ABSTRACTS

CLINICAL CASES

ORAL PRESENTATIONS

1. MULTIPLE ORGAN DYSFUNCTION INDUCED BY ALPROSTADILUM IN A PATIENT DIAGNOSED WITH SCLERODERMA (SYSTEMIC SCLEROSIS)

Alexandru Emil Baetu, Andreea-Iuliana Miron, Oana Mihaela Punga

Scientific advisor: Monica Copotoiu, MD, PhD, University of Medicine and Pharmacy Targu Mures, Romania

Introduction: Painful, slow-healing ulcers of the fingers are most common in patients with progressive systemic sclerosis. Prostaglandine E1(PGE1) is a vasodilatator that has been found to reduce the pain of the severe peripheral arterisclerotic vascular disease and to promote healing of the accompanying ulcers.

Clinical case: We present the case of a 46-years old, female, allergic to Hymenoptera venom, and witch in 2010 received swine flu vaccine. In october 2010, she reach on the departament of Rheumatology, Targu Mures accusing pain and swelling in the extremities, skin changes at the same level accompanied by vasomotor disturbances at cold. Having in mind this clinical appearance of skin, typical for scleroderma, Associated with the mesenchymal nonspecific inflammatory syndrome proven by laboratory test, with increased antibody titer (antinuclear antibodies-ANA: 45.2 UI/ml and topoisomerase-I antibodies-anti Scl 70: 39.5 UI/ml) and after radiographic appearance of early resorption of the distal phalanx, IV finger, right hand is given a diagnosis of progressive systemic scleroderma and we have initiated a background treatment with methotrexate. But after two months the disease progresses rapidly with necrotizing vasculitis and pulmonary injury. So we initiated a treatment with cyclophosphamide 600 mg intravenously with favorable evolution until October 2011 when it stopped due to a suspected hemorrhagic cystitis, and when peripheral ischemia occur we decide to introduce back azathioprine in the treatment plan but with modest results resuming the treatment with Cyclophosphamide in May 2012, which was Associated with Alprostadilum and in February 2013 reenter Methotrexate. In january 2014,after the treatment with Alprostadilum, the patient suddenly accuse chills, low grade fever, muscular pain, without auscultatory lung changes, arrhythmic heart sounds, with ischemic changes on electrocardiogram, rising the suspicion of an acute coronary syndrome, but which was rejected after cardiological examination. Subsequently, after two days, the patient presents coffee grounds vomiting for which was made an upper gastrointestinal endoscopy in emergency, which shows no active bleeding source. Concidering progressive hemodynamic alterations, the patient is transferred in Gastroenterology Clinic where is established the diagnosis of acute gastric ulcer with upper gastrointestinal bleeding. After 2 weeks, the patient presents in the emergency room in bad general condition with necrotic changes in the fingers and she was hospitalized to the intensive care unit with inflammatory syndrome, marked anemia, hepatic and renal failure, pleural effusion fluid with cytopathology diagnosis of atypical cells and suspected neoplastic process having a rapidly evolution to death.

In **conclusion** even if we considered all aspects and risk factors related to the patient's disease, when we prescribe Alprostadilum we should expect to face a tragic outcome.

Key words: alprostadilum, scleroderma, organ dysfunction.

2. GESTATIONAL GIGANTOM ASTIA SURGICAL TREAT MENT PROCEDURE

Dr. Ben-Tsrooya

Scientific advisor: Prof. Avshalom, Head of Department, Plastic Surgery, MEIR Hospital, Israel

Introduction: Physiological enlargement of the breasts occurs at puberty and during pregnancy. It is known as gestational gigantomastia when enlargement in pregnancy becomes excessive, uncomfortable and embarrassing. Gestational gigantomastia may have far reaching effects for the mother and fetus. This rare condition is Associated with considerable morbidity but may be Associated with good fetal outcome. Our case was very special in the surgical approach. Gestational gigantomastia is a very rare condition and only about 100 cases have been reported in the literature. The breasts are of vital importance to the newborn child, particularly in developing countries where breast feeding is common. Breast feeding confers numerous advantages on the infant including reduced mortality rate and improved neurological development. Physiological enlargement of the breasts occurs at puberty and during pregnancy, when it starts very early and is sustained until delivery. The factors controlling breast growth are complex and not completely understood, although estrogens, progesterone, prolactin, growth hormone and adrenal steroids are all known to play a role. Sometimes this process goes wrong resulting in an excessively large and painful breast called gestational gigantomastia (gravida gigantomastia, mammary hyperplasia of pregnancy) or virginal hyperplasia when it occurs at puberty. This rare but important condition of the breast not only interferes with breast feeding but may cause severe maternal morbidity and even mortality.

Clinical case: Gestational gigantomastia is a very rare condition and only about 100 cases have been reported in the literature. The breasts are of vital importance to the newborn child, particularly in developing countries where breast feeding is common. Breast feeding confers numerous advantages on the infant including reduced mortality rate and improved neurological development. Physiological enlargement of the breasts occurs at puberty and during pregnancy, when it starts very early and is sustained until delivery. The factors controlling breast growth are complex and not completely understood, although estrogens, progesterone, prolactin, growth hormone and adrenal steroids are all known to play a role. Sometimes this process goes wrong resulting in an excessively large and painful breast called gestational gigantomastia (gravida gigantomastia, mammary hyperplasia of pregnancy) or virginal hyperplasia when it occurs at puberty. This rare but important condition of the breast not only interferes with breast feeding but may cause severe maternal morbidity and even mortality.

Discussion: Gestational gigantomastia was first described in 1684 by Palmuth, and is very rare. An incidence of 1 in 28.000 to 1 in 100.000 pregnancies has been quoted. It is a severely debilitating condition in which massive enlargement of the breasts may be accompanied by thinning of the skin, tissue necrosis, infection and hemorrhages. Movement and respiratory difficulty and emotional, social