DIFFUSE IDIOPATHIC SKELETAL HYPEROSTOSIS CLINICAL ASPECTS

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Background. Diffuse idiopathic skeletal hyperostosis (DISH) is a rheumatologic condition characterized by ossification of the spinal ligaments and tendons with unknown etiopathology. DISH primarily affects the elderly. The presence of DISH may indicate underlying metabolic derangement and is associated with cardiovascular disease, obesity, osteoarthritis, diabetes mellitus. **Objective of the study.** evaluated the clinical aspects of DISH. **Material and methods.** Through the PubMed, NCBI, NIH databases Rheum and Science Direct 50 publications were selected. **Results**. DISH may present with no symptoms or with impaired status. Bone depositions with formation of obstructive masses may lead to biomechanical changes of the musculoskeletal system and/or the multiorgan implication. Clinical symptoms include a large variety of complains morning stiffness, spinal pain, radiculopathy, myelopathy, para-, tetra paresis, decrease lung capacity with airway obstruction, dysphagia, dysphonia, rhinolalia due to irritation of the recurrent laryngeal nerve, imprisonment syndromes may occur. Mild impact trauma may provoke fractures. Older age, male sex, obesity, hypertension, atherosclerosis, diabetes mellitus has all been linked to the prevalence of DISH. The disease can cause severe complications. Early diagnosis and prophylaxis are important. Imaging methods are the priority in visualizing extensive bone proliferation. **Conclusions**. Because the disease evolves for a long time asymptomatically or with minor symptoms, patients in the at-risk group require increased medical and personal vigilance. Imaging examinations (X-ray, computed tomography) and prophylactic treatment to control the pathological bone proliferation process are important. **Keywords**: Diffuse idiopathic skeletal hyperostosis, clinical aspects.

ACUTE KIDNEY INJURY IN ANAPHYLACTIC SHOCK

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Background. Acute kidney injury (AKI) may manifest in patients experiencing anaphylactic shock. Arterial hypotension significantly contributes to the pre-renal etiology of AKI. The condition of anaphylactic shock is a life-threatening situation that requires immediate intervention. **Objective of study.** This study aims to document the clinical profile, diagnostic investigations and the treatment intervention of a 38-year-old male patient with acute kidney injury and anaphylactic shock. **Material and methods.** This case report describes a 38-year-old male patient with anaphylactic shock. A range of diagnostic tests were performed, including blood test (CBC, glycemic and lipid profile), ECG, echocardiography, X-ray imaging to obtain objective data regarding patient's metabolic, cardiac and pulmonary status. **Results.** A 38-year-old male patient with anaphylactic shock and a history of chronic sinusitis. He was known for his history of hypotension. He weighs 90 kg, height 175 cm, BMI 29.4 kg/m2. His vital signs were 80/50 mmHg, 60bpm, 17 breaths/min, and SpO2 of 98%, temperature 36.6°C. Fasting blood glucose 8mmol/L. Normal hemoglobin, hematocrit, electrolytes and increase creatinine 121.9 µmol/dL, urea 14.29 mmol/L. ECG shows bradycardia, left ventricular hypertrophy and T wave abnormality. On radiography of chest the lung pattern is normal in appearance. Hilar pulmonary- structured. Costo-diaphragmatic pleural sinuses: free. Treatment plan: management of anaphylactic shock, fluid resuscitation, pharmacotherapy for hypotension. **Conclusion.** This research study will contribute to existing medical knowledge by documenting challenges and complexities associated with managing patients with anaphylactic shock and its complications. **Keywords:** Anaphylactic shock, Acute kidney injury.