10. HYDROXYCLOROQUINE IS A FOE FRIEND IN A DRUG INDUCED SYSTEMIC LUPUS ERYTHEMATOSUS?

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Introduction: The golden standard in the management of systemic lupus erythematosus (SLE) is the hydroxycloroquine. The main listed side effects of hydroxycloroquine are the ocular toxicity and in lupus with myositis overlaps the desquamation.

Clinical case: A female patient known with a history of sterility and upper respiratory tract infection (started on June 2015 and resolved in December 2015) on treatment with Amoxicillin and symptomatics presents in January 2016 with parotid swelling and sicca symptoms. Corroborating the history (photosensibility, amoxicillin intake, parotid swelling, sicca symptoms, mother diagnosed with psoriasis) with the immunology panel (positive antibodies for SSA, SSB, RO-52, dsDNA and histone) the patient was diagnosed with secondary Sjogren Syndrome Associated with drug induced SLE. Hydroxicloroquine Associated with low doses of Prednisone was started. After the first dose, the patient complained about pruritus and extended erythematosus plaque. She was admitted in the ER. She was put on high doses of corticosteroids and the hydroxycloroquine was stopped. A skin biopsy was performed showing a pattern characteristic for toxic dermatitis. Results from a prior parotid biopsy are expected. The patient was admitted in the Department of Rheumatology to start a new drug treatment.

Conclusion: Four major questions arised from the history of our patient. Did we missed something prior the onset of the treatment with hydroxycloroquine? Was the Amoxicillin to be blamed for the drug induced lupus? Are we dealing with a secondary Sjogren syndrome with complications – eg. lymphoma? What is the best treatment to be started?

Keywords: lupus, hydroxycloroquine, side effects

11. MULTIFOCAL MOTOR NEUROPATHY WITH CONDUCTION BLOCK*:* A CASE REPORT

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Introduction: Multifocal motor neuropathy with conduction block (MMN-BC) is a rare disease and a distinct entity, its clinical and electrophysiological features differ from other chronic inflammatory demyelinating neuropathies. Its' first description in 1988 lead to new diagnosing assessments. The distinction of this disease is very important as the treatment differs and incorrect treatment can lead to clinical decline.

Clinical case: We report a case of a 62-year old man who developed muscular weakness in all his four limbs, muscle wasting of both hands (2005), claudication, difficulty ascending stairs, muscular

cramps, palpebral ptosis(2007) on the right eye and diplopia on upward gaze. No other neurological signs detected. His past medical history included: Amygdalectomy (1985), Hearnia repair(1995), Chronic pancreatitis.

Results: At first radial compresive neuropathy was suspected, after exclusion of this diagnose Myastenia gravis the ocular form was suspected. Anti-AchR antibodies were not detected and anticholinesterase drugs did not show effect. Electroneurography revealed conduction block on the right medianus nerve, decrease of sensory nerve action potentials (SNAP) on the medianus and ulnaris nerves bilaterally. Compound muscle action potentials (CMAP) decrease on the left nervus peroneus profundus. CMAP decrease on the fibers of nervus tibialis posterior bilaterally. Also alfa waves were detected on the fibers of nervus tibialis posterior bilaterally and latency increase of F waves.
Imunological assay has revealed anti-GM1 and anti-GD1b positive antibodies. The patient was diagnosed with Multifocal Motor Neuropathy with Conduction Block with flaccid tetraparesis with oculomotor nerve implication. The patient underwent intravenous immunoglobulin (IVIG) and cyclophosphamide therapy with prominent improvement in muscle force and other clinical features.

Conclusions: Slow onset of assymetrical limb weakness, sometimes with visible muscle wasting and fasciculations without any sensory abnormalities should guide the physician to consider MMN-CB and its' chronic immune mediated demyelinating course. As this disease is extremely rare we highlight the importance of this case report to raise awareness on MMN-CB. This condition is often misdiagnosed at Primary Health Centers and this case shows that time efficient diagnose and corect treatment can improve the clinical and electrophysiological indicators.

Key words: multifocal, neuropathy, immunological, conduction block

12. THE USE OF VAC ASPIR ATION SYSTEM IN THE TREAMENT OF ABDOMINAL WALL PHLEG MON

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Introduction: Purulent postoperative complications remain to be a challenge for surgeons even in the 21st century. Septic-purulent complications rate remains high (from 5.0% to 35% of the number of operated patients). As a consequence, morbidity records an increase and also the costs incurred by public medical institution are increased due to the higher number of hospitalization days, an average of 11-14 days. Use of V.A.C. (vacuum assisted closure) asspiration allows to solve problems related to suppurative postoperative complications and provides the ability to minimize the number of hospitalization days thanks to its specific properties in relation to the classic management of these complications.

Case report: It is described the clinical case of a patient, 41 years old, with phlegmon of the anterior abdominal wall, developed after abdominoplasty or "tummy tuck". To remove muscle diastasis was used polypropylene mesh fixed to aponeurosis of rectus abdominis muscle. The case was solved using the system for V.A.C. aspiration in intermittent regime with negative pressure 125 mmHg, in