White phosphorus burn. Case report

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White phosphorus burn is a special subtype of chemical burns, rarely encountered and is very limited in literature. Case Presentation On January 11, 2009, an 18-year-old male was transferred to the Emergency room (ER), due to exposure to military attack with White Phosphorus shell, with multiple scattered patches of full thickness burn, surrounded by sloughed tissue, involving 30% of his body surface area, distributed in both upper and lower limbs and right shoulder, a clinical diagnosis of white phosphorus burn was made. Airway was secured, without signs of inhalation burns; resuscitation fluid was initiated, irrigation with diluted sodium bicarbonate solution and wet dressing were done. In the Burn Unit, White smoke was noticed coming up from the wounds which became deeper, with extensive necrotic tissue, apparent localized injuries weren't correlated with underlying severe deep destruction. In the operation room, debridement and excision for dead tissues and removing phosphorus particles was accomplished, transferred to ICU for monitoring of vital signs, electrolyte disturbance and ECG changes where he was managed accordingly. After 8 days of hospitalization, the patient was relatively well, and discharged without manifestations of systemic complication of white phosphorus burn. White phosphorus is transparent combustible substance, associated with extensive full thickness burn injury with delayed wound healing. In our case, the management include irrigation by diluted sodium bicarbonate solution at ER, whereas, only water have been proved to prevent deaths , early excision and massive debridement of particles was accomplished, electrolyte disturbance was noticed as a complication.

Microsurgical Treatment of the Sacular Supratentorial Aneursmes

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The purpose of the study is to compare the results of minimally invasive keyhole craniotomy and standard larger craniotomies in the surgical treatment of patients with intracranial aneurysms.

In the past 5 years 105 patients were operated by two experienced neurosurgical teams. The first group of 30 patients with 32 aneurysms were operated through a small keyhole craniotomy, using the eyebrow keyhole approach in particular. The remaining 75 patients with 82 aneurysms were operated using a standard craniotomy that included pterional/frontotemporal, frontoparietal parasagittal and retrosigmoid suboccipital craniotomies. All operations were performed in the standard microsurgical technique using intraoperative evoked potential monitoring and endoscopic assistance in selected cases. Results: Most supratentorial aneurysms and basilar tip aneurysms were successfully operated through an eyebrow keyhole craniotomy. Distal MCA aneurysms as well as aneurysms on the MCA with a long M1 segment were operated through a temporal keyhole, and aneurysms of the distal PCA (P2-P3) segment subtemporally. The frontoparietal parasagital keyhole approach was used only for pericallosaal artery aneurysms. Infratentorial aneurysmsof the VA/PICA complex were operated via a retrosigmoid approach. On comparing the surgery results in patients with a keyhole craniotomy and those with standard standard craniotomy, similar outcomes were found for both groups, with excellent or very good outcomes (GOS 5 and 4) in 23 (76.66%) patients from the keyhole craniotomy group, and in 51 (68%) patients from the standard craniotomy group.

The mortality rate in the keyhole group was 5 (16,67%) and 15 (20%) in the standard craniotomy group. Parallel treatment results of using two options - keyhole craniotomy and standard larger crniotomy - were analysed in the past 5 years. Two experienced neurosurgical teams in perfoming both surgical approaches have reached almost similar morbidity and moratlity rates, and overall surgical results. The type of craniotomy is selected according to the experience of the surgical team, and familiarity with certain aproach. The authors have good experience with the minimally invasive approach for different intracrainal pathology and recommend it especially in neurovascular surgery.

Present Trends in Abdominal Actinomycosis

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Actinomycosis is a chronic infectious disease caused by bacteria in the Actinomyces genus. The pathologic, clinic and imagistic polymorphism and the rare incidence of this disease make it so frequent misdiagnosed. Single unit retrospective nonrandomized clinical study on over 40 years of experience in diagnosing and treating abdominal actinomycosis. First case of abdominal actinomycosis was diagnosed in our clinic in 1968. During the next 36 years, between 1968 and 2004, there were registered only 3 cases, all ileo-cecal actinomycosis. In the next 3 years interval, 5 more cases were diagnosed: 4 associated with intrauterine devices (IUDs) and 1 associated with intraperitoneal remnant calculi after laparoscopic cholecystectomy. We present these last 5 cases, the first 3 having been reported elsewhere. Abdominal actinomycosis is a rare disease, with variable and deceiving clinical and imagistic characters. In Romania we witness a shift in the epidemiology of this disease as a result of the introducing of the IUDs for the first time after 1990. Confronted with a female patient carrying an IUD that has an inflammatory and a pelvic tumoral syndrome of variable intensity, one should consider also the diagnosis of abdominal actinomycosis. Preoperative establishing of this diagnosis may allow, by a long antibiotic therapy, the elimination of the need for surgery or at least the decrease of its limits. A very rare cause of intraperitoneal actinomycosis is intraperitoneal gallstones remnant after laparoscopic cholecystectomy. To our knowledge, our case is the first reported in the medical literature.

Role of Tumoural Markers in the Treatment and the Prognosis of Head and Neck Cancer

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Head and neck cancer has important mortality, incidence and prevalence in Romania, therefore prompting for studies meant to detect reliable markers capable of predicting the disease's progression and its response to treatment. The study was conducted in the Oncology Clinic of Craiova, Romania during ianuarie 2000-decembrie 2009. Patients were randomized 1:1 (using a simple randomization software) in 2 groups: A receiving standard radiotherapy, B comprising patients who received radiochemotherapy (protocol 5-fluorouracil1000 mg/mp/d iv CI + Cisplatin 20 mg/mp/d IV CI x 4 days/4 week or Cisplatin 20 mg/mp IV CI weekly or 20 mg/mp/d IV CIx5 days/3 week). The endpoints of the study were: response rate, median overall survival, disease progression