciati e terapia antibiotica empirica. Per identificare il patogeno responsabile della sepsi e per trovare una eventuale causa sottostante ha praticato tutti gli esami volti ad identificare infezioni batteriche e/o virali, neoplastiche, autoimmunitarie. Ha praticato terapia con vasopressore per l'aggravamento del quadro clinico, TAC che ha mostrato ascessi polmonari bilaterali e ascesso della tonsilla palatina ed ecocardiogramma transtoracico e transesofageo risultati nella norma. Lo Stafilococco aureo viene isolato dagli esami colturali e viene modificata la terapia antibiotica.

**Conclusioni.** Dopo 20 giorni di ricovero alla normalizzazione degli indici di flogosi e della TAC il paziente è stato dimesso.



**Abstract Code: FDI24983-77**

**PITUITARY APOPLEXY IN A NON-FUNCTIONING MACROADENOMA:  
A CASE REPORT**

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**Introduction.** Pituitary apoplexy is a rare medical condition caused by sudden hemorrhage or infarction of a pituitary adenoma, often non-functioning and previously undiagnosed. It typically presents with acute headache, visual impairment, ophthalmoplegia and possible alteration of consciousness.

**Description.** A 46-year-old woman with a history of primary hyperaldosteronism, arterial hypertension and hyperinsulinemia presented with acute headache and gradual decline in eyesight, predominantly affecting the right eye. Brain CT and contrast-enhanced MRI revealed a large sellar and suprasellar mass compressing the optic chiasm, displacing the pituitary stalk, and showing signs of retro-lesional hemorrhage, consistent with pituitary apoplexy in a non-functioning macroadenoma. Endocrinological evaluation showed moderate hyperprolactinemia (99 ng/mL) due to stalk effect, with normal GH, IGF-1 and ACTH levels. Neurological examination revealed severe bitemporal hemianopia without additional focal deficits. The patient underwent surgical resection via an endoscopic endonasal transsphenoidal approach. Postoperatively, a rapid improvement in visual acuity was observed, along with normalization of prolactin levels.

**Conclusions.** This case highlights the importance of early recognition and timely surgical decompression in pituitary apoplexy. The endoscopic endonasal approach proved to be a safe and effective minimally invasive technique, allowing prompt recovery of visual function and restoration of pituitary hormonal regulation.

**Abstract Code: FDI24634-70**

## **INCIDENTAL FLOATING AORTIC THROMBUS IN PATIENT WITH DEEP VEIN THROMBOSIS**

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**Introduction.** Aortic thrombi are rare but potentially life-threatening sources of cerebral, visceral, or peripheral embolism. Their optimal management remains debated. We report a 52-year-old man presenting with deep vein thrombosis (DVT) who was incidentally found to have a floating thrombus in the ascending aorta.

**Description.** The patient presented with left-leg pain and swelling; Doppler confirmed femoro-popliteal DVT. Due to exertional dyspnoea, chest computed tomography angiography (CTA) was performed revealing bilateral subsegmental pulmonary emboli and an elongated mobile thrombus (26×12×15 mm) at the junction of the ascending aorta and arch, adherent to focal intimal thickening. Although asymptomatic for arterial embolization, the thrombus posed a high embolic risk. Multidisciplinary evaluation considered surgery and endovascular exclusion, both judged high risk due to thrombus location and comorbidities. Medical therapy with IV unfractionated heparin followed by warfarin was chosen. Workup excluded malignancy and major acquired coagulopathies; heterozygous Factor V Leiden mutation was identified. After 30 days, follow-up CTA showed complete thrombus resolution.

**Conclusions.** Floating aortic thrombus is a rare but critical condition, particularly when associated with venous thromboembolism. This case highlights the need for individualized management: in selected patients without peripheral embolization, anticoagulation may represent a safe and effective alternative to invasive approaches. Further studies are needed to guide standardized treatment strategies.

**Abstract Code: FDI24818-74**

**EMATOMA ILEO-PSOAS SPONTANEO IN PAZIENTE ANZIANA IN TERAPIA ANTICOAGULANTE:  
DESCRIZIONE DI UN CASO**

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**Introduzione.** L'ematoma ileo-psyas (IPH) è una raccolta ematica retroperitoneale, spontanea o traumatica, a carico del muscolo ileo-psyas. L'incidenza reale è poco definita; tra i principali fattori di rischio figurano terapia anticoagulante ed età avanzata.

**Descrizione.** Donna di 78 anni ricoverata in Medicina Interna per sepsi in colecistite acuta associata a frattura traumatica D12-L1. In anamnesi osteoporosi severa, diabete mellito tipo II e insufficienza cardiaca cronica. In terapia anticoagulante cronica con apixaban 5 mg x 2/die, sostituito durante il ricovero con enoxaparina sodica 6000 UI x 2/die; per indicazione ortopedica mantiene riposo a letto (15-20 giorni) con mobilizzazione consentita solo con busto dopo il periodo indicato. La mattina precedente la dimissione veniva mobilizzata in posizione seduta per misurazione del busto. Nella notte compariva malessere con severa ipotensione (PA 60/40 mmHg), responsiva a cristalloidi. Il giorno successivo TC torace-addome con mdc documentava un voluminoso ematoma di circa 16 cm nello spazio pararenale destro, con rifornimento arterioso ed estensione cranio-caudale, associato a versamento delle fasce renali anteriore e posteriore. Veniva posta indicazione a embolizzazione in radiologia interventistica.

**Conclusioni.** L'ematoma ileo-psyas, sebbene raro, è una condizione potenzialmente fatale. Il caso evidenzia la necessità di elevato sospetto clinico nei pazienti anziani in terapia anticoagulante e l'importanza di ulteriori studi per definirne incidenza e gestione ottimale.



**Abstract Code: FDI24853-73**

## **IL RUOLO DELLE TECNOLOGIE DIGITALI NELLA GESTIONE DELLA TERAPIA ANTICOAGULANTE ORALE: REVISIONE NARRATIVA DELLA LETTERATURA**

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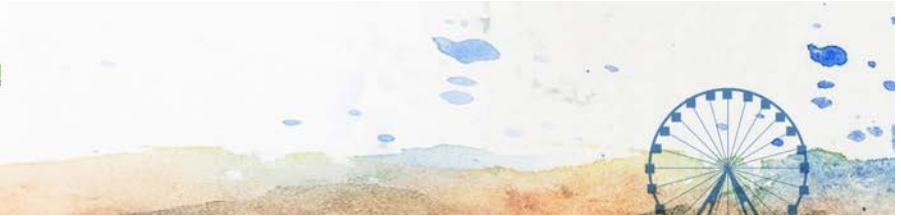
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**Introduzione.** La terapia anticoagulante orale richiede equilibrio tra efficacia e rischio emorragico, con monitoraggio costante. Le tecnologie digitali possono supportare e parzialmente automatizzare la gestione clinica, migliorando aderenza, TTR e follow-up. Questa revisione narrativa analizza le soluzioni digitali impiegate nella TAO e il loro impatto clinico e organizzativo.

**Materiali e Metodi.** È stata condotta una revisione narrativa della letteratura tra gennaio e febbraio 2025 mediante PubMed, utilizzando le parole chiave “artificial intelligence”, “anticoagulant therapy”, “adherence”, “machine learning” e “management”. Sono stati inclusi articoli in inglese pubblicati tra il 2005 e il 2025, escludendo revisioni sistematiche e metanalisi. Dopo valutazione di titolo, abstract e full text, sono stati selezionati 8 studi.

**Risultati.** Sono state identificate tre tipologie di strumenti digitali: sistemi esperti web-based per autogestione supervisionata, app mobili per comunicazione medico-paziente e piattaforme di telemedicina. Gli studi riportano miglioramento del TTR, aumento dell’aderenza e riduzione delle complicanze, con risultati più evidenti nei sistemi basati su intelligenza artificiale.

**Conclusioni.** Le tecnologie digitali avanzate rappresentano un valido supporto nella gestione della TAO. La loro integrazione nei percorsi assistenziali, con adeguata formazione degli operatori, può migliorare sicurezza clinica, continuità assistenziale e qualità delle cure.



**Abstract Code: FDI24841-70**

**KNOWLEDGE OF THE SITUATION, BACKGROUND, ASSESSMENT, RECOMMENDATION  
METHOD AND PERCEPTION OF THE QUALITY OF COMMUNICATION DURING DELIVERIES  
AMONG NURSES: A PRE- AND POST-INTERVENTION OBSERVATIONAL STUDY**

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**Introduction.** Situation, Background, Assessment, Recommendation (SBAR) is a standardised model for improving communication between healthcare professionals. Proper use of the SBAR method reduces errors, facilitates decision-making and increases patient safety. Investigate the degree of knowledge of the SBAR method during the handover of nurses in a Complex Operating Unit.

**Materials and Methods.** A pre- and post-training monocentric study was conducted on the SBAR

**Method.** In the first phase, a sampling of 200 nurses was adopted and a questionnaire consisting of two sections was administered: (1) socio-demographic information; (2) 14 items questionnaire to assess the level of knowledge of the SBAR method and the perception of the degree of communication quality. In the second phase, a training intervention was carried out on a sample of 12 nurses from the U. O. C. In the last phase, the 12 nurses were again given the same questionnaire to assess the effectiveness of the training intervention.

**Results.** In the first phase, 105 nurses participated: the majority were not familiar with the SBAR

**Method.** The last phase was attended by 10 nurses. Analysis of pre- and post-intervention data showed a difference ( $W=2.50$ ,  $p=0.033$ ) in nurses' awareness of delivery quality to ensure patient safety.

**Conclusions.** The results of the study suggest that training on the SBAR method should be provided for all nurses. Training interventions are necessary to improve knowledge of this methodology, the quality of communication and to ensure patient safety.

**Abstract Code: FDI25077-72**

**EXACERBATION OF SERONEGATIVE PSORIATIC ARTHRITIS COMPLICATED BY SIADH:  
INSIGHTS INTO INFLAMMATORY PATHOPHYSIOLOGY AND THE ROLE OF IL-6 IN NON-  
OSMOTIC ADH STIMULATION**

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**Introduction.** SIADH is a frequent cause of hyponatremia in internal medicine, commonly triggered by infections, neoplastic diseases, or acute inflammatory states. In some cases, it is associated with inflammatory rheumatologic diseases, complicating diagnosis and pathophysiological interpretation.

**Description.** A 70-year-old woman presented with acute diffuse arthralgias, mainly involving the upper limbs, fever, sore throat, and severe functional impairment. Laboratory tests showed neutrophilic leukocytosis, elevated inflammatory markers, severe hyponatremia (Na 113 mEq/L), and proteinuria. Chest X-ray revealed increased bronchovascular markings. Empirical ceftriaxone, anti-inflammatory therapy, and gastroprotection led to rapid improvement. Rheumatologic consultation resulted in a diagnosis of seronegative psoriatic arthritis, and low-dose steroids were prescribed. Due to severe SIADH, a full paraneoplastic work-up including PET-CT and Octreoscan was performed, with negative

**Results.** SIADH was attributed to acute inflammation and treated with vaptan. Tolvaptan was discontinued before discharge without recurrence of hyponatremia. At follow-up, serum sodium was 137 mEq/L.

**Conclusions.** This case shows that psoriatic arthritis flares can induce systemic inflammation leading to severe SIADH. IL-6-mediated non-osmotic ADH stimulation likely contributed. Resolution of hyponatremia with inflammation control and exclusion of neoplastic causes support this mechanism. Multidisciplinary management allowed effective control of sodium levels and the underlying rheumatologic disease.

**Abstract Code: FDI25079-74**

**FROM COMA TO DELUSIONS: UNUSUAL NEUROPSYCHIATRIC PRESENTATION OF CARASIL**

S. Talami<sup>1</sup>, N. Barp<sup>1</sup>, C. Lomonaco<sup>1</sup>, A. Da Rin Bianco<sup>1</sup>, L. De Marco<sup>1</sup>, O. Isak<sup>1</sup>, V. Fazio<sup>1</sup>, P. Di Palma<sup>1</sup>, C. Manuppelli<sup>1</sup>, A. De Pellegrin<sup>1</sup>

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**Introduction.** CARASIL (Cerebral Autosomal Recessive Arteriopathy with Subcortical Infarcts and Leukoencephalopathy) is a rare genetic disorder caused by HTRA1 mutations, characterized by cerebral small-vessel disease, recurrent subcortical infarcts and progressive leukoencephalopathy. Clinical presentation is heterogeneous and may include stroke, cognitive decline, migraine, and psychiatric symptoms.

**Description.** A 65-year-old woman was found unconscious with hypothermia (33°C) and hypotension (BP 57/40 mmHg). In the ED she had a GCS of 8, newly diagnosed atrial fibrillation, and CT/perfusion studies showed cerebral hypoperfusion. She was admitted to the ICU and required temporary vasoactive support. Brain MRI revealed subacute ischemic lesions suggestive of hereditary small-vessel disease consistent with CARASIL. Antiplatelet and prophylactic anticonvulsant therapies were started. Genetic testing was requested, and family screening was proposed. Months later, she was readmitted for psychiatric decompensation with religious delusions and aggressive behavior; risperidone led to clinical improvement. One year later, genetic testing confirmed CARASIL; one of her children had experienced a hemorrhagic stroke.

**Conclusions.** This case highlights the phenotypic variability of CARASIL, which may present with loss of consciousness and acute psychiatric symptoms in addition to stroke and cognitive decline. Diagnosis requires integration of clinical, neuroimaging, and genetic data. Multidisciplinary management is essential for treatment, complication prevention, and family counseling.

**Abstract Code: FDI24937-76**

**IMPROVING CARE OUTCOMES IN THE MANAGEMENT OF VENOUS ACCESS PLACED IN PATIENTS HOSPITALIZED IN MEDICAL-SURGICAL WARDS: PROPOSAL FOR A PROSPECTIVE, SINGLE-CENTER OBSERVATIONAL STUDY**

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**Introduction.** Vascular access management is an essential component of nursing care; standardizing procedures is essential to ensure optimal vascular access management, reducing the occurrence of complications that lead to venous access failure and compromise patient safety. Recommendations for monitoring indicators are included in most of the most recent international clinical practice guidelines on the prevention of vascular catheter-related infections. The aim of the study is to prevent complications directly related to improper venous access management through targeted training on the observed healthcare outcomes.

**Materials and Methods.** Prospective observational study in adult patients with intravenous access admitted to medical/surgical wards. The INCATIV quality indicator will be used at two time points: T0-1st day of data collection, and T1-2nd, 60 days after training of staff serving in the wards involved in the study.

**Results.** Prevent complications directly related to venous access management through targeted training on the identified healthcare outcomes.

**Conclusions.** The study design is currently awaiting approval by the ethics committee and will be implemented at a hub hospital in Lombardy to identify the state of nursing care in the management of venous access and implement training courses based on the identified shortcomings.

**Abstract Code: FDI24817-73**

**BIG DATA E PICCOLE STORIE: LA SFIDA INFERMIERISTICA DELLA DOCUMENTAZIONE SIGNIFICATIVA**

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Nel contesto sanitario contemporaneo, la crescente digitalizzazione dei processi assistenziali ha portato alla produzione di enormi quantità di dati clinici, i cosiddetti Big Data. All'interno di questo scenario, la documentazione infermieristica rappresenta un nodo cruciale, chiamata a coniugare esigenze di tracciabilità, standardizzazione e analisi dei dati con la necessità di preservare il significato dell'esperienza di cura vissuta dalla persona assistita. L'infermieristica, per sua natura, si fonda non solo su indicatori misurabili, ma anche su "piccole storie": bisogni, percezioni, relazioni e risposte individuali alla malattia e all'assistenza. La sfida consiste nel trasformare la documentazione da mero adempimento burocratico a strumento clinico e professionale capace di integrare dati quantitativi e narrazione qualitativa. Una documentazione significativa supporta il processo decisionale, migliora la continuità assistenziale, valorizza il ragionamento clinico infermieristico e contribuisce alla qualità e sicurezza delle cure. Al tempo stesso, consente di rendere visibile il contributo specifico dell'infermiere all'interno dei sistemi informativi sanitari e delle analisi basate sui Big Data. Questo lavoro intende riflettere sul ruolo strategico della documentazione infermieristica come ponte tra tecnologia e umanizzazione delle cure, evidenziando opportunità, criticità e prospettive di sviluppo per una pratica assistenziale sempre più consapevole, centrata sulla persona e orientata al valore.

**Abstract Code: FDI24576-75**

**UN CASO DI SCOMPENSO CARDIACO ACUTO *DE NOVO*: MAI FERMARSI ALLA SUPERFICIE!**

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Ricovero per insufficienza respiratoria acuta in U. O. Pneumologia. Consulenza internistica: persistenza dispnea a riposo dopo 7 gg di ricovero, NT pro-BNP: 1890 pg/ml. Piccola componente monoclonale in zona  $\gamma$ . Pregresso intervento di sindrome tunnel carpale bilaterale; ipertensione arteriosa, valori poco controllati da monoterapia con nebivololo prima del ricovero. Ecocardio: E/A>2, TDME: 138 msec; E/E': 13, MVI: 105 g/m<sup>2</sup>, F E>55%, paps: 43 mmHg; insufficienza mitralica moderata-severa; inversione onda S a studio doppler vena sovraepatica+flusso fasico in vena porta. Allo studio strain, GLS vsx significativamente ridotto (-12%). Atrio sx: fase reservoir nei limiti (+19.4%), compromissione della fase di pompa(+4.8%). Score IWT: 5(probabilità intermedia dal punto di vista di ecocardiografico di amiloidosi cardiaca). Ecografia torace: linee B ad entrambi i campi polmonari, non versamento pleurico. Posta diagnosi di AHF, introdotta Furosemide e.v. in push 120 mg/die+Dapagliflozin 1 cp/die+Enalapril 20 mg 1 cp/die; consigliata esecuzione di scintigrafia ossea con DPD, nel sospetto di ATTR: Perugini score 2 (diagnostica). Miglioramento clinico alla dimissione e controllo follow-up post-dimissione a 15 giorni in ambulatorio scompenso cardiaco. Studio per eventuale amiloidosi AL: negativa anche alla BOM (leucemia mieloide cronica, ora in trattamento). Afferita successivamente a centro cardiomiopatie per inizio terapia specifica ATTR. A nostro avviso caso esemplificativo di gestione multidisciplinare di HFpEF: fondamentali anamnesi, sospetto clinico, ecocardiografia di 2° livello eseguita dall'internista esperto nella metodica.

**Abstract Code: FDI24883-76**

**INDICATORI ECOCARDIOGRAFICI DI BASSO STROKE VOLUME ED OUTCOME  
INTRAOSPEDALIERI IN UNA COORTE DI PAZIENTI AFFETTI DA SCOMPENSO CARDIACO  
ACUTO**

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**Obiettivo.** integrale tempo-velocità in LVOT ad ecocardiogramma(LVOT-VTI)marcatore surrogato di portata cardiaca (CO), studiato in molte condizioni critiche. In AHF senza shock cardiogeno,sua  $\downarrow$  espressione di stato di“shock normoteso” ( $\downarrow$ CO con sintomi sistemici±evidenti). Si valuta prospetticamente, in coorte con AHF, impatto di LVOT-VTI in outcome a breve termine all'ingresso in PS: mortalità intra-ospedale (H)/eventi CV maggiori (MACE: riospedalizzazione/mortalità/ricovero a 3 mesi), vs score prognostico validato (EHMRG)

**Pazienti/Metodi.** Età >18 anni(01/06-31/10/2024),ammessi in PS per AHF e valutati da medico(ecografia cardiotoracica integrata+calcolo EHMRG-ST30)

**Risultati.** In 78 pz,nei deceduti durante ricovero/MACE,significativa  $\downarrow$  LVOT-VTI,con classe EHMRG più  $\downarrow$  in deceduti/MACE a 3 mesi; in modello regressione lineare,relazione significativa tra LVOT-VTI e BNP all'ingresso. Modelli di regressione binaria logistica: $\downarrow$  significativa probabilità(pb) morte intra H/MACE proporzionale a  $\uparrow$  valore LVOT-VTI. Pb sopravvivenza intra H predetta da un LVOT-VTI  $\downarrow$  indipendentemente da marcatori più noti(FE,BNP): da 85.8% con LVOT-VTI=11 cm a 99.6% in LVOT-VTI=19 cm. Analisi multivariata: valore additivo nella predizione del rischio da parte di LVOT-VTI rispetto ad EHMRG

**Conclusioni.**  $\downarrow$  LVOT-VTI alla presentazione in PS prediceva > severità di congestione polmonare/sistemica. Deceduti al ricovero/MACE a 3 mesi: LVOT-VTI più  $\downarrow$ . LVOT-VTI < si associa a > pb di decesso intra H/MACE a 3 mesi: può essere associato/integrato in score EHMRG per migliorarne capacità di predire prognosi e migliorare management dei pz con AHF.

**Abstract Code: FDI25082-68**

**IT'S A TRAP(S)!**

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**Introduction.** Recurrent fever and abdominal pain in young patients are frequently attributed to infections, often resulting in prolonged empirical antibiotics. When systemic inflammation persists despite appropriate treatment, autoinflammatory syndromes should be ruled out. We report a case of suspected Tumor Necrosis Factor Receptor–Associated Periodic Syndrome (TRAPS) presenting as a diagnostic challenge.

**Description.** A 19-year-old woman presented to the Emergency Room with severe abdominal pain and persistent fever, poorly responsive to antipyretic therapy. Empirical antibiotic treatment with piperacillin–tazobactam was started and later escalated to meropenem due to recurrent febrile peaks up to 39°C, without clinical improvement. During hospitalization, the patient developed rash, headache, asthenia, myalgia, and retrosternal pain. Blood tests showed marked systemic inflammation with elevated C-reactive protein, erythrocyte sedimentation rate, and ferritin, while procalcitonin remained within the normal range. Computed Tomography revealed a known periaortic lymph node conglomerate with increased uptake on positron emission tomography. Histological examination of laterocervical and deep lymph nodes demonstrated nonspecific inflammatory infiltrates, excluding hematological diseases.

**Conclusion.** Based on the clinical course, laboratory findings, and exclusion of infectious and neoplastic causes, an autoinflammatory disorder was suspected. Genetic testing for mutations of the Tumor Necrosis Factor Receptor was requested and is currently pending.

**Abstract Code: FDI24671-71**

**COMPETENZE DIGITALI DEI PROFESSIONISTI DI AREA MEDICA: SURVEY ESPLORATIVA FADOI-ANIMO EMILIA ROMAGNA 2026**

G. Testa<sup>1</sup>

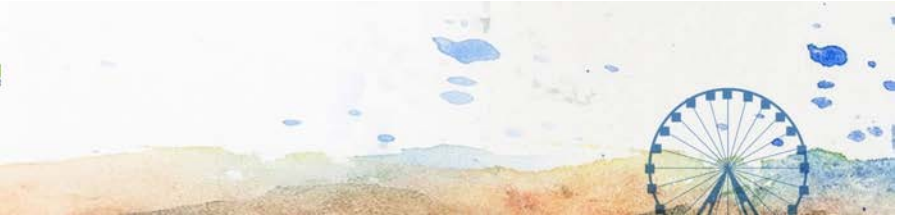
(1) AUSL Bologna, Italy.

**Introduzione.** La transizione digitale in sanità richiede un costante adeguamento delle competenze, cruciale per una forza lavoro eterogenea per età ed esperienza. Lo studio intende esplorare il livello di competenza digitale autovalutato di medici e infermieri, analizzando parallelamente le percezioni e le aspettative sull'impatto tecnologico nell'assistenza.

**Materiali e Metodi.** Survey online con approccio misto (quali-quantitativo) rivolta a medici e infermieri iscritti a FADOI e ANIMO operanti in Unità di area medica (Regione Emilia Romagna). La raccolta dati (novembre 2025 – aprile 2026) tramite Google Moduli indaga anagrafica, percorsi formativi e self-perceived competences. L'analisi statistica (software Jamovi/Excel) sarà integrata dall'analisi qualitativa di barriere, facilitatori e sfide percepite.

**Risultati.** Studio attualmente in corso (ongoing).

**Discussione.** I dati, discussi in fase intermedia e finale, permetteranno di correlare le competenze dichiarate al background formativo e all'esperienza clinica. L'indagine mira a definire la necessità di formazione specifica sull'innovazione e a dare voce ai professionisti, mappando rischi e opportunità della digitalizzazione dei processi di cura e assistenza.



**Abstract Code: FDI24604-67**

**PERITONEAL MESOTHELIOMA IN A PATIENT WITH VENTRICULOPERITONEAL SHUNT AND NO ASBESTOS EXPOSURE: A CASE REPORT**

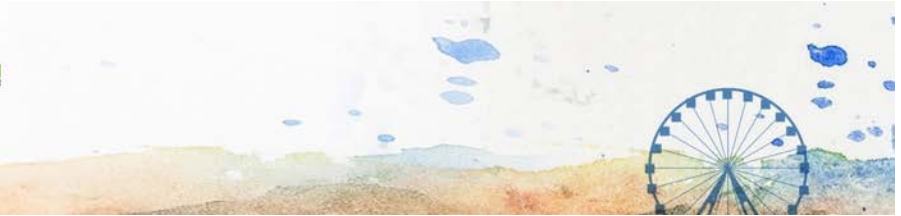
I.M. Timpanaro<sup>1</sup>, C. Sgroi<sup>1</sup>, S.A. Neri<sup>1</sup>, E. Cristaldi<sup>1</sup>, R.A. D' Amico<sup>1</sup>, K. Battiato<sup>1</sup>, L. Incorvaia<sup>1</sup>, M. Vacante<sup>1</sup>, M. Bonaccorso<sup>1</sup>

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**Introduction.** Peritoneal mesothelioma is a rare malignancy usually associated with asbestos exposure. Rarely, chronic peritoneal irritation from indwelling devices such as ventriculo-peritoneal (VP) shunts may contribute to tumorigenesis. We present a case of VP shunt-associated peritoneal mesothelioma in a young adult without asbestos exposure.

**Clinical report.** A 35-y-old-man with a long-standing VP shunt for hydrocephalus who presented with abdominal distension and pain, ascites. He had no history of asbestos exposure. Laboratory tests showed normal liver function, inflammatory markers and no cytopenias. Abdominal CT-scan revealed diffuse peritoneal thickening, omental caking, ascites; no primary tumor elsewhere. Paracentesis cytology was inconclusive. Laparoscopic biopsy confirmed epithelioid peritoneal mesothelioma. Following multidisciplinary tumor board discussion, the patient was deemed an appropriate candidate for complete cytoreductive surgery and HIPEC with cisplatin and doxorubicin.

**Conclusions.** This case highlights the rare association between longstanding VP-shunts and peritoneal mesothelioma. Chronic peritoneal irritation from the indwelling catheter may play a role in tumorigenesis. Clinicians should consider mesothelioma in patient with long-term intra-abdominal shunts presenting with ascites or abdominal masses, even in the absence of asbestos exposure. Early biopsy and histopathological-molecular work-up are essential for diagnosis but prognosis remains poor, with current therapeutic options being limited.



**Abstract Code: FDI25087-73**

**AN UNEXPECTED SIDE EFFECT OF TIRZEPATIDE IN AN ELDERLY PATIENT: A CASE REPORT**

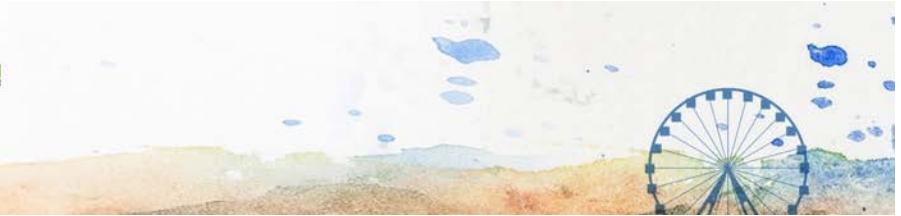
P. Tirelli<sup>1</sup>, G. Cuomo<sup>1</sup>, A. De Sena<sup>1</sup>, V. Gammaldi<sup>1</sup>, C. Fierarossa<sup>1</sup>, B. Tartaglia<sup>1</sup>, D. Birra<sup>1</sup>, M. Guerra<sup>1</sup>, V. Nuzzo<sup>1</sup>

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**Introduction.** Tirzepatide, a dual GLP-1/GIP receptor agonist, is increasingly used for the treatment of type 2 diabetes and obesity. While gastrointestinal side effects such as nausea and diarrhea are common, reports of ischemic colitis potentially associated with tirzepatide are extremely rare. Understanding potential mechanisms is critical for early recognition and management.

**Description.** We report the case of a 77-year-old woman with type 2 diabetes, obesity, and cardiovascular comorbidities, who developed acute onset abdominal pain and rectal bleeding two days after her second dose of tirzepatide. On admission, laboratory evaluation showed leukocytosis and elevated C-reactive protein. Abdominal CT demonstrated segmental left-sided colitis with diverticulosis. Rectosigmoidoscopy revealed hyperemic, edematous, friable mucosa with superficial ulcerations in the sigmoid colon. Histology was consistent with erosive colitis with features suggestive of ischemic injury. Infectious workup was negative. The patient was promptly started on intravenous metronidazole, fluid resuscitation, and pantoprazole. Clinical symptoms resolved over the subsequent days, and laboratory markers improved.

**Conclusions.** This case highlights a potential association between tirzepatide therapy and ischemic colitis. Mechanisms may include delayed gastrointestinal motility, increased intraluminal pressure, relative hypovolemia, and possible neuroenteric microvascular modulation. Clinicians should be aware of this rare but serious complication, particularly in patients with cardiovascular comorbidities.



**Abstract Code: FDI24664-73**

## **UNMASKING PURE AUTONOMIC FAILURE: A RARE CASE OF PROGRESSIVE AUTONOMIC DYSFUNCTION**

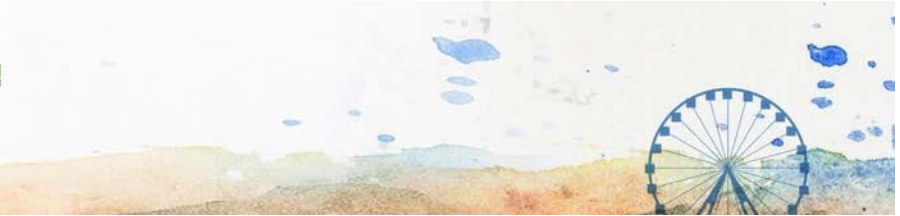
G. Torin<sup>1</sup>, M. Milan<sup>1</sup>, L. Grillini<sup>1</sup>, R. Buso<sup>2</sup>, M. Rattazzi<sup>2</sup>, A. Mazza<sup>3</sup>, S. Cuppini<sup>1</sup>

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**Introduction.** Pure autonomic failure (PAF) is a rare neurodegenerative disorder characterized by progressive impairment of autonomic regulation with marked orthostatic hypotension. The underlying pathology involves  $\alpha$ -synuclein deposition within autonomic ganglia, leading to reduced norepinephrine release and progressive autonomic dysfunction. We report the case of a new-onset PAF.

**Description.** A 63-year-old woman presented to the Emergency Department in October 2025 for recurrent syncopal episodes, with BP fluctuating between 180/70 mmHg and 70/40 mmHg, in the absence of extrapyramidal signs. Her medical history included arterial hypertension, dyslipidemia, CAD, urinary incontinence. Home therapy was: ramipril 2.5 mg, atorvastatin 20 mg, and aspirin. Laboratory tests showed: creatinine 0.77 mg/dL, TSH 1.39 mUI/mL, renin 1.9 mUI/L, aldosterone 17 pg/mL, potassium 3.5 mmol/L, metanephrines 72  $\mu$ g/24 h, cortisol 11.4  $\mu$ g/dL. ECG revealed sinus rhythm; echocardiography documented preserved biventricular function, EF 53%, and no valvular disease. Holter ECG detected no arrhythmias, whereas 24-h BP monitoring showed marked variability with reverse dipping and severe nocturnal hypertension. Brain CT and MRI were unremarkable, and electromyography demonstrated normal sympathetic skin response. Discharge therapy was: midodrine 2.5 mg/ml 10 gtt twice daily, fludrocortisone 0.1 mg, droxidopa 200 mg twice daily, and evening lercanidipine 10 mg.

**Conclusions.** PAF is a rare disorder requiring a multidisciplinary approach with empirical therapy, and its management remains a clinical challenge.



**Abstract Code: FDI25086-72**

## **IMPACT OF NURSING CARE AND SUPPORT ON THE KNOWLEDGE AND BURDEN OF CAREGIVERS OF PATIENTS WITH DEMENTIA: A CROSS-SECTIONAL STUDY**

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**Introduction and Aim.** Caregivers of people with dementia often experience significant burden, which may be influenced by their disease knowledge. Nurses may play a key role in supporting caregivers; however, evidence on their impact on caregiver knowledge and burden is limited. This study aimed to examine the impact of nursing care and support on the knowledge and burden of caregivers of patients with dementia.

**Materials and Methods.** A cross-sectional study was conducted (June-August 2025). Data were collected using a questionnaire including: (i) sociodemographic data; (ii) the Dementia Knowledge Assessment Scale (DKAS) (range 0-50, higher scores indicate better knowledge); (iii) the Caregiver Burden Inventory (CBI) assessing time-dependence, developmental, physical, social, and emotional burden (range 0-96, higher scores denote greater burden); and (iv) nursing care and support.

**Results.** Among the caregivers (N=81), moderate dementia knowledge (mean DKAS=28.57±8.72) and burden (mean CBI=42.32±26.55) were found. DKAS and CBI scores were not significantly correlated. Higher DKAS score was observed when a specialist dementia nurse was present (H=8.566, p=0.014), along with lower emotional burden when caregivers had a reference nurse (H=9.136, p=0.010). Caregivers who received nursing guidance or training also showed higher DKAS (H=7.644, p=0.022) and lower emotional burden (H=7.659, p=0.022) scores.

**Conclusions.** Specialist and reference nursing support, alongside guidance and training, should be prioritised to improve caregiver knowledge and emotional burden.

**Abstract Code: FDI24697-79**

**LINFOMA DIFFUSO A GRANDI CELLULE B AIDS-CORRELATO IN UN QUADRO DI POLISIEROSITE. L'IMPORTANZA DELLA DIAGNOSI PRECOCE DI HIV IN QUADRI INFIAMMATORI SISTEMICI INATTESI**

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**Introduzione.** Il Linfoma Diffuso a Grandi Cellule B (DLBCL) è uno dei più comuni e aggressivi Linfomi non-Hodgkin AIDS correlato. L'esordio clinico può mimare sindromi infiammatorie sistemiche (SIRS), complicando la diagnosi.

**Descrizione.** Paziente di 57 anni ghanese, si ricoverava con sintomi simil-influenzali, in anamnesi ipertensione arteriosa. Gli indici di flogosi elevati, formula leucocitaria conservata. RX Torace ed ecocardiografia, rilevavano versamento pericardico e pleurico inducendo il sospetto di polisierosite. Si cercavano: cause infettive, malattie autoimmuni, neoplastiche. La positività al Virus dell'immunodeficienza umana (HIV) e la tipizzazione linfocitaria hanno condotto alla diagnosi di AIDS conclamato. L'ecografia addominale rilevava una formazione in sede surrenalica di 5 cm e linfadenomegalie addominali. La TC rilevava un grosso linfonodo che inglobava il surrene sinistro con enhancement disomogeneo, linfadenomegalie di natura secondaria. Veniva eseguita una biopsia della massa surrenalica-linfonodale, l'istologia ha posto diagnosi di DLBCL Non-Germinal-Centre type AIDS-correlato.

**Conclusioni.** La polisierosite in un quadro di AIDS costituisce una manifestazione atipica che può depistare nell'identificazione della neoplasia sottostante. Questo caso clinico evidenzia come una polisierosite accompagnata da una SIRS possa rappresentare l'unica manifestazione di un DLBCL AIDS correlato in un contesto di grave immunodeficienza. La tempestività nel considerare l'infezione da HIV è cruciale nella diagnosi differenziale delle cause di SIRS.

**Abstract Code: FDI24974-77**

**ASSISTENZA A PAZIENTI CON INFEZIONI MULTI-DRUG RESISTANT IN SETTING MEDICO:  
ESPERIENZA, ATTEGGIAMENTI E ADERENZA ALLE MISURE DI PREVENZIONE DEI  
PROFESSIONISTI**

A. Tumini<sup>1</sup>, E. Capomagi<sup>1</sup>, M. Guidi<sup>1</sup>, C. Paolorossi<sup>1</sup>, G. Talevi<sup>1</sup>, L. Dignani<sup>1</sup>, A. Toccaceli<sup>1</sup>

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**Introduzione e Obiettivi.** Le infezioni da organismi Multi-Drug Resistant rappresentano una sfida crescente per i sistemi sanitari con impatti su esiti clinici e costi assistenziali. Medici e infermieri hanno un ruolo centrale nell'applicazione delle misure di prevenzione. Lo studio esplora atteggiamenti percezioni ed esperienze dei professionisti in setting medico evidenziando bisogni formativi e fattori che influenzano l'aderenza ai protocolli.

**Materiali e Metodi.** È stata condotta una Qualitative Content Analysis. La raccolta dati è stata effettuata tra dicembre 2025 e gennaio 2026 tramite interviste semi-strutturate con tre domande aperte. L'analisi ha utilizzato la codifica tematica per individuare categorie e temi emergenti.

**Risultati.** Il campione ha incluso n. 10 infermieri e n. 4 medici con esperienza nella gestione di pazienti MDR. L'analisi evidenzia un profondo vissuto emotivo e professionale, complessità operative, barriere e facilitatori individuali e organizzativi. I principali temi emersi riguardano l'aumento della diffusione dei patogeni multiresistenti, le difficoltà operative in reparti ad alta intensità e complessità come è un setting di medicina interna, i limiti dell'isolamento e della sanificazione ambientale e la necessità di convivere con una realtà complessa e una domanda di assistenza in evoluzione.

**Conclusioni.** I risultati possono guidare verso un approfondimento e rivalutazione di interventi formativi e organizzativi mirati a migliorare sicurezza dei pazienti, benessere degli operatori e qualità complessiva dell'assistenza.

**Abstract Code: FDI24912-69**

**DISCHARGE PROBLEMS AND LACK OF RESOURCES IN A LIGURIAN INTERNAL MEDICINE DEPARTMENT**

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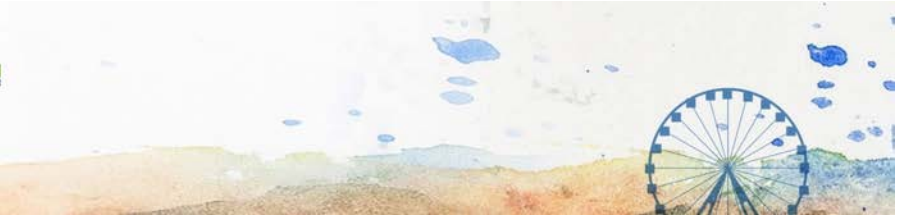
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**Introduction.** The Internal Medicine Department of Sanremo (44 acute care beds) provides diagnostic and therapeutic support for emergency, complex, and multimorbid patients with cardiovascular, respiratory, infectious, hematological, gastroenterological, rheumatological, and oncological conditions, often requiring high-intensity care.

**Materials and Methods.** We evaluated 1,165 patients admitted in the last year: 913 from the Emergency Department, 104 from the Hematology Department using a fast-track system for urgent cases, 66 transferred from other departments (ICU and Cardiology), and 32 from other locations.

**Results.** Mean age: 79 years; mean hospital stay: 13 days; mean DRG weight: 1.38. We discharged 40% of patients to long care facilities (nursing home or rehabilitation), with an average wait of 5 days after the proposed discharge date. It emerged that the main factor limiting discharge is related to the limited availability of adequate care for frail and multimorbid patients with a superimposed serious acute event, which significantly affects their medical and nursing care needs.

**Conclusions.** Our Internal Medicine Department, in a provincial hospital setting characterized by a significant shortage of Internal Medicine beds (0.50 beds/1,000 inhabitants), offers significant support in the management of complex, multimorbid, and frail patients, particularly by providing appropriate care to patients with multiple pathologies suffering from acute clinical conditions requiring high levels of care.



**Abstract Code: FDI24915-72**

## **NON-TUBERCULOUS MYCOBACTERIAL LYMPHADENITIS IN AN IMMUNOCOMPETENT YOUNG WOMAN**

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**Introduction.** We report the case of an axillary lymphadenitis caused by *Mycobacterium avium intracellulare* in an immunocompetent adult woman. Non-tuberculous mycobacterial (NTM) lymphadenitis have been frequently reported in children and in adult immunocompromised hosts but are quite rare in immunocompetent adult patients.

**Description.** A 29-year-old woman without known immunodeficiency, G6PD-deficiency affected, working as fishmonger, reported the 6-week onset of painful left axillary lymphadenopathy, without fever or evidence of arm wounds or soft tissues infection. The blood tests showed PCR 3 mg/dL, Hb 12,6 g/dL, WBC 9450/mm<sup>3</sup>, PLT 372000/mm<sup>3</sup>, ESR 54 mm/1h, bilirubin 1,0 mg/dL creatinine 0,6 mg/dL; serologic tests for *Bartonella henselae*, syphilis, *T. gondii*, CMV, EBV, HSV, HIV, Quantiferon-TB were negative. We performed an US-scan with evidence of a 24 mm inhomogeneous hypoechoic structure, subjected to needle biopsy with detection of necrotizing giant cell granulomas; Ziehl-Neelsen staining was negative and the culture of the lymph node aspirate yielded *Mycobacterium avium intracellulare*. The patient subsequently underwent excisional biopsy and the possibility of antitubercular antibiotic treatment is being evaluated.

**Conclusions.** Nontuberculosis mycobacterial lymphadenitis, more frequently in a cervical site, is a relatively common disease in immunocompetent children but a rare disease in immunocompetent adults.

**Abstract Code: FDI25068-72**

**PERCUTANEOUS CORONARY INTERVENTION (PCI) FOR ACUTE MYOCARDIAL INFARCTION IN A PATIENT WITH ACUTE MYELOID LEUKEMIA AND SEVERE THROMBOCYTOPENIA. SOMETIMES THE RISK IS WORTH IT**

M. Uccelli<sup>1</sup>, A. Reho<sup>1</sup>, N. Panico<sup>1</sup>, M. Di Sazio<sup>1</sup>, L. Trucco<sup>1</sup>, C. Tortorella<sup>1</sup>, A. Borra<sup>2</sup>

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**Introduction.** Managing acute myocardial infarction (AMI) with percutaneous coronary intervention (PCI) in acute myeloid leukemia (AML) with severe thrombocytopenia presents challenging bleeding risks, related to low platelets count enhanced by dual antiplatelet therapy (DAPT). No formal guidelines exist, but literature supports a cautious, individualized multidisciplinary approach.

**Description.** We describe the case of an 82-year-old man with AML who presented to the emergency room with AMI and cardiogenic shock. Blood tests revealed Hb 8.5 g/dL, WBC 2640/mm<sup>3</sup>, PLT 37000/mm<sup>3</sup>, CK 862 U/mL, hsTn 34068 ng/L, creatinine 1.3 mg/dL. An ECG and echocardiogram were performed, showing respectively anterior ST elevation and severe left ventricular dysfunction (EF 25%). The patient underwent intra-aortic balloon pump placement and PCI, with placement of two overlapping drug-eluting stents (DES) in the left main and anterior ventricular arterial. Cangrelor, acetylsalicylic acid (ASA), and an heparin bolus were administered during the procedure. The course of the disease was complicated by worsening thrombocytopenia (5000/mm<sup>3</sup>), requiring transfusion support. Treatment was combined with eltrombopag 50 mg and DAPT (ASA 100 mg/clopidogrel 75 mg) daily for one month and the patient was discharged in clinical stability.

**Conclusions.** In a case with very high risk profile related to severe multimorbidity, management by a multidisciplinary team can improve the patient's outcome, leading to unexpected

**Results.** The patient remains in clinically stable condition nine months after the event.

**Abstract Code: FDI24554-71**

**THE "PENCTAT" STUDY: A CORRELATION ANALYSIS IN 30 PATIENTS WITH VENOUS THROMBOEMBOLISM. THREE-YEAR EXPERIENCE (2023–2025)**

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**Introduction.** The "PENCTAT" study, an acronym for "PEsi – clearaNCE laTATi," enrolled 30 patients with venous thromboembolism admitted between January 2023 and December 2025. The clinical presentation was characterized by severe respiratory failure (pO<sub>2</sub> <60 mmHg) and hemodynamic instability (SBP <90 mmHg). All patients underwent: contrast-enhanced thoracoabdominal-pelvic CT; pulmonary angiography with local-regional fibrinolysis. In all patients, lactate clearance was calculated using arterial blood gas analysis (lactate measurement at pre-lysis T0 and at 6 hours post-lysis T1) and PESI. The "PENCTAT" study has the following

**Objectives.** 1) To verify relationships between PESI values at entry and lactate clearance values; 2) To verify the statistical significance found.

**Materials and Methods.** The Pearson correlation test correlates the variable PESI at baseline with the variable lactate clearance. To calculate the test, the formula for the Pearson correlation coefficient "r" (which indicates the strength of the association and is calculated as the product of the moment with respect to the mean) is applied:  $\frac{\sum(A - \bar{A})(E - \bar{E})}{\sqrt{\sum(A - \bar{A})^2 \sum(E - \bar{E})^2}}$ .

**Results.** The Pearson test shows a highly significant correlation (p<0.001) between the two variables examined (PESI values at admission and lactate clearance values). In fact, the obtained "r" value is 0.62 and the CV (critical value) of "r" for p=0.001 is 0.207 with GL=29.

**Conclusions.** The "PENCTAT" study has demonstrated that there is a correlation between the two variables considered: lactate clearance and PESI.

**Abstract Code: FDI24806-71**

## **INDAGINE ESPLORATIVA SULLA SODDISFAZIONE LAVORATIVA DEGLI INFERMIERI CASE MANAGER ITALIANI**

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**Introduzione.** Il Case Management infermieristico è un modello organizzativo-assistenziale orientato alla continuità delle cure e alla gestione della complessità clinico-assistenziale. La crescente responsabilità attribuita agli infermieri Case Manager rende rilevante la valutazione della soddisfazione lavorativa. Obiettivo dello studio è valutare il livello di soddisfazione lavorativa degli infermieri Case Manager operanti in Italia.

**Materiali e Metodi.** È stato condotto uno studio osservazionale di tipo cross-sectional tra settembre e novembre 2024 mediante questionario anonimo online. Sono stati raccolti dati socio-professionali e il livello di soddisfazione lavorativa tramite la Job Satisfaction Survey. Il campione includeva infermieri Case Manager operanti in strutture sanitarie pubbliche e private sul territorio nazionale.

**Risultati.** Hanno partecipato allo studio 200 infermieri Case Manager, prevalentemente di sesso femminile (71%), con età media di  $42,9 \pm 7,9$  anni. Il punteggio medio di soddisfazione generale è risultato pari a  $21,5 \pm 4,6$  su 30. I livelli più elevati hanno riguardato autonomia lavorativa e sicurezza occupazionale, mentre le aree più critiche sono risultate compenso economico e sviluppo professionale.

**Conclusioni.** Gli infermieri Case Manager italiani presentano un buon livello di soddisfazione lavorativa complessiva, con criticità legate al riconoscimento economico e alle opportunità di carriera, suggerendo la necessità di interventi organizzativi mirati alla valorizzazione del ruolo.

**Abstract Code: FDI24635-71**

**CASO CLINICO DI ICTUS MICROEMBOLICO AD ORIGINE SCONOSCIUTA: PERCORSO DIAGNOSTICO E PRESA IN CARICO MULTIDISCIPLINARE**

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**Introduzione.** Gli ictus a causa non definita rappresentano una quota rilevante degli eventi ischemici. Presentiamo il caso di un uomo di 80 anni con esordio acuto di deficit motorio dell'arto superiore destro e molteplici fattori di rischio vascolari.

**Descrizione.** Il paziente si presenta al risveglio con deficit di forza dell'arto superiore destro. La tomografia computerizzata basale e quella di controllo non mostrano lesioni acute. La risonanza magnetica evidenzia aree multiple di ischemia recente in sede fronto-parietale sinistra e una lesione subacuta omolaterale, compatibili con fenomeni microembolici. Lo studio dei tronchi sovra-aortici documenta aterosclerosi carotidea moderata senza stenosi significative. Il monitoraggio elettrocardiografico delle 24 ore non rileva aritmie. L'ecocardiogramma mostra cardiopatia ipertrofica con dilatazione atriale sinistra e alterazioni valvolari, possibili fonti emboligene. In prevenzione secondaria vengono avviati antiaggregante, inibitore della 3-idrossi-3-metilglutaril-CoA reductasi ed ezetimibe, con programmazione di monitoraggio cardiaco prolungato tramite dispositivo sottocutaneo.

**Conclusioni.** Il quadro clinico e radiologico è compatibile con ictus microembolico di probabile origine cardiaca in assenza di aritmie documentate. La gestione ha richiesto valutazione neurologica e cardiologica integrata, ottimizzazione della prevenzione secondaria e pianificazione di monitoraggio prolungato del ritmo cardiaco per identificare eventuali aritmie parossistiche non evidenziate nei controlli standard.



**Abstract Code: FDI24803-68**

**CEFALEA DA ABUSO DI ANALGESICI IN STORIA DI EMICRANIA CRONICA: GESTIONE DELLA SOSPENSIONE FARMACOLOGICA IN REGIME DI RICOVERO ED IMPOSTAZIONE DELLA TERAPIA PREVENTIVA PER L'EMICRANIA**

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**Introduzione.** La cefalea da abuso di analgesici è una causa rilevante di cronicizzazione nei pazienti con emicrania. L'assunzione eccessiva di farmaci determina peggioramento clinico e perdita di efficacia delle terapie sintomatiche per l'emicrania. Nei casi non gestibili in ambito ambulatoriale, il ricovero consente sospensione controllata dei farmaci e monitoraggio dell'astinenza.

**Descrizione.** Una donna di 41 anni con storia di emicrania dall'adolescenza e uso ripetuto di analgesici giungeva al ricovero per quadro conclamato di cefalea da abuso di sintomatici. All'ingresso presentava parametri vitali nella norma e assenza di deficit neurologici. La sospensione degli analgesici induceva cefalea da astinenza, trattata con benzodiazepine, antiemetici e sedativi. Durante la degenza si osservava progressiva riduzione della sintomatologia e graduale sospensione delle benzodiazepine fino alla normalizzazione della cefalea. Al termine del ricovero veniva programmata visita di controllo per avviare terapia preventiva con anticorpi monoclonali specifici per l'emicrania.

**Conclusioni.** Il caso evidenzia come il ricovero rappresenti un'opzione efficace nei pazienti che non riescono a interrompere autonomamente l'abuso di analgesici. La gestione strutturata dell'astinenza e l'impostazione precoce di una terapia preventiva adeguata consentono di migliorare il controllo della cefalea, ridurre il rischio di ricadute e recuperare la responsabilità ai trattamenti sintomatici.

**Abstract Code: FDI24819-75**

**CRISI ADDISONIANA IATROGENA IN PAZIENTE ANZIANA CON RIDOTTA RISERVA SURRENALICA DOPO RAPIDA SOSPENSIONE DI TERAPIA CORTICOSTEROIDEA: UN CASO DI INSUFFICIENZA SURRENALICA MISCONOSCIUTA**

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**Introduzione.** La crisi addisoniana nel paziente anziano pluripatologico rappresenta una condizione clinica di difficile riconoscimento con sintomi aspecifici e sovrapponibili ad altre condizioni internistiche acute.

**Descrizione.** Si descrive il caso di una donna di 86 anni affetta da broncopneumopatia cronica ostruttiva, diabete mellito tipo 2, ipertensione arteriosa ricoverata per ipotensione persistente e iposodiemia severa. In anamnesi remota era presente una diagnosi di iposurrenalismo transitorio, trattato circa dieci anni prima con cortisone acetato, con conseguente ridotta riserva surrenalica. Durante un recente ricovero in pneumologia per pneumotorace traumatico, la paziente aveva effettuato terapia corticosteroidica ad alti dosaggi, seguita da una riduzione troppo rapida. All'ingresso la pregressa condizione endocrinologica non veniva riferita e il quadro clinico veniva inizialmente interpretato come iponatriemia. Gli esami mostravano iponatriemia marcata, peggioramento della funzione renale con potassiemia nei limiti. Il miglioramento clinico risultava incompleto fino al riconoscimento della crisi addisoniana.

**Conclusioni.** L'introduzione della terapia sostitutiva con cortisone acetato determinava la rapida risoluzione dell'ipotensione, della letargia e delle alterazioni biochimiche in pochi giorni. Il caso sottolinea l'importanza di un'anamnesi accurata e della valutazione della riserva surrenalica nei pazienti sottoposti a terapia corticosteroidica, evidenziando il rischio di crisi addisoniana iatrogena dopo sospensione troppo rapida del trattamento corticosteroidico.

**Abstract Code: FDI24632-68**

## **LA COMUNICAZIONE IPNOTICA COME STRATEGIA PER LA GESTIONE E LA PREVENZIONE DEI CONFLITTI INTERPERSONALI IN CONTESTO SANITARIO**

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**Introduzione.** Le organizzazioni sanitarie sono ambienti ad alta intensità emotiva, dove stress, carichi di lavoro e dinamiche relazionali complesse predispongono i professionisti a conflitti. L'obiettivo del lavoro è valutarne l'efficacia della comunicazione ipnotica come strumento per prevenire o risolvere i conflitti nel contesto lavorativo sanitario.

**Materiali e Metodi.** Lo studio ha coinvolto infermieri e Operatori Socio Sanitari operanti in unità di Medicina e ambulatori specialistici (Medicina e Diabetologia). Inizialmente, è stato somministrato un questionario per indagare le modalità di gestione del conflitto. Successivamente, è stato organizzato un intervento formativo specifico sulle tecniche di comunicazione ipnotica, per migliorare l'ascolto attivo e l'uso consapevole del linguaggio durante i conflitti. A distanza di due mesi dalla formazione, il questionario è andato a valutare i cambiamenti nelle strategie comunicative adottate.

**Risultati.** L'analisi comparativa ha evidenziato cambiamenti positivi nella modalità di gestione dei conflitti.

**Conclusioni.** La comunicazione ipnotica, sebbene ancora poco esplorata nella gestione dei conflitti in ambito sanitario, si dimostra uno strumento utile e promettente per migliorare aspetti relazionali fondamentali, in particolare l'ascolto e la consapevolezza verbale.

**Abstract Code: FDI24658-76**

## **COLLOQUIO DI ACCOGLIENZA INFERMIERISTICO: LO STRUMENTO ESSENZIALE PER LA PIANIFICAZIONE DELL'ASSISTENZA E LA DIMISSIONE PROTETTA**

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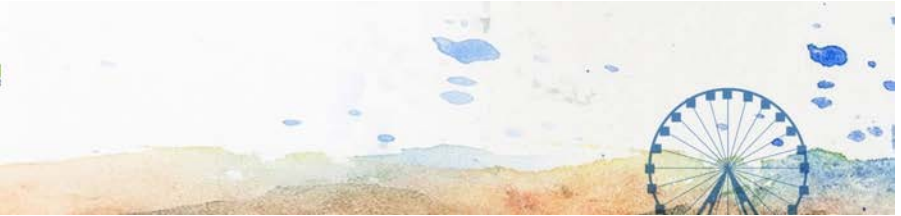
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**Introduzione.** Il colloquio di accoglienza al momento del ricovero rappresenta la prima e fondamentale interazione tra l'infermiere e il paziente. Questo processo non è una mera raccolta di dati amministrativi, ma un momento clinico-assistenziale cruciale per stabilire un rapporto terapeutico, valutare lo stato di salute del paziente e, in particolare, identificarne le fragilità e i bisogni assistenziali immediati e a lungo termine. L'obiettivo primario di questa valutazione è garantire la sicurezza del paziente durante la degenza e, fattore sempre più rilevante, valutare la necessità di una dimissione protetta e personalizzata.

**Materiali e Metodi.** Il presente lavoro si configura come un'analisi descrittiva e una revisione critica della letteratura per la valutazione dei bisogni complessi del paziente anziano/fragile al momento del ricovero. A tale proposito, è stato sviluppato un protocollo strutturato di colloquio di accoglienza, che include la valutazione delle autonomie, della presenza di caregiver e delle condizioni abitative

**Risultati.** Il protocollo strutturato di colloquio di accoglienza ha permesso di personalizzare l'assistenza, ridurre la durata della degenza.

**Conclusioni.** Un colloquio di accoglienza strutturato è in grado di prevenire la riospedalizzazione, e migliorare l'efficacia delle cure, ottimizzando così l'uso dei posti letto e facilitando la continuità assistenziale tra Ospedale e Territorio.



**Abstract Code: FDI24683-74**

## **A CASE OF AA AMYLOIDOSIS IN A YOUNG PATIENT WITH A COMPLEX AUTOIMMUNE**

### **BACKGROUND**

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**Introduction.** AA amyloidosis is a serious and progressive infiltrative disease caused by tissue deposition of fibrils derived from serum amyloid A (SAA) protein, an acute-phase reactant related to chronic inflammatory or infectious diseases. Here we present a rare case of AA Amyloidosis in a young patient affected by sepsis over a complex autoimmune background.

**Description.** A 45-year-old male presented with a 1-month history of persistent fever. He reported recent hospitalizations due to acute on chronic kidney injury complicated by urosepsis, and pneumonia. Medical history revealed psoriatic arthritis, ulcerative colitis and primary biliary cholangitis. Blood levels of white blood cells, inflammation markers, creatinine, natriuretic peptide (pro-BNP) and cardiac enzymes were high. Transthoracic echocardiography revealed unexplained left ventricle wall thickness without motion abnormalities. Nephrotic proteinuria was also detected, alongside with high levels of serum AA protein. Bisphosphonate scintigraphy showed no cardiac uptake and assessment for monoclonal proteins was negative; therefore, given the high suspicion for secondary amyloidosis, we performed a salivary gland biopsy which finally tested positive for AA amyloidosis.

**Conclusions.** Amyloid A (AA) amyloidosis is a life-threatening complication of chronic inflammatory disorders. Diagnosis can be challenging and still relies on histology. There is yet no treatment option for the clearance of amyloid fibril deposits, therefore the management strategy primarily aims to control the underlying inflammatory process.

**Abstract Code: FDI25081-67**

## **THE ROLE OF THE MULTIDISCIPLINARY TEAM IN THE MANAGEMENT OF COMPLEX CASES OF PATIENTS WITH LIVER DISEASE IN A PERIPHERAL HOSPITAL**

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**Introduction and Aim.** A multidisciplinary approach has been shown to improve the management of several diseases. The present study aims to evaluate the role of a multidisciplinary approach in complex cases of liver disease, ranging from focal liver lesions to hepatocarcinoma and biliary tract disease.

**Materials and Methods.** Since November 2023, 32 cases of patients referred to the Liver Disease Outpatient Clinic of Barone Lombardo Hospital were discussed multidisciplinary. The team consisted of internists, radiologists, oncologists, surgeons and an endoscopist. The initial proposals of clinicians were compared with the decisions taken by the team to evaluate the appropriateness of prescribing radiologic exams and the need for referral.

**Results.** Among all the included patients (32), the median age was 57 years, 19 patients (59%) were female, 18 patients (56%) had liver disease. The mean follow-up period is 197 days (28-330). A total of 8 CT scans, 12 MRIs and 1 Positron Emission Tomography scan were saved as determined by the team versus the individual physician's initial assessment. No patients were referred to a secondary or tertiary hospital. No adverse events were reported during the follow-up period.

**Conclusions.** The multidisciplinary approach improves the appropriateness of prescribing radiological examinations with consequent reduction of costs, adverse events related to the use of contrast and a better allocation of resources. Moreover, the multidisciplinary team avoids unnecessary referrals to secondary and tertiary hospitals.

**Abstract Code: FDI24944-74**

## **A RARE CLINICAL CASE OF IDIOPATHIC MULTICENTRIC CASTLEMAN DISEASE**

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**Introduction.** Castleman disease is a rare lymphoproliferative disorder classified in unicentric and multicentric forms. Idiopathic Multicentric Castleman Disease (iMCD) is characterized by systemic symptoms (fever, weight loss, night sweats, edema, ascites, hepatosplenomegaly) and typical laboratory findings (anemia, hypoalbuminemia, hypergammaglobulinemia, elevated inflammatory markers such as IL-6 and VEGF). Diagnosis is based on lymphonode histology and exclusion of HHV-8 infection. IL-6 inhibitors represent first-line therapy, while rituximab-based regimens are used in refractory cases.

**Description.** A 60-year-old man presented with dyspnea, anasarca, diffuse lymphadenopathy and chylous ascites. CT imaging showed generalized lymphadenopathy and splenomegaly. Laboratory tests revealed normocytic anemia, hypoalbuminemia, hypergammaglobulinemia, elevated IL-6 and VEGF levels; HHV-8 infection was excluded. Lymph node biopsy demonstrated mixed-type Castleman disease, confirming iMCD. Six months of treatment with rituximab, cyclophosphamide and dexamethasone resulted in marked clinical and radiological improvement; maintenance therapy with rituximab alone was continued every two months.

**Conclusions.** iMCD is a rare and complex condition due to its heterogeneous presentation and limited available evidence; prompt diagnosis and appropriate therapy are essential for optimal outcomes.

**Abstract Code: FDI24771-72**

## **L'ENIGMA CLINICO CHE GLI ESAMI NON CHIARISCONO: IL MIDOLLO COME UNICA CHIAVE DIAGNOSTICA**

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**Introduzione.** Il carcinoma a cellule ad anello con castone (SRCC) è una variante aggressiva degli adenocarcinomi mucinosi, caratterizzata da scarsa coesività cellulare e precoce diffusione sistemica. Il coinvolgimento osteomidollare come presentazione iniziale è poco comune e può rendere difficile l'individuazione del tumore primitivo.

**Descrizione.** Un uomo giungeva alla nostra osservazione per progressivo calo ponderale, algie agli arti inferiori, febbricola e marcato deterioramento funzionale. All'ingresso presentava grave sarcopenia e ipostenia. Gli esami ematici evidenziavano flogosi cronica aspecifica, mentre TC, endoscopie e valutazioni specialistiche risultavano negative per lesioni neoplastiche. TC/RM e PET documentavano diffuse alterazioni osteostrutturali. Veniva pertanto eseguita la BOM che mostrava sostituzione del tessuto emopoietico da adenocarcinoma mucinoso con cellule ad anello con castone. L'immunoistochimica (CDX2, CK7, CK20) suggeriva un'origine gastroenterica senza permettere l'identificazione del primitivo. Le condizioni cliniche (ECOG 4) non consentivano un trattamento oncologico sistemico. Il paziente veniva avviato a cure palliative.

**Conclusioni.** Il caso descrive un SRCC a primitività occulta con infiltrazione midollare diffusa come presentazione iniziale, diagnosticata esclusivamente tramite biopsia osteomidollare. Questi quadri, caratterizzati da elevata aggressività e prognosi sfavorevole, richiedono un alto indice di sospetto nei pazienti con dolore osseo, calo ponderale e flogosi persistente senza chiara origine.

**Abstract Code: FDI24802-67**

**CITISINA NELLA DISASSUEFAZIONE DEL FUMO DI SIGARETTA NEI PAZIENTI AFFERENTI ALL'AMBULATORIO PER LO STUDIO DEI DISTURBI RESPIRATORI DEL SONNO**

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**Introduzione.** La citisina è un agonista parziale dei recettori nicotinici presenti a livello cerebrale, gli stessi a cui si lega la nicotina del fumo di tabacco.

**Metodi.** Nell'ambulatorio dedicato allo studio dei disturbi respiratori del sonno, ai pazienti con apnee ostruttive del sonno anche fumatori abbiamo proposto di astenersi dal fumo di sigaretta come parte del programma, prima dell'adattamento a protesi ventilatoria. Dal 30/01/24 al 30/06/25 abbiamo reclutato consecutivamente i pazienti che si sono presentati presso l'ambulatorio dedicato ai disturbi del sonno con diagnosi di OSA e che avessero intenzione di smettere di fumare. A questi abbiamo prescritto citisina alla posologia di 3 mg ogni 8 ore per 40 giorni, a 20 uomini (età compresa tra 23 e 84 anni, e 6 donne (età compresa tra 44 e 74 anni), tutti fumatori di almeno 1 pacchetto al dì da almeno 5 anni.

**Risultati.** Dei 26 pazienti 23 hanno smesso di fumare entro 20 giorni ed hanno persistito l'astensione dal fumo a 6 mesi, con controllo sia con visita sia con contatto telefonico. Tre pazienti hanno dismesso il fumo di sigaretta ma sono passati alla sigaretta elettronica sospendendo la citisina dopo soli 10 giorni. Nessuno dei pazienti ha manifestato effetti collaterali o avversi. Nessuno dei pazienti si è avvalso del supporto psicologico o psicoterapeutico.

**Conclusione.** La citisina a dosaggio pieno rappresenta una valida opportunità per i pazienti che desiderino smettere di fumare. Probabilmente il supporto psicologico potrebbe essere un utile integrazione alla terapia farmacologica almeno per i pazienti che necessitano di gratificazione orale.

**Abstract Code: FDI24949-79**

**A DIAGNOSTIC CHALLENGE: WHIPPLE DISEASE IN A PATIENT WITH CHRONIC DIARRHEA AND MALABSORPTION**

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**Introduction.** A 76 years old male with no significant medical history was hospitalised because of diarrhea and asthenia for 5 days. He also complained of loss of appetite and weight over the last month, along with nonspecific pain in his legs and limbs. Laboratory test revealed multifactorial anemia due to folic acid and iron deficiency as well as acute kidney injury.

**Description.** Initial testing focused on identifying the cause of diarrhea and included stool cultures and GDH testing for Clostridium, both of which were negative. In addition, due to recent weight loss, the following labs were performed: TSH (normal), albumin (17 g/L), QPE (no monoclonal components), albumin to creatinine Ratio test (0.58 mg/mmol), serology for celiac disease (negative), fecal pancreatic elastase (38, severe exocrine pancreatic insufficiency), fecal H. pylori (positive), fecal calprotectin 993. No tumor lesion was detected on colonoscopy or TC imaging, nor was inflammatory bowel disease (IBD). Gastroscopy revealed esophageal candidiasis, chronic antral gastropathy caused by H. pylori and Whipple disease from the duodenal biopsies. Treatment with endovenous fluconazolo, pylera and rocefin was initiated, prescribed for a month, following 12 months treatment with bactrim (160-800 mg 1 cp every 12 hours).

**Conclusions.** Whipple disease is rare, so it should be considered in all patients with the four cardinal manifestations (arthralgias, diarrhea, abdominal pain, and weight loss) after more common conditions have been excluded.

**Abstract Code: FDI24864-75**

**SEPSIS OR MYOCARDIAL INFARCTION? A DIFFICULT ANSWER**

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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 Sepsis 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 a 83-year female who came for hyperglycemia 430 mg/dL to DEA. The medical history reported diabetes and ischemic heart disease with previous STEMI. She was confused and asthenic. The B. P. was 120/70 mmHg, afebrile and heart rate is 110 rhythmic. Widespread crackles appeared in the chest. The EKG had DAD+BBD. The echocardiogram showed E. F. 45% and apical akinesia. Blood tests noted an increase neutrophils, Troponin 252645.4, CK MB 207,60, LDH 1119, CPK 2382 GOT 593, GPT 354, D-Dimer 1645, proBNP 14932, PCT 0.82, PCR 13,3. The blood gas had metabolic acidosis. TC Chest showed bilateral pleural effusion. She underwent therapy based on antibiotics, cortisones, ASA ev, diuretics and bronchodilators and NIV cycles. Finally she was sent to UTIR. The patient died after 28 hours.

**Conclusions.** Sepsis are common in diabetics. The complexity of this disease implies clinical, management, ethical and economic decision on the usefulness of intensive treatment in UTIC considering that severe cardiac failure is a cause of death in such patients. However, it is also necessary to consider that the current evolution of the therapeutic schemes, allows today to offer a treatment capable of influencing the prognosis of the patient.

**Abstract Code: FDI24702-66**

## **GESTIONE DELL'ANSIA E DEGLI ATTACCHI DI PANICO CON PARTICOLARE RIGUARDO ALLA FORMAZIONE DEL CAREGIVER. REVISIONE NARRATIVA DELLA LETTERATURA**

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**Introduzione.** L'aumento dei disturbi d'ansia e attacchi di panico incide gravemente sulla qualità di vita dei pazienti e sull'impatto familiare e sociale, esponendo i caregiver a stress e burnout. L'infermiere ha un ruolo centrale nella gestione clinica, nel supporto e nella formazione del caregiver. Scopo di questa revisione è analizzare le principali modalità di gestione infermieristica dei disturbi d'ansia e di panico, evidenziando il ruolo educativo nel supportare paziente e caregiver, promuovendo strategie di coping efficaci.

**Materiali e Metodi.** È stata condotta una revisione della letteratura sulle banche dati PubMed e Google Scholar. Sono state utilizzate parole chiave combinate: panic attacks, anxiety, caregiver, nursing management, treatment, terapia cognitivo-comportamentale e non-pharmacological treatment.

**Risultati.** Sono stati inclusi 11 studi. La terapia cognitivo-comportamentale, gold standard, è l'intervento più efficace nella gestione dei disturbi, sia forma tradizionale sia digitale. Posti anche in evidenza approcci complementari (rilassamento, respirazione controllata, mindfulness e yoga).

**Conclusione.** La revisione evidenzia che la gestione infermieristica è più efficace integrando interventi farmacologici e non farmacologici, promuovendo l'educazione del paziente e sostegno al caregiver. Il ruolo infermieristico è centrale per la continuità assistenziale, la riduzione della sintomatologia, l'autonomia del paziente e la prevenzione del burden del caregiver attraverso percorsi formativi mirati.

**Abstract Code: FDI24587-77**

## **CAP-M SCORE. A PILOT STUDY ON CLINICAL AND INFLAMMATORY PREDICTORS OF MORTALITY IN COMMUNITY-ACQUIRED PNEUMONIA**

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**Introduction.** Community-acquired pneumonia (CAP) is a leading cause of hospital mortality. Existing prognostic tools such as CURB-65, Pneumonia Severity Index (PSI), and Sequential Organ Failure Assessment (SOFA) lack integration of key pathophysiological dimensions, including metabolic stress, systemic inflammation, and early respiratory support requirements. We aimed to identify independent mortality predictors in CAP and to evaluate their combination into a pathophysiologically grounded prognostic score.

**Materials and Methods.** This retrospective study included 48 adults hospitalized with confirmed CAP. Clinical, biochemical, and respiratory parameters obtained within 12 hours of admission were examined. Independent predictors were identified through logistic regression and ROC analysis, combined into the CAP-M score, and subsequently benchmarked against CURB-65, PSI, and SOFA

**Results.** In-hospital mortality was 20.8%. Lactate, IL-6, and NIV independently predicted mortality and were combined into the CAP-M score (range 0–3). The score demonstrated excellent discriminative ability (AUC 0.92, 95% CI 0.85–1.00), outperforming CURB-65 (AUC 0.73), PSI (AUC 0.75), and SOFA (AUC 0.77). In multivariable Cox models adjusted for age, sex, and comparator scores, CAP-M retained the strongest independent prognostic significance (standardized HR 3.4;  $p = 0.004$ ), while CURB-65 and PSI lost significance.

**Conclusions.** The CAP-M score integrates metabolic, inflammatory, and respiratory domains into a single tool with optimal predictive accuracy for in-hospital mortality.

**Abstract Code: FDI24933-72**

**L'INTERNISTA E LE SEPSI**

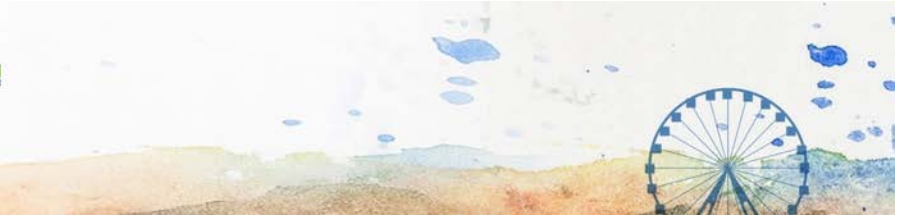
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**Introduzione.** Sepsì e shock settico rappresentano condizioni patologiche che ancora oggi sono un problema sanitario a livello mondiale, in quanto emergenze mediche che richiedono un intervento immediato ed efficace. Lo scopo dello studio è la valutazione degli outcomes terapeutici nelle sepsì a diversa eziologia e patogenesi.

**Materiali e Metodi.** Tra gennaio e dicembre 2024 sono stati arruolati 110 pazienti (50 donne e 60 uomini), di età compresa tra 30 e 94 anni con diagnosi di sepsì; la sede di origine più frequente del processo infettivo è l'apparato urinario rispetto alle altre sedi presenti nella nostra casistica: apparato respiratorio, vie biliari, cute, miscellanea (endocarditi, coliti).

**Risultati.** Il numero di decessi è 11 su 110 pazienti (7 donne e 4 uomini). La mortalità è associata all'età più avanzata e alle comorbilità preesistenti alla diagnosi di sepsì.

**Conclusioni.** Il riconoscimento della sede di origine del processo infettivo, l'individuazione dell'agente eziologico, la stabilizzazione del paziente sul piano emodinamico e respiratorio, la stratificazione diagnostica e prognostica ed il monitoraggio clinico-terapeutico sono determinanti per l'outcome positivo.



**Abstract Code: FDI24828-75**

## **ROLE OF GENDER AND AGE IN THE SEVERITY OF LIVER FIBROSIS IN PATIENTS WITH METABOLIC SYNDROME**

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MASLD (metabolic dysfunction-associated steatotic liver disease) can progress to chronic liver disease, up to cirrhosis, HCC, and transplantation, as well as cause extrahepatic consequences. Gender is an underrecognized MASLD risk factor. The disease is sexually dimorphic, and in women prevalence and severity rise after menopause due to estrogen decline, which promotes metabolic dysfunction (fat redistribution, insulin resistance, dyslipidemia, hypertension). The study aims to evaluate liver fibrosis with shear wave elastography (SWE) and compare sex-related demographics and comorbidities in metabolic syndrome patients (pz).

We performed 165 SWE in pz aged 22–75 years with metabolic steatosis, BMI >27, comorbidities, and FIB-4 >1.3. Of the 165 pz 99 were Men, 66 Female (no difference for age or MS indicators). Fibrosis is detected in 62% of pz: 61 with F1-F2 (<8 kPa), 42 pz (24,7%) have significant fibrosis (F3-F4). When stratified by sex, the frequency of F0 was similar, but the average age of women was significantly lower than that of men (43.5 vs 54y). In the 61 pz with F1-F2, female sex is less represented (16 vs 23) and the mean age significantly lower (40,5 vs 55). In the 42 pz with fibrosis F3-F4, males was more represented (26 vs 15), but the women, had a higher average age than the previous groups (mean 67.5y).

In conclusion, in patients with MASLD, women show more advanced fibrosis at an older age, indicating a significant role of gender in the disease burden. Considering gender in clinical studies is crucial for targeted prevention and more equitable care

**Abstract Code: FDI24829-76**

**FROM HEPATIC STEATOSIS TO METABOLIC SYNDROME: POSSIBLE ROLE OF THE HEPATOLOGY CLINIC. EXPERIENCE OF A SPOKE CENTER**

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Incidental fatty liver on ultrasound (US) warrants hepatologic assessment. Hepatic steatosis is a MS feature, strongly associated with obesity, diabetes, and cardiovascular disease. Over the past two years, 357 first visits were recorded, 115 for 'hepatic steatosis on US'. Patients (Pz) underwent medical examination, including BMI, blood pressure, and FIB-4 calculation when available. Elastography was scheduled, with results of laboratory testing (glucose, insulin, lipid profile, uric acid) prescribed. MS related steatosis was present in 85% of pz. Fibrosis  $\geq$ F2 (>8 kPa) was observed in ~30%. Dyslipidemia affected 56 pz (50%), alone or with obesity (10), hypertension (10), diabetes (6) or multiple comorbidities (8). Diabetes injured one third of pz, isolated (16) or with dyslipidemia (8), hypertension (8), or multiple comorbidities (8). Overweight/obesity affected one third of pz, isolated (18) or with multiple comorbidities. Isolated hypertension in 8 pz, but mostly associated with other illnesses. Several comorbidities were previously known but untreated, while many were newly diagnosed. All were referred to dietary clinic and medical therapy for comorbidities was initiated: statins in 24 pz, antihypertensives to 5, and GLP-1/GLP-1-GIP agonists considered in 18 obese and/or diabetic subjects.

In conclusion, hepatology clinics, increasingly accessed for US-detected steatosis, are effective for identifying liver-risk patients, uncover unrecognized MS, initiate lifestyle measures, guide comorbidity treatment, and support early multidisciplinary management

**Abstract Code: FDI24927-75**

**VALUTAZIONE DELLE CONOSCENZE E DELLE ATTITUDINI DEGLI INFERMIERI ALLA PREVENZIONE DELLE LESIONI DA PRESSIONE IN UNA AZIENDA SOCIO-SANITARIA LOMBARDA: STUDIO TRASVERSALE**

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**Introduzione.** Le lesioni da pressione rappresentano una delle complicanze più frequenti nei pazienti ospedalizzati con un'incidenza fino al 30%, compromettendo la qualità di vita e comportando un aumento della morbilità, della durata della degenza, delle cure e dei costi. L'efficacia delle strategie preventive dipende anche dal livello di attitudine e conoscenza degli infermieri.

**Materiali e Metodi.** È stato condotto uno studio trasversale mediante la somministrazione di un questionario costituito da scala APUP e PUKAT 2.0 oltre ad alcune domande organizzative. Lo studio è stato condotto tra agosto e settembre 2025 tra gli infermieri delle degenze mediche e chirurgiche degli ospedali di Busto Arsizio, Gallarate, Saronno, Somma Lombardo.

**Risultati.** Hanno aderito 113 infermieri. Il punteggio medio ottenuto alla scala PUKAT 2.0 è stato 58,9%, indicativo di un livello di conoscenza moderato. Alla scala APUP il punteggio medio è stato 42,4 su 52, corrispondente ad un'attitudine positiva alla prevenzione. Il 50,4% degli infermieri non ha mai consultato le linee-guida EPUAP 2019, il 77,9% non ha mai consultato le linee-guida AIUC 2025. Il 73,5% ha richiesto almeno una consulenza all'infermiere specialista.

**Conclusioni.** I risultati confermano una discrepanza tra atteggiamento e conoscenze, elementi che devono coniugarsi per garantire elevati livelli di assistenza e costituiscono mappatura iniziale utile per l'azienda per costruire percorsi formativi personalizzati, monitorare i progressi nel tempo e ispirare strategie di miglioramento continuo.

**Abstract Code: FDI24900-66**

**PERCEZIONE DEGLI INFERMIERI SULL'ATTRIBUZIONE DELLE ATTIVITÀ ASSISTENZIALI AGLI OPERATORI SOCIO SANITARI E SUL LORO IMPATTO SUGLI ESITI SENSIBILI ALLE CURE INFERMIERISTICHE: UNO STUDIO DESCRITTIVO-TRASVERSALE PRESSO TRE REPARTI DI AREA MEDICA**

M. Zandona<sup>1</sup>

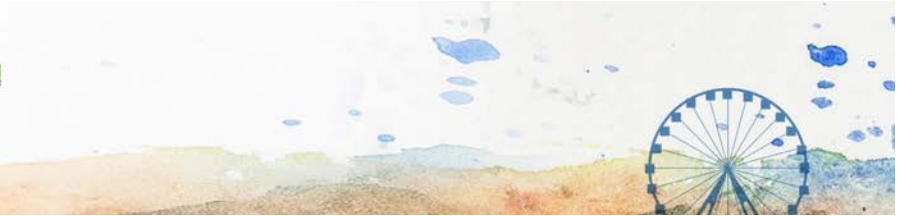
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**Introduzione.** Gli esiti sensibili alle cure infermieristiche (NSO) rappresentano un indicatore chiave della qualità assistenziale. Lo stato funzionale, misurato tramite le Attività di Vita Quotidiana (ADL), è un NSO rilevante e sensibile agli interventi infermieristici. Nei contesti ospedalieri, l'attribuzione delle ADL agli Operatori Socio Sanitari solleva interrogativi sul ruolo percepito dell'infermiere nel garantire tali esiti. L'obiettivo dello studio è indagare come gli infermieri percepiscono il proprio impatto sugli esiti funzionali delle ADL nei reparti di area medica, alla luce dell'attribuzione delle attività.

**Materiali e Metodi.** studio descrittivo-trasversale condotto in tre reparti di area medica dell'ASST Sette Laghi. È stato coinvolto il personale infermieristico in servizio presso i reparti interessati dallo studio, mediante questionario anonimo strutturato. Il campione finale comprende 47 infermieri (tasso di risposta 64%).

**Risultati.** Un'anzianità di servizio >5 anni è associata a una maggiore assunzione di responsabilità sugli esiti funzionali ( $p=0,024$ ) e a una più elevata valorizzazione della supervisione e del feedback ( $p=0,028$ ). La formazione specifica sull'attribuzione rafforza la capacità percepita degli infermieri di riconoscere precocemente il declino funzionale ( $p=0,047$ ).

**Conclusioni.** l'esperienza professionale rafforza il ruolo dell'infermiere come garante degli esiti funzionali. L'attribuzione delle ADL non riduce l'impatto infermieristico, ma richiede adeguata progettazione organizzativa e competenze di supervisione.



**Abstract Code: FDI24709-73**

**MEDICAL-NURSING OUTPATIENT CLINIC FOR THE MANAGEMENT OF CIRRHOTIC PATIENTS BETWEEN HOSPITAL AND COMMUNITY: PILOT STUDY PROPOSAL**

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**Introduction.** In recent years, cooperative medical-nursing outpatient clinics have been settled in various fields; hepatology appears to be an exception, at least in Italy. Liver cirrhosis has a significant global burden; in Italy, an estimated 220,000 to 230,000 cases are reported, some of which still unrecognized.

**Materials and Methods.** We propose a prospective, non-randomized pilot study, lasting at least 6 months, involving patients with advanced liver cirrhosis (CHILD-PUGH score  $\geq$  B7) undergoing periodic treatment with intravenous albumin and/or evacuative paracentesis. Patients will be divided into two matching groups: the first followed with a traditional approach, the second with a telephone help desk and weekly telephone monitoring conducted by a nurse collecting biometric data and giving feedback on disease management and therapy, based on predetermined conditions or, when required, physician supervision.

**Results.** The expected results are a reduction in hospital admissions (outpatient, emergency room, and hospitalization), more appropriate treatment, reduced need for paracentesis, improved quality of life and satisfaction of patients and caregivers.

**Conclusion.** Through an intensive and tailored approach, focused on the role of the advanced practice nurse (APN) a bridge between the hospital and the community is created, that benefits these patients as well as their caregivers. The results, if confirmed, could form the basis for larger, possibly multicentre, study aimed to modify the approach to this type of pathology.