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A Journal of Hospital and Internal Medicine

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

XXVIII Congresso Nazionale della Società Scientifica FADOI

6-8 maggio 2023

Presidente: F. Dentali

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SERAFINO MANSUETO AWARD – ORAL COMMUNICATIONS

A pilot study evaluating research activity among Internal Medicine residents in Europe

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Background and Aims: Residency is a critical period of medical training where research skills may also be acquired. This pilot study aimed to evaluate the research activities of Internal Medicine Residents in Europe.
Methods: The study was conducted in 10 European countries (Estonia, France, Finland, Greece, Ireland, Italy, Netherlands, Switzerland, Turkey and the United Kingdom). Data were collected through an online questionnaire, including the year of residency, the presence of a structured research program, the type of research conducted and potential reasons that limited research activity during residency.
Results: Data from 77 Internal Medicine Residents were collected. Most of the participants were 4th-year residents. Structured research programs were reported by 53% of the participants. Among residents, 6% received funding for their research activities. The main type of studies conducted was in the form of case reports (28%); the main reasons limiting research activities were lack of time (35%) and limited knowledge on how to conduct research (25%).
Conclusions: Lack of funding, structured programs, time and appropriate training are the main reasons limiting research activity among Internal Medicine Residents. Additional studies with a larger sample size are needed to support these preliminary data and to identify strategies for implementing research during training in Internal Medicine.

SGLT2 inhibitors for 12 months improves visceral adiposity index and common CVD risck factors in type 2 diabetes outpatients

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Background and Aim of the study: In addition to better glycemic control, SGLT2 antagonists have favourable profile on heart and kidney function; several preliminary data suggest other positive metabolic actions of these drugs, *i.e.* reduction of weight and waist circumference (WC), amelioration of hepatic steatosis and lipid profile. In this observational study we evaluate the consequences of 12 months treatment with SGLT2 inhibitors (SGLT2 inhib.) on main CVD risk factors in 78 type 2 diabetes outpatients, on stable hypoglicemic, antihypertensive and/or lipid lowering therapy.
Materials and Methods: Clinical and anthropometric data, metabolic and lipid profile, as well as Visceral Adiposity Index (VAI), TYG index and LAP Index were measured in all the patients at baseline and after 12 months of therapy with SGLT2 inhib.
Results: Treatment with SGLT2 inhib. was associated with significant reduction ($p<0,001$ apart from diastolic pressure $p=0,016$) from baseline values of FBG, HbA1c, body weight, BMI, WC, LDL cholesterol, triglycerides, microalbuminuria, creatinine, sistolic and diastolic blood pressure, VAI, TYG index, LAP index. Significant ($p<0,001$) elevation was observed for the values of HDL cholesterol and EGFR.
Conclusions: In this study population 12-month treatment with SGLT2 inhibitors in add-on to on-going hypoglicemic therapy significantly improves all main CVD risk factors and reduces cardiometabolic risk, as estimated by VAI values.

Co-management hospitalist services for surgery: where are we? Between the experience and literature review

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Background: Increasing of chronic comorbidities have made patients (pts) healthcare difficult especially for surgical settings. There are few data of comanagement between internists and surgeons in NeuroSurgery (NS) or Emergency Surgery Departments (ESD). We described our experience and revised the literature.
Methods: We analyzed a series of 524 pts admitted in ESD:during the first 4 months internist assistance has been guaranteed, whereas in following 3 months only surgeons were present. Data about main pts complications,outcome and rate of readmission have been extrapolated.About NS we are expecting that internists provided care to 30% for the major complications in a year described in literature.
Results: Our analysis in ESD revealed an increase of main clinical complication during the period when the internist was not present (OR 2.89, CI 1.68-4.96). The most frequent complications were metabolic disorders and respiratory failure. Mortality and length of hospitalization were similar in two periods, but pts with only surgeon service needed more often transfers to intensive care units. Regarding NS, in literature

has been described an experience in California. In this study hospitalists provided care to 988 (29%) of the 3393 adult pts admitted to NS departments. Authors reported an improvement of overall mortality, readmission and a better economic outcome.

Conclusions: Comanagement provides an opportunity to improve care of surgical pts. Few data exist about outcomes compared with traditional medical consultation,especially in NS pts. This model needs to be enhanced for improving results.

ORAL COMMUNICATIONS

A rare cause of hyperCKemia: the antisynthetase syndrome

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Background: Different pathological conditions may present with elevated serum creatine kinase (CK), a condition known as hyperCKemia. Common causes include myocardial infarction, neuromuscular disease, cholesterol-lowering medication, physical exercise.
Clinical case description: A 59-year-old woman attended the emergency department with sudden dyspnea and four weeks-lasting proximal muscle weakness. CK levels were very high (>18.000 U/L). She reported no other symptoms or significant past history. We then saw her at our inpatient Internal Medicine clinic and found that she also had a history of symmetrical hand arthritis, acrocyanosis with hyperkeratotic lesions at index fingers and feet. Routine investigations showed increased CK (15770 U/L), LDH (1897 U/L), GOT (1012 U/L), GPT (622 U/L), CRP (12.1 mg/L) levels. Tests for antinuclear (ANA) and anti-Jo-1 antibodies were found positive. Electromyography and magnetic resonance imaging confirmed muscle disease. Chest high resolution CT scan showed interstitial lung disease (ILD). The patient was diagnosed with antisynthetase syndrome and started on high dose steroid and mycophenolate mofetil. Given the mild improvement, two weeks later treatment with high dose i.v. immunoglobulins was added.
Conclusions: Antisynthetase syndrome is an autoimmune disease characterized by ILD, myositis, arthritis, and specific antibodies, most commonly anti-Jo-1. Here we underline the relevance of suspecting idiopathic inflammatory myopathy, including antisynthetase syndrome, in individuals presenting with unexplained raised CK levels.

Evaluation of bone status in osteogenesis imperfecta using R.E.M.S. technology

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Introduction: Osteogenesis imperfecta (OI) is a rare hereditary disorder of connective tissue. Reduced BMD and fragility fractures are common complications. This study aimed to evaluate usefulness of Radiofrequency Echographic Multi Spectrometry (REMS) technique in the assessment of bone status in OI.
Materials and Methods: In a cohort of 22 subjects (36.9±18.6 yrs) with OI and in 24 healthy controls,we measured:BMD at the lumbar spine (LS-BMD),femoral neck (FN-BMD) and total hip (TH-BMD) using DXA and also REMS. Serum calcium phospho metabolism was measured.
Results: 86.4% OI patients presented a fracture in history. The most common fracture sites were: extremity long bones, vertebral site. BMD evaluated by DXA and REMS at all measurement sites were significantly lower ($p<0.05$) in OI than in controls. In OI patients there was a good correlation between BMD by DXA and BMD by REMS at TH ($p<0.01$). A good correlation was also found comparing T-score and Z-score with the two methods.
Conclusions: This preliminary study shows that REMS appears to be able to assess bone status in OI. The attractiveness of the use of REMS for bone measurements in OI lies in its lack of ionizing radiation, its ease of use and the portability. Women with OI are fertile and can undergo pregnancy. REMS could allows us to follow these women without ionizing radiation. Moreover, REMS can be used directly at patient's bed, this could represent an excellent method for assessing bone status in OI debilitated subjects with a recent fracture.

A case of limbic encephalitis in a man with Parkinson's disease

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Background: Autoimmune encephalitis comprises a heterogeneous group of neurological disorders caused by a disregulated immune response against self-antigens expressed in several parts of the central nervous system, including the Limbic System. Limbic encephalitis is characterized by cognitive impairment, psychiatric disorders, seizures. It is frequently associated with underlying malignancy.
Case Report: A 63-year-old male patient with Parkinson's disease presented mental confusion, hallucinations, incontinence, seizures; physical examination revealed limb myoclonus, no fever; blood exams results were normal; a CT brain scan exhibited cerebral atrophy. Electroencephalogram was suggestive of slow wave activity. Film-array panel tests of Cerebrospinal fluid were negative. Suspicion of Limbic Encephalitis was confirmed by Anti leucine-rich glioma inactivated 1 (LGI1) antibodies collected in CSF resulting positive and by Cranial Magnetic Resonance Images indicating an increased signal on T2 weighted FLAIR sequences in both medial temporal lobes. Tumor markers (CEA, AFP, CA-125, CA19–9, CA15–3, NSE, PSA) were all unremarkable and a chest and abdomen CT scan ruled out the presence of cancer. The patient was started on combined intravenous immunoglobulin and high-dose glucocorticoid therapy with consequent clinical improvement.

Conclusions: Limbic encephalitis must be considered in the differential diagnosis of focal neurological symptoms, because early identification and treatment improves patient outcomes, and may aid rapid diagnosis of an underlying associated tumour.

Il servizio di fragilità e cure palliative nella gestione del paziente con malattia avanzata in un ospedale per acuti contribuisce al miglioramento della qualità di vita e riduce i ricoveri

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Premesse: Circa il 90% dei pazienti fragili con malattie avanzate, pluri-ospedalizzati viene dimesso al domicilio senza alcuna presa in carico; a questo scopo nasce il nostro servizio di fragilità e cure palliative (FCP).
Materiali e Metodi: Sono stati considerati 330 accessi al servizio, di cui 110 in presenza e 220 valutazioni telefoniche; è stato fatto ricorso al day hospice 35 volte (30 trasfusioni di emazie, 6 paracentesi, 1 toracentesi).
Risultati: L'età media è di 80±11 anni, in prevalenza donne (64%), con un indice di Karnofsky iniziale di 54±13 ed un indice di Zarit di 21±12. Il 64% è neoplastico. In media, la durata della presa in carico è di 141 giorni; la principale causa di abbandono è il decesso (55%); nel 36% dei casi sono state attivate cure palliative domiciliari; il 77% dei pazienti non è deceduto in ospedale per acuti. Usando come mediana la durata della presa in carico, si è avuta una netta riduzione di accessi al pronto soccorso e ricoveri nel nostro ospedale (58 *vs* 30; media di 1.1±1.3 *vs* 0.6±0.8). Nel 83% dei casi è stata comunicata la diagnosi al paziente e nel 40% dei casi è stata affrontata e chiarita la prognosi. La terapia somministrata necessaria per conseguire un adeguato controllo del dolore ha compreso FANS nel 8% dei casi, paracetamolo nel 37%, corticosteroidi nel 27%, oppioidi minori nel 2%, oppioidi maggiori nel 30%, altri farmaci per la modulazione del dolore nel 8% dei casi.
Conclusioni: Soprattutto nei pazienti con buona autonomia residua, il servizio FCP previene le ospedalizzazioni e, fornendo un punto di riferimento stabile nel tempo, migliora la qualità di vita.

Not only a mosquito bite: two cases of gastroenteritis behind a West Nile virus neuroinvasive disease

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Background: West Nile Virus (WNV) infection is a mosquito-borne zoonosis. In Italy (most in the noth) were registred 588 cases of human WNV infection in 2022, increase compared to previous years. Of these, 295 presented in the West Nile Neuroinvasive Disease (WNND). The main risk factors for WNND (older age, multiple comorbidities) are typical of patients admitted to Internal Medicine wards.
Case description: Two men, aged 75 and 76, presented to the ED for symptoms compatible with infective gastroenteritis. Initially treated with IV hydration and antibiotic therapy, there was a progressive and rapid worsening of the clinical status (persistent febrile status) with the onset of worsening neurological disorders (confusion, hallucinations, myoclonus, aphasia, oro-mandibular automatisms, paraplegia the first and hemisyndrome the second). Lumbar puncture (compatible with viral infection, WNV-RNA +), cerebral and total spine MRI (acute polyradiculopathy with impregnation of the anterior horn), EMG and ENG study (axonal motor neuropathy) were performed. The findings were compatible whit WNND. Both patients required transfer to ICU for supportive care. They were treated with IV Ig. There was a slow and partial improvement with persistence of neurological disorders.
Conclusions: describe WNV infection epidemiology and the major clinical features with the scopus to raising awareness among clinicians to encourage considering WNV among differential diagnoses in patients with fever and/or neuroinvasive disease living in or returning from endemic areas.

Recurrence of venous thromboembolic disease in patients receiving anticoagulant therapy for previous venous thromboembolic disease: single center cohort

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Background and Aim of the study: Recurrence of venous thromboembolic disease (rVTE) while on anticoagulant therapy is a challenging clinical issue, with important therapeutic implications. The frequent ultrasound findings of residual venous disease, makes the distinction between suspected and confirmed rVTE difficult to establish. Therefore, it can be hard to distinguish between suspected and confirmed therapeutic failure. The aim of this study was the analysis of rVTE in our cohort, etiology of the events and management of therapy.
Materials and Methods: rVTE occurred in 8 patients (2.98%). Antiphospholipid antibody syndrome (APS), cancer, inadequate drug action (malabsorption) was diagnosed in the majority of cases. In 3 patients the etiology remained undetermined. We did not found other underlying disease, potentially responsible of the rVTE,
such as myeloproliferative neoplasms or paroxysmal nocturna haemoglobinuria.
Conclusions: Many studies demonstrated that the rate of rVTE while on anticoagulant therapy is markedly low, but not irrelevant. Therefore, both physicians and patients should maintain a low threshold of attention towards suspected rVTE, even during the "on therapy" period. Excluding that the potential cause of rVTE is the non-adherence to anticoagulant therapy, a thorough investigation aimed at identifying the etiology of the rVTE is necessary. The subsequent management of anticoagulant therapy still remains a controversial topic and an "evidence poor zone". Alongside we propose management options based on the limited data available.

Palliative non-invasive ventilation during acute respiratory failure in elderly patients with advanced chronic diseases: an ongoing prospective observational study in a general medical ward

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Background: Non-invasive ventilation (NIV) is effective in reducing intubation (ETI) and mortality in acute respiratory failure (ARF). If NIV fails, patients (pts) should be treated invasively and referred to an intensive care unit (ICU). In elderly pts with comorbidities, ETI is neither useful nor ethically indicated, so NIV is considered a ceiling treatment and can be performed in medical ward as a palliative to reduce symptoms, improve QoL, offer a chance for survival, expand relationship time.
Methods ongoing study: from March 2022 28 elderly pts with advanced chronic disease and hypoxemic or hypercapnic ARF of various origins not eligible for ETI/ICU were enrolled. NIV was performed in a medical ward without critical care area, with a "gentle" ventilation to maximize comfort (low pressures).
Results: Mean age: 83 yrs. Charlson Comorbidity Index: 7.4 (3.5 comorbidities/patient). Respiratory rate and Kelly

score significantly improved at time1 (3-6 hours of treatment) and time2 (12-24 hrs), as well as arterial blood gases. 3 pts were non responders, 1 patient died, 26 pts were discharged. No patient discontinued treatment due to intolerance/complications. Mean duration of treatment: 65 hrs. Mean length of stay: 11.4 days.
Conclusions: NIV is safe, well tolerated, and effective in reducing symptoms and improving gas exchange in elderly patients with ARF and comorbidities not eligible for treatment intensification. Palliative NIV can be performed outside critical care units: general medical wards are appropriate setting if provided with trained staff and well organized.

A novel c.952G>T mutation in the *FGG* gene exon 8 causing hypodysfibrinogenemia

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Background: Fibrinogen, a 340 kDa glycoprotein, consists of three homologous polypeptide chains (Aα, Bß, γ), encoded by FGA, FGB, and FGG genes, respectively, clustered on the long arm of chromosome 4. Congenital fibrinogen disorders are quantitative (afibrinogenemia and hypofibrinogenemia) or qualitative (dysfibrinogenemia or hypo-dysfibrinogenemia). Clinical manifestations include arterial and venous thrombosis, in addition to bleeding. Hypo-dysfibrinogenemia is characterized by low circulating levels of a dysfunctional protein, and shares features of both hypo- and dysfibrinogenemia.
Results: We studied a 60-year-old female patient with abnormal bleeding after two caesarean sections with subsequent hysterectomy. The clinical history included arterial hypertension, dyslipidemia, polycythemia, and smoking habit. Laboratory showed a prolonged PT (PT INR:1,25), with normal aPTT. Coagulation factor VII was normal, and fibrinogen was 25 mg/dl, estimated by functional Clauss assay, while antigenic fibrinogen was 156 mg/dl. We identified eight living family members with hypo dysfibrinogenemia through the birth registry office. All had the same missense mutation c.952G>T in exon 8 of gene FGG in heterozygosity. One family member had arterial thrombosis, and, in another member, clinical history was positive for cerebral ischemia. The other members were asymptomatic for thrombosis.
Conclusions: We have identified a novel missense mutation in the FGG gene in a family with hypo-dysfibrinogenemia, arterial thromboembolism, and bleeding events.

Measurement of carotid total plaque area by ultrasound: a better tool to manage cardiovascular disease than coronary calcium score

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Background and Aims: Carotid plaque burden (CPB) measured as the sum of cross sectional areas of all plaques seen between the clavicle and the angle of the jaw) by ultrasound may be a stronger predictor of cardiovascular than coronary artery calcium score (CAC).
Materials and Methods: We compared the prediction of cardiovascular events between and coronary artery calcium score performing a systematic review and a meta analysis. We calculated the adjusted hazard ratio of myocardial infarction, stroke and vascular death predicted by CPB and CAC.
Results: We selected 7 articles studies assessing the predictive roles of CPB and 17 assessing CAC. In participants without CVD at baseline CPB was a strong predictor of stroke (HR: 1.22, 95%CI: 1.14-1.30), coronary artery disease (1.35, 95%CI: 1.23-1.47), all vascular disease and all-cause mortality (HR: 2.14, 95% CI: 1.50-3.04). The findings are camparable with CAC (HR: 1.38; 95% CI:1.14-1.66; HR: 1.60; 95%CI: 1.23-2.09; HR: 1.87, 95% CI: 1.16-3. 02, respectively). Likewise, in symptomatic and high-risk patients at baseline, CAC (HR:2.10; 95% CI:1.61-2.73) and CPB (HR: 2.20; 95% CI: 1.57-3.10) were similar predictors of all vascular disease.
Conclusions: CPB is predictive of cardiovascular event as CAC, but it has more advantages: it is repeatable because the absence of exposure radiation, less expensive and better predictive of cardiovascular risk in women and young. It is, furthermore, more powerful in monitoring atherosclerosis progression and its medical therapy.

Gender and renal insufficiency: opportunities for their therapeutic management?

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Introduction: Acute kidney injury increases the risk of developing chronic kidney disease and end-stage renal disease. Literature data demonstrate sexual differences in renal anatomy, physiology, and susceptibility to renal diseases. This review focuses on the current knowledge about sexual dimorphism in renal injury and opportunities for therapeutic management.
Methods: Clinical trials were identified in PubMed until 28 September 2022. The search keywords were gender/sex differences, acute kidney injury and chronic kidney disease. Studies written in languages other than English were excluded.
Results: Some data suggest the protective role of female sex hormones, whereas others highlight the detrimental effect of male hormones in renal ischemia-reperfusion injury. Although the important role of sex hormones is evident, the exact underlying mechanisms remain to be elucidated.
Conclusions: In particular female subjects are less susceptible to acute kidney damage and are able to restore residual renal function more quickly due to the protective activity of estrogens. In contrast, the harmful effect of male hormones has been demonstrated, although other studies are needed to precisely characterize the molecular mechanisms involved. Less evident is the evidence showing gender differences in the repair and replication processes of damaged renal cells, mostly related to the severity of damage in males. On this last aspect, it will be necessary to concentrate on future studies.

Myocardial injury in severe COVID-19: a clinical-histopathological study

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Background: Although COVID-19 mainly affects the lungs, it is actually a multisystem disease. The rate of myocardial involvement is not fully understood. The study aimed to measure the prevalence and degree of histologically detected myocardial damage and the clinical-histopathological correlation in patients who died from severe COVID-19.
Methods: Analysis of cardiac tissue samples from consec-

utive autopsies performed between February and November 2020. The samples were colored with hematoxylin-eosin and immunohistochemical markers (CD3, CD15, CD45, CD68, CD163) and examined by optical microscopy. The grade of inflammatory infiltrates was scored according to the Dallas criteria for myocarditis. For statistical analysis, the scores were categorized into two groups: A) no inflammatory infiltrate and B) grades 1 to 4. Clinical parameters were recorded as well.
Results: 25/76 autopsies (32.9%) belonged to group B, in 52% of which SARS-CoV-2 was detected by real-time polymerase chain reaction. 41 patients had full clinical data available. There was no difference between groups in demographic characteristics, severity at admission, inflammatory status (WBC, CRP, IL-6, ferritin), duration of mechanical ventilation, catecholamine administration, and length of ICU stay.
Conclusions: myocardial inflammatory infiltrates were found in one-third of severe COVID-19 patients and might have contributed to worsening clinical pictures. No clinical data were found to be reliable predictors of the occurrence of myocardial injury.

Obstructive sleep apnea, depression and cognitive impairment: relationship between AHI, MMSE and GDS

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Objectives and Aim of the study: Untreated OSAS impacts to attention dysfunction, cognitive impairment and depression, clinically assessed through neuropsychological test and scores. Aim of the study is evaluate the relationship between OSAS, depression and cognitive impairment in a population affected by OSAS.
Materials and Methods: Between January 2021 and January 2023, 766 patients (437 males - 57% - and 329 females - 43%) aged 22 to 90 years were enrolled. Patients were screened using poligraphy, medical history, MiniMental State Examination (MMSE) and Geriatric Depression Scale (GDS).
Results: Patients' scores on MMSE and GDS are expressed as mean and standard deviation: MMSE 26.79±2.808, AHI 22.595±19.1 e GDS 5.27±4.156. The correlation study, carried out on the whole population, showed a negative and statistically significant correlation between MMSE and AHI ($r=-0.220$; $p<0.001$) and between MMSE and GDS ($r=0.455$; $p<0.001$). By multivariate analysis performed on the entire enrolled population, GDS and AHI were found to be the main independent predictors of MMSE (respectively: $\beta=-0.318$; $p=0.008$; $\beta=-0.271$; $p=0.021$). Thus, there is an inverse correlation between MMSE and AHI and between MMSE and GDS.
Conclusions: Our study confirmed the relationship between OSAS and cognitive impairment and between OSAS and depression in the entire studied popolation. Patients with OSAS, therefore, are subject to develop mood disorders as the severity of the condition increases and, at the same time, have greater cognitive impairment when OSAS is more severe.

Internistical ecographic bedside approach to retroperitoneal fibrosis: the inferior mesenteric artery sparing sign

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Objectives and Aim of the study: Retroperitoneal fibrosis (FR) is a fibro-inflammatory disease that involves the retroperitoneal area and encircles the large abdominal vessels and ureters. Ultrasonography plays a key role in diagnosis and follow up. The purpose of our experience is emphasize the importance of the internistical ecographic approach in diagnosing FR.
Materials and Methods: Between January 2017 and December 2022 we studied 3 cases of FR in female patients who came to our observation for abdominal and low back pain associated with asthenia, fever and lower extremity oedema. All patients underwent ultrasound.
Results: Bedside ultrasonography showed the presence of hypoechogenic and homogeneous neoformed tissue that enveloped, without infiltrating, the abdominal aorta, inferior vena cava, iliac vessels and both ureters, resulting in bilateral hydronephrosis. In all patients, it was possible to identify the emergence and course of the inferior mesenteric artery (AMI) and to confirm by echocolordoppler that it was free of infiltration and compression. The diagnosis of FR was confirmed histologically.
Conclusions: Our experience showed that the detection and "sparing" of the AMI is an ever-present sign in FR, in contrast to cancer, where the vascular structures are fragmented and sometimes infiltrated and thrombized. Bilateral hydronephrosis and enveloped vessels with AMI "sparing" could be pathognomonic ultrasound signs in the diagnosis of FR.

Clinical history and management of major bleedings during treatment with direct oral anticoagulants: a retrospective study

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Background: Limited data are available on major bleeding (MB) during treatment with direct oral anticoagulants (DOAC) outside clinical trials
Methods: Patients on treatment with DOAC hospitalized for MB were included in a retrospective, monocentric (Varese Hosp) study. Our aim is to describe the actual management of MB in routine clinical practice, mortality and cardiovascular events during hospitalization and at 90 days.
Results: Between June 2021 and May 2022, 76 patients were included. 28 patients had intracranial bleeding (ICH) (37%), 26 gastrointestinal bleeding (GB) (34%) and 22 in other sites (29%). Regarding ICH, 2 patients (7%) were surgically treated, 13 patients (46%) received medical treatment (11 treated with PCC and 2 with idarucizumab) and 1 patient (4%) received idarucizumab and subsequent surgery. Mortality was 18% (95% CI 8-36%) during hospitalization and 32% (95% CI 18-51%) at 90 days; 36% of patients reintroduced anticoagulation after at least 4 weeks. Regarding GB 1 patient (4%) was surgically treated, 9 patients (35%) were endoscopically treated, 3 (12%) received idarucizumab and 3 (12%) a combination therapy. Mortality was 8% (95 CI 2-24%) during hospitalization and 23% (95% CI 11-42) at 90 days; 65% of patients reintroduced anticoagulation (53% during hospitalization). Overall, supportive therapy was administered to 35% of patients and specific DOAC measurements were performed in 9 patients (12%).
Conclusions: Our data give a picture of a current situation confirming that MB are burdened by a not negligible mortality, in particular ICH.

Online survey on alcohol consumption in patients affected by chronic autoimmune liver diseases during COVID-19 pandemic

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Introduction and Aim: The risk of alcohol consumption in the setting of liver diseases is not clear and not much evidence exists regarding alcohol consumption in patients with

chronic autoimmune liver disease (CAILD). CAILD are relatively rare diseases, therefore a Facebook Group was founded for patients to share experiences and common troubles. During COVID-19 pandemic patients' analysis could only be performed using remote connection systems, thus we used social networks and online data collection platforms to analyze alcohol consumption in patients with CAILD.
Materials and Methods: 2 questionnaires on alcohol consumption were administered using Google Forms from 15/9/2021 to 15/11/2021: the AUDIT and the section 5 of the PASSI.
Results: 122 patients responded. 111 (91%) were female, median age was 49.2, the most frequent diagnosis was PBC (58.2%), followed by AIH (31.1%), and overlapping syndrome PBC/AIH (8.2%), while 3 pts had PSC (2.5%). The histological stage of the disease was initial (1-2/4) in 52.4%, advanced-severe in 13.1%. 54.1% of patients declared that they did not consume alcoholic beverages, 26.2% at most once a month, 19.7% more frequently. 83 patients (68%) in the past year had not been asked for alcohol consumption by healthcare professionals. 94 patients (77%) in the past year were not advised to drink less alcohol.
Conclusions: In this contribution we have shown that data collected from online surveys on Facebook have scientific relevance; there is also a lack of awareness about alcohol consumption in hepatopathic patients by healthcare providers.

Infezione da virus sinciziale nell'adulto e morte cardiaca: fattore di rischio o causa di morte? *Case report* che induce riflessioni

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Condividiamo il caso di un 73enne ricoverato per Insufficienza respiratoria con BPCO di grado severo e senza di fattori cardiovascolari noti) deceduto nel corso del ricovero. In pronto soccorso era negativo per virus influenzale e SARS-CoV-2 mentre positivo per il Virus Sinciziale Respiratorio (VSR). In degenza,il paziente era apiretico, tachipnoico con P/F 253, vigile, parametri vitali validi, è stato trattato con O2terapia ad alti flussi, eparina s.c. profilattica, terapia antibiotica e steroide. Agli esami pcr elevata, un ECG non significativo. In TAC torace HR presenza di aree da flogosi delle piccole vie a eree.E' sopraggiunto un inaspettato arresto cardiaco. Il VSR, patogeno noto nei pediatrici, è stato probabilmente sottovalutato nei pazienti adulti. Tutto ciò porta ad un impatto non trascurabile sulla salute pubblica, nella gestione in reparto viste le indicazioni di prevenzione e sulla sopravvivenza. I dati di letteratura sulla patogenicità del VSR come agente eziologico diretto per l'arresto cardiaco sono molto scarsi tuttavia è ben noto come ad esempio il virus Influenzale e SARS-CoV-2, possano portare ad uno stato protrombotico potendo quindi indurre anche una sindrome coronarica acuta fino alla morta cardiaca improvvisa. Indipendentemente se il VRS possa essere un reale fattore di rischio, è altresì vero che l' ipossia che si instaura per l'insufficienza respiratoria da VRS può portare anche ad ipossia cardiaca. Nel corso della pandemia da COVID-19, molti pazienti adulti sono immunologicamente "naives" al VRS, pertanto potrebbero presentarsi altri casi simili al nostro.

Elderly patients with glioblastoma: a multidisciplinary group for treatment

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Glioblastoma is the most common malignant tumor of the brain in the adult ;incidence that increases with age. The median is 64 yo with~6000 new cases diagnosed each year in older than 65 years. It is almost always a fatal disease with a life expectancy of 3 to 5 months in the elderly. Treatment in the elderly is often complicated for the comorbidities. The median survival is~15 months, the prognosis is worse. The evaluation the elderly GBM pz before making treatment decisions has been poorly studied. Performance status is the most important factor in determining treatment decisions.
Materials and Methods: 2018 to 2022, 33 GMB pz undergoing surgical removal, RT to the cerebral (60 Gywith radiosensitizing), CHT temozolomide 75 mg/m2-Stupp protocol,were evaluated at the multidisciplinary group of Geriatric Oncology St. Peter Fatebenefratelli Hospital Rome. Pz were evaluated before treatment by VGM and G8 scale;25 were adequate and 5 vulnerable. Of the 25 adequate, 23 finished treatments, 2 discontinued treatments early, 1 due to toxicity and 1 due to disease progression. For the 5 vulnerable, treatment adjusted for age and comorbidities.Of these 4 of 5 completed it as scheduled.
Conclusions: Elderly with glioblastoma for the complexity need for specific geriatric assessment models to facilitate treatment decisions. G8 and VGM rating scales have been shown to be instrumental in treatment decision-making and in correcting frailty that would have compromised the course of treatment with consequences for overall and disease-free survival outcomes.

Invasive candidiasis: an eye on a frequently delayed diagnosis

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Introduction: Invasive candidiasis refers to a bloodstream infection with Candida spp and deep-seated infection with or without candidemia.
Case description: A 73-year-old male patient with diabetes presented to the emergency department with septic shock. A central venous catheter was placed and empiric piperacillin/tazobactam and levofloxacin were started. Following early isolation of Candida albicans on urine and blood cultures and S. epidermidis on blood cultures, antibiotic therapy was transitioned to daptomycin and caspofungin. Ophthalmological examination found no infectious foci. Two weeks later the patient still presented Candida albicans on blood cultures from central venous catheter. The medical device was then replaced and caspofungin continued for additional two weeks. However, the patient experienced a progressive worsening of the eyesight because of Candida-related mycotic retinitis and vitritis. After systemic fluconazole and intravitreal injections of amphotericin and voriconazole, regression of mycotic eye infection was obtained, but this did not translate into eyesight improvement.
Conclusions: Invasive candidiasis is frequently associated with delayed or missed diagnosis. Cultures of blood or other samples represent the diagnostic gold-standard. Medical devices, if any, should be replaced as early as possible as Candida spp. can create biofilm on them. Dilated retinal examination should be performed in all patients with candidemia. Mycotic endophthalmitis treatment includes systemic and intravitreal antifungal therapy and possibly vitrectomy.

A rare case of pulmonary involvement in thrombotic thrombocytopenic purpura

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Background: Thrombotic thrombocytopenic purpura (TTP) is a thrombotic microangiopathy caused by deficiency of the von Willebrand factor-cleaving protease ADAMTS13. It presents with thrombocytopenia, microangiopathic hemolytic anemia and disseminated microvascular thrombi.
Case Report: A 53-year-old man went to the emergency department for a persisting chest pain. He was recently diagnosed with TTP (thrombocytopenia, hemolytic anemia, ADAMTS13 <0.2%), treated with corticosteroids, plasma exchange and caplacizumab (ADAMTS13 49.8%).
Laboratory findings showed Ddimer elevation, normal blood count and hypoxemia. CT pulmonary angiogram revealed thromboembolism of the inferior right lobe artery. Enoxaparin sodium 100 IU/kg every 12 hours was started obtaining a clinical stability. Subsequent measurements of ADAMTS13 highlighted a reduction of activity (24%-14%) which led to begin the second line treatment with rituximab. A follow up CT pulmonary angiogram evidenced extension of the thrombosis with multiple infarcts in the right lung; ADAMTS13 was 48.3%. Heparin sodium infusion and afterwards apixaban were prescribed. Venous doppler ultrasound of the inferior limbs ruled out deep and superficial vein thrombosis. Thrombophilia testing, included antiphospholipid antibodies, was negative. A PET scan excluded cancer.
Conclusions: TTP usually affects the brain and kidney's microcirculation, only few cases of pulmonary involvement are reported in literature. Consequently, differential diagnoses have been evaluated to conclude for a rare case of lung damage.

Follow-up a lungo termine di pazienti con embolia polmonare in corso di polmonite COVID-19: outcomes e gestione dell'anticoagulazione

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Premessa: L'embolia polmonare (PE) è una complicanza frequente dei pazienti ricoverati per polmonite COVID-19. La tempesta infiammatoria e la disfunzione endoteliale sembrano essere fattori di rischio per EP e quindi l'EP dovrebbe essere considerata secondaria all'infiammazione acuta e trattata con terapia anticoagulante (TA) per 3 mesi. Pochi dati sono disponibili circa la durata ottimale della TA e il rischio di ricorrenza tromboembolica venosa (TEV) in questi pazienti.
Materiali e Metodi: Abbiamo condotto uno studio retrospettivo multicentrico in 4 ospedali italiani tra l'1 marzo 2020 e il 31 maggio 2021 nei pazienti con EP durante un ricovero per polmonite COVID-19, esclusi quelli deceduti durante il ricovero. I pazienti sono stati divisi in base alla durata della TA (<3 mesi o >3 mesi). L'outcome primario era l'incidenza di recidive di TEV. L'outcome secondario era composito di morte, emorragie maggiori e recidive di TEV.
Risultati: I pazienti dimessi con EP sono stati 106 e di questi, 95 (89.6%) avevano un follow-up più lungo di 3 mesi. Il follow-up mediano è stato di 13 mesi. 22 pazienti sono stati trattati per massimo 3 mesi (23.2%), 73 per più di 3 mesi (76.8%). 4.5% dei pazienti nel gruppo di trattamento breve è andato incontro a morte contro 5.5% dei pazienti nel gruppo di trattamento prolungato (p=ns); nessuna differenza si è evidenziata nel rischio di TEV (0% *vs* 4.1%, p=ns), emorragie maggiori (4.5% *vs* 4.1%, p=ns) e nell'endpoint composito (9.1% *vs* 11%, p=ns).
Conclusioni: Nel nostro studio non sembrano differire gli outcome in base alla durata della TA.

A rare case of pulmonary nocardiosis in a patient with autoimmune alveolar proteinosis

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A 48 year old man with history of smoking and hospitalizations for relapsing respiratory infections, leading to suspected diagnosis of alveolar proteinosis (AP) few years before, presented to our department with fever and respiratory failure. Laboratory tests showed increased neutrophil count and RCP, negative blood cultures and SARS-CoV-2 test. Chest CT showed extensive parenchymal thickening of left lower lobe and right upper lobe, bronchiectasis and ground glass pattern. Started O2 therapy, steroid and Piperacillin tazobactam, then linezolid was introduced. HIV, BetaGlucan, urinary antigen tested negative. BAL displayed milky appearance, foamy histiocytes. Microscopic and preliminary cultures were negative. Despite a transient improvement, clinical worsening recurred and after 14 days BAL culture became positive for Nocardia Wallacei, confirmed at transbronchial biopsy. After broad spectrum therapy patient was discharged with definite diagnosis of autoimmune AP made upon positivity of anti GM-CSF antibodies. Following a new recurrence patient was put on long term cotrimoxazole as secondary prophylaxis with radiological improvement and no more relapses. Recurrent pneumonia or clinical worsening during therapy should raise suspicion of rarer pathologies, like AP which predispose to opportunistic infections as Pulmonary nocardiosis. In our case the direct microscopic research was performed late in relation to long growth times. Internist, as physician of complexity, is a central figure for early diagnosis and for timely referral of complex patients to specialized centers.

L'ecografia palmare clinica al letto del malato in un reparto di Medicina Interna: l'esperienza "BED MED-US" di Codogno e la sua utilità clinica nella gestione della diagnosi e della terapia in 936 pazienti

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Premesse e Scopo dello studio: Gli ecografi palmari al letto (BED) del paz, durante la visita medica (MED), rendono semplice l'ecografia (US). Gli US completano l'obiettività clinica e portano a diverse diagnosi: quella di conferma (della clinica) (co), di esclusione (di altre patologie oltre a quella effettuata clinicamente) (es), ma soprattutto diagnosi eziologiche (nei casi clinicamente dubbi o più complessi) (ez) o incidentali (che cambiano completamente l'iter del paziente) (inc). Lo scopo di questo lavoro prospettico è valutare l'affidabilità di tale metodica, il suo impatto clinico ed il risparmio di tempo e di risorse umane (evitando gli spostamenti del paziente dal reparto alla sala ecografica).
Materiali e Metodi: 936 pazienti (477 M; 459 F età media: 76.35; range: 18-101) valutati su uno o più distretti (1021 esami: 936 in acuto; 85 follow up; 490 singoli; 408 doppi, 123 tripli; sede diagnosi: 418 addome; 391 torace; 47 collo, 36 patologie metaboliche, 36 vascolari). Gold standard diagnosi: clinica ed altri esami di riferimento.
Risultati: Affidabilità metodica: 700 veri pos; 223 veri neg;

2 falsi pos; 11 falsi neg (sens: 98,5%, Spec: 99%, LR+: 98,5; LR-:00,15, AUROC: 0,9935; SEauc:0,0037); impatto clinico: diagnosi co: 21%; es: 25%; ez: 47%; inc: 7%; sono stati risparmiati circa 21680 minuti di lavoro.
Conclusioni: BED-MEDUS è un sistema d'imaging clinica affidabile, con un importante impatto clinico sia diagnostico (diagnosi eziologiche nel 47% dei pazienti, incidentali nel 7%) che nella gestione delle risorse del personale.

Liver friendly hospital: attivazione di progetto di screening HCV ministeriale in ospedale per acuti con estensione dei criteri anagrafici di arruolamento e valutazione del suo impatto

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Il Ministero della Salute ha avviato un progetto di eradicazione nazionale dell'epatite C aderendo all'obiettivo del WHO di eliminare dal pianeta il virus entro il 2030, sottoponendo a screening tutti i soggetti nati dal 1969 al 1989. L'ospedale Miulli ha raccolto questa sfida e si è dichiarato Liver Friendly Hospital attivando a maggio 2022 il programma di screening HCV della durata di 6 mesi al fine di ricercare, previo consenso, gli anticorpi del virus dell'epatite C in tutti i pazienti nati tra il 1945 e il 1992 ricoverati in regime ordinario in qualsiasi reparto dell'ospedale, e di offrire, ai soggetti positivi, la ricerca del genoma virale ed un percorso dedicato di informazione, di valutazione dell'entità del danno epatico e soprattutto di terapia per l'eradicazione dell'infezione. L'Ospedale Miulli ha deciso di farsi carico di estendere lo screening anche a quella fascia di popolazione (1945-1992) fuori dal programma ministeriale (1969-1989), e di valutare l'impatto dello screening su quella fascia di popolazione over 50 anni. I pazienti eleggibili al test di screening e che hanno aderito all'esecuzione della valutazione sono stati 4369. Dei 4369 pazienti testati, 144 (3.3%) sono risultati Ab-HCV positivi e sono stati sottoposti a ricerca di HCV-RNA con un tasso di positività del (7.6%). Il 27% dei pazienti con infezione attiva è risultato non eleggibile alla terapia antivirale. L'ampliamento della fascia di età ha permesso di intercettare pazienti con infezione attiva che nella nostra osservazione non sono risultati eleggibili per comorbilità.

Efficacia degli anticorpi monoclonali e degli antivirali orali nel trattamento precoce dei pazienti anziani "fragili" non ospedalizzati con infezione da SARS-CoV-2: uno studio osservazionale

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Premesse e Scopo dello studio: L'efficacia della terapia precoce dei pazienti fragili con infezione da SARS-CoV-2 e determinati criteri di eleggibilità, nel prevenire lo sviluppo di una forma severa di COVID-19, è stata dimostrata da numerosi studi. Scopo dello studio è valutare l'efficacia di Anticorpi Monoclonali (Mab) e Antivirali Orali (Ao), nel trattamento degli anziani fragili con infezione da SARS-CoV-2, non ospedalizzati, ad alto rischio di progressione verso forme severe di malattia, con sintomatologia lieve-moderata.
Materiali e Metodi: La coorte è composta da pazienti con età >65 aa trattati con Mab o Ao dall'08/04/21 al 14/09/22 presso il Centro Somministrazione Terapie Precoci anti-SARS-CoV-2 dell'Asl Roma 6. Significatività statistica per p<0,05.
Risultati: 166 pazienti trattati con Mab e 279 con Ao. Dall'analisi comparata tra Ao e Mab si evince che i Mab danno meno effetti collaterali (9/166-5,42% *vs* 34/273-12,45%, p=0,0196), mentre gli Ao sono più efficaci riguardo negativizzazione a 7 gg (36/166-21,69% *vs* 102/271-37,64%, p=0,0005) e riduzione della mortalità (vivi 161/166-96,99% *vs* 270/271-99,63%, p=0,0315) e sembrerebbero più efficaci anche nella riduzione dell'ospedalizzazione (non ricovero in 161/166-96,99% *vs* 265/271-97,79%, p=0,7546).
Conclusioni: Entrambe le terapie sono efficaci e sicure, con impatto positivo su ospedalizzazione, mortalità e costi sanitari per Covid, ma nel paziente geriatrico fragile, si dovrebbero preferire gli Ao, perché meno dipendenti dalle varianti di SARS-CoV-2 e perché con essi il domicilio rimane il principale luogo di cura.

FADOI Campania survey on opiod constipation: the long and winding road

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In people assuming opioids, the most common bowel dysfunction is constipation. It occurs in 47-94% of patients taking opioids to treat cancer pain and 41-57% of patients for chronic non-cancer pain. We performed an online survey on the constipation opiod-correlated to the FADOI Campania members. 147 replied were recorded. Results show that 30% of pts admitted in Medicine wards suffer from chronic pain, 50% cancer related. 47% of pts complain of constipation, but internists evaluate this symptom only after pts' complains, and with discontinuity during admission to the ward. In 35% of the cases the constipation is evaluated by nurses. 74% of doctors evaluate opiod-constipation using Roma IV criteria. 98% of internist use naldemedine as a treatment. The constipation related to opiods is still under determined and treated by internists, further informations still needed.

Patient-level meta-analysis of efficacy and safety from STRIVE and ReSTORE: randomized, double-blinded, multicenter phase 2 and phase 3 trials of Rezafungin in the treatment of candidemia and/or invasive candidiasis

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Background: Rezafungin (R) once-weekly (QWk) was compared to caspofungin (C) once-daily (QD) in two double-blind, randomized, controlled trials in patients with candidemia and/or invasive candidiasis (IC): STRIVE (Phase 2) and ReSTORE (Phase 3). Patient-level meta-analyses of efficacy and safety from both trials are presented.
Methods: In this analysis, patients who received R QWk (400 mg on Week 1, then 200 mg) were compared to those

who received C QD (70 mg on Day 1 then 50 mg) for ≥14 days (up to 4 weeks). Efficacy endpoints included 30-day ACM (primary US FDA), mycological response at Day 5 (secondary), and time to first negative blood culture (TTNBC) (exploratory). Safety was evaluated by adverse events (AEs).
Results: Groups were well matched. 30-day ACM was 18.7% and 19.4% in R and C groups. Mycological response at Day 5 was 73.4% (102/139) and 64.5% (100/155) in R and C groups, respectively (difference=9.5, 95% CI=-0.9, 19.9). In patients with positive blood culture before randomization, median TTNBC was 22.3h in R-treated *vs* 26.3h in C-treated patients (stratified log rank p=0.0034, not adjusted for multiplicity). The summary of AEs demonstrates similar outcomes.
Conclusions: In the Phase 2/3 patient-level meta-analysis, R QWk demonstrated efficacy with a similar 30-day ACM rate and safety comparable to that of C QD. Data for mycological eradication at Day 5 and TTNBC support results from the primary efficacy endpoint and provide initial evidence for the theory that high, front-loaded drug exposure leads to faster fungal clearance.

A comparison study on validity of internal jugular vein and inferior vena cava ultrasound in predicting congestion in acute heart failure

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Background and Aims: Inferior Vena Cava (IVC) ultrasound (US) have been suggested to predict congestion in patients with Acute Heart Failure (AHF), but has many limitations. Recent reports have proposed Internal Jugular Vein (IJV) US as alternative test.We test the efficacy for predicting congestion in AHF of IJV US.
Methods: This observ. study, conducted in the Hospital Maggiore in Bologna, during 2022, included adult patients with a diagnosis of Acute Heart Failure (suggestive symptoms and signs, with BNP >100 pg/ml). We enrolled 33 consecutive patients and 37 health volunteers who underwent echocardiography, IVC and IJV US exam. We measured the max and min IVC diameter, IVC collapsibility index; the ant-post diameter of IJV, AP-IJV-max; the max IJV area, CSA-IJV max. The Pearson Spearman's rank tests were used to assess the correlations between IVC and IJV US measures. ROC curves were used. We considered "congested" patients with IVC-max >21mm and IVC-c <50%.
Results: A significant positive correlation was found between AP-IJV-max and IVC max: r=0.6; and between CSA-IJV max and IVC max: r=0.6. The AUROC curve for detecting congestion was 0.8 (95% CI 0.7-0.9) for AP-IJV-max; 0.8 (95%CI 0.8-0.9) for CSA-IJV max ; the best cut-off were 8 mm for AP-IJV-max; 0.4 cm2 for CSA-IJV max.
Conclusions: In this study the Internal Jugular Vein ultrasound seems a satisfactory tools for predicting congestion, this technique could be suggested as alternative test in AHF patients.

A case of thrombotic thrombocytopenic purpura relapse in systemic lupus erythematosus: a correct management?

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Background: Thrombotic thrombocytopenic purpura (TTP) is one of the thrombotic microangiopathic (TMA) syndromes, caused by severely reduced activity of the vWF-cleaving protease ADAMTS13. In rare cases, TTP may precede the diagnosis of systemic lupus erythematosus (SLE) or occur concurrently. We describe a case of SLE-TTP relapse.
Case Report: A 32-year-old female with a prior story of SLE, diagnosed about 10 years ago, associated severe refractory TTP, who was initially treated with a combination of steroids and plasma-exchange (PEX) and then with rituximab, resulted in the clinical improvement, was admitted to the hospital for abdominal pain associated with episodes of vomiting and nausea purpura. Her laboratory test showed thrombocytopenia, hemolytic anemia, negative Coombs's test and schistocytes in the peripheral smear. ADAMTS13 activity was severely reduced 1.4% (normal >67%). She was diagnosed with TTP relapse in active SLE supported by high anti-ANA, anti- ENA and anti dsDNA titers, decreased complement C3/C4 counts and started on PEX and high dose steroids. Her condition continued to deteriorate, with worsening thrombocytopenia, needing the addition of caplacizumab. Platelet counts and ADAMTS13 activity normalized. This treatment induced sustained remission of TTP, but not of SLE.
Conclusions: Although the association of TTP and SLE is rare, it is important to consider the possibility that this occurs for a correct therapeutic approach.

Myositis with potential necrotizing evolution triggered by monacolin K from red rice supplement: a case report

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Introduction: Immune-mediated necrotizing myopathy is characterized by severe, symmetrical, proximal muscle weakness with sparing of sensitivity and reflexes. There are two distinct forms of pathology, associated with specific autoantibodies: anti-HMGCR (which can be wild by statin therapy) and anti-SRP. Diagnostic is based on clinical, laboratory tests (CPK elevation), EMG, muscle imaging and histological examination. Therapy is based on corticosteroids associated with immunosuppressants and/or IVIg.
Description: We report a case of a 57-year-old man, in pathological anamnesis arterial hypertension, treated with ACE-I and CCB, and dyslipidemia treated with a supplement containing monacolin K from red rice. He presents for progressive asthenia, and severe, proximal muscle weakness. Clinically was evident sthenic bilateral lower limbs deficit with normal tone and trophism and preserved sensitivity and reflexes. Laboratory tests showed elevation in CPK and myoglobin and high levels of anti-HMGCR; in electromyography evidence of mild myopathic-myositic type suffering, in MRI examination myopathic suffering, affecting numerous muscle groups with symmetrical and bilateral distribution. So we started high dose IV corticosteroid therapy and IVIg with a progressive clinical and laboratory improvement.
Conclusions: In consideration of this findings, the pharmacodynamic mechanism similar to statins of red rice supplement and therapeutic response, we make diagnosis of myositis with potential necrotizing evolution triggered by intake of monacolin-based supplement.

Admissions to Internal Medicine for gastrointestinal bleeding: trends in use of anticoagulants and anti-platelet agents from 2014 to 2022

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Background: Major gastrointestinal (GI) bleeding with anemia is a common cause of admission to Internal Medicine (IM) units. Since the introduction of direct anticoagulants (DOACs), the number of patients at risk for GI bleeding has increased. We aimed to analyse the trends in admissions for non-variceal GI bleeding over the past 9 years in our hospital.
Methods: All patients admitted to IM from 2014-2022 were included in a prospective database with demographic and clinical data. Yearly admissions for GI bleeds (hematemesis, melena, rectal bleeding) were calculated as well as concomitant anticoagulant (vitamin K antagonists or DOACs) or anti-platelet (aspirin, clopidogrel, ticagrelor) therapy.
Results: Overall, 6246 patients were enrolled (48.9% males, median age 80 years, IQR 69-86 years). GI bleeding was the main reason for admission in 265 (4.3%, 54% males, median age 81 years, IQR 71-87 years). However, in 2021-2022 major GI bleeding accounted for 6.8% of admissions ($p<0.0001$). DOAC use was present in less than 2% of GI bleeders before 2016, and increased to 20.8% thereafter ($p<0.0001$). Admissions after 2016 had longer median length of hospital stay (8 *vs.* 7 days, $p=0.04$). Antiplatelet agent use remained stable (15.8% before 2016 *vs.* 14.3% thereafter).
Conclusions: Since 2016 DOACs are the most commonly prescribed anti-thrombotic drugs in patients admitted to IM for non-variceal GI bleeding. In our unit admissions for major GI bleeding have increased significantly in the past 2 years and are associated with longer duration of hospital stay compared to the pre-DOAC era.

Real life and future perspectives in telemedicine in Internal Medicine: preliminary result of the LIMS and Greenline-HT randomized trials

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Background and Aims: In recent years, burden of complex patients in Internal Medicine Wards (IMW) is increased. To improve polypathological patients management both during the acute and stable phase of disease, randomized wireless monitoring studies (WMS) are ongoing in Castelli Hospital IMW.
Materials and Methods: A portable wireless system allowing continuous, real-time vital sign monitoring and creation of a personalized alert system for each patient via a portable device was used both for inpatients and after discharge in polipathologic, frail patients admitted in IMW.
Results: Up to now WMS of inpatients (LIMS –LIght Monitoring Study) recruted 145 patients and Greenline H-T Study recruted 167 outpatients. During 2022 the total number of people discharged from IMW were 1024, 31% of them were monitored using telemedicine devices. Results: Major complications reduction: from 43.5% to 29.5% in inpatients, from 48% to 22% in out-patients. Reduction of time spent by the nurse on vital signs detection: 49,àí58 min /day for in-patient. Reduction of in-hospital mortality from 16% to 9.3%. 30-day rehospitalization rate for patients monitored at home after discharge reduced by 50%. Improved patient management and satisfaction.
Conclusions: Preliminary results of telemedicine studies suggest a new model for taking care of the patient with comorbidities using light monitoring both during the acute and stable phase of disease for early evidence of alterations in vital parameters and prevention of major complications frequently causing rehospitalizations and worsen the prognosis.

Prevention is better than healing: preliminary data from the Castelli-Early-CoV-19 (CEC-19) observational study

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Background: Early anti-SARS-CoV-2 therapies are being administered at Internal Medicine of Castelli Hospital from April 2021 to COVID-19 outpatients, within 5-7 days from symptoms onset. Purpose: To perform an evaluation of effectiveness of early anti COVID-19 therapies for outcome and costs.
Methods: Center Team contacted eligible patients collecting personal, clinical, laboratory data. Monoclonal Antibodies (MABs) or Oral Antiviral) were choosen according to: main viral variant, medical history, clinical status. Options: MABs (bamlaniviamb-etesevimab, casirivimab-imdevimab, sotrovimab) intravenously within 7 days from symptoms onset; Lagevrio (Molnupriavir) or Paxlovid (nirmatrelvir-ritonavir) within 5 days orally.
Results: 355 patients treated with MABs: M/F 177/178; Median age 63 years; obesity 26,5%. 345 treated with Lagevrio: M/F 175/170; median age 71 years, obesity 29,6%. 75 patients treated with Paxlovid: M/F 29/46, obesity 29,3%. Major comorbidities: cardiovascular diseases for Mabs (53,5%) and Lagevrio (69,2%); immunodeficiency (46,7%) for Paxlovid. Negativization time (days): Mabs 16; Lagevrio 14, Paxlovid 8. Adverse effects especially for Paxlovid. Hospitalization rate less than 5%. Residual symptoms in around 20% of the patients. Very high adherence to therapy. Mortality rate not significant and related to comorbidities.
Conclusions: Early treatment of SARS-CoV-2 are well tolerated, avoiding hospitalizations. We hypothesize a saving of about 4500 € per patient treated with Monoclonals and about 5000 € with Antivirals treatment.

Pharmacological reconciliation as an opportunity for the patient: the experience of an Internal Medicine department

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Introduction: The management of chronic conditions is a priority in the foreground of the Italian health scene. This due to the rise of the average age of the population and the increase in the use of drugs. In an Internal Medicine department, the concurrence between doctors and pharmacists has led to a project that aims to reduce duplications of therapy and to improve the health status. This through pharmacological recognition and therapeutic reconciliation carried out on patients in discharge.
Materials and Methods: It was asked to hospitalized patients aged over 65 years and suffering from two or more chronic diseases, to list the drugs taken at home. Afterwards, reconciliation boards were developed using Intercheck Web, a "Mario Negri" Institute of Pharmacological Research's software. The boards highlighting the pharmacological interactions were then evaluated by physicians and chemists to remodulate and simplify the therapies especially in those cases where there were serious interactions.
Results: From June to September 2022 70 boards were collected, this resulted in 287 drug interactions on average 4.1 interactions per patient. Especially, 36 class D (very serious),

49 class C (major), 174 class B (moderate), 28 class A (minor) reactions were archieved. The modified or partially modified therapies at discharge were 77.14%.
Conclusions: The team is doing a patient follow-up so earlier results will be available. Reducing drug intake is possible, and it involves a downsizing in side effects and in an increase in patient compliance.

Post thrombotic syndrome: quality of life and incidence in patients treated with direct acting oral anticoagulants

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Background: Post-thrombotic syndrome(PTS) is a disabling complication of venous thromboembolic disease that occurs in 20-50% of cases. According to recent studies, treatment with direct oral anticoagulants (DOACs) can reduce the incidence compared to treatment with vitamin K antagonist (vKA). There is no effective treatment strategy, but the use of compression stockings is recommended
Methods: 538 patients with proximal deep vein thrombosis of the lower limbs (DVTLL), evaluated between 2014 and 2020, were treated with DOACs and compared with an equally large historical sample of patients treated with vKA. PTS was diagnosed according to the Villalta criteria. The quality of life was investigated through the VEINES questionnaire, recording also the use of elastic stockings
Results: 13% of patients in DOACs developed PTS, compared with 32.5% of patients receiving vKA, the Hazard ratio (HRa, 2.49; 95% CI; 1.94-3.20) was statistically significant for DOACs in general and for each one separately. Among the symptoms suffered were swelling in the limbs and severe limitation of social activities. 65.7% of patients reported a limited use of elastic stockings. Even with low compliance, people reported an improvement of the symptoms.
Conclusions: DOACs seem better than vKA in reducing the incidence of PTS in patients with proximal DVTLL. The use of elastic stockings has an impact on the quality of life by improving symptoms.

The quality of social and health services: the experience of patients in hospitals

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Premise and Purpose of the study: Quality is an essential characteristic of health care, necessary to ensure high performance and services. The aim of the study was to evaluate the quality perceived by patients, discharged from the Savona Hospital - Ligurian Social Health Authority, through the use of PREMs - Patient Reported Experience Measure - tools in order to analyze their perspective and describe the experience of the care received.
Materials and Methods: At the end of the hospitalization, the PREMs questionnaire, developed by Cinocca et al, was administered, consisting of 15 questions, with a Likert scale of 3 and 5 points, which investigates the following dimensions: access to the structure, hotel comfort, emotional support, involvement of the patient/family member in the diagnostic-therapeutic process and in the discharge path.
Results: 200 patients enrolled (92 M; 108 F) with a mean age of 83 years, in a range between 46-101. The data showed a good level of reception, treatment and care, but highlighted the need to improve post-admission planning, placing greater emphasis on care transitions.
Conclusions: PREMs have proven to be effective methods to give back to professionals signals and news on people's hospitalization experience, thus becoming a system for promoting organizational and cultural change. The systematic use of PREMs improves health levels and allows to activate useful strategies to optimize the performance and safety of social and health facilities.

Numb chin syndrome: one small trouble for a man, a big leap (to do) towards diagnosis

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Background: Numb chin syndrome (NCS) is a sensory neuropathy, usually unilateral, caused by involvement of the inferior alveolar or mental nerves with mental anesthesia or paresthesia. The underlying causes are multiple: odontogenic, rheumatological, infectious and paraneoplastic.
Clinical case: We present the case of a man with previous diagnosis of trigeminal neuralgia, referred to the ER for worsening pain with paresthesias in the left hemijaw. Reported also: migrating joint pain, asthenia, widespread pain and the appearance of a left submental nodule. ER exams showed leukocytosis with E 3380/mcL, negative PCR. At the neurological evaluation, there wasn't pain at trigeminal trigger points. The condition was ascribed to NCS and hospitalization followed. In the suspicion of rheumatological or infectious aetiology, autoimmunity, viral serologies and coproparasitological test were performed: all negatives. For the paraneoplastic hypothesis, was performed a CT highlighting multiple mediastinal, hepatic, renal, bone lesions and a 5mm pulmonary nodule, all suspected for metastasis. Followed specialist management with biopsy of a submental nodule and diagnosis of pulmonary adenocarcinoma with BRAF mutation, a condition allowing targeted treatment. At outpatient follow-up, ubiquitous size reduction of the lesions and resolution of hypereosinophilia were showed.
Conclusions: Given the relatively small area involved,in NCS it is possible for patients and clinicians to underestimate this insidious symptom, but the potential association with malignancy cannot be overlooked.

Inhibition of complement C1s with sutimlimab in patients with cold agglutinin disease: 2-year follow-up from the CARDINAL Study

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Background: In Part A (26 weeks) of the CARDINAL phase 3, open-label, single-arm study, bi-weekly dosing with sutimlimab (SUT), a humanized monoclonal antibody that selectively inhibits classical complement pathway (CP) activation, rapidly improved hemolysis and anemia in patients (pts) with cold agglutinin disease (CAD).
Methods: In Part B (2-year extension) efficacy endpoints included change from baseline in hemolytic, pharmacodynamic (PD) markers, frequency of blood transfusions, and FACIT-fatigue scores. Safety included incidence of treat-

ment-emergent adverse events (TEAEs) and serious TEAEs (TESAEs) upto last study visit (9 weeks post last dose).
Results: Of the 22 total Part B rollover pts, mean hemoglobin remained >11 g/dL from Week 5-131. Mean total bilirubin normalized from Week 3-131. Mean FACIT-Fatigue improvement remained ≥5 points from Week 1-123. Near-complete CP activity inhibition alongside normalization of C4, mean absolute reticulocyte count, haptoglobin levels, and reduction in lactate dehydrogenase were seen. From Week 26-131, 15 (68.2%) pts remained transfusion independent. Hemolytic, PD markers and fatigue approached pre-treatment values, 9 weeks post last dose. All 22 pts experienced ≥1 TEAE; 12 (54.5%) pts experienced ≥1 TESAE including 7 (31.8%) with ≥1 TESAE infection. Due to TEAE, 3 pts discontinued. After SUT treatment cessation, most TEAEs were consistent with CAD recurrence.
Conclusions: Long-term SUT was generally well-tolerated with sustained improvements in hemolysis, anemia, and fatigue over 2 years of treatment.

Major cardiovascular events increase in long-term proprotein convertase subtilisin/kexin type 9 inhibitors therapy: the Tuscany cost-effective study

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Aim: Proprotein convertase subtilisin/kexin type 9 inhibitors (PCSK9i) represent a breakthrough in the treatment of hypercholesterolemia. Aim of this study was to perform a multicentre prospective analysis on the effects of PCSK9i.
Methods: During the study period (Jul-2017 – Feb-2022) 246 patients (mean age 61±11 years, male 73%) were enrolled in the study (evolocumab 142/246; alirocumab 104/246). Lipid value, major cardiovascular events (MACE), intima-media thickness (IMT) and adverse events (AEs) recorded during the follow-up were analysed.
Results: PCSK9i therapy allowed a significant improvement in patient's lipid profile (total cholesterol -35%, p<0.001; triglycerides -9%, p<0.05; LDL cholesterol -51%, p<0.001; Lp(a) levels -4%, p<0.05) maintained in the follow-up. No significant variation in IMT were observed.
In the subgroup of patients with more than one year of PCSK9i therapy (165/246 patients) we observed: 1) -66% in MACEs compared to the year before recruitment, 2) progressive increase in MACEs during the follow-up (MACEs event/rate at first year 0.08 *vs* MACEs event/rate at year 5: 0.47), 3) patients with late MACEs are older, with higher prevalence of hypertension, smoking habit and peripheral vascular disease. Moreover, during the follow-up, we recorded AEs in 31% of patients which led to back-bone lipid-lowering therapy change.
Conclusions: Our data agree with the large evidences on effectiveness and tolerability of PCSK9i therapy, however, despite PCSK9i represent a good therapeutic option, our study show a progressive increase in MACEs during the follow-up.

MAGLIO study: epideMiological Analysis on invasive meninGococcaL disease in Italy: fOcus on hospitalization from 2015 to 2019

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Background: This study analyzed hospital admissions for invasive meningococcal disease (IMD) in epidemiological and economic terms in Italy from 2015–2019.
Methods: The volume of acute admissions for meningococcal diagnosis was analyzed in the period from 2015–2019. IMD admissions were identified by ICD-9-CM diagnoses. Costs were assessed using current DRG tariffs.
Results: In 2019, a total of 237 admissions for meningococcal disease were recorded in Italy. The mean age of patients was 36.1 years. Lumbar puncture was reported in only 14% of hospital discharge forms. From 2015 to 2019, there was a mean annual reduction of ,àí1.2% nationally for IMD hospitalizations. For 2019, the total costs for acute inpatient admissions were €2,001,093. Considering annual incidence due to IMD, a significant decrease was noted in the age group from 0-1 year (p=0.010) during 2015-2019. For all years, mortality associated with meningeal syndrome was lower compared to septic shock with or without meningitis.
Conclusions: From 2015-2019, hospitalizations for IMD appear to be decreasing slightly in Italy, even if mortality remains high. Favorable trends in hospitalizations for IMD were seen in the 0-1 year age group, which may be attributable to increased vaccination. Costs of hospitalizations for IMD remain high.

Hughes-Stovin syndrome: a case report

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Introduction: Hughes-Stovin syndrome (HSS) is a very rare clinical disorder characterized by association between multiple pulmonary and/or bronchial aneurysms and venous thrombosis of the lower limbs. The etiology and pathogenesis are unknowns; the laboratory findings are non-specific. HSS may be a variant of Behcet's disease: there is a significant overlap between the clinical, radiological and histopathological findings. Signs and symptoms of HSS are cough, hemoptysis, dyspnea, venous thrombosis, chest pain, fever, pulmonary and intracranial hypertension. Immunosoppressive therapy (glucocorticoids and cyclophosphamide) is a first line in the treatment of HSS, but sometimes surgical treatment (resection, embolization) is necessary.
Clinical case: A 49-year-old female with medical history of DVT and PE in DOAC treatment was admitted to hospital because of massive hemoptysis. Chest-CT showed multiple bronchial arterial aneurysms. Immunological and coagulation tests and transthoracic echocardiography were negative. Not oral or genital ulcers. We started corticosteroid therapy with remission of symptoms.
Conclusions: HSS is a rare but grave clinical entity associated with significant morbidity and mortality. Early diagnosis and timely intervention is crucial in improving the prognosis of patients. Appropriate treatment, if instituted promptly and early, has the potential to induce remission of HSS.

POSTERS

Association between peripheral artery disease and diabetes: preliminary findings from a prospective study

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Background and Aims: Peripheral artery disease (PAD) refers to partial or complete occlusion of the arterial vessels of the lower limbs.Despite patients with diabetes mellitus (DM) have an increased prevalence of PAD, it remains largely underdiagnosed and undertreated.Therefore, we searched PAD in DM patients by measuring ankle-brachial-index (ABI).
Methods: We screened patients referring to our Diabetes Clinics.Every subject underwent ABI measurement and filled the San Diego Claudication questionnaire. Patients with ABI <0.9 were considered as having PAD.For comparisons, we used Mann-Whitney U or Fisher's exact test. All variables with p<0.10 were included in a backward stepwise logistic regression model to evaluate risk factors for PAD.A two-sided p<0.05 was considered statistically significant.
Results: A total of 797 patients were screened, 316 were women (39.6%).PAD was diagnosed in 107 (13.4%) patients.The multivariate analysis showed that age >65 years (OR 2.1; 95% CI 1.25 to 3.62; p=0.005), chronic kidney disease (OR 2.8; 95% CI 1.30 to 3.31; p=0.002), retinopathy (OR 2.39; 95% CI 1.40 to 4.07; p=0.001) and heart failure (OR 1.80; 95% CI 1.01 to 3.19; p=0.044) were significantly associated with PAD. Furthermore, carotid atherosclerosis had a positive association (OR 1.55; 95% CI 0.98 to 2.45; p=0.057).
Conclusions: This preliminary analysis of our study showed that several comorbidities are significantly associated with PAD.Also, the rate of undiagnosed PAD among DM patients is not trivial.Earlier screening in these high-risk patients should allow a more effective treatment.

Epidemiological transition in critical COVID-19 patients treated with CPAP in a medical intermediate care unit throughout four pandemic waves

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Background: In COVID-19 patients non-invasive-positive-pressure-ventilation (NIPPV) has held a challenging role to reduce mortality and need for invasive mechanical ventilation (IMV) but its effects are difficult to be evaluated in course of the pandemic, given evolving clinical and epidemiological differences. Aim of this study is to compare the characteristics of patients admitted to a Medical-Intermediate-Care-Unit for acute respiratory failure due to SARS-CoV-2 pneumonia throughout four pandemic waves.
Methods: In this retrospective, single-centre, observational study anamnestic and clinical data of 300 COVID-19 patients treated with continuous positive airway pressure (CPAP) have been collected and analysed, from March-2020 to April-2022.
Results: No-survivors were older and more comorbid, whereas patients transferred to ICU were younger and had fewer pathologies. Patients became older (from 65[29- 91] years in I wave to 77[32-94] in IV, p<0.001) and with more comorbidities (from Charlson's Comorbidity Index=3[0-12] in I to 6[1-12] in IV, p<0.001). No statistical difference was found for in-hospital mortality (33.0%, 35.8%, 29.6% and 45.9% in I, II, III and IV, p=0.216), although ICU-transfers rate decreased from 22.0% to 1.4%.
Conclusions: COVID-19 patients have become progressively older and more complex even in critical care area; from risk class analyses by age and comorbidity burden, in-hospital mortality rate remains high and is thus consistent over four waves. An appropriate risk profiling is essential to improve resource management and appropriateness of care.

Two years effect of an acute medical admission unit on the outlying phenomenon and in-hospital mortality in a first level ED hospital in Lombardy

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Background: As a patients flow logistic strategy to reduce hospital overcrowding and boarding in Emergency Department (ED), a Medical Admission Unit (MAU), 12 beds and time of stay ≤72 hours, has been designed as a logistically and functionally more intensive care section of the Internal Medicine ward.
Methods: All consecutive patients admitted to MAU from Dec2017 to Nov2019 have been included considering data regarding inflow (ED or other wards) and outflow status (discharges, transfers, or deaths) and destination wards. ED admissions number, total days of hospitalization and outliers bed days, separated into medical and surgical area, and in-hospital mortality have been compared to those from the previous two years, Dec2015-Nov2017.

Results: 2162 patients have been admitted, 96.5% from ED, 3.5% from other wards for clinical instability; 22.0% were directly discharge, 4.1% died in MAU while 73.9% were transferred to other wards, 7.0% of these in Intensive/Subintensive units. By comparison with previous 24 months, despite the increase in admissions/year from ED in medical area (3842±106 *vs* 4063±99, p<0.001), outlier bed days decreased from 11.5±6.3% to 6.4±3.1% (p<0.001) in surgical area and the in-hospital mortality from 8.7±0.4% to 7.1±1.4% (p<0.001) in medical one.
Conclusions: a proactively managed medical admission buffer unit strictly interconnected with hospital macro-organization has demonstrated a positive effect on quality and safety of care, by ensuring a constant flow of acute medical patient and reducing the outlying phenomenon and the in-hospital mortality.

A fearsome storm

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Granulomatosis with polyangiitis (GPA), also called Wegener's granulomatosis, is an uncommon disorder causing vessel inflammation in the nose, sinuses, throat, lungs and kidneys. GPA is a systemic necrotizing vasculitis and may present with long lasting and nonspecific symptoms such as fever, weight loss, asthenia and myalgias with a variable degree of internal organ involvement. Herewith we report the case of a 66-year-old man affected by GPA with vascular, lung and neurological involvement. The disease was in a remission phase under rituximab and the patient was hospitalized for hemoptysis and recrudescence of dyspnea. Chest X-ray showed multiple nodularities with right apical and right inferior parailary hypodiaphany. Bronchoscopy showed obstruction of the right main bronchus by a clot and ubiquitous presence of blood material. On completion, chest CT scan was performed showing ground-glass areas in the RUL, RIL and the LIL corresponding to the radiographically described hypodiaphany and the blood present on endoscopy suggesting the occurrence of severe hemorrhagic alveolitis. A SARS-CoV-2 swab performed for surveillance gave a positive result. It is known that pulmonary involvement in the course of GPA can complicate with hemorrhagic alveolitis. This case report shows that the "cytokine storm" triggered by SARS-CoV-2 infection can induce a rapid worsening of the disease, with the appearance of a fearsome complication.

Cardiac calcifications, bone fragility and sarcopenia: an other link between bone, muscle and heart

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Background: In last years interest in relationship between bone, muscle and cardiovascular disease has grown. Aim of this work was to: 1) evaluate prevalence of valvular calcifications, osteoporosis and sarcopenia in a healthy population; 2) evaluate a possible correlation between Global Cardiac Calcium Score (GCCS), BMD and sarcopenia.
Materials and Methods: In a cohort of 106 patients we measured lumbar (BMD-LS), femoral BMD (femoral neck: BMD-FN, total femur: BMD-FT) and body composition with DXA method. We also evaluated the presence of sarcopenia (EWGSOP Consensus). All patients underwent to a transthoracic color doppler echocardiography exam to assess the presence of valvular calcifications. The degree of valvular calcifications was evaluated by Global Cardiac Calcium Score (GCCS).
Results: GCCS was significantly higher in osteoporotic patients (p<0.001).There was an inverse correlation between BMD and GCCS which reached statistical significance at lumbar spine and femoral sub-regions in females (p<0.01). Fractured subjects had significantly higher GCCS than non-fractured ones (p<0.05). In multiple regression models BMD-LS and BMD-FT represent independent variables for cardiac calcifications. Regarding sarcopenia and valvular calcifications, BMI and ASMM were significantly inversely correlated with GCCS in women (p<0.01 and p<0.05, respectively) and the handgrip strength in men (p<0.05).
Conclusions: Our data confirm the presence of a relationship between valvular calcifications and decreased BMD. It's the first study that relates sarcopenia and valvular calcifications.

Alpha-gal syndrome: how a tick bite can make allergic to meat

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Background: Alpha-gal syndrome is a recent, not-well known, life-threatening food allergy resulting from a tick bite. It is induced by oligosaccharide galactose-α-1,3-galactose present in salivary proteins. Tick bite can sensitize to alpha-gal, a sugar found in red meat and mammalian derivatives. An IgE-mediated allergic response develops and leads to allergic reaction.
Case presentation: A 31 years old man admitted to Emergency department for extensive face angioedema. No pathological history, no food or drug allergies. Patient reported that the evening before the first episode he ate an hamburger in a fast food. On physical examination: central edema of the forehead extended to the nasal pyramid, cheekbones and upper lip, painless. Steroid and antihistamine therapies were started. Biochemical tests showed no altered values. Allergological tests were negative, hereditary angioedema due to C1-inhibitor deficiency was also excluded. In the suspicion of alpha gal syndrome, specific IgE against alpha gal were measured and resulted positive. A specific diet was started with a gradual tapering of steroid, there was a complete resolution of the angioedema.
Conclusions: The diagnosis of alpha-gal syndrome is often delayed because it is not well known and so it is not considered in differential diagnosis. Many allergic reactions and anaphylactic shocks do not have a clear reason; alpha gal syndrome could sometimes be the answer for an early diagnosis and to avoid fatal complications simply with a diet free of red meat and derivatives.

Un caso di splenosi

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Premesse: La causa più frequente di noduli peritoneali è la carcinosi peritoneale. Il melanoma è una neoplasia aggressiva e letale, se diagnosticata in fase metastatica. La splenosi è una possibile causa di noduli peritoneali se presente storia di splenectomia o trauma della milza
Caso clinico: Uomo di 51 aa con melanoma in fase iniziale (Clark III, Breslow 1 mm, 2 mitosi/ 10HPF, ulcerato, no invasione vascolare linfatica) in assenza di sospetto di malattia disseminata, candidato a ricerca linfonodo sentinella ed ampliamento margini di resezione, eseguiva TC total body per escludere metastasi occulte. La TC mostrava noduli peritoneali multipli sospetti per carcinosi peritoneale. Il paziente

riferiva un incidente 30 aa prima con rottura splenica e splenectomia. Eseguiva TC-PET che concludeva per splenosi peritoneale. In ecografia i noduli erano compatibili con il parenchima della milza. Veniva confermata la malattia localizzata e le seguenti TC di follow-up non mostravano cambiamenti dei noduli peritoneali.
Conclusioni: La splenosi, presenza di tessuto splenico nella cavità addominale evidenziabile dopo un trauma, è difficile da diagnosticare. Non si ha un quadro radiologico caratteristico e la biopsia e la chirurgia sono invasive e non sempre possibili. Nel nostro caso la diagnosi differenziale con la carcinosi peritoneale, poco probabile per la storia oncologica, ha richiesto un approfondimento anamnestico ed un buon uso degli esami radiologici che hanno evitato un approccio invasivo non necessario.

A case of amaurosis fugax, headache and dizziness

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Celiac disease is an inflammatory disease of the upper small bowel resulting from gluten ingestion in genetically susceptible individuals. It has been associated with neurological symptoms as extraintestinal manifestation of gluten sensitivity, even in the absence of clinical intestinal involvement. CEC syndrome (also known as Gobbi syndrome) is a rare condition characterized by Celiac disease, Epilepsy and Cerebral calcification. Patients with cerebral calcifications and celiac disease without epilepsy are considered as having an incomplete form of CEC syndrome. A 60-year-old man presented with a single episode of amaurosis fugax. He also reported headache and dizziness worsening in the last year. He had history of asymptomatic celiac disease: he did not report any gastrointestinal (G-I) symptoms on gluten containing diet. Physical examination was normal; no focal neurological deficits were found. Laboratory tests, EEG, ECG Holter monitor and echocardiogram were normal; no relevant carotid obstruction was identified. A CT scan of the brain revealed diffuse hypodense converging areas at centra semiovale and periventricular site, most evident at the occipital lobe; at the left occipital pole, cortical lamellar calcifications were observed. An MRA of the brain confirmed the presence of linear calcifications of the left occipital cortex. After a month of gluten free diet, the patient reported complete resolution of the neurological symptoms. Celiac disease should be considered in individuals presenting with neurological symptoms even in the absence of G-I manifestations.

Endoscopic ultrasound and portal hypertension

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Introduction: Pancreatic pseudocysts (PPC) are fluid collections with a well-defined wall that persist for more than 4 weeks inside or around the pancreas as a result of pancreatic inflammation.
Case description: A 73 years old man was admitted to our department within a seven days history of right upper quadrant pain. In his clinical history there were a recent necrotizing acute pancreatitis. On abdominal examination there was evidence of ascites. Laboratory tests showed raised liver function tests and C Reactive Protein (CRP). Computed tomography (CT) of the abdomen showed a pancreatic pseudocyst measuring 12 x 7.2 cm causing compression on the portal vein. Shear wave elastography (SWE) measurement on the right lobe of the liver was 8.9 kilo Pascal (kPa). Endoscopic Ultrasound (EUS)-guided cysto-gastrostomy was performed. A Lumen Apposing Metal Stent (LAMS) (15 mm x 10 mm diameter) (Hot Axios Microvasive Endoscopy, Boston Scientific, Natick, USA) was used to drain the cyst. Double-pigtail plastic stent was inserted over the guidewire, which drained clear fluid within the cyst cavity. After four weeks the double pigtail was removed. The patient underwent the procedure three times with resolution of ascites and no recurrence or complications over 2–6 months of follow-up. Interestingly liver stiffness values were higher before the pseudocyst drainage (8.9 kPa) to those obtained after two months follow up (7.2 kPa).
Conclusions: PPC is important to consider in differential diagnosis. EUS is an important diagnostic and therapeutic tool.

Medicina post acuzie: *cui prodest?* Studio retrospettivo osservazionale di 1 anno

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Premessa e Scopo dello studio: Molti pazienti (pz) anziani non sono in grado di tornare a casa dopo la dimissione dal reparto per acuti (RA) necessitando di una degenza in strutture qualificate dell'ospedale, Medicina Post Acuta (MPA). Abbiamo analizzato le caratteristiche di questi pz e il beneficio di questa assistenza.
Materiali e Metodi: Analisi di 272 richieste di trasferimento del 2020 (età, sesso, idoneità dei pz al trasferimento e data, giorno del trasferimento, data e tipo di dimissione, diagnosi, riospedalizzazione, decesso durante il ricovero o entro 3-6 mesi).
Risultati: 12 (4,4%) pz sono stati considerati non idonei; 95 donne e 82 uomini sono stati trasferiti; 45 donne e 38 uomini idonei non sono stati trasferiti per mancanza di posti letto. 26 pz trasferiti necessitavano di palliazione *vs* 12 non trasferiti. I pz dimessi dal MPA rispetto ai non trasferiti, per mancanza di posti letto, sono stati ri-ricoverati meno a 1 e 3 mesi (7,3% *vs* 12%) e (14,6% *vs* 22,9%). Per mancanza di posti letto in MPA, i pz sono rimasti in RA 2116 giorni diventando bed blockers. In Italia la MPA è remunerata a giornata (circa 150 euro/giorno/paziente) e dal giorno della richiesta/valutazione della MPA il paziente ha già acquisito il suo DRG, quindi l'ospedale ha rinunciato a 317.400 mila euro di rimborsi.
Conclusione: Chi beneficia del MPA? I pz, che hanno un minor tasso di riospedalizzazione; i pz, che hanno un percorso di dimissione adeguato e protetto; il RA, che ha più posti letto disponibili; l'ospedale che ha un adeguato rimborso sanitario per il servizio medico prestato.

A case of splanchnic venous thrombosis associated with myeloproliferative neoplasm with V617F JAK2 mutation

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Background: Splanchnic venous thrombosis (SVT) is a rare thrombotic manifestation due to mesenteric, portal or splenic vein thrombosis or Budd-Chiari syndrome. Its etiology varies from abdominal malignancies to inherited or acquired haematological conditions, inflammatory abdominal events or systemic diseases. Clinical presentation is frequently aspecific and literature regarding diagnosis and treatment is scarce.
Case Report: We present the case of a previously healthy 70 y/o male who presented complaining of epigastric pain

and vomiting. His complete blood count (CBC) presented elevated white blood cells without other abnormalities. Computed tomography diagnosed portal, splenic and mesenteric vein thrombosis, without other relevant intra-abdominal findings. Inherited thrombophilias, Paroxysmal Nocturnal Hemoglobinuria and abnormalities in lymphocyte phenotyping test were absent, while JAK2 V617F mutation and anti-phospholypid antibodies (with isolated Lupus Anti-Coagulant positivity) were discovered. Despite anticoagulation he developed bowel ischemia complicated by bowel perforation and he died of septic shock.
Conclusions: This case provides a useful insight in difficulties related to SVT's diagnostic work-up. In particular Myeloproliferative Neoplasms (MPNs) are reported as a relevant cause of SVT, even more than other haematological thrombophilic conditions. In cases where etiology is not evident (such as cases of cirrhosis, cancer or intra-abdominal inflammation), MPNs should be tested even in cases when CBC is not suggestive.

Assessment of nutritional status and outcomes of patients with acute respiratory failure due to SARS-CoV-2 severe interstitial pneumonia treated with CPAP

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Aim of the study: Malnutrition is present in a high percentage of hospitalized medical patients (pts), with higher risk of worse outcomes. Despite this, nutritional status is still not adequately evaluated. The aim of this study is to assess nutritional indicators and their prognostic role in critical COVID-19 pts.
Materials and Methods: 300 adult pts with severe SARS-CoV-2 interstitial pneumonia treated with CPAP were hospitalized in a Medical Intermediate Care Unit during four consecutive pandemic waves. Laboratory parameters, PNI, CAPA, CONUT scores and BMI, statistical analysis with univariate logistic regression and AUROC were performed.
Results: 36,3% (109) pts died, while 10,7% (32) were admitted to ICU. Median CCI was 4 [0-12] and NEWS 5 [0-15]. BMI was 27.75 [19-55.5], PNI 37.95 [24.45-66.85], CAPA 1 [0-4] and CONUT 5 [1-12]. A worse nutritional status was found in non-survivors for all three scores: PNI (36.50 [24.45-49.15] *vs* 39.05 [25.00-66.85], p <0.001), CAPA (2 [0-4] *vs* 1 [0-4], p <0.001), CONUT (6 [2-11] *vs* 5 [1-12], p <0.001) with the exception of BMI. The best performance analysis was achieved by CAPA (AUROC 0.72, IC 95% 0.66-0.78), followed by CONUT (AUROC 0.66, IC 95% 0.59-0.74) and PNI (AUROC 0.66, IC 95% 0.59-0.72). In-hospital mortality was found mostly related with CAPA ≥2: OR 3.74 (2.21-6.33, p <0.0001).
Conclusions: In this selected cohort, CAPA was a better prognostic score for in-hospital mortality (AUROC >0,7) than PNI and CONUT, while no relation emerged between BMI and in-hospital mortality.

Warfarin resistance: how to get around it. Our experience

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Background: Warfarin used to prevent and treat thromboembolic disorders, it's marked by huge variability in the dosage among individuals and ethnic groups, dependent on its interaction with several drugs and foods. For this reason, it's difficult to fix a specific dosage for each patient, in order to maintain the international normalized ratio (INR) within the target range.
Clinical case: A Tunisian male patient aged 61 y/o and affected by morbid obesity, HFrFE, severe kidney failure and atrial fibrillation in home therapy with warfarin, was admitted in our Department for worsening dyspnea. After managing his acute respiratory failure, laboratory analyses showed an INR out of range (1.3). Assuming a poor home medication adherence by the patient, we prescribed warfarin (5mg/day) and enoxaparin followed by daily control of INR. However, INR did not increase after 3 days, so that warfarin dosage was gradually raised up to 15mg/day and all factors that could influence its efficacy were evaluated. Genetic tests demonstrated a heterozygous mutation of prothrombin gene (G20210A). Despite one week of therapy, since INR remained low, warfarin was replaced by acenocoumarol (4mg/day) and, 2 days later, INR increased to 2.6 and was kept in the target range in the following days.
Conclusions: Warfarin resistance has been defined as the inability to raise INR within the therapeutic range. This case report strengthens the importance of ruling out any genetic modifications that can be associated with warfarin resistance, and of considering therapeutic replacement with acenocoumarol.

Pericardite come causa di ascite e cirrosi cardiogena

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Premesse: L'obiettivo del caso clinico è quello di valutare tutte le possibili cause di ascite.
Descrizione del caso clinico: Uomo di 38 anni giunge per dispnea ed edemi declivi. Presso il PS ha effettuato esami ematici, con incremento del pro-BNP e un RX torace, che ha mostrato cardiomegalia. All'ingresso presso il reparto il paziente si presenta vigile e collaborante, dispnoico. All'obiettività si segnalano edemi di gamba, addome globoso con ottusità plessica, al torace MV ridotto. E' stato effettuato un controllo ecografico che ha mostrato la presenza di VCI dilatata (34 mm) senza collasso inspiratorio e la presenza di falda di versamento ascitico. E' stata effettuata una paracentesi che ha evidenziato un liquido giallo, in assenza di leucociti con 2,8 g/dl di proteine e un SAAG >di 1,1. E' stata effettuata una TC addome con mdc che ha mostrato severa epatomegalia con ectasia delle vene sovraepatiche e della vena cava. E' stata richiesta un'ecocardiografia che ha mostrato uno spostamento del setto interventricolare a sinistra durante l'inspirazione. E' stata effettuata una RMN cardiaca che ha mostrato un aumento dello spessore pericardico con diffuso enhancement tardivo del Gadolinio (LGE), il cateterismo cardiaco ha confermato il sospetto diagnostico di pericardite costrittiva e il paziente è stato sottoposto a pericardiectomia.
Conclusioni: La pericardite costrittiva è una rara patologia e spesso la causa rimane ignota ma andrebbe considerata nella diagnostica differenziale dell'ascite.

Un caso particolare di trombosi venosa profonda

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Premesse: Anche in caso di trombosi venose in sedi apparentemente tipiche si devono ricercare i fattori che contribuiscono agli elementi della triade di Virchow.
Descrizione del caso clinico: Una ragazza di 22 anni con anamnesi patologica muta accede in PS per febbre e dolore lombare irradiato all'anca sx. Agli esami ematici: leucocitosi neutrofila, PCR 10mg/dl, PCT negativa, urinocoltura ed emocolture negative. Vengono eseguiti ECG, CUS arti inferiori, ecoTV, visita ginecologica, RX lombosacrale e anca sx, tutti negativi. All'ecografia anca sx lieve versamento articolare coxo-femorale. Alla RM anca con MDC rilievo di TVP iliaco-femorale sx confermata dall'angioTC senza

segni di embolia polmonare. La pz assumeva estroprogestinici e allo studio parziale della trombofilia viene rilevato test APCR positivo e polimorfismo fattore V Leiden. Un ecocolorDoppler venoso addominale conferma la TVP, la vena iliaca comune sx risulta compressa tra l'arteria iliaca comune dx e la colonna lombare. Si configura quindi la sindrome di May Turner per cui oltre alla terapia anticoagulante la pz viene sottoposta a rivascolarizzazione percutanea con impianto di stent con buon risultato.
Conclusioni: La pz aveva più fattori che hanno contribuito alla TVP; la diagnosi della sindrome di May Turner ha permesso un precoce e completo trattamento (anticoagulante e rivascolarizzazione percutanea) che ha ottimizzato la ricanalizzazione del vaso e ha limitato la mancata risoluzione della trombosi, le complicanze (circoli collaterali, sindrome post-trombotica, sindrome da congestione pelvica) e le recidive.

Normal renal function: is it worth suspecting a renal vasculitis?

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Background: Pauci-immune glomerulonephritis (PICG) is the most frequent etiology of a rapidly progressive glomerulonephritis (RPGN). Approximately 90% of these patients have circulating ANCA antibodies, leading to the nomenclature ANCA-associated vasculitis.
Case presentation: A 75-years old woman on hormone replacement therapy for hypothyroidism and a family history of end stage kidney disease, was admitted to the emergency department for worsening of dyspnea, peripheral oedema, fatigue and fever, with no response to previous therapy with loop-diuretics and antibiotics. Blood tests showed elevated RCP (190 mg/l) and hypoalbuminemia (2 g/dl). Since persistent referred fever, the patient underwent blood and urinary cultures (negative), PET with no evidence of metabolic activity, chest CT scan negative for infection; conversely, vasculitis workup showed high antimyeloperoxidase (MPO) antibody levels; 24h proteinuria revealed a subnephrotic range (1,9 g/24 h). Due to an intercurrent COVID-19 infection and a catheter-related urinary tract infection, the patient was transferred to a lower intensity ward. However, during her hospital stay, she developed an acute kidney injury. A renal biopsy was performed and demonstrate pauci-immune glomerulonephritis. Methylprednisolone 250 mg iv for three days was started followed by prednisone with improving renal function. After 1 week the patient was discharged.
Conclusions: PICG has to be early suspected and recognized in order to start adequate treatment even in absence of kidney injury

Spontaneous remission of primary hyperparathyroidism: a case report

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Background: Primary hyperparathyroidism (PHPT) is characterized by hypercalcemia and elevated parathyroid hormone (PTH) levels. The dominant cause is the parathyroid adenoma and the optimal treatment is surgery while spontaneous remission of PHPT due to necrosis or hemorrhage of adenoma is very rare. We report one case of parathyroid auto-infarction, with substantial reduction of parathyroid hormone and calcium serum levels, initially managed conservatively.
Clinical case: A 56-year-old male was admitted to the Emergency Department with asthenia and altered mental status. A head CT scan and lumbar puncture were negative. Biochemical tests showed a serum calcium level 20.4 mg/dl: a primary hyperparathyroidism was suspected, which was confirmed by a serum PTH level of 789 pg/ml (normal 6.5-36.8). Ultrasound scan showed a hyperechoic nodule at the lower pole of the thyroid (25 x 23 x 18 mm) compatible with hyperplastic parathyroid; the scintigraphy with sestamibi show abnormal uptake in the same area. Treatment consisted of hydration, furosemide and two doses of zoledronic acid; fourth day after admission the patient's serum calcium level fell until normal value and four weeks later the PTH level spontaneously decreased to 56 pg/ml. A second ultrasound showed a reduction of about 40% in adenoma size. Based on the sudden decrease in PTH, in calcium levels and in adenoma size, infarction of parathyroid adenoma was diagnosed.
Conclusions: spontaneous infarction of a parathyroid is a rare but well documented occurrence that resulted in primary hyperparathyroidism resolution

Unilateral adrenal mass in new onset Addison disease: an unexpected radiological finding

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Background: Unilateral adrenal masses (UAMs) are usually unable to cause adrenal insufficiency, so discovering an UAM in a patient with new onset Addison disease (AD) constitutes an unexpected radiological finding. We describe a case of AD with a left adrenal incidentaloma, whose histological examination revealed an adrenal ganglioneuroma (AG), a rare benign tumor, originated from gangliar cells of the sympathetic system.
Case Report: A 27-year-old female with past medical history of autoimmune hypothyroidism presented to our emergency department with vomiting, shock, and mental confusion. Laboratory investigation revealed hypoglycaemia (35 mg/dl), hyponatremia (99 mEq/l) and hyperkalaemia (6.85 mEq/l). Diagnosis of AD was formulated by hormonal assessment: serum morning cortisol (0.4ug/dl), ACTH (795 pg/ml), renin (228 µU/ml) and aldosterone (51 pg/ml); anti-adrenal antibodies were tested positive. Abdominal CT revealed a left sided 3 cm UAM with unenhanced 30 HU density; MRI showed no signal dropout on opposed-phase imaging; urinary metanephrines were in the normal range. Hormonal replacement therapy was immediately started with resolution of adrenal crisis and the patient was discharged after clinical stabilization. Few months later laparoscopic left adrenalectomy was performed. Histological diagnosis of AG was done and the patient is still on follow-up.
Conclusions: AG is a rare, often incidentally discovered adrenal tumor. We are not aware of other cases of AG occurred in a patient with AD. We hypothesize that the relationship between these two conditions could be incidental.

Trombosi venose splancniche in un reparto di Medicina Interna: esperienza monocentrica

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Premesse e Scopo dello studio: Le trombosi venose splancniche sono tutt'oggi patologie sotto diagnosticate nei reparti di Medicina Interna ed il loro trattamento è ancora in discussione.
Materiali e Metodi: Sono stati reclutati pazienti con nuova diagnosi di trombosi venosa splancnica ricoverati presso il nostro reparto di Medicina Interna fra Gennaio-Dicembre 2022. Lo scopo principale è analizzare l'incidenza della patologia ed i principali fattori causali. Inoltre, analizzare le scelte terapeutiche e l'incidenza di complicanze o recidiva.
Risultati: Una trombosi delle vene renali (8.3%), tre trombosi isolate dei rami intraepatici portali (25%), 5 trombosi

isolate del tronco principale portale (41.6%), 2 trombosi portali combinate (16.6%) e una trombosi portale combinata e della vena mesenterica superiore (8.3%). Dieci pazienti erano affetti da epatopatia cronica virale (83.3%) (6 complicati da epatocarcinoma), una paziente da mutazione JAK2+ (8.3%) ed un caso da APS (8.3%). Il farmaco più prescritto è stato il warfarin (7 pazienti; 58.3%), 2 casi con fondaparinux (16.6%) e tre con DOAC. In un solo caso (warfarin) si è assistito ad una emorragia maggiore da varici esofagee.
Conclusioni: Le trombosi portali sono le principali trombosi venose splancniche. L'epatopatia cronica virale complicata da epatocarcinoma è la principale patologia di base. Vi è una estrema eterogeneità nella scelta terapeutica. È opportuno eseguire una valutazione endoscopica per escludere la presenza di varici esofagee nei pazienti con ipertensione portale per mettere in atto terapie preventive.

Non dimentichiamo gli effetti collaterali

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Premesse: Un uomo di 70 anni ha intrapreso immunoterapia con pembrolizumab per adenocarcinoma polmonare IV stadio (lesione polmonare sinistra, pleurica, ossee e surrenalica destra); sull'esame istologico negative mutazioni target, PDL-1 ad alta espressione (92%).
Descrizione del caso: Dopo la seconda somministrazione il paziente ha presentato ipostenia diffusa, diplopia; agli esami miosite (CPK 5784 U/l) e movimento di troponina con ECG ed ecocardiografia nei limiti. Alla TC e PET remissione parziale di malattia neoplastica. Il paziente è stato trattato con idratazione, terapia steroidea (1 mg/kg) e Ig vena con iniziale miglioramento laboratoristico, ma peggioramento clinico (ptosi, diplopia, ipostenia, disfagia e dispnea). Il paziente è stato studiato presso centro specialistico di neuroncologia e neuroinfiammazione con EMG e RM mirate. È stata confermata la diagnosi di miosite immunorelata con coinvolgimento prevalente bulbare, cervicale e diaframmatico da imputare a pembrolizumab. Nonostante plasma exchange, immunoglobuline ad alti dosaggi si è assistito ad ulteriore aggravamento. Non possibili ulteriori terapie, ma sola palliazione.
Conclusioni: Il pembrolizumab è un anticorpo monoclonale anti PD-1. Tra gli effetti avversi sono descritte reazioni immunomediate che possono interessare uno o più distretti corporei: polmoniti, coliti, epatiti, nefriti, endocrinopatie, reazioni cutanee, miositi, artriti, miocarditi, mieliti; nella maggiorparte dei casi queste sono trattabili con sospensione del farmaco e corticosteroidi, in alcuni casi sono invece severi e raramente fatali.

Increased serum amylase and lipase in a West Nile virus case series of the eastern Veneto

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Background and Aim of the study: In summer 2022, Eastern Veneto experienced a West Nile virus (WNV) outbreak. The study aims to describe a case series of WNV patients admitted to the Hospital of Oderzo (TV) from 12 July to 16 September 2022.
Materials and Methods: We retrospectively collected clinical data of patients diagnosed with WNV through positive IgM anti-WNV and/or WNV-RNA.
Results: Of the 12 WNV patients, 7 were female, and the median age was 75 (67-85) years. All had fever >38°C associated with normal serum leucocyte count and C-reactive protein. Ten patients (83.3%) developed neuroinvasive WNV with mild symptoms in 7 patients (confusion, lethargy and hyporeflexia) and severe manifestations in 3 patients. Of the latter, one required noninvasive ventilation for respiratory failure; the other 2 had severe meningoencephalitis exiting in death in one patient and permanent visual deficit due to neuroretinitis in the other. Four patients (33.3%) had a transient elevation of serum amylase and lipase greater than the upper limit of normality. Of these, one patient had mild acute pancreatitis, which was attributed to WNV since no other causes were found; one patient had concurrent acute parotitis; 2 had no evidence of pancreatic or salivary gland disease as well as no gastrointestinal symptom. No correlation was found between serum amylase/lipase levels and the severity of WNV infection.
Conclusions: WNV infection can rarely cause acute pancreatitis and be associated with transient elevation of serum amylase and lipase, whose clinical significance is unclear.

Verso il *primary nursing*: progettazione di uno strumento pratico di implementazione presso l'UO Clinica Medica dell'AOU delle Marche

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Premesse e Scopo: Il Primary Nursing (PN) è un modello organizzativo che garantisce la presa in carico personalizzata secondo una visione globale e integrata del percorso di cura e consente all'infermiere di agire nel pieno della propria autonomia professionale. Fondamentale per la sua implementazione è la pianificazione assistenziale.
Obiettivo dello studio è introdurre delle schede strutturate secondo il linguaggio tassonomico NNN per promuovere la pianificazione e migliorarne la documentazione presso l'U.O. Clinica Medica dell'A.O.U. delle Marche.
Materiali e Metodi: Dalla documentazione infermieristica in dotazione alla SOD sono stati intercettati i bisogni assistenziali più ricorrenti a partire dai quali sviluppare le diagnosi infermieristiche e costruire le schede. È stato, poi, sottoposto agli infermieri un questionario circa la loro possibile introduzione.
Risultati: Sono state sviluppate dieci diagnosi infermieristiche (9 reali, 1 di rischio) e costruite su di esse le schede strutturate elaborate secondo il linguaggio tassonomico NNN. Dal questionario emerge che la maggior parte degli infermieri si dedica solo occasionalmente alla pianificazione e registra principalmente gli interventi e non gli outcome dell'assistito. La quasi totalità del campione ritiene utili alla pianificazione le schede e le adotterebbe.
Conclusioni: La pianificazione assistenziale rappresenta uno strumento di lavoro indispensabile all'implementazione del PN nell'ottica di garantire il raggiungimento degli obiettivi di salute degli assistiti ed esplicitare il processo decisionale dell'infermiere.

Utility of capillaroscopy in diagnosis of microcirculation alterations: experience of a hospital outpatient clinic

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Background: Nailfold-Videocapillaroscopy (NCV) is now a 'mainstream' investigation for rheumatologists, because a "scleroderma pattern" (SP) helps to differentiate primary from secondary Raynaud's phenomenon (RP).
Methods: In our dedicated clinic, in 2022, we underwent NCV 324 patients (pts), mean age 46.3y (range 14-85), with Raynaud-like skin manifestations (233pts) or acrocyanosis (91pts), of which 69 M (mean age 44.5 y; range 16-82) and 255 F (mean age 54.9 y; range 14-85), to evaluate the presence of one of the following patterns: "normal", "minor non-specific anomalies", "major non-specific anomalies", "SP"

(early SP, active SP or late SP). We used Videocap 3.0, equipped with an optical contact probe with 200x magnification and image analysis software.
Results: Sixty pts (18.5%; 12M, 48F) showed a normal NCV pattern. 20.7% (67pts; 14M,53F) had minor nonspecific abnormalities; 115 pts (35.5%; 23M, 92F) had major non-specific anomalies. In 82 pts (25.3%; 20M, 62F), we observed a SP; among them, 19 pts (3M, 16F) presented an early SP; 48 pts (11M, 37F) an active SP; 15 pts (2M, 13F) a late SP. The population consecutively referred to our clinic and therefore studied, was made up mostly of female pts. The average age was higher in the group of pts with SP than in those showing non-specific microcirculation anomalies.
Conclusions: Also in our experience NCV confirms to be a very useful and reliable tool in the diagnosis of microcirculation alterations associated with connective tissue pathologies and particularly in the differential diagnosis between primary and secondary RP.

Real-world analysis of impact of therapy with corticosteroids and antibiotics of COVID-19 outpatients in Sardinia

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Background: This retrospective, observational cohort study of COVID-19 outpatients analyze the early treatment with corticosteroids and azithromycin using the USCA Cagliari's database (05/2020-12/2021).
Methods: We included 2875 patients with COVID-19: mean age was 55 (Sd 19.2), 2047 (73,5%) patients were <65 years old. 39,1% had at least one comorbidity: heart diseases (31%), diabetes (9,3%). 557 (20%) were hospitalized for COVID-19. There were 101 (3.5%) deaths. The primary outcomes were progression to a severe COVID-19 and 60-day mortality. Secondary outcome was the impact of the other risk factors of progression to severe disease and 60-day mortality.
Results: A total of 916 patients (32%) received corticosteroids, 660 (23%) within 10 days of the onset of mild/moderate COVID-19.1318 (46%) received antibiotics, 999 (35%) Azithromycin. Patients with mild/moderate COVID-19 who received a corticosteroid early treatment had a higher risk of hospitalization, with OR 1,7462 (p<0,0001 95% CI 1,4267 to 2,1372) and OR 2,5054 (p<0,0001, 95% CI 1,9064 to 3,2927). Who received Azithromycin had a higher risk of hospitalization OR 1,2878 (p=0,0097, 95% CI 1,0646 to 1,5578) and OR 2,1045(p<0,0001, 95% CI 1,6213 to 2,7317). About the 60-day mortality weren't statistically significant differences.
Conclusions: An early treatment with corticosteroids and/or Azithromycin did not demonstrated efficacy to treat mild-moderate COVID-19. The early intake of corticosteroids, probably for their immunosuppressive activity seems to determine an increased risk of progression to a severe COVID-19.

Acquired prothrombotic state in Behçet's syndrome: a case report of recurrent pulmonary embolism as the first clinical manifestation in a young man from Morocco

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Behçet's Syndrome is a systemic vasculitis that can complicate with thrombotic manifestations, in particular venous thrombosis even in young people. More frequently it can occur in males. Extremity vein thrombosis is more common but sometimes thrombosis can involve inferior vena cava and rarely complicates with pulmonary embolism. Vascular endothelial damage could contribute to the pathogenesis of the thrombotic disease. We report the case of 25-years-old male patient who was affected by pulmonary embolism in January 2022 in Morocco and was treated with DOAC for six months. In January 2023 the patient was admitted to our hospital for dyspnoea, thoracic and abdominal CT scan showed segmental pulmonary embolism and inferior vena cava thrombosis extended from the renal vein to the iliac common vein bilaterally. The patient was screened for thrombophilia and anti-cardiolipin antibody immunoglobulin G were weak positive (30 U-PL-IgG/ml). Erythrocyte sedimentation rate, C-reactive protein and white blood cell count were high but infectious diseases were excluded. Autoimmunity test were all negative. The patient exhibited recurrent oral and genital ulcers, bilateral uveitis and fever. We made clinical diagnosis of Behçet's Syndrome, so we started corticosteroids and anticoagulant therapy. It is known that there is a predisposition to thrombosis in subjects with Behçet's disease. The thrombotic manifestations have an important role because these are related with high morbidity and mortality. Sometimes thrombotic events can occur before the diagnosis of BS.

Atypical manifestation of adrenal

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Introduction: Cancer-associated arterial thrombotic events are less well studied than venous thrombotic events. Probably, the arterial thrombosis are caused by cancer-cell specific prothrombotic properties that are important players in the pathogenesis of cancer associated hypercoagulability.
Descrizione del caso clinico: A 48-years old man presented in emergency room with the chief complaint of abdominal pain along with weakness and nausea with dyspepsia, he also reported hypertension and losing about fourteen pounds in the past three months. He was transferred from emergency room to our department after a computed tomography scan and a laboratory investigation. The CT scan reveal atypical arterial thrombosis of the celiac tripod, upper and lower mesenteric and thrombosis of the renal arteries and a large well-defined cystic peripherally enhancing 2 cm lesion in the left adrenal gland. The diagnosis of pheochromocytoma was not confirmed by MIBG. After an acute abdominal pain, the patient was transferred in surgery department for the suspicion of intestinal ischemia, where the cholecystistis and the left adrenal gland were removed. The histopathologist investigation confirmed the diagnosis of anaplastic adrenal gland sarcoma, that we concluded be the trigger of the several arterial thrombosis, in lack of other possible trigger. After the resolution of the acute symptoms, the patient was led to oncology treatment in a specialized center.
Conclusions: This clinical case shows us that rare adrenal gland cancer could be related with the arterial thrombosis.

Clinical-therapeutic failure of dalbavancin in a patient with a vascular ulcer infected from MRSA: a case report

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Skin and soft tissue infections (SSTIs) are an important cause of hospitalization. The most common pathogens causing SSTI are Streptococci and Staphylococcus Aureus, especially methicillin-resistant S. aureus (MRSA). A 72-year-old woman with confirmed ischemic heart disease, type 2 diabetes mellitus, severe peripheral vascular disease, stage III chronic renal failure, severe obesity, was hospitalized to the Cardarelli hospital in Naples, from 10 March as of March 17, 2022, for left upper leg ulcer infection from MRSA. She was treated with Dalabavancin 1500 mg in one dose and this patient began to show a worsening of the clinical and laboratory picture, and on 17 March she was transferred to the first division of the Cotugno hospital of Naples. MRSA isolated from left upper leg ulcer showed sensitivity to dalbavancin with an MIC of 0.125 mg/L near the resistance breaking point (S ≤0.125 mg/L; R >0.125 mg/L). For this reason, the patient had not responded to dalbavancin therapy and presented worsening clinical and laboratory conditions. The minimal inhibitory concentration (MIC) of dalbavancin was detected using E-test strips. This MRSA showed sensitivity to the other antibiotics. Given the renal insufficiency and the good tissue penetration of linezolid, we opted for this antibiotic with resolution of the patient's septic symptoms and laboratory parameters. In our case report we highlight the presence of MRSA with MIC at the limits of sensitivity for Dalbavancin. For this reason, it is important to use antibiotics appropriately, including the reading of the antibiogram.

Use of tixagevimab-cilgavimab as therapy for SARS-CoV-2 infection in immunocompromised patients

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Tixagevimab–cilgavimab are effective for treatment of early COVID-19 among outpatients with risk factors for progression to severe illness, as well as for primary prevention and post-exposure prophylaxis. We aimed to retrospectively evaluate the Hospital stay, prognosis and COVID-19 related inflammation in patients with immune system deficiency underwent Tixagevimab–cilgavimab. In this observational retrospective study we enrolled 42 patients who were nasal swab positive for SARS-CoV-2 (Antigenic and molecular) and hospitalized at the first division of the Cotugno Hospital in Naples from 8 July 2022 to 10 January 2023. We randomly selected from our database patients matched for age, sex and disease: Group A (27 patients) affected from chronic degenerative disorders and Group B (15 patients) affected oncohaematological diseases (LNH, LLC). According to our data we observed that mean stay of patients in group A was (215 days) *vs* (255 days) Group B without any statistical significance differences Sign Test ($p < 0.05$); exitus were 4 in both groups; no differences in IL-6 levels between studied groups; we found differences only in PCR at admission being higher in group A compered group B. In conclusion, in this study we observed that patients with Lymphoproliferative disorders had lower PCR levels compared to those with chronic degenerative disorders; however both groups despite the use with active of tixagevimab-cilgavimab in association with Remdesivir does not have any significant benefit in terms of days of infection or prognosis.

Hashimoto's encephalopathy with subacute cognitive impairment, transient aphasia and visual hallucinations: a case report

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Introduction: Hashimoto's encephalopathy (HE) is an autoimmune encephalitis related to thyroid antibodies, characterized by wide variety of clinical manifestations including alteration of consciousness and focal neurological deficit.
Description: a 71-year-old female, presented with progressive cognitive impairment, transient aphasia and visual hallucinations. At physical examination we found bilateral lower-extremity hypoesthesia and left visual field deficit. In her past medical history valvular heart disease, chronic atrial fibrillation and unmedicated hypothyroidism. Negative alcohol intake. Her drug history included amiodaron, 1 month earlier suspended due to bradycardia. CT head and neck angiography and brain MRI were normal. The EEG showed aspecific slow waves with no spikes. Only slightly elevation of cell count (6/uL) at CSF puncture, microbiological tests were negative. Laboratory tests showed elevated PCR (106 mg/L), high TSH levels (12.9 microUI/mL), normal FT3/FT4 and marked autoantibody positivity (Tg-Ab >4000 IU/mL, TPO-Ab 339 IU/mL). Excluding toxic, metabolic and infectious causes, paraneoplastic origin and other autoimmune encephalitis, we diagnosed HE and started high-dose methylprednisolone (1 g daily for 5 days and progressive tapering) with substantial clinical improvement.
Conclusions: diagnosis of HE should be suspected in case of encephalopathy without other obvious causes, especially in females with history of autoimmune disease, to timely start treatment. Based on our case findings and literature review, most patients have a therapeutic response.

An unusual case of hemolytic anemia

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Background: Cytomegalovirus (CMV) is a common viral agent responsable for a wide range of clinical manifestations. In the immunocompetent adult patients, primary CMV infection is generally asymptomatic. In immunocompromised can lead to severe clinical manifestations. Finally, CMV infection has been also associated with hemolytic anemia.
Clinical case: A 85-year-old Hispanic woman, without any relevant past medical history, was admitted to our Internal Medicine ward because of psychomotor impairment with multiple falls. During hospitalization, acute CMV infection was diagnosed (507 copies/ml on blood), other test showed severe hemolytic anemia with Coombs positive (IgG 1:30, Hb 5 g/dl, total bilirubin 5.14 mg/dl, indirect bilirubin 4.26 mg/dl, aptoglobin undetectable, LDH 326 U/L). An abdomen ultrasound exam was performed and hepatosplenomegaly was not observed. Other sierologic and virologic test were negative for EBV, HIV, HBV, HCV and HHV6-8. At first a therapy with metylprednisolone EV 1mg/kg was administered, when CMV viremia came out positive we added Ganciclovir 250 mg EV BID to therapy. No blood transfusions were prescribed, after a week of therapy the clinical condition improved.
Conclusions: We described an unusual case of hemolytic anemia during CMV infection with a positive Coombs test that support the immunological mechanism. CMV infection should be considered in the differential diagnosis of hemolytic anemia in immunocompetent adults because adding specific antiviral therapy could improve the clinical outcome.

Effect of adequate and early antibiotic therapy in bloodstream infections by carbapenem-resistant enterobariaceae

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Introduction and purpose of the study: Bloodstream in-

fections (BSI) by carbapenem-resistant Enterobacteriaceae (CRE) have a high mortality mainly due to the high probability of failure of the empirical therapy and the few therapeutic choices. The aim of this study is to evaluate in real life the impact of effective and early antibiotic therapy on survival.
Materials and Methods: In the AO San Giovanni Addolorata, positive blood cultures are analyzed using Accelerated Pheno System to obtain rapid identification and susceptibility test. Results are immediately communicated to the ward and to infectivologist in order to initiate targeted antibiotic therapy. The CRE BSI managed during 2022 in all wards were retrospectively reassessed, to evaluate the impact of early therapy on in-hospital mortality.
Results: Thirty-four cases of BSI were included. The most common origin of the infection was urinary tract (26.4%), pulmonary (17.6%), CVC (17.6%) and primary BSI (26.4%). Crude mortality was 41.1%. Of the 14 deceased patients, 5 received no therapy because they died at the onset of septic shock, 9 received adequate antibiotic therapy after 2.7 days; of the 20 surviving patients, 9 received adequate empiric therapy, 11 targeted antibiotic therapy within 24 hours. In patients who received adequate therapy within 24 hours from blood culture, mortality was 9.5%.
Conclusions: Early and adequate antibiotic therapy is a determining factor for survival of patients with BSI due to carbapenem-resistant Enterobacteriaceae.

Tick borne encephalitis

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Lyme borreliosis (LB) is a tick-borne infectious disease, endemic in the Northern hemisphere, with a polymorphic clinical spectrum (cutaneous, articular and, in 15% of case, a late neurologic involvement). The variability of clinical manifestations poses LB as a diagnostic challenge. We describe a case of acute Lyme neuroborreliosis (LNB) in an adult male with a recent history of fever, asthenia and convulsions, without signs imputable to tick bite. In Italy the most affected regions are Friuli Venezia Giulia, Liguria, Veneto, Emilia Romagna, Trentino Alto Adige. The disease occurs mainly in the summer and autumn months. Our patient arrived in ED with a QSOFA score 2. He underwent a brain CT (negative), chest X-ray (negative) and blood tests: Hgb 105 g/dL, WBC 15990/cmm, creatinine 0.4 mg/dL, CRP 68 mg/L); we observed a subsequent neurological worsening: difficult to assess, sleepy, miotic pupils, erratic movements of the right upper limb, not asymmetries. EEG: modest widespread anomalies. We proceed to a lumbar puncture, with finding of clear liquor and proteinorrachia; the sierological examination revealed Abs IgM for Borrelia Burgdorferi. In third day there was, despite antibiotic therapy (ampicillina 3 g TID) a rapid generalized impairment, with shock and respiratory distress, refractory to therapy with inotropic agents, which led to death. Neurological symptoms and fever impose suspicion of infectious meningo-encephalitis; antibiotic therapy (beta lactams/cephalosporins) should be started promptly.

Troppe cause per un problema

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Caso clinico: Paziente di 81 anni ricoverata a marzo 2022 per PLTpenia (PLT 16.000). Anemnesi:pregressa istero-annessectomia bilaterale per k endometriale. Dopo accertamenti dimessa con diagnosi di PLTpenia immune in assenza di Ig antiPLT ma presenza di autoimmunità florida per connettivite indifferenziata. Trattata con steroide, Ig-Vena e eltrombopag con beneficio. Ulteriore ricovero a nov '22 per recidiva di PLTpenia in corso di gastroenterite acuta. Durante la degenza comparsa di emiplegia sinistra e deviazione dello sguardo a destra. TC encefalo negativa. Poi rapido deterioramento con crisi convulsive e coma. Intubata e trasferita all'HUB con riscontro di k pancreas con metastasi epatiche (non presente a marzo). Ai controlli TC comparsa di lesione ischemica subacuta cortico-sottocortiale occipitale dx. Ripresa dello stato di coscienza e trasferita in Hospice.
Discussione: La trombocitopenia immune (ITP), è una PLTpenia acquisita dovuta a autoIg *vs* PLT. Le forme secondarie sono correlate a infezioni (HIV, HCV, HP); malattie autoimmuni (LES, connettiviti); farmaci; tumori ematologici e solidi (mammella, polmone, rene, pancreas). Il dosaggio di IgantiPLT ha bassa sensibilità. Lo steroide è di I linea; poi Ig ev e agonisti della TPO (effetto collaterale raro: aumento del rischio tromboembolico) in caso di mancata risposta. Nel nostro caso la PLTpenia può essere inquadrata come PLTpenia immune secondaria: in corso di connettivite indifferenziata ma, a posteriori, anche correlata alla neoplasia pancreatica che non era evidente durante il primo ricovero (PLTpenia "araldica" della neoplasia).

Relapsing pericarditis: peripheral blood neutrophilia, lymphopenia and high neutrophil-to-lymphocyte ratio herald acute attacks, high-grade inflammation, multiserosal involvement, and predict multiple recurrences

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Aims: To identify peripheral blood cellular correlates of active pericarditis and to verify whether peripheral blood neutrophils, lymphocytes and the neutrophil to-lymphocyte ratio (NLR) are associated with disease phenotype or prognosis.
Methods: Observational prospective study on a cohort of 63 patients with idiopathic pericarditis followed for twelve months after each pericarditis recurrence.
Results: Absolute and relative neutrophilia and lymphopenia, together with high NLR, were observed during active pericarditis, as compared with disease remission, at both analyses. Neutrophils showed a positive correlation with plasma C-reactive protein (CRP) levels, while lymphocyte count showed a negative correlation. Relative neutrophil count was higher, and lymphocyte count lower in patients with pleural effusion; a higher NLR and lower absolute lymphocyte count were observed in those with peritoneal involvement. No correlations were found between peripheral blood neutrophil or lymphocyte counts and size of pericardial effusion nor with the presence of myocardial involvement. Peripheral neutrophilia, lymphopenia and NLR during acute attacks predicted the number of recurrences in the following 12 months.
Conclusions: Acute attacks of pericarditis are associated with neutrophilia and lymphopenia, as compared with disease remission. During acute attacks, neutrophilia and lymphopenia reflect the extent of serosal inflammation and could help to customize therapeutic management after remission has been achieved.

Pericarditis after COVID-19 vaccination: a case series

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Aims: Pericarditis and myocarditis are examples of cardiac complications related to COVID-19 vaccines. In particular, cases of pericarditis have occurred after mRNA COVID-19 vaccination (mostly secondary to Moderna than Pfizer-BioNTech), especially in young adults, more often after the second dose.
Methods: We present a case series of patients who developed pericarditis within 30 days after COVID-19 vaccination in the Department of Internal Medicine at Fatebenefratelli Hospital in Milan, followed from December 1, 2021 to October 1, 2022.
Results: Thirty-nine individuals, of which 18 (72%) were women, had vaccine related pericarditis, with a median age of 42 years. Two patients were vaccinated with AstraZeneca, 2 with Moderna, the remaining with Pfizer. Two patients required hospital admission, in one case for a transient constrictive pericarditis. In the remaining cases symptomps were mild and didn't require hospitalization. Chest pain was reported in 100% of cases, whereas pericardial effusion was evidenced in 30% of subjects. Eighty percent of patients experienced tachycardia, whereas 90% reported asthenia. An increase in indices of inflammation (CRP) was documented in 50% of patients, usually mild. Ninety percent of patients were treated with NSAIDs, 95% with colchicine, while 50% of cases required treatment with low-dose steroids.
Conclusions: COVID-19 vaccination induces a particular form of pericarditis, often insidious and very troublesome, but with good prognosis.

Eleven-year efficacy and safety of azathioprine treatment in the maintainance of steroid-free remission in inflammatory bowel disease patients

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Background and Aim: Azathioprine (AZA) is widely used for induction and maintenance of remission in steroid dependent patients with inflammatory bowel disease (IBD). We investigated its efficacy and safety in maintaining steroid-free remission in steroid dependent IBD patients eleven year after the institution of treatment.
Methods: Data from consecutive IBD outpatients referred in our Institution, between 1985-2020, were reviewed and all patients treated with AZA were included.
Results: Out of 3598 consecutive IBD, AZA was prescribed to 518 patients, 284 (54.8%) were affected by Crohn's disease (CD) and 234 (45.2%) by ulcerative colitis (UC). Two hundred and seventy-eight patients with a follow-up <132 months were excluded from the study. Two hundred and forty patients were evaluated, 132 (55%) with CD and 108 (45%) with UC. One hundred and thirty-seven (57.1%) were male. Eleven year after the institution of treatment, 115 (48%) patients still were in steroid-free remission (75 CD *vs* 40 UC, 56.8% and 37%, p=0.0028), 69 (28.7%) had a relapse requiring retreatment with steroids (29 CD *vs* 40 UC, 22% and 37%, p=0.0145), 56 (23.3%) discontinued the treatment due to side effects (28 CD *vs* 28 UC, 21.2% and 26%). Loss of response from 1st to 11th year of follow-up was low, about 22%.
Conclusions: Eleven year after the onset of treatment about 50% of patients did not require further steroid courses. The maintenance of steroid-free remission was significantly higher in CD than in UC patients. The occurrence of side effects leading to the withdrawal of AZA treatment has been low.

Coagulopatia e sospetti

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Premesse: L'alterazione di PT ed aPTT, principali test coagulativi, può essere un rompicapo data l'ampia diagnosi differenziale.
Descrizione del caso clinico: Il sig. B.N., 53 anni, giunge in PS per dolore addominale e stipsi autotrattata al domicilio con senna. Gli esami mostrano coprostasi, INR 8 spontaneo senza sanguinamento né terapia cronica. Trattato con vitamina K1 e catartici, il dato è ritenuto secondario ad interferenza della senna. Poco dopo il paziente si ripresenta per disturbi analoghi, il dato coagulativo è confermato. Si ricovera nel sospetto di deficit di vitamina K da stipsi paraneoplastica. Durante la degenza è stabile, non sanguinamenti anomali, lo storico degli esami nella norma. La dieta è varia, non malassorbimento. Al laboratorio si evidenzia deficit di fattori vitamina K-dipendenti (II, VII, IX, X, proteina C e S). Agli esami strumentali sono escluse lesioni eteroformative e cause malassorbitive. L'integrazione di fitomenadione nel ricovero assesta l'INR su valori accettabili. A domicilio i valori sono altalenanti con frequenti aggiustamenti terapeutici. Si sospetta quindi una coagulopatia acquisita da causa esogena. La ricerca tossicologica evidenzia a livello ematico rodenticidi superwarfarinici (bromadiolone, coumatetralyl).
Conclusioni: I rodenticidi superwarfarinici sono ampiamente utilizzati, hanno potenza elevata e di lunga durata. Il facile accesso consente l'avvelenamento accidentale o intenzionale, rappresentando una causa importante ma poco riconosciuta di coagulopatia. Il caso evidenzia l'importanza del sospetto clinico per la diagnosi precoce.

Derivation of a prognostic score predicting in-hospital mortality and the need of OTI in COVID-19 affected patients requiring non invasive ventilation (NIV-f-score study)

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Background: COVID-19 is a clinical challenge, and the best respiratory support strategy is unclear. The usefulness of NIV is debated, as a high rate of failure is reported. The aim of this study is to derive a score for a combined endpoint of mortality and OTI in using NIV in COVID-19.
Methods: We analyzed charts of patients admitted for COVID-19. We collected personal and clinical data. Noninvasive ventilation (BiLevel and hCPAP) was applied when respiratory targets (RR <24 bpm, SpO2 >94%) weren't met with conventional oxygen delivered with a VM titrated to 50%. We computed an NIV-f score combining the variables independently associated with the endpoint in a multivariate logistic regression model. For each unit of OR a score point was considered.
Results: Of 701 patients, 314 required NIV. The primary endpoint was met by 115 patients. Of 16 analyzed variables, 4 resulted independently associated: age >70 years (OR 2,6 IC 1,3-5,2 p=0,007), almost 3 medications (OR 2,8 IC 1,2-6,4 p=0,017), platelet count below 180000 cell/ml (OR 3,1 IC 1,5-63 p=0,002) and IL-6 over 63 ng/ml (2,4 IC 1,2-5,1 p=0,018). The NIV-f score values ranged from 0 to 11, the median value was 5,5, IQR 2,5-8. The ROC AUC was 0,75 (0,7-0,8 p <0,001) with an associated Youden index of >3 with a sensibility of 83% and a specificity of 56%.
Conclusions: We derived a 4-variables score (including increased age, almost 3 medications, low platelet count, and

high IL-6 levels) which had good reliability in predicting mortality and OTI in COVID-19 patients treated with NIV.

Clinical and personal factors associated with 180 days prognosis in patients admitted in Internal Medicine wards for severe COVID-19

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Background: As much data are available on prognosis during hospitalization for severe COVID-19, fewer are available for mid-term events rates. Aim of this study is to evaluate the factors associated with all causes mortality and re-admissions at 180 days in patients first admitted for severe COVID-19.
Methods: We analyzed charts of patients admitted for severe COVID-19. We collected personal and clinical data at admission, and rates of death and readmission at 180 days. Differences were tested in the overall population, and multivariate Cox regression were performed for both patients who needed mechanical ventilation and those who didn't.
Results: Of 616 patients enrolled, 208 (33,8%) died or were re-admitted. Patients who met the endpoint were elderly, took almost 3 medications, had comorbidities; they showed lower values of lymphocytes, platelets, and GFR, and higher values of neutrophils, d-dimer CRP, IL6, and Call Score; they met more frequently ARDS criteria. In the ventilated subgroup, factors independently associated with endpoint were age >78 years (HR 2,3), lymphocytes below 460 units/ml (HR 2,5), neutrophils over 7300 units/ml (HR 1,9), and platelets below 174000 units/ml (HR 2,2). For not-ventilated patients, age over 78 years (HR 2,2) and a GFR below 60 ml/min (HR 1,8) were independently associated with bad outcomes.
Conclusions: As the overall rate of events was significant, both personal (age) and clinical factors (lymphopenia, neutrophilia, low platelet count and low GFR) are implied in 180-days prognosis.

Meningitis from *Citrobacter freundii* in a splenectomized adult

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Premise: Citrobacter freundii, a intestines commensal in humans and animals, located in the meninges mainly in pediatrics, causes urinary infections and gastroenteritis. Clinical case: Splenectomized middle-aged adult patient, 24 hours after taking snails, he manifests fever with shivering and diarrhea. Upon admission, hemodynamically stable, blood cultures, skull and abdomen CT scans was performed. Skull CT scan negative for ischemia and hemorrhages. CT scan abdomen hepatomegaly with "Sludge" gallbladder hydrops in the context, edema of the cecum, diverticulosis in the sigmoid colon and roundish lymph nodes in the mesorectum and in the celiac and superior mesenteric sites. Carrying out a lumbar puncture due to the accentuation of rigor nucalis allows to highlight the presence of Citrobacter freundii in the cerebrospinal fluid.
Discussion: The pathogenesis of all enterobacteria is adherence to the gastrointestinal mucosa, in particular to the terminal ileum and colon. The inflammatory state of the intestinal mucosa leads to the loss of its integrity. The commensal enterobacteria are sensitive to the action of bile salts. The lack of spleen reduces the ability to block encapsulated bacteria. Once it has reached the blood-brain barrier, it is reproduced in the microvascular endothelial cells Hyposplenism compromises both the humoral and cellular branch in the immune response predominantly in the first two years of life; the risk of infections is greatly influenced by age, pathologies that compromise the reticuloendothelial system, severe liver disease and alcohol abuse.

A case of neurobrucellosis

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Background: 50 years old male patient, caucasian, farmer suffering from T2DM; hospitalized in Emergency Department for fever and pneumonia from SARS-CoV-2.
Description of the Slinical case: On arrival high-flow oxygen therapy (HFNC) was started with progressive resolution of respiratory insufficiency. On the tenth day appearance of resistant hyperpyrexia with foul-smelling sweating, associated with alterations of consciousness (agitation, then drowsiness up to coma), as well as respiratory worsening. Blood tests reported an increase in inflammation indices, brain CT excluded acute events. In the suspicion of encephalitis, he performed MRI of the brain, compatible with inflammatory picture, and lumbar puncture for cerebrospinal fluid analysis, clear, which showed pleocytosis, increased protein, and decreased glucose; the culture tests were negative. In the suspicion of neurobrucellosis, brucella serology test was performed and resulted positive. Therapy with doxycycline and rifampicin was started with slow and progressive resolution of the clinical-laboratory picture.
Conclusions: brucellosis is a systemic disease which, although rarely, can also cause neurological involvement leading to sudden and serious clinical manifestations, fatal if not promptly treated.

Edu-Care: progetto pilota sulla misurazione degli interventi educativi da parte degli infermieri, per la prevenzione di eventi avversi e re-ingressi in pronto soccorso nei pazienti portatori di catetere vescicale dimessi da reparti di degenza ospedalieri

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Premessa e Scopo dello studio: Il progetto nasce da un'analisi della realtà territoriale pistoiese per la presa in carico dei pazienti con catetere vescicale dimessi dall'ospedale. E' stata condotta un'analisi sommaria sulle re-ospedalizzazioni e sulle complicanze legate alla gestione del presidio e revisione della letteratura. Il punto centrale è l'educazione della famiglia e del paziente vista come fulcro attorno a cui ruota l'assistenza.
Materiali e Metodi: Prima fase: individuazione del paziente all'interno del reparto pre-dimissione da parte di infermieri medici OSS del reparto, discussione del caso nel briefing multidisciplinare. Seconda fase: momento educativo inteso come tavola rotonda con infermieri di cellula infermieri di famiglia e caregiver dove vengono presentati devices e "passaporto del catetere vescicale" per la discussione degli argomenti in esso trattato. Terza fase: monitoraggio di consapevolezza e autonomia della famiglia che assiste il paziente mediante scala Likert svolta dall'infermiere di famiglia durante la presa in carico. I materiali utilizzati: "passaporto del catetere vescicale"; scala Likert.
Risultati attesi: Promozione di consapevolezza e autonomia, promozione di sinergia tra figure assistenziali, riduzione delle re-ospedalizzazioni e eventi avversi, incentivazione utilizzo delle buone pratiche cliniche legate

agli interventi educativi, accessibilità a informazione h24 al paziente e caregiver.
Conclusioni: Promozione di continuità assistenziale dove il paziente è consapevole e partecipe, al centro di interventi per miglioramento qualità assistenziale.

Tapse-Caval Index-Miler score-PEINDEX-PESINDEX correlation. "SAPIND" Study: correlative analysis in 30 patients with venous thromboembolism. Three-year experience (2020-2022)

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Background and Purpose of the study: The "SAPIND" study, an acrostic deriving from "tapSe - cAval index-miller score-Peindex-pesINDex", enrolled 30 patients with venous thromboembolism. In all patients, the values of Tricuspidal Anular Plane Excursion (TAPSE), the Pulmonary Embolism Index (PEI), the Miller Score values, the Pulmonary Embolism Severity Index (PESI) values, the values of CAVAL Index. The "SAPIND" study has the following objectives: to verify existing relationships between the pre-lysis TAPSE values and the pre-lysis PEIndex, PESIndex, PEIndex, Miller Score values; verify its statistical significance with the Student "t" test.
Materials and Methods: The test then calculates the relative value (VR) of the t index according to the following formula: t=(M1-M2) / √DS12 / N1 + DS22 / N2. The value of "t" obtained with Degrees of Freedom (GL)=29 is 14.45. Since the Critical Value (VC) of "t" 3.659 with GL=29 for p=0.001, the Relative Value (VR) of "t" equal to 15.01 expresses a positive agreement between the values of the four variables with respect to the TAPSE.
Results: Student's "t" test shows a highly significant correlation ($p < 0.001$) of the variables examined. In fact, the value of "t" obtained is 6.85 (PEIndex), 14.96 (PESIndex), 15.10 (TAPSE), 5.70 (MILLER SCORE), 3.67 (CAVAL Index) with VC (critical value) of "t" for p=0.001 is 3.659 with GL=29.
Conclusions: the "SAPIND" study demonstrated that there is a highly significant correlation between the variables considered: TAPSE, PEIndex, PESIndex, CAVAL Index, Miller Score pre-lysis.

A rare case of infectious endocarditis

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Background: Abiotrophia defectiva is a nutritional variant streptococci (NVS) which can be found in the microbiota of oral, gastrointestinal and genitourinary tracts; it requires specific media for growth. It is a rare cause of infectious endocarditis (IE); in fact, Abiotrophia-related IE represents only 4-6% of all streptococcal endocarditis. NVS IE are associated with higher rates of complications and death; moreover, failure rate to antibiotics is up to 40%.
Case Report: A 70-year-old male patient with a medical history of aortic valve replacement presented with serotine fever (<38°C) and weight loss over the last 2 months; transthoracic echocardiogram was normal. Because of high clinical suspicious of IE, a transoesophageal echocardiogram was performed and showed the presence of an uncertain mass attached to the prosthetic valve. PET-CT confirmed aortic valve uptake and also revealed multiple spleen abscesses. Antimicrobial empirical therapy with Ampicillin and Gentamicin was initiated. Multiple blood cultures were obtained and resulted negative; only one grew A.defectiva (identified with Maldi-Tof method). This led to IE diagnosis according to Dukes criteria. The patient was referred to cardiac surgery and valve replacement was performed. He did not recover and died on postoperative day 6th.
Conclusions: We presented this rare case of IE caused by A.defectiva; these bacteria are difficult to be isolated in blood culture because they can rarely be grown in routine media. The use of Maldi tof led to micro-organism identification and so to obtain a definite diagnosis of IE.

An atypical case of hemoptysis: cardiogenic pulmonary edema may be hard to distinguish from acute respiratory distress syndrome

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Background: The most common causes of hemoptysis are related to airway diseases, expecially in recent COVID-19 positivity events.
Case presentation: A 51-year-old diabetic patient showed up with sudden dyspnea, hemoptysis for the previous 2 days, PaO2/FiO2 ratio 238 mm Hg, with no significant haemodynamic abnormalities. He underwent an asymptomatic COVID-19 infection for the previous 2 weeks. Bilateral coarse crackles were present, with no cardiac auscultation abnormalities or peripheral edema. ECG displayed sinus tachicardia. Lung ultrasonography showed bilateral B patterns and chest computed tomography revealed widespread opacities more represented on the right and at the lung bases. Only an elevated white blood cell counts was highlighted, along with troponin and C-reactive protein slightly above the normal values; brain natriuretic peptide was 423 pg/ml. The progressively worsening of respiratory failure made invasive mechanical ventilation necessary. Transthoracic echocardiography showed a severe mitral regurgitation and the patient presented an acute pulmonary aedema. The peculiar features of this case report: elevated pulmonary venous pressure is seen especially in mitral stenosis; this may be an ARDS, as a late onset of the recent covid infection.
Conclusions: Acute mitral valve regurgitation may be secondary to COVID-19-induced myocardial injury. It would be very important histopathological evaluation of the valve.

Meropenem-vaborbactam for infections caused by KPC-producing *Klebsiella pneumoniae*: a real-life case series

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Background and Objectives: The spread of carbapenem-resistant Enterobacteriaceae (CRE) represents a global public health threat that limits therapeutic options. We aimed to evaluate the real-life performance of meropenem-vaborbactam (MV) for treating serious KPC-producing Klebsiella pneumoniae (KPC-Kp) infections.
Methods: A single-center retrospective observational study was conducted in a tertiary care hospital (ASST Sette Laghi, Varese). Patients with severe KPC-Kp infections treated with MV between February 2022 and January 2023 were enrolled.
Results: Eleven patients (10 M, median age 69 [range 51-91] years) received MV. All infections were hospital-acquired: 7 lower respiratory tract infections (LRTIs), 3 urosepsis (1 kidney abscess), and 1 post-surgical infection. All 7 patients with LRTIs have been hospitalized with severe COVID-19, 5 with VAP. MV was started due to the clinical failure of previous ceftazidime-avibactam (C/A) treatment or other antibacterial agents active against CRE in 4 and 2 patients, respectively. In one case, C/A resistance was doc-

umented. Ten (90%) patients received MV monotherapy, and the median duration of treatment was 14 days. All patients achieved a clinical cure, and microbiological eradication was confirmed in 8. Two patients died of causes unrelated to KPC-Kp infection.
Conclusions: Meropenem-vaborbactam is a valid option for treating severe KPC-Kp infections. Despite the limitations of our data, MV monotherapy was efficacy and safe, even in elderly patients. Consultation with an infectious diseases specialist is recommended.

Fever, arthralgias and purpura: an unexpected diagnosis

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Introduction: We describe a case of paraneoplastic syndrome caused by an aggressive peripheral T cell lymphoma (PTCL), whose presentation was nearly indistinguishable from adult-onset Still's disease (AOSD).
Description: A 79 year old Caucasian man presented to our Internal Medicine department with a one month's history of arthralgias, fever and purpura on his extremities. He was affected by prostatic hypertrophy. At the admission, the patient was febrile (38-39.5°C), had symmetrical arthritis at his hands and feet and purpura on his limbs. Laboratory tests showed a neutrophilic leukocytosis, a mild hypertransaminasemia and an increase of C reactive protein. Immunologic and infectious tests were negative. Blood and urine cultures were negative too. An abdomen ultrasound showed mild splenomegaly. An antibiotic regimen was started but the fever persisted and the arthralgias and purpura worsened during febrile episodes. A total body CT scan observed mild axillary, mesenterial and inguinal lymphadenopathies. A diagnosis of AOSD was suspected and a corticosteroid therapy (methylprednisolone 1 mg/kg) was started. However, the symptoms persisted and the patient progressively deteriorated. An FDG-PET scan was performed and it showed increased uptake in lymph nodes, spleen and stomach. A gastric biopsy confirmed a diagnosis of PTCL.
Conclusions: AOSD-like paraneoplastic syndrome can be one of the first manifestation of solid cancer or hematological neoplasms. AOSD is a diagnosis of exclusion and it is necessary to rule out other infectious, immunologic and neoplastic diseases.

Impact of hypogammaglobulinemia on the course of COVID-19 in a non-intensive care setting: a single-center retrospective Cohort study

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Background: Severity of COVID-19 depends on the ability of the immune system to clear the virus. Among various comorbidities impacting on this process, the weight and the consequences of an antibody deficiency have not yet been clarified.
Methods: We used serum protein electrophoresis to screen for hypogammaglobulinemia in a cohort of consecutive adult patients with COVID-19 pneumonia, hospitalized in non-intensive care setting between December 2020 and January 2021. The disease severity, measured by a validated score and by the need for semi intensive (sICU) or intensive care unit (ICU) admission, and the 30-day mortality was compared between patients with hypogammaglobulinemia (HYPO) and without (no-HYPO).
Results: We enrolled 374 patients, of which 39 represented the HYPO. In 10/39 the condition was previously neglected, while in 29/39 hematologic malignancies were common. Patients belonging to HYPO group more frequently developed a severe COVID-19 and more often required sICU/ICU admission than no-HYPO. Immunoglobulin therapy (IgT) were administered in 8/39; none of them died or needed sICU/ICU. Among HYPO cohort, we observed a significantly higher prevalence of viral and bacterial superinfections, mechanical ventilation and longer disease duration.
Conclusions: Hypogammaglobulinemia in COVID-19 patients was associated to a more severe disease course and more frequent admission to s-ICU/ICU. Our findings emphasize the add-value of serum protein electrophoresis evaluation in patients admitted with COVID-19 to consider IgT initiation during hospitalization.

Proton-pump inhibitor-induced hypomagnesemia

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Case Report: A 75-year-old female with diabetes mellitus, hypertension, CAD and bilateral renal lithiasis, after multiple hospitalizations for vomiting and hydro-electrolyte imbalance without organic cause and poorly responsive to therapy (PPI, antiemetics, prokinetics), went to ED for a similar episode. The laboratory tests showed severe hypomagnesemia and hypokalemia. Diagnostic exams (EGDS, chest-abdomen CT, brain-abdomen MRI) were negative for an acute disease. We hypothesized PPI therapy as the trigger of electrolyte imbalance, so we replaced pantoprazole with famotidine and treated the patient with hydrating support. The symptoms regressed rapidly, with normalization of the tests and stability of the clinical picture in the subsequent checks.
Discussion: PPI-induced hypomagnesemia is a well-recognized phenomenon, however, there are no prospective, controlled studies to support causation. Molecular mechanisms of magnesium transporters, including the pHdependent regulation of transient receptor potential melastatin-6 transporters in the colonic enterocyte, have been proposed to explain the effect of PPIs on magnesium reabsorption, but may only comprise a small part of a more complicated interplay of molecular biology, pharmacology, and genetic predisposition. Additionally, the gut microbiome may contribute to its development, as PPI use affects the composition of the gut microbiome.
Conclusions: We need further studies and a more in-depth understanding of the mechanisms relating PPIs to hypomagnesaemia to correct this not so rare although little known phenomenon.

Studio sui fattori di rischio per la recidiva di malattia tromboembolica venosa: risultati di una analisi prospettica

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Premesse e Scopo dello studio: Il proseguimento o meno della terapia anticoagulante oltre i primi mesi per un evento TEV è controverso. Scopo dello studio è valutare l'associazione di predittori clinico-bioumorali con il rischio di recidiva ed elaborare una proposta di score per stimarne il rischio.
Materiali e Metodi: Sono stati considerati 284 pazienti ambulatoriali con storia di pregresso evento TEV, che avevano sospeso la terapia anticoagulante. Sono stati raccolti dati anamnestici e bioumorali al baseline. Successivamente i pazienti sono stati contattati telefonicamente per il follow-up.
Risultati: Tra i predittori studiati sono risultati significativi il sesso maschile, l'età ≥50 anni, la localizzazione prossimale della TVP, la natura idiopatica del primo episodio, l'u-

ricemia ≥4.38 mg/dl e un eGFR <60 ml/min/1.73m2. E' stato elaborato uno score predittivo comprendente: evento idiopatico, eGFR <60 ml/min/1.73m2 o 60 - 90 ml/min/1.73m2, sesso maschile, età ≥50 anni, uricemia ≥4.38 mg/dl, TVP prossimale e/o EP. I pazienti sono stati categorizzati in tre gruppi: basso, intermedio e alto rischio di recidiva. L'HR di recidiva nei gruppi ad elevato ed intermedio rischio è stato di 7.67 (IC 95% 2.69-21.88, p<0.001) e 3.26 (IC 95% 1.16-9.18, p=0.025) rispetto al basso rischio.
Conclusioni: I dati confermano il sesso maschile, la sede prossimale di TVP, la natura idiopatica del primo evento, l'iperuricemia, l'IRC e l'età avanzata come predittori di recidiva di eventi TEV. Lo score predittivo è risultato in grado di classificare i pazienti secondo il rischio di recidiva.

Pneumocystis jirovecii pneumonia and methotrexate pneumonitis: a difficult differential diagnosis

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Introduction: Pneumocystis jirovecii Pneumonia (PJP) is a fungal infection that occurs in immunocompromised (IC) individuals. Methotrexate (MTX) Pneumonitis is a serious and unpredictable adverse effect that can occur in the first weeks/months of therapy, even at low doses.
Case Report: A 65 y.o. man with a history of mesenteric fibromatosis treated with low doses MTX was admitted to our Hospital for fever, cough, severe dyspnea and respiratory failure. Blood tests showed: normal WBC (8 10^9/l), increased CRP levels (54 mg/l) and slightly elevated Beta-D-Glucan (4,81 pg/ml). HRCT showed diffuse ground-glass opacities. MTX was suspended and empiric therapy with Sulfamethoxazole/Trimethoprim was started. BAL showed positivity for Rhinovirus and P. jirovecii (98 copies/ml) and negativity for other respiratory pathogens. A diagnosis of PJP was made and treated accordingly with resolution of symptoms and CT findings.
Conclusions: In IC febrile patients with diffuse lung disease after initial clinical evaluation a timely, thorough diagnostic evaluation is of major importance including CT scan, blood/urine cultures, nasal swabs, lab tests for galactomannan and B-D-glucan and BAL, since etiological diagnosis can be extremely challenging. PJP and MTX Pneumonitis are not easily distinguishable because of their similar clinical and laboratory findings such as acute dyspnea, fever, elevated CRP levels, and also similar radiological and BAL cellular patterns. Even though in IC patients BAL sensitivity is reduced, diagnosis should be based on P. jirovecii detection.

Alcohol use disorder and prejudice: diagnosis of a rare disease

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Background: The early cognitive impairment is a diagnostic challenge and the patient history plays a central role which might sometimes be misleading.
Case Report: We describe the case of a 61-year-old woman in treatment for Alcohol Disorder (AUD) and liver cirrhosis abstinent for two years. She had been complaining of attention-deficit, confusion, hallucinosis and walking instability for two months. She was admitted on suspicion of a re-lapse: though vigilant, she looked disoriented in time, her speech was slurred and showed dysaesthesia in the left emisoma. All the texts excluded both a resurgence of alcohol abuse and hepatic encephalopathy, while a CT scan showed vasculopathy: due to the appearance of left side myoclonus, a EEG was performed which showed focal epileptic status, regressed upon the use of Diazepam; despite the use of Levetiracetam, she had several seizures in the following days. The MRI Brain evidenced cortical and neostriatal alterations which sug-gested Creutzfeldt-Jacob's disease; the analysis of the cerebrospinal fluid and the rise of Tau protein supported the diagnosis. The patient's conditions showed a fast deterioration up to exitus. Autopsy confirmed the presence of prion protein in the brain and the molecular analysis of the PRNP gene was negative due to pathogenetic variants.
Conclusions: Patients suffering from AUDs might incur sub-diagnosis underestimating symptoms which would be given greater emphasis in other contexts. Differential diagnostic skills should always be maintained together with the careful consideration of the rarest diagnostic hypothesis.

Still's disease, still a challenge: an unusual presentation of adult onset Still disease

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Introduction: Adult Onset Still Disease (AOSD) is a rare autoinflammatory syndrome of unknown etiology affecting mainly young adults with heterogeneous presentation.
Clinical case: A young man, aged 32, came to the ER for persisting high spiking fever (>39°C) and chest pain. Laboratory tests showed elevated neutrophil count (20x10^3/microL), high C-reactive protein, ESR and ferritin levels (>13.000 ng/mL). CT scan showed parenchymal lung infiltrates with pleural and pericardial effusion. Despite a broad spectrum antibiotic treatment, the patient remained febrile with persisting elevated inflammatory markers, with arthralgia onset. After an atrial fibrillation episode with troponin elevation, a cardiac MRI revealed acute pericarditis. The possibility of an infectious disease was investigated with legionella and pneumococcal urinary antigens tests, filmarray and cultural exams on bronchoalveolar lavage, quantiferon test, HIV, all resulted negative. Non infectious causes were considered: hematologic disease was excluded by bone marrow biopsy, detecting hemophagocytosis; autoimmune panel was negative. In the suspect of AOSD, based on Yamaguchi criteria, intravenous corticosteroid therapy was administered with clinical, radiological and laboratoristic improvement, pleural and pericardial effusion resolution. The patient was discharged with specialist follow up indication.
Conclusions: AOSD remains a challenge for its unspecific and wide clinical presentation and the lack of targeted diagnostic markers. Internists play a key role in the diagnosis of autoinflammatory diseases.

Thrombotic microangiopathies, a dress to sew on the patient

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Background: Thrombotic microangiopathies (TMA) represent a very large group of conditions (thrombotic thrombocytopenic purpura (TTP), tipic/atipic hemolytic uremic syndrome (HUS/aHUS), secondary TMA) characterized by microangiopathic hemolytic anemia, thrombocytopenia and organ damage.
Case Report: Female, 41yo, entered Internal Medicine De-

partment with fever, left lower abdominal pain, diarrhea, jaundice, diuresis contraction. Blood tests showed severe anemia, mild thrombocytopenia/leukocitosis, severe increased creatinine, RCP, PCT, bilirubine; CT body scan showed left kidney moderate hydronephrosis, secondary to litiasis. We administered specific antibiotic therapy based on blood and urinary coltures results; hemodyalisis was started but after 3 days clinical conditions worsened. LDH, bilirubin, aptoglobin suggested hemolysis worsening; C3/C4 fractions was decreased. Clinical and laboratory trends suggested thrombotic microangiopathy (aHUS? Secondary TMA?) and it was started Eculizumab (therapeutic doses), obtaining gradual improvement of clinical conditions and laboratory tests normalization.
Conclusions: Our experience suggests that it is essential, in presence of microangiopathic hemolytic anemia with organ damage, to consider the possible diagnosis of TMA and differentiate TTP/aHUS from secondary TMA. Infections are possible cause of secondary TMA; in this case, the reduction of complement C3/C4 fractions suggested eculizumab therapy, which in several studies has proven effective in secondary TMA as well as in the primary form of aHUS.

Acute cyanotic collar of stokes in a jugular vein extended thrombosis

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Background: Jugular vein thrombosis occurs on 0.5% to 3.47% in patients presenting with deep vein thrombosis.
Description: L.F., 70yo, accessed our emergency department for dizziness and nausea lasting 2-3 hours, and for the acute appearance of cyanosis to his upper trunk, neck and head. His anamnesis was positive for: Lung cancer several years before treated with surgical removal of SSL and following RT and CT, dilated hypokinetic post ischemic cardiomyopathy treated with PCI and ICD implantation (STEMI 2016), emphysematous COPD, seizures. His treatment included ASA 100mg. The blood tests showed no major abnormalities, except D-Dimer 2559 ng/mL and CRP 3.11 mg/dL; INR was 1.1. Arterious blood gas test was normal. Pemberton's sign was present. Chest xray was negative for acute lesions, with a slight hypoexpansion of left chostophrenic sinus. It was performed an Angio-TC of his head, neck and thorax that showed extended thrombosis of the right jugular vein that reached the confluence of subclavian vein, superior cava vein, azygos vein and secondary suprahepatic vein. There was not identified any primary cause of this thrombosis, so he underwent anticoagulant therapy and was studied for secondary thrombophilias, obtaining a diagnosis of Antiphospholipid antibody syndrome, since he tested positive for beta-2-glycoprotein1 antibodies.
Conclusions: The acute presentation of the collar of Stokes, that anticipated cyanosis to edema, due to the extended thrombosis, make this case very interesting due also to the number and severity of conditions of the patient

A flare of systemic lupus erythematosus disease with neuropsychiatric manifestations after SARS-CoV-2 infection

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Background: Inflammation triggered by viral infections can play an important role in the initiation and progression of neuropsychiatric and autoimmune disorders.
Description of the Clinical case: A 75 year-old female with a 4 weeks back SARS-CoV-2 infection and past medical history of SLE, type II DM and nephrectomy for Oncocytoma was hospitalized for acute confusional state, psychomotor agitation, leukopenia, increased serum titer of anti-dsDNA antibodies and a fall in complement levels; CSF analysis reveald only a mild protein level elevation while EEG reveald diffuse slowing of the background activity and no focal abnormality. Cardio-pulmonary examination, head CT/MR scan, biomarkers of autoimmune encephalitis and onconeural antibodies were unremarkable. Infectious diseases and other concurrent systemic conditions were reasonably excluded. After a short period of therapy with systemic glucocorticoids, oral Mycophenolate was added as additional immunosuppressive agent with a complete recovery of neuropsychiatric manifestations and normalization of leukopenia, anti-dsDNA and complement levels.
Conclusions: Our case outline the possible role of SARS-CoV-2 infection in the flare of SLE with neuropsychiatric manifestations.

The unfortunate case of PVL-SA disease

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Introduction: Panton-Valentine Leukocidin (PVL) is a virulence factor produced by some strains of Staphylococcus aureus (SA) MRSA during community acquired pneumonia. It causes alterations known as PVL-SA disease. In some cases the presentation is necrotizing hemorrhagic pneumonia. It is normally preceded by flu-like symptoms and characterized by acute respiratory distress, leukopenia, pleural spread and lung cavitations that can lead to hemoptysis, a negative prognostic factor. PVL is mainly investigated for sputum. If MRSA pneumonia normally responds to vancomycin, for PVL-SA disease is necessary the combination of linezolid+clindamycin for at least four weeks.
Case Report: A 72-year-old woman with a history of chronic obstructive pulmonary disease presented to the emergency room with dyspnea. On arrival the patient was feverish, tachycardiac, tachypneic and dyspneic. Physical examination revealed crackles and right basal hypophonesis. Blood workup demonstrated neutrophilic leukocytosis and high level of CPR. Chest CT showed the presence of multiple cavities with bilateral pleural effusion. We required QuantiferonTB simple blood resulted negative and MRSA nasal swab resulted positive. Sample taken with sputum confirmed PVL-SA. According to antibiograms we started linezolid+clindamycin. On day seven, the patient got worse presenting hemoptysis. The day after she died for acute respiratory distress.
Conclusions: PVL-SA disease may have a rapid evolution leading to death for respiratory failure. Differential diagnosis should be made excluding tuberculosis and anaerobic pleuropneumonia.

Lactobacillus (rhamnosus) endocarditis related to paravalvular abscess on biological prosthetic aortic valve: a case report

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Background: Lactobacilli are commensal bacteria found in the normal flora of the oral cavity, gastrointestinal and genital tract. They are used as probiotic bacteria or in fermented food product. Rare cases of lactobacilli-induced endocarditis have been reported, mostly in diabetic and immunocompromised subjects in presence of risk factors such as prosthetic hearth valves and dental procedures.
Case Report: We describe the case of a 70-year-old woman presenting to the ED for persistent fever associated with an episode of vomiting with loss of consciousness. In her medical history: hypertension; diabetes; aortic valve replacement with biologic prosthesis for severe stenosis (2019); multiple previous ischemic strokes; orthodontic surgeries several

months prior. During hospitalization, for evidence of prosthetic/patient mismatch, empiric therapy was started (daptomycin + ampicillin + gentamicin). Five blood cultures were positive for Lactobacillus rhamnosus, so antibiotic therapy was continued, according to the antibiogram. Transesophageal ultrasonography did not detect vegetations, but PET scan demonstrated inflammatory process involved aortic valve. Both CT and cardiac MRI were not directing. Other organ lesions were absent. Antibiotic therapy was continued for about 2 months (only daptomycin), with progressive resolution of the infective process.
Conclusions: Valvulopathy is the main predisposing factor for LE; dental procedures but also probiotics intake could be associated with it. In our patient diabetes may equally have played a predisposing role.

A case of Guillain-Barrè syndrome in patient with COVID-19 infection, recent COVID-19 vaccination and NHL newly diagnosed

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Background: Different Guillain-Barré Syndrome (GBS) cases associated with COVID-19 infection or after vaccination for COVID-19 were reported internationally. GBS can also have a paraneoplastic etiology (rarely associated with NHL).
Case Report: We describe the case of a 74-year-old woman presenting to the ED for lower limbs hyposthenia and pain. Less than 3 weeks before she had performed the third dose of anti-COVID-19 vaccine. Clinical evaluation showed proximal lower limbs hyposthenia and severe pallesthetic sensitivity deficit with not evocable DTR. Brain CT scan showed no significant alterations. Blood tests showed pancytopenia. Rachicentesis showed clear CSF characterized by mild increase of protein, glucose, LDH and low cellularity. She also had positive COVID-19 swab. EMG was suggestive of GBS type acute/subacute onset acquired polyneuropathy; IgG therapy was started with subsequent slight deficits improvement. Clinical evaluation showed splenomegaly, confirmed by abdominal ultrasound. Immunophenotype showed "not CLL Like" features; serum immunofixation revealed IgGk monoclonal component; contrast-enhanced chest-abdomen CT scan confirmed marked splenomegaly. Bone marrow biopsy was performed and the immunophenotype was compatible with B-cell non-Hodgkin's lymphoma.
Conclusions: In this case GBS could have different etiologies: secondary to COVID-19 vaccination, secondary to recent COVID-19 infection, paraneoplastic. It is not actually possible to determine true etiology but all of the above diagnostic hypotheses are on the whole not common.

Risk factors for delirium in patients with COVID-19 admitted in Internal Medicine ward: a retrospective observational study on patients admitted to Santa Maria Nuova Hospital

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Background: Delirium is an important complication in patients with Sars-CoV-2 infection. In these patient mortality is increased. Predictor of delirium in patients with COVID-19 are unknown. We sought the risk factors for and assessed the performance of predictive score in a cohort of patients with COVID-19 hospitalized in an Internal Medicine ward.
Materials and Methods: We conducted a retrospective study (March 2020-June 2021). Clinical features, blood test and comorbidities were recorded. Severity of COVID-19 was estimated by score predictor (PREDI-CO and CALL score). A ROC analysis with two delirium predictive score (Zucchelli and DRAS score) was performed to evaluate these score in COVID-19 context. A multivariate analysis was conducted to recognize risk factors for delirium in our population.
Results: A total of 681 patients were enrolled. Delirium was present in 9%. Among patients with delirium mortality was statistically significant higher (49,2% *vs* 8,7% p<0,01). Risk factors for delirium were: NPT/NET administration (OR 1.8), CALL Score ≥11 (OR 2.2), LDH >250 mU/ml (OR 2.8). Steroid therapy was found to be a protective factor (OR 0.18). Scores available in the literature showed good applicability (AUC 0,76, p<0,01).
Conclusions: Delirium is a severe complication associated to high mortality and an increase inhospital stay. The use of predictive score may help to recognize patients at risk. Some specific risk factors may be important predictor of delirium in COVID-19. The use of steroid may have a protective role but more data are need to confirm this result.

Eosinofilia ed interessamento polmonare

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Caso clinico: Ragazzo di 19 anni con pregresso riscontro di ipereosinofilia periferica remittente ricoverato per febbre e tosse. TC torace: polmonite interstiziale. Lieve insufficienza respiratoria. Esami ematici: leucocitosi neutrofila. TNF SARS-COV e influenza negativi. Impostata terapia con amoxicillina-acido clavulanico e macrolide con risposta clinica ma persistenza di tachipnea. Poi rialzo eosinofili. Sierologia per atipici negativa, ag urinari negativi, IgE alte, ANA-ENA negativi. BAL 357000 leucociti/ml di cui 48% eosinofili e sottopopolazioni linfocitarie nella norma; negativi parassiti, miceti e micobatteri.Iniziava steroide inalatorio e sistemico. Dimesso con follow-up. Controllo TC a 15 giorni: miglioramento del ground glass. Spirometria a 1 mese nella norma. Progressiva diminuzione degli eosinofili con tentativo di sospensione dello steroide. Programmata visita ematologica ed esecuzione RAST.
Discussione: Le sindromi ipereosinofile (HES) sono un gruppo di disordini associati a ipereosinofilia persistente nel sangue periferico e danno d'organo causato dall'infiltrazione eosinofila (sedi tipiche cute, tratto gastro enterico, cuore, SNC, polmone). In base all'eziologia si distinguono: HES primitive (neoplastiche); HES secondarie (reattive: parassiti, farmaci, malattie autoimmuni); HES familiare (rare). HES idiopatica se l'eziologia rimane non nota. E' importante valutare l'interessamento d'organo che condiziona la prognosi. Il paziente aveva un quadro clinico compatibile con polmonite eosinofila acuta, espressione del danno d'organo dovuto all'infiltrazione eosinofila.

A case of fever of unknown origin in a young woman from southern Italy: atypical zoonotic disease or drug-masked diagnosis?

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Background: Fever of unknown origin (FUO) are a challenge for physicians. Differential diagnoses are wide and vary across the world (1). We describe the case of an Italian woman in which empiric therapy has led to difficulties in diagnosis.
Clinical case: A 41years old woman came in October to ED, complaining fever with chills and sore throat started 3 weeks before. Oral steroids, oral clarithromycin and IM ceftriaxone for 7 days had been ineffective. Lab tests showed elevated

CRP, neutrophilia, anaemia (8.8 g/dl). Autoimmune panel, serologic tests, urethral swabs, blood and urine culture were negative. Echocardiogram, chest X ray, abdominal ultrasound, total body CT scan were unremarkable. Bone biopsy showed hypercellular hematopoietic marrow. FDG-PET/CT documented hypermetabolic adenopathies and bone marrow hyperactivation. She reported she had had a skin lesion on June after a trekking in Campania country. Picture of the lesion was suggestive for erythema migrans. We administrated oral amoxicillin (6 g daily) and ibuprofen for 3 weeks. Fever abated; lab tests became normal. About 40 days later a FDG-PET/CT was negative.
Conclusions: Although serologic tests for zoonotic diseases were negative, we assumed a diagnosis of Lyme disease and we gave a 3-week course of amoxicillin. Lyme disease is the most common zoonotic disease worldwide (2) with an increasing incidence in Western Europe (3). Diagnosis is based on a two-tier approach (4). Our hypothesis is that a short course of antibiotics and steroids had impacted on antibody response, leading to a low antibody titre not detectable by common tests.

Intravascular B cell lymphoma as a potential underlying cause of hemophagocytic lymphohistiocytosis: a difficult challenge for Internal Medicine doctors

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Background: Hemophagocytic lymphohistiocytosis (HLH) is a rare inflammatory syndrome. It is caused by pathological immune hyperactivation due to the presence of autoimmune disorders, infectious diseases or malignancies, primarily haematological ones. Differential diagnosis can be challenging.
Case Report: A 70 y.o. male complained of fever, weight loss and postural instability. 15 years earlier he had been treated for testicular lymphoma. Laboratory findings reported pancytopenia, elevated levels of transaminases, lactate dehydrogenase, ferritin and triglycerides. Autoimmune and microbiology work-up' were negative. Abdominal ultrasound showed hepatosplenomegaly, cerebral magnetic resonance showed meningeal alterations suggestive of haematological disease relapse. However, analysis of cerebral fluid and biopsies of testis and bone marrow showed no lymphoma. The patient was diagnosed with HLH, but no clear trigger was identified. He was treated with a cycle of dexamethasone and etoposide with clinical response. He relapsed with dramatic neurological symptoms and died 110 days after first admission. Necropsy examination showed spleen perivascular invasion of B cells, ultimately the cause of death was Intravascular B cell lymphoma (ILBL) which had invaded the central nervous system.
Discussion: ILBL is an extremely rare type of B cell lymphoma. It must always be kept in mind as a possible trigger of HLH, especially when its underlying cause is hard to identify due to the absence of pathological lymph nodes. ILBL shows an aggressive onset and progression and it is, therefore, crucial, for Internal Medicine doctors to recognize it so to initiate proper treatment.

Definizione di un sistema di management data-driven del processo di valutazione del rischio di lesione da pressione: risultati preliminari

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Premesse e Scopo dello studio: Le lesioni da pressione (ldp) sono associate a esiti negativi sui pazienti e sui sistemi sanitari causando un aumento di infezioni nosocomiali, dolore, disabilità, depressione e ospedalizzazione prolungata. Per favorire le migliori pratiche, le linee-guida EPUAP/NPIAP/PPPIA 2019 raccomandano, a livello organizzativo, di implementare un programma strutturato di miglioramento per ridurre l'incidenza delle ldp e raccomandano di monitorare e analizzare le prestazioni rispetto agli indicatori di qualità per la prevenzione delle ldp. Nel 2022 la Direz. Prof. San. e Socio. (DAPSS) di ASST Valle Olona ha avviato la definizione di una dashboard per il monitoraggio del processo di valutazione del rischio di ldp.
Materiali e Metodi: L'analisi delle LG ha costituito la prima fase progettuale finalizzata ad individuare i processi e gli esiti da monitorare e a cui associare specifici indicatori strutturati all'interno di un foglio di calcolo direttamente collegato ad un database che recupera dati dalla documentazione infermieristica.
Risultati: Sono stati definiti 13 indicatori. Da un'analisi preliminare (campione di convenienza su 4 ospedali) lo strumento è risultato funzionale e con un buon grado di automazione; i risultati costituiranno lo standard di riferimento per l'azienda e forniranno un feedback agli infermieri sugli esiti delle cure fornite.
Conclusioni: Questo primo step, concluso il 31/12/22, ha dotato la DAPSS di una dashboard utile per monitorare la pratica infermieristica in 4 ospedali ed orientare strategie di miglioramento evidence based.

Il ruolo dell'internista nella diagnosi della paralisi sopranucleare progressiva: oltre il segno del colibrì

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Premesse: La paralisi sopranucleare progressiva (PSP) è un disturbo neurodegenerativo del movimento caratterizzato da paralisi verticale dello sguardo, instabilità posturale, acinesia, rigidità assiale e scarsa o assente risposta alla L-Dopa. Aspetti tipici alla RM in T1 sono: atrofia del mesencefalo con volume conservato del ponte nelle scansioni sagittali (segno del colibrì) e riduzione del diametro AP del mesencefalo nelle scansioni assiali (segno di Mickey mouse). Il valore della RM risiede anche nell'escludere altre cause.
Caso clinico: Una donna di 83 anni accedeva in PS per peggioramento delle condizioni generali, instabilità della marcia con impossibilità di deambulazione nelle ultime 2 settimane. In APR nulla di rilevante. Recente infezione da SARS-CoV-2 paucisintomatica, con successiva comparsa di iporessia, disfagia e importante calo ponderale. EON: bradicinesia assiale e agli arti, ipertono plastico degli AAII, limitazione dello sguardo verticale e aprassia; posto sospetto di sindrome extrapiramidale. Durante la degenza in Medicina escluse cause neoplastiche e internistiche. Negativi TC encefalo ed anticorpi anti AchR/Mag/GAD. Alla RM: segno del Colibrì e segno di Mickey Mouse. Alla DAT SCAN alterazione del sistema nigro-striatale. Posta quindi diagnosi di PSP, in accordo con neurologo. Tentata terapia con L-DOPA senza beneficio.
Conclusioni: La PSP è una diagnosi che in presenza di clinica ed aspetti neuroradiologici tipici viene posta previa esclusione di cause organiche più comuni. L'internista pertanto riveste un ruolo fondamentale nell'iter diagnostico.

Ipercalcemia e lesioni ossee osteolitiche: non sempre neoplastiche

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Premesse: L'ipercalcemia è un'alterazione elettrolitica relativamente frequente in corso di neoplasie con sindromi paraneoplastiche o metastasi ossee, ma può verificarsi anche in patologie non oncologiche, in modo particolare se la diagnosi e terapia vengono ritardate.
Descrizione del caso clinico: Paziente di 31 anni è giunto alla nostra attenzione per una uretrite con febbre. Riferiva litiasi renale e ipercalcemia da almeno 2 anni. Nel corso degli accertamenti sono emersi ipercalcemia (Calcio 15 mg/dl), un nodulo polmonare già noto dal 2021 ma non ulteriormente indagato, multiple lesioni ossee osteolitiche. Era presente inoltre iperparatiroidismo con PTH superiore a 900. Il paziente è stato trattato con idratazione ev, cinacalcet e zoledronato ev. E' stata effettuata una PET FDG che ha mostrato captazione elevata nelle lesioni osteolitiche e in corrispondenza regione paratiroidea sinistra, accumulo polmonare non significativo. Alla ETG del collo è stata riscontrata una sospetta paratiroide di dimensioni aumentate a sinistra e adiacente nodulo ipoecogeno tiroideo sottoposto a FNAC: TIR 4. Posta diagnosi di osteite fibrocistica in iperparatiroidismo inveterato, paziente avviato a tiroidectomia totale e paratiroidectomia con normalizzazione della calcemia.
Conclusioni: L'osteite fibrocistica è una rara complicanza dell'iperparatiroidismo primitivo non trattato. Le lesioni osteolitiche possono mimare una patologia neoplastica, ma dopo la risoluzione dell'iperparatiroidismo regrediscono.

Results of an observational retrospective multicenter study "Campania INternal medicine - the Clinical INternist for HF"

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Background: The Campania population is characterized by a high incidence and prevalence of heart failure (HF). The aim of our study was to evaluate features and several parameters of the HF in the examined population of Campania region.
Methods: This was an observational retrospective study using data from an electronic medical record database of all consecutive patients (pts) with HF admitted to 15 Internal Medicine Wards in Campania over a period of 3 months to evaluate which independent demographic and anamnestic variables influence Ejection Fraction (EF) in these pts.
Results: We identified 427 pts, stratified by EF category (127 EF<40%; 216 EF 40-50%; 84 EF>50%); mean age 78.5 y, 210 was females; hypertension was the most frequent associated disease (88,8%). At the univariate analysis results that the variables associated ($p \leq 0,05$) with the categorical outcome (EF) were age, sex, NYHA class, previous hospitalization in the last year, dyslipidemia, liver disease, hypertensive etiology, CAD etiology, ongoing therapy with calcium channel blockers. Multivariate analysis was then performed with the logistic regression test with the same outcome to quantify the risk of having a more or less conserved EF. **Conclusions:** Multivariate analysis shows that EF is more likely to be non-preserved in younger, in female, in pts with CAD etiology and with increased atrial volumes. On the contrary, pts who at admission presented a hypertensive etiology, were older and were undergoing therapy with calcium channel blockers, were found to be up to five times more likely to have a preserved EF.

The role of echocardiography for management of ibrutinib related atrial fibrillation: one more support over clinical evaluation

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Background: Ibrutinib is a Bruton tyrosine kinase inhibitor, approved for treatment of chronic lymphocytic leukemia. Its use is associated with increased incidence of atrial fibrillation.
Objectives: Aim of this study is to determine whether there are echocardiographic parameters that identify patients at major risk of developing ibrutinib-related atrial fibrillation (IRAF).
Methods: We performed a retrospective review of 33 patients, who underwent echocardiogram prior to Ibrutinib treatment. Left atrial strain was measured, obtaining peak atrial longitudinal strain (PALS) and peak atrial contraction strain (PACS) on 4 and 2-chambers views.
Results: Six patients developed IRAF. There weren't differences of clinical characteristics between the two groups. It was noticed that IRAF's group had lower ejection fraction, higher left atrium volume index, higher pulmonary arterial pressure values. It was noticed that PALS and PACS were reduced in patients who developed IRAF. Furthermore, it was noticed that PALS4 was statistically significant.
Conclusions: The importance of baseline evaluation by echocardiogram including measurement of atrial strain of patients before starting treatment with Ibrutinib is emphasized since, given the same anthropometric characteristics and risk factors, there are echocardiographic parameters that help us to identify patients at major risk of developing IRAF. Pharmacological intervention tailored on this type of basal echocardiographic evaluation could allow the reduction of IRAF's onset and improve patient outcomes in the long term.

Incidenza e mortalità del tromboembolismo venoso nell'era pre e post COVID-19: studio di coorte sulla popolazione della provincia autonoma di Trento dal 2012 al 2022

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Premesse e Scopo dello studio: Il tromboembolismo venoso (TEV) è un'importante causa di morbidità e mortalità. Tuttavia, non sono disponibili dati epidemiologici recenti sulla popolazione italiana, in particolare negli anni della pandemia da COVID-19, ritenuto un fattore di rischio del TEV. Scopo dello studio è valutare l'incidenza e la mortalità del TEV, in particolare dell'embolia polmonare (EP), nel territorio della Provincia Autonoma di Trento (PAT) nel periodo pre e post COVID-19.
Materiali e Metodi: Da database amministrativi sono stati individuati tutti i pazienti ricoverati dal 2012 al 2022 con diagnosi di TEV all'interno della PAT. È stata calcolata l'incidenza di TEV ed EP, la mortalità per EP e confrontati i tassi di incidenza nel periodo pre e post COVID-19.
Risultati: Sono stati analizzati 7.007 casi di TEV, il 61% dei quali EP. Riguardo quest'ultima nel corso del decennio è emerso un progressivo aumento nell'incidenza (da 0.62 a 0.96 casi per 1000 persone/anno [p/a], IRR 1.56; IC95% 1.33-1.83) con un lieve calo del suo tasso di letalità (dal 7.1% al 4.3%). Negli anni della pandemia COVID-19 si è evidenziato solo un lieve aumento dell'incidenza del TEV (da 1.16 a 1.25 casi per 1000 p/a, IRR 1.08; IC 95% 0.96-1.21) senza un aumento del tasso di mortalità (da 0.05 a 0.04 casi per 1.000 p/a, IRR 0.80; IC95% 0.42-1.46).

Conclusioni: Nell'ultimo decennio l'incidenza del TEV, in particolare dell'EP, è progressivamente aumentata, con un lieve calo della sua mortalità. La pandemia da COVID-19 non sembra aver inciso in maniera significativa sull'incidenza del TEV.

Olmesartan associated sprue like enteropathy: a rare cause of chronic diarrhea

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A 62-year-old male patient was admitted to our department for chronic diarrhea, weight loss, hypotension and acute renal failure. Patient pharmacological anamnesis included olmesartan for hypertension (since several years). Anti-hypertensive drug was discontinued, all microbiological stool exams resulted negative, such as autoimmunity. Colonoscopy with random biopsies resulted negative. After fluid filling, patient was discharged with normal renal function and with indication to resume olmesartan.Ten days later, patient was re-admitted for diarrhea recurrence complicated by hypotension, syncope and acute renal failure. Fluid filling was performed and clinical and laboratory conditions progressively improved. Coeliac autoantibodies were negative, upper gastrointestinal endoscopy showed gastric hyperaemia, biopsies revealed a villous partial atrophy and eosinophilic infiltration. HLA-DQ8 haplotypes was present. Final diagnosis was olmesartan-associated sprue-like entheropaty, patient was discharged with different antihypertensive drug (amlodipin) and with indication to complete abstention from angiotensin receptor blocker and sartan antihypertensive drug family. Enteropathy associated with olmesartan is characterised by chronic diarrhoea (often severe) and weight loss that is unresponsive to a gluten-free diet. Time between olmesartan exposure and symptoms onset is highly variable. The majority of patients may have either HLA-DQ2 or DQ8 haplotypes. Confirmation of diagnosis requires clinical resolution of symptoms after olmesartan interruption.

Sex difference impacts on length of stay of polymorbid inpatients with heart failure and iron deficiency

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Introduction: Iron deficiency (ID) is a common finding in Internal Medicine (IM) patients and it may worsen overall conditions, particularly in patients with Heart Failure (HF). However, whether intersex variability has an effect on prognosis in this setting is unknown. The aim of our study is to investigate whether sex difference influences Length Of Stay (LOS) of polymorbid inpatients with HF and ID.
Methods: We ran a query of ASST Niguarda laboratory database to identify patients admitted to IM wards in 2018-19 who did ferritin test or seric iron plus transferrin tests. Data concerning demographics, comorbidities, lab tests and LOS of patients were extracted from medical records. Our primary endpoint was LOS of male *vs* female inpatients with HF and ID. A linear regression model was used to compare LOS in the two cohorts, using baseline characteristics as covariates; analyses were performed with R software.
Results: 65 patients were continuously enrolled. Patients were 32 Males and 33 Females (mean age: 75.9 (SD 7.8) *vs* 82.6 (9.5); mean Charlson Comorbidity Index: 4.97 *vs* 3.94; mean Transferrin Saturation (TSat) at baseline: 12.9 *vs* 14.0; mean LOS 16.7 *vs* 21.7 respectively). According to the linear model, females have LOS which is in mean 5.9 days longer compared to males regardless of age, comorbidity burden (CCI) and TSat% at admission (IC95% 0.6-11.2, $p<0.05$).
Conclusions: Female inpatients with HF and ID have a longer LOS compared to males. Further studies are required to investigate biological bases of this difference and to confirm our preliminary results given the small sample size

An unusual diagnosis of chronic granulomatous disease in an old-aged female patient

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Chronic granulomatous disease (CGD) is a genetic disorder caused by mutation in a gene codifing for NADPHoxidase; it is inherited in an X-linked or autosomal recessive pattern and it is characterized by an increased susceptibility to severe bacterial and fungal infections. The features of CGD usually first appear in childhood. We report the case of a 78 years woman who was admitted to hospital with fever and lymphadenopathy, and a 8 yeaºrs medical hystory of previous inguinal adenopathy with granulomatous inflammation at biopsy, Staphylococcus endocarditis and relapsing liver abscess. A new biopsy of cervical node showed necrotizing lymphadenitis and Serratia growth at microbial colture. While on antimicromial therapy, the patient had relapsing fever and Staphylococcical endocarditis was diagnosticated. A short while later, Serratia sepsis newly occured with pulmonary septic emboli and osteomyelitis. Diagnosis of other granulomatous diseases, tuberculosis, lymphoma, acquired immunodeficiencies and autoimmune diseases were ruled out. Given systemic infection by Staphylococcus and Serratia and granulomatous inflammatory reaction, CGD was investigated even if, at our knowledge, a so late onset has never been reported yet. The genetic analysis of CYBB gene revealed pathogenic mutation and demonstration of asymmetric X-chromosome inactivation explains clinical expression in a female patient. CGD must be considered in differential diagnosis of Serratia systemic infection with granulomas. Rare diseases should be searched in patient with atipical clinical course.

Un cattivo consigliere

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Premesse: Donna di 56 anni ricoverata dall'ambulatorio oncologico per anasarca in neoplasia ovarica; anasarca sviluppato in circa due mesi per cui il curante aveva effettuato esami e TC e poi aveva richiesto visita oncologica, con conseguente ricovero.
Descrizione del caso clinico: Paziente inquadrata inizialmente come oncologica avanzata, recava in visione accertamenti esterni, in particolare il sospetto diagnostico del curante e dell'oncologo si basava su un valore elevato di Ca.125, nonostante una TC negativa (per quanto metodica non ideale per lo studio annessiale). Vista l'aspecificità del marker e il quadro clinico, sono stati effettuati altri accertamenti: importante proteinuria e insufficienza renale con scarsa risposta al diuretico. Trasferita in nefrologia, ha iniziato dialisi e terapia corticosteroidea con buona risposta. Autoimmunità negativa, negativa la ricerca di neoplasia occulta, eseguita biopsia renale.
Conclusioni: Glomerulonefrite a lesioni minime. Fondamentale l'inquadramento "internistico" della paziente, non lasciandosi trascinare dalla diagnosi iniziale e, soprattutto, dai markers di neoplasia, in quanto aspecifici.

Clinical case: glucocorticoid hypersensitivity syndrome

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Introduction: Glucocorticoid hypersensitivity syndrome (GHS) is a rare condition characterized by increased tissue glucocorticoid sensitivity. Affected patients usually present with low plasma cortisol levels (CORT) associated with Cushing syndrome (CS) manifestation, such as low bone mineral density and metabolic syndrome without clinical evidence of hypocortisolism (HC). The molecular basis of this condition remains under investigation.
Clinical case: We report a case of a 20 year- old woman admitted to our hospital due to a recent diagnosis of HI. Physical examination showed central obesity with cervical buffalo hump, rounded face, purple striae, and slightly elevated blood pressure. However, plasma CORT were extremely low, and plasma ACTH levels were in the borderline low normal range. The 24 h urinary-free cortisol excretion was low on four independent days' samples. ACTH stimulation test confirmed the biochemical diagnosis of HI. Pituitary MRI and adrenal CT excluded the presence of pituitary adenoma and adrenal tumors. Dual-energy X-ray absorptiometry revealed lumbar osteopenia. The patient developed CS but had low CORT and no clinical evidence of HI. Patients with such clinical manifestations should be firstly differentiated to exogenous glucocorticoid intake and GHS. The patient denied history of taking glucocorticoids and mass spectrometry excluded exogenous glucocorticoid intake. The mechanisms underlying the GHS in our patient remained to be further elucidated.
Conclusions: Our case report provides some insight into when to suspect GHS.

Use of non-invasive ventilation in urgent care medicine of Azienda Sanitaria Locale Biella (ASL BI): a retrospective observational cohort study with historical data comparison

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Background and Aims: Since the COVID-19 outbreak, some hospital settings have increased their skills and equipment about non-invasive ventilation, likes BiPAP, CPAP and HFNC use in treatment of acute respiratory failure. Aim of this study is to explore trends of use of non-invasive ventilation in a medical sub-intensive unit after pandemic period and the impact on specific outcomes.
Methods: Authors conducted a retrospective observational cohort study on patients admitted in this setting during 2022 through examination of a specific data collection instrument.
Results: The sample size consisted of 400 patients: global number of treatments was 210 (52.5%), the historical data for comparison in the same setting in 2019 was 49%. Mean age of these patients was 70y (st.d. 11), the mean age of patients enrolled in 2019 was 75y (st.d. 12). We administered 102 BiPAP, 75 CPAP and 99 HFNC; in 25% of patients we administered more of one single treatment. Prevalence of death in the sample was 17% in patients treated with BiPAP (23% in 2019), 12% in patients treated with CPAP (25% in 2019) and 8% in patients that we have administered HFNC (17% in 2019).
Conclusions: Clinical, competent and specific skills allow deliver appropriate treatments and significantly reduce negative outcomes. Considering the study design, we can't exclude an high exposition of reporting bias and Neyman bias.

Gender inequality and well-being of healthcare workers in diabetology: a pilot study

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Purpose of the study: Several factors affect the relationship between a diabetic patient and a healthcare worker. Among these, there is the well-being of healthcare workers and how they perceive their work environment, especially in the context of the presence or absence of gender inequality.
Materials and Methods: To show the importance of these aspects, a selected sample of healthcare workers who were exposed daily to people (mainly diabetic patients) within the working environment were interviewed. Chronic diabetic patients require a different approach to the treatment process that takes place in close connection with healthcare workers; the relationship between patients and healthcare workers can be influenced by the emotional approach to work assumed by the healthcare workers.
Results: The different opinions of the interviewees show that in an environment where factors that negatively affected their work and personal well-being were minimized, healthcare workers were able to fully express their potential. They expressed great satisfaction with their work involving daily contact with patients, while achieving the type of patient–healthcare worker relationship model desired for a better management of diabetic patients' care.
Conclusions: Promoting the well-being of healthcare workers, especially for those working with chronic illnesses such as diabetes, improves the patient–healthcare worker relationship and allows healthcare workers to express their full potential by putting the patient at the center of care and allowing them to better cope with their illness.

Management of terminally ill patients in Internal Medicine: a retrospective study

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Background and Objectives: In the last years, the clinical complexity of Internal Medicine patients has been rising, so it becomes fundamental to achieve expertise in managing terminally ill patients. We designed this study to observe current management, identify inappropriate approaches, and define a standardized management protocol.
Materials and Methods: The study enrolled patients hospitalized in the Internal Medicine division of Ospedale di Circolo e Fondazione Macchi (Varese) between April and September 2021. The main inclusion criterion was imminent death based on comorbidities, functional status, prognostic score, clinical conditions during hospitalization. Clinical information (demographics, medical management within 72 h of death, management of palliative care) was retrieved through electronical medical records.
Results: Our cohort included 145 patients. In the 72 h before death, 68.3% were administered chronic therapy and almost one quarter were on artificial nutrition/hydration. In addition 57.9% of the patients underwent diagnostic testing. Palliative sedation was started in 42.1%, but 34.4% of them reported no refractory symptoms. In a limited portion of patients evaluation of consciousness for sedated patients was performed. Median duration of palliative sedation was 24 hours.
Conclusions: Our study shows that administration of chronic therapy, artificial nutrition/hydration withdrawal, diagnostic testing and palliative sedation management are the main critical areas that need a reappraisal due to deviation from international guidelines and expert recommendations.

A solitary insulinoma case

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Background: Insulinoma is a rare type of functional neuroendocrine tumor that manifests with hypoglycemia (more characteristically as fasting hypoglycemia) caused by inappropriately high insulin secretion. Insulinoma is usually diagnosed by biochemical testing. To localize insulinoma, a preoperative site detection by non-invasive modalities remains mandatory.
Clinical case: 72 year old female. For two months she had been experiencing hypothymic episodes; hypoglycemia (36 mg/dl) was highlighted in the ED and was therefore admitted to our Unit of Internal Medicine. Patient had been suffering from arterial hypertension; she was not taking any medications. Objective examination was normal; BMI 27.5 kg/m2. In the early hours of the morning following hospitalization, occurred lipothymia; capillary glycemic values of 43 mg/dl (50 mg/dl in the laboratory) were highlighted and the contextual values of insulinemia (5.8 microU/ml) and insulin C-peptide 0.7 ng/ml were measured. She underwent to global body tomoscintigraphy (PET) 68Ga that showed high expression of somatostatin receptors in the isthmus of the pancreas. Patient underwent excision of the pancreatic area indicated by PET. Histological examination demonstrated the presence of insulinoma (no malignancy). Three months after surgery patient no longer showed lipothymia or hypoglycemia and did not develop any complications.
Conclusions: The clinical case presented is paradigmatic of insulinoma. The biochemical tests and the PET scan made it possible to make a diagnosis. Patient underwent resolutive surgery without adverse events.

Efficacy of continuous positive airway pressure therapy on quality of life in adult/elderly patients with moderate/severe obstructive sleep apnea: a prospective and observational study

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Introduction: Continuous positive airway pressure (CPAP) in patients with moderate/severe Obstructive sleep apnea (OSA) improves AHI,oximetry parameters and positively influences quality of life.
Aim of the study: Analysis of the effects on the quality of life of CPAP therapy in adult (<65) or elderly (>65) patients with moderate/severe OSA on the basis of subjective (Glasgow Benefit Inventory-GBI questionnaire) and objective (type interface, pre- and post-therapy AHI, mean pre- and post-therapy SpO2, years of device use, and mean hours of use per night) parameters.
Materials and Methods: Out of 145 patients,113 completed the GBI quality of life questionnaire during CPAP, while the rest were excluded due to failure to complete the same. Out of 113 patients, 79 were excluded due to incomplete data, 34 were elegible for the study. 21 over 65 years old, 13 under 65 years old.
Results: Within the elderly group, 18 improved on the GBI, 3 did not improve,within the adult group, 6 improved and 7 did not improve. None had worsened. In both groups, a constant increase in mean nocturnal Sp02 and a reduction in the apnea and hypopnea index were observed as the hours of use of the device increased per night in a statistically significant way.Our results,despite the smallness of the sample, seem to demonstrate an improvement in the quality of life more for the elderly than for adult patients.
Conclusions: Untreated OSA worsens quality of life. CPAP therapy has proven to be effective in improving patients' quality of life, especially in the elderly, in relation to the number of uses of the device per night. Much remains to be studied regarding the effectiveness of CPAP therapy.

Analisi della complessità assistenziale dei pazienti ricoverati in un reparto di Medicina Interna di un grosso ospedale milanese: possibili ricadute sulle scelte organizzative e gestionali

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Intrduzione: L'invecchiamento della popolazione porta con sé un aumento dei pazienti con comorbidità, trattati con polifarmacoterapia. Dati aggiornati sul carico assistenziale sono fondamentali per un'adeguata prestazione sanitaria.
Metodi: Studio spontaneo monocentrico osservazionale prospettico di raccolta di dati clinici e assistenziali. L'obiettivo è indagare quanto la complessità assistenziale influenzi il percorso di cura del paziente oltre la diagnosi di accettazione e i costi del ricovero.
Risultati: Di 93 pazienti (M 54%), il 76% aveva età ≥65 anni. Il 20% è deceduto durante il ricovero. L'indice Charlson mediano era pari a 3 (6.5 nella popolazione geriatrica, con punteggio CIRS-G mediano di 11). Il tempo mediano di degenza è stato di 15 giorni. L'82% dei pazienti aveva GCS di 13-15 e il 5% un punteggio NEWS critico. Il 20% era ad alto rischio di malnutrizione, il 52.7% di cadute, il 23% di sviluppare lesioni da pressione. Il 39% aveva un punteggio Barthel indicativo di totale dipendenza nelle ADL. Il 60% ha necessitato catetere vescicale. L'87% ha ricevuto antibioticoterapia endovena, per una durata mediana del primo ciclo di 11 giorni. Il 48% presentava un rischio alto di difficoltà alla dimissione.
Conclusioni: Il paziente ricoverato attualmente in un reparto di Medicina Interna di un grosso ospedale milanese è anziano, comorbido, con alto tasso di dipendenza ed elevati fabbisogni assistenziali, che riceve spesso una polifarmacoterapia, spesso per via endovenosa. È necessario rivedere le modalità di assistenza al paziente alla luce di dati real-life.

Anemia and hypercalcemia: it is not what it looks like

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Background: We report a case of anemia and hypercalcemia with other typical signs of multiple myeloma (MM). Primary Hyperparathyroidism (PHPT) is one of main causes of hypercalcemia and is rarely associated with anemia.
Clinical case: A 54 years old woman with a history of pathological fractures was hospitalized for asthenia and anemia. She complained joint and back pain. Biochemical tests showed normochromic and normocytic anemia, impaired renal function, hypercalcemia, severe hyperparathyroidism, hyperprolactinemia, IgG-lambda monoclonal peak and high beta2-microglobulin. At ultrasonography we found bilateral adrenal adenoma, thyroid multinodular goiter and left parathyroid gland adenoma, confirmed by scintigraphy. The CT scan showed widespread osteolytic lesions. However, MM was excluded by the bone histology, which highlighted a bone remodeling and bone marrow fibrosis. Therefore, we oriented to the diagnosis of adenoma-associated PHPT. In accordance, two days after surgical removal of parathyroids, calcium and PHT decreased to normal levels.
Conclusions: The presence of monoclonal gammopathy with anemia and osteolysis suggested MM. However, these conditions have been also reported in PHPT cases. In accordance, we have found bone marrow fibrosis, which has been

proposed as the cause of anemia in PHPT patients. Furthermore, parathyroid adenoma, hyperprolactinemia and adrenal cortical hyperplasia might manifest a MEN type 1, an autosomal dominant syndrome due to MENIN gene mutation, although other clinical sings were excluded, and gene sequencing is in progress.

Cinetica del D-dimero come predittore di outcome in pazienti ospedalizzati per polmonite da SARS-CoV-2 trattati con terapia immunomodulante con tocilizumab

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Premesse e Scopo dello studio: Nei pazienti con COVID-19 il trattamento con tocilizumab (TCZ) potrebbe generare una discrepanza fra l'andamento di alcuni biomarcatori e il decorso della malattia. Lo scopo del nostro studio è identificare i biomarcatori in grado di predire un outcome negativo nei pazienti con polmonite COVID-19 sottoposti a terapia con TCZ.
Materiali e Metodi: Abbiamo condotto uno studio retrospettivo osservazionale su 137 pazienti ricoverati in area medica dell'AOU Careggi con polmonite COVID-19 sottoposti a terapia con TCZ. Per ciascun paziente abbiamo registrato l'andamento dei principali biomarkers infiammatori (PCR, D-dimero [DD], ferritina, ALT) e dei linfociti totali a 24, 48, 72h dalla somministrazione di TCZ. La valutazione della cinetica dei biomarcatori è stata espressa dalla variazione% rispetto al valore iniziale, definita come (Δ)=(valore a 24/48/72h-valore basale)/valore basale*100. L'outcome è stato definito da decesso intraospedaliero o necessità di ventilazione invasiva.
Risultati: L'andamento della cinetica del DD a distanza di 72h dalla somministrazione di TCZ è risultata un predittore indipendente di mortalità intraospedaliera e di peggioramento clinico. Una Δ DD 72h >1% conferisce un rischio 6 volte maggiore di andare incontro a decesso (OR 6.25, 1.4-26.7, p=0.013) e un rischio di IOT 3 volte superiore (OR 2.94, 1.07-8.08, p=0.036).
Conclusioni: La valutazione della cinetica del DD a 72h dalla somministrazione di TCZ può avere un ruolo prognostico indipendente per l'individuazione dei pazienti a maggior rischio di outcome sfavorevole.

Non c'è punto che tenga: storia di un'emorragia massiva da rottura di pseudoaneurismi arteriosi multipli in sospetta sindrome di Ehlers-Danlos vascolare

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Premesse: La sindrome di Ehlers-Danlos (ED) è una delle più frequenti malattie ereditarie del tessuto connettivo. L'ED di tipo arterioso-ecchimotico (tipo IV) è associata a sanguinamenti spontanei dai principali rami arteriosi.
Descrizione del caso clinico: Un uomo di 50 anni giunge in PS per astenia e dolore addominale. All'arrivo si presentava in stato di shock con quadro di addome acuto. Agli EE importante anemizzazione, all'EGA acidosi lattica. All' angioTc dell'addome riscontro di ampia lacerazione epatica in pseudoaneurisma del ramo arterioso per l'VIII segmento. Il paziente è stato quindi sottoposto a proceduta di embolizzazione. Il giorno successivo progressivo peggioramento del dolore addominale con segni di peritonismo e tachicardia richiedente laparotomia esplorativa ed evacuativa. Dopo poche ore, comparsa di anemizzazione con fuoriuscita di materiale ematico dal drenaggio sovraepatico associato ad ipotensione con necessità di supporto trasfusionale e vasoattivo. Eseguito quindi packing epatico con progressiva stabilizzazione del quadro clinico. In anamnesi remota precedenti ricoveri per ematomi spontanei degli arti inferiori da rottura di pseudoaneurismi dell'arteria iliaca. Vista l'anamnesi di sanguinamenti vascolari multipli è stata considerata l'ipotesi diagnostica di connettivopatia a tipo sindrome di ED tipo IV e inviato il paziente a studio genetico.
Conclusioni: La prognosi per un paziente con ED di tipo IV è infausta. Il 51% muore prima dei 40 anni per sanguinamenti spontanei difficilmente trattabili a causa della marcata fragilità vascolare.

Clinical data and management of acquired haemophilia a from a Sardinian reference hemostasis and thrombosis unit: analysis of 34 cases

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Background: Acquired hemophilia A (AHA), caused by autoantibodies against coagulation factor VIII (FVIII), is a rare, life-threatening bleeding disorder. The incidence appears to be increasing as the population ages. However, the clinical characteristics, treatment, and outcomes of AHA remain difficult to establish due to the rarity of the disease.
Materials and Methods: We retrospectively analyzed data from 34 patients (median age 67 years; range 15-93 years; male n=15) diagnosed with AHA between 1999 and 2022 at Haemostasis and Thrombosis Unit of the University Hospital of Cagliari.
Results: We identified autoimmune diseases and malignancy as underlying conditions in eighteen and nine patients, respectively. Factor VIII activity was significantly decreased in all patients (median 1.5%; range <1.0-6.0) by FVIII inhibitor (median 25.0 BU/mL; range 9.0-64). Among all bleeding events, subcutaneous or intramuscular hemorrhages was the most prevalent. Abdominal bleeding was observed in three patients, while menorrhagia was observed in three cases of post-partum haemophilia. Thirty-one patients required bypassing agents. Thirty of 34 patients treated with immunosuppressive agents achieved complete recovery while five patients (15%) relapsed. Although eight patients died, none of the deaths were related to bleeding.
Conclusions: Due to the rarity of the disorder, it is crucial to report AHA cases to create awareness and to increase the index of suspicion of the clinicians for early diagnosis and treatment to prevent morbidity and mortality.

Cardioembolic stroke in a patient with acquired haemophilia A and chronic lymphocytic leukemia

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Background: Acquired Haemophilia A (AHA) is a rare bleeding disorder due to autoantibodies against FVIII. AHA is usually characterised by the onset of acute spontaneous muco-cutaneous and muscular haemorrhages, which can lead to high morbidity and mortality. AHA tends to occur in elderly patients with different comorbidities: the association of AHA and chronic lymphocytic leukemia (CLL) is an extremely rare occurrence.
Description of the Case: In this case-report we describe a 76-year-old male with CLL who developed acute spontaneous bleeding. Laboratory testing showed an isolated prolonged activated partial thromboplastin time with reduced factor VIII level due to an inhibitor. Therapeutic regimen was started with intravenous methylprednisolone, cyclophosphamide and bypassing agents. In the second day of hospitalization, the patient complained diplopia and arm numbness due to a cardioembolic stroke associated with atrial fibrillation. Oral anticoagulant treatment was started as soon as factor VIII exceeded 50%.
Conclusions: To our knowledge this is the first report about

AHA associated with CLL and complicated by cardioembolic ischemic stroke. The immunosuppressive therapy sent both AHA and CCL into remission allowing to treat the patient with oral anticoagulant.

SARS-CoV-2 vaccine allergy risk-management may enable a wider immunization

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Background and Objectives: Concerns for allergic reactions are an obstacle for the global vaccination effort; the aim of this study is to describe the assessment and immunization of allergic patients with SARS-CoV-2 vaccines to reduce this gap.
Methods: 160 consecutive patients (40 male), mean age 52yr (range 16-91; IQR 18), referred to our clinic from August 2021 to July 2022, was stratified for prior severe anaphylaxis and allergy to injectable drugs, insect bites, drugs, food and latex as well as mastocytosis, hereditary angioedema and asthma. Allergy skin tests (prick and intradermal) to PEG/Polisorbates, ACT and REMA score was performed when appropriate.
Results: 50.62% of patients had BNT162b2 1st inoculation, 43.12% the 2nd and 15% the 3rd; 5.62% had mRNA-1273 1st inoculation, 3.75% the 2nd and 3.75% the 3rd; 3.12% had ChAdOx1-S 1st inoculation, 1.25% the 2nd. 24.37% have been planned for vaccination. 14.37% refused vaccination. 5.37% resulted allergic to PEG 3350 and were excluded from vaccination. 5% of patients with urticaria/ angioedema after the 1st dose had a 2nd BNT162b2 dose with desensitization protocol. 9.37% had premedication with Cetirizine. 39.37% (highly allergic patients) had vaccination in controlled setting with dedicated medical supervision and prolonged (60') observation time. For the remaining patients the normal setting was indicated.
Conclusions: Most patients with a history of allergic diseases can be safely immunized by using an algorithm that can be implemented in different medical facilities in compliance with local protocols and guidelines.

Assistenza infermieristica e qualità della vita di una persona amputata: revisione della letteratura

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Premesse e Scopo dello studio: Per persona amputata, si intende quel soggetto che per via di un trauma, intervento o patologia ha subito l'asportazione della parte danneggiata dal corpo. Per la gestione di tale paziente è fondamentale l'assistenza e la riabilitazione, cioè un processo intenzionale integrato e continuo, educativo, terapeutico, tendente a ripristinare abilità funzionali perse o rese disfunzionali. Tutto per garantire alla persona amputata una migliore qualità di vita e reinserimento sociale. Scopo dello studio è stato quello di indagare se migliora la qualità di vita dell'amputato, grazie a una buona assistenza infermieristica.
Materiali e Metodi: È stata condotta una revisione della letteratura, gli articoli sono stati reperiti attraverso le principali banche dati (PubMed e CINAHL). Parole chiave utilizzate: amputazione, qualità di vita, dolore arto fantasma, assistenza infermieristica e protesica.
Risultati: Sono stati selezionati 13 articoli. Lo studio ha messo in evidenza tematiche che trattavano una buona gestione del dolore patologico e una buona assistenza per migliorare la qualità di vita e l'aspetto psicologico del paziente in modo da reinserirlo in un mondo sociale. Tra gli articoli selezionati, alcuni trattavano l'aspetto dell'uso delle protesi, la loro gestione e le relative complicanze.
Conclusioni: È importantissimo evidenziare come l'assistenza infermieristica riesce a migliorare la qualità di vita della persona che ha subito un'amputazione, a garantire la gestione del dolore dell'arto fantasma e l'uso delle protesi.

A case of hyporegenerative anemia due to anti-EPO antibodies

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Background: Pure red line cell aplasia is a rare type of hyporegenerative anemia. Other hematopoietic lineages show no changes, besides vitamin B12, folate and iron are in range. Most cases occur in patients suffering from chronic kidney disease (CKD) undergoing treatment with erythropoietin (EPO); pathogenesis involves IgG type autoantibodies.
Case Report: A 77-year-old hispanic male patient was admitted to our Department of Internal Medicine for severe anemia (4.9 g/dl). Medical record included stage IV CKD on therapy with EPO for six months who has refused blood transfusions because he is Jehovah's Witness. Vitamin B12, folate and iron are in range and there were no signs of active bleeding. He underwent bone marrow biopsy resulting in pure erythroid line aplasia with a suppressed EPO blood assay and positive anti-EPO antibodies. Therefore, epoetin alfa was withdrawn and immunosuppressive treatment with methylprednisolone and cyclophosphamide was started, in addition Rituximab infusions were administered. The patient, against medical staff advice, was discharged.
Conclusions: Red line cell aplasia due to anti-EPO antibodies should be suspected in patients with CKD on EPO therapy for 6 to 18 months. In these circumstances, neutralizing anti- EPO antibodies should be sought. It is appropriate to discontinue erythropoietin therapy, initiate immunosuppressive treatment along with blood transfusion until anti-EPO antibody count is negative. Spontaneous resolution with erythropoietin interruption alone is rare.

A case of amoebic liver abscess presenting 12 years after acute intestinal manifestation

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Introduction: The differential diagnosis of suspected liver abscess includes pyogenic liver abscess, extraintestinal amebiasis, necrotic tumor and rarely other causes. Liver abscess usually develops in patients affected by biliary disease, severe sepsis with septicaemia, or via direct spreading. Amebiasis are usually seen in patients returning from an endemic area, with a clinical presentation typically within 8 to 20 weeks, even if, rarely, a longer interval prior to onset of clinical manifestations has been described.
Description: A 51 years old Caucasian man came to our attention for fever and abdominal pain. In his past medical history, he reported arterial hypertension and an orthopaedic minor surgery. He denied recent travels; he reported a previous short journey in Madagascar about 12 years before with a severe haematic diarrhoea when returned in Italy. An abdominal ultrasound and a subsequent CT scan of the abdomen showed a liver abscess of about 7 cm of maximum diameter. A percutaneous drainage consented to remove about 250 cc of brownish fluid; cultural examination of the fluid was negative, and genomic analysis revealed nucleic acids of entamoeba histolytica. The patient was therefore treated with metronidazole, and then with paromomycin, with complete resolution of symptoms and normalization of laboratoristic parameters.
Conclusions: In management of suspected liver abscess extraintestinal amoebiasis should be part of differential diagnosis even in case of a non-recent endemic area staying.

DOAc nel nefropatico con trombocitopenia indotta dall'eparina

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Premesse: La trombocitopenia indotta da eparina (HIT) è una malattia pro trombotica immunomediata farmaco-indotta, caratterizzata da trombocitopenia, trombosi venosa e/o arteriosa. La terapia antitrombotica in pazienti in trattamento dialitico e grave piastrinopenia con fibrillazione atriale permanente risulta assai complessa.
Descrizione del caso clinico: Maschio, 80 anni, ricoverato per ischemia critica dell'arto superiore sinistro da embolia arteriosa da possibile endocardite valvolare aortica. Insufficienza renale con necessità di dialisi, alla sospensione della warfarina inizia terapia con LMWH. Riduzione della conta piastrinica del 50% a 10 giorni. Positiva la ricerca di anticorpi anti-PF4/eparina. Escluse le altre cause di piastrinopenia. Riscontro di trombosi peri-catetere. Il test funzionale di conferma per la HIT positivo. La dialisi è stata effettuata con circuiti appositi. Iniziata terapia off-label con apixaban a basse dosi (2.5mg ogni 12 ore il primo giorno poi una volta al giorno dopo dialisi con stretto monitoraggio delle concentrazioni plasmatiche del farmaco; raggiunte le 50000 PLT, è stata embricata la warfarina e sospeso l'apixaban ad INR 1.5. Esclusa la terapia con Danaparoid sodico e non ritenuta attuabile la terapia con argatroban.
Conclusioni: La HIT nel paziente fragile, fibrillante e nefropatico in terapia dialitica configura un challenge terapeutico importante. L'argatroban risulta di difficile gestione. L'apixaban a basse dosi con stretto monitoraggio laboratoristico può rappresentare una valida alternativa nel breve periodo.

Facilitare il rapporto ospedale-territorio, soluzione per la diagnosi precoce delle malattie reumatiche. Risultati del Progetto ReumaTrivio (FADOI-CREI)

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Premesse e Scopo dello studio: Il successo delle terapie immunosoppressive è inversamente proporzionale alla durata di malattia, quindi appare essenziale una diagnosi precoce per iniziare la terapia specifica con immunosoppressori al più presto; per raggiungere questo obiettivo è importante che il medico di medicina generale sia informato delle caratteristiche tipiche di queste malattie. Per questo, con il patrocinio FADOI e CREI abbiamo ideato il progetto pilota "ReumaTrivio".
Pazienti e Metodi: E' stato scelto il territorio di Velletri (RM) perché da almeno 10 anni non è presente una reumatologia ospedaliera di riferimento; invece dal 2021 è presente un Ambulatorio di Reumatologia. Quindi abbiamo selezionato 50 medici di Medicina Generale; 25 di loro sono stati invitati ad un "Corso di formazione in Reumatologia per la Medicina Generale".
Risultati: I risultati preliminari del progetto mostrano un'elevata concordanza e precisione nelle risposte delle domande reumatologiche dei test pre-post corso. I risultati "teorici" si sono confermati anche nella "real life": 25% *vs* 85% di visite richieste con un preciso quesito reumatologico ed i pazienti inviati all'ambulatorio di reumatologia portavano gli esami ematochimici e strumentali più accurati.
Conclusioni: I risultati preliminari del nostro progetto hanno fornito dati molto incoraggianti sulla possibilità che investire nella formazione del medico di Medicina Generale possa aumentare il numero di diagnosi precoci in Reumatologia con il conseguente aumento delle terapie precoci.

Heart failure and sequential nephron blockade

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Introduction: Diuretic resistance is a major complication during hospitalization for acute heart failure, causing congestion persistence at discharge, impacting mortality and readmission rates.
Case Report: Patient (pt) is a 78 y.o. male who is admitted for dyspnea and anasarca. He is affected by HFrEF, permanent AF. Diuretic therapy consists of Furosemide 50 mg / die os. NT-proBNP is 9100 pg/ml at admission. ABG shows type 1 respiratory insufficiency. Furosemide 125 mg/die iv is administered for 3 days. Diuresis is <800 ml/die. Point of care ultrasound(POCUS) is then performed: lung US still shows >15 B-lines per intercostal space, inferior vena cava is >2 cm with no inspiratory collapse, renal vein Doppler shows discontinuous biphasic flow. Pt is still congested and no clinical or instrumental benefit is observed. Sequential Nephron Blockade (SNB) is then performed for 3 days, administering Acetazolamide 250 mg/die os, iv Potassium Canrenoate 200 mg, Metolazone 5 mg/die os, Furosemide 80 mg/die iv. Diuresis increases to 3200 ml/die and respiratory insufficiency resolution, 9kg of weight loss, drastic edema reduction are observed. POCUS shows dramatic improvement of all congestion markers. No relevant electrolyte abnormalities or worsening of renal function are observed.
Conclusions: SNB appears to be an effective strategy to overcome most diuretic resistance mechanisms and reach efficient decongestion. Large RCT are still lacking, further research is needed, especially regarding safety and association with new oral diuretics (SGLT2i, ARNI).

The role of hypertension in COVID-19 patients: a retrospective study with a 6-month follow-up

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Background and Objectives: Hypertension is the most frequent cardiovascular risk factor in patients with coronavirus disease 2019 (COVID-19). Limited evidence is currently available about the impact of COVID-19 on long-term mortality in patients with hypertension. We evaluated the impact of hypertension and blood pressure (BP) lowering therapy on 6-month mortality.
Materials and Methods: 490 hospitalized adult patients admitted to the COVID-19 dedicated Internal Medicine Division of Ospedale di Circolo e Fondazione Macchi (ASST Sette Laghi, Varese, Italy) between October 10th and December 25th 2020 were included. Medical information was retrieved from electronic medical records. Patients discharged alive were contacted by phone-call after 6 months for follow-up.
Results: Patients with hypertension were 257 (64.6%). One-third of these patients died during the hospital stay. However, hypertension did not significantly increase mortality risk. At 6-month follow-up, death occurred more frequently in patients with hypertension than in those without, although the difference was not statistically significant. Hypertension, however, was not found to predict long-term mortality. BP lowering therapy significantly reduced both in-hospital and 6-months mortality.
Conclusions: In hospitalized patients with COVID-19, hypertension was not likely to predict neither in-hospital nor long-term mortality. Indeed, BP lowering therapy was found to reduce short- and long-term mortality.

Fever of unknown origin and granulomatous hepatitis: a diagnostic brain teaser

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Granulomatous hepatitis is a rare cause of fever of unknown origin. A 59-years old man with a 2-months persisting intermittent fever was admitted to our ward. In the past to remark a history of overweight and coronary stenting for ischemic heart disease. From laboratory investigation emerged only a slight elevation of AST, ALT and CRP. A broad series of investigations to exclude infections were done. Procalcitonin, quantiferon, β-D-glucan as well as blood and urine colture were negative. Neither pleural-pulmonary lesions nor mediastinal lymphadenopathy was observed on Chest CT scan whereas only a slight hepato and splenomegaly were reported on the abdomen CT scan. A TTE excluded endocarditis and a PET-CT scan showed no pathological uptake. Further investigations excluded CMV, EBV, HIV, HAV, HBV, HCV, Plasmodium, Brucella, C. burnetii, R. conorii, B. henselae, T.canis, Leishmaniasis, Schistosoma and hepatic distomatosis. ANA, ENA, ANCA, AMA, IgG4 and beta2-microglobuline were negative. Finally, serum angiotensin-converting enzyme (ACE) activity was elevated (106,8 U/L; NR: 8,0-52,0). A liver biopsy was performed with the evidence of histiocytic infiltrates CD 68 pos, sometimes arranged to form granulomas with multinucleated Langhans-type giant cells. Histochemical investigation with Ziehl-Neelsen was negative. Further microbiological analyses (PCR on hepatic specimen as well as blood culture) excluded atypical mycobacterial infection and fungal infection. This case proved to be a deal breaker and led us to a presumptive diagnosis of non-pulmonary (hepatic) sarcoidosis.

Le cure infermieristiche mancate: studio descrittivo sulla percezione degli infermieri di due ospedali romani

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Premesse e Scopo dello studio: Le missed nursing care sono qualsiasi attività infermieristica necessaria al paziente che viene omessa o ritardata. Scopo dello studio è indagare la frequenza e la tipologia delle cure mancate secondo il personale infermieristico
Materiali e Metodi: Tra settembre e dicembre 2022 è stato somministrato il questionario MISSCARE a 45 infermieri operante in tre reparti di Medicina Interna di due ospedali romani.
Risultati: Dei 45 infermieri reclutati 37 (82%) hanno partecipato allo studio. Le principali missed care riguardano: sostegno al paziente e familiari 34 (91%), educazione al paziente e loro familiari 34 (91%), mobilizzazione passiva ogni 2 ore 30 (81%), somministrazione terapia al bisogno entro 15 min dalla Richiesta 29 (81%), rivalutazione del paziente per verificare miglioramenti o peggioramenti nel turno 26 (70%). Gli infermieri indicano tra le cause aumento inatteso del numero e/o condizioni critiche dei pazienti 36 (97%), Numero inadeguato di personale sanitario (ad es. mancanza di OSS, ausiliari.) 36 (97%), inadeguato numero di personale sanitario 35(94%), mancata segnalazione da parte dell'operatore di supporto delle cure non fornite (es. paziente non mobilizzato) 25 (67%).
Conclusioni: Dall'indagine emerge che le cure perse sono una problematica reale e che una soluzione importante potrebbe essere quella di aumentare il numero del personale che eroga assistenza.

Una sepsi complicata di nome Anton

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L'apoplessia ipofisaria è data da una necrosi ischemico-emorragica dell'ipofisi, tipicamente su adenoma preesistente. Segni e sintomi dipendono dalla compressione parenchimale e dal deficit di ormoni ipofisari. La sindrome di Anton-Babinski è una rara anosognosia visiva dovuta ad un danno alla via ottica. Uomo di 81 anni, ricoverato per astenia e febbre; in anamnesi una recente SCA sottoposta a stent. All'ingresso shock settico trattato con antibiotici a largo spettro, idratazione e sostegno aminico. Decorso complicato da FA. Durante la degenza comparsa improvvisa di anosognosia e confabulazione: eseguita RMN cerebrale con evidenza di apoplessia ipofisaria su base vascolare nel contesto di un macroadenoma con erosione della sella e dislocazione ipofisaria. Il paziente ha sofferto di un'emorragia pituitaria che verosimilmente ha condotto ad un'insufficienza surrenalica, concausa dell'ipotensione resistente. La discoagulopatia indotta dall'infezione aumenta sia il rischio trombotico che quello emorragico per cui il tema dell'anticoagulazione in corso di sepsi è estremamente attuale. Recenti case report hanno mostrato un aumentato rischio di apoplessia ipofisaria in corso di DOAC anche in assenza di adenomi preesistenti. Gli steroidi non sono il trattamento di prima linea per la sepsi, ma il riconoscimento dell'insufficienza surrenalica avrebbe potuto condurre ad un rapido miglioramento clinico, emodinamico e neurologico in corso di sepsi.

Fragilità ossea e fratture nella sarcoidosi: studio cross-sectional su 252 pazienti

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Premesse e Scopo dello studio: La sarcoidosi è una malattia infiammatoria cronica multisistemica. Una frattura severa del rachide dorsale riduce la capacità vitale dell'8-10%. Scopo dello studio é valutare: 1. la prevalenza di fratture nella sarcoidosi; 2. la correlazione tra fragilità ossea e severità di malattia.
Materiali e Metodi: Studio cross-sectional su 252 pazienti con sarcoidosi e controlli sani di pari età e sesso. Abbiamo valutato: DXA-BMD lombare e femorale,storia di fratture, indici di funzionalità respiratoria, metabolismo fosco-calcico.
Risultati: I valori di T-score sono risultati ridotti a livello di tutti i siti scheletrici raggiungendo la significatività statistica a livello del rachide lombare ($p<0.01$) e del femore totale ($p<0.05$). I valori di BMD a livello di tutti i siti sono risultati positivamente correlati con DLCO ($p<0.05$). La percentuale di fratture da fragilità era nettamente superiore nei pazienti con sarcoidosi rispetto a quella dei controlli (30.6% *vs* 12.3%). Nei soggetti con sarcoidosi le fratture erano prevalentemente vertebrali,nei controlli invece a livello distale degli arti inferiori. Una regressione multipla ha evidenziato come riduzione della BMD femorale, del DLCO (%) e terapia per sarcoidosi rappresentino fattori di rischio per frattura vertebrale.
Conclusioni: Le fratture vertebrali rappresentano una complicanza frequente nella sarcoidosi. La compromissione ossea è legata al grado di severità della sarcoidosi. Una valutazione ossea e l'inizio precoce di un trattamento farmacologico potrebbe prevenire un peggioramento del quadro respiratorio.

La nuova tecnologia R.E.M.S. (radiofrequency echographic multi spectrometry) rispetto alla metodica DXA nella valutazione dello stato osseo in donne anziane con diabete di tipo 2

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Premesse e Scopo dello studio: È noto che i pazienti con DMT2 presentano un rischio di frattura aumentato. E' disponibile una nuova tecnologia basata sul metodo REMS per la diagnosi di osteoporosi.Scopo dello studio è valutare: 1) lo stato osseo in donne postmenopausali affette da DM2 utilizzando la metodica DXA e REMS; 2) se la metodica REMS può migliorare l'identificazione delle pazienti diabetiche con un maggiore rischio di frattura.
Materiali e Metodi: In 90 donne anziane postmenopausali (70,5±7,6 anni) con DMT2 ed in 90 controlli sani di pari età abbiamo misurato la BMD a livello lombare e femorale sia con metodica DXA che REMS.
Risultati: I valori di T-score BMD con metodica REMS sono risultati significativamente ridotti sia a livello del rachide lombare ($p<0.01$) che a livello del femore($p<0.01$). Inoltre, la percentuale di donne classificate come osteoporotiche, utilizzando la metodica REMS, era nettamente superiore rispetto a quelle classificate con metodica DXA (47,0% *vs* 28,0%). Al contrario, la percentuale di donne classificate come osteopeniche o normali con la tecnica DXA era più alta rispetto a quella ottenuta con la tecnica REMS (48,8% e 23,2% *vs* 38,6% e 14,5%). Le donne con fratture da fragilità presentavano valori inferiori di BMD-LS sia con metodica DXA che REMS rispetto alle pazienti senza fratture; tuttavia, la differenza risultava significativa ($p <0,05$) solo per BMD-LS valutata con tecnica REMS.
Conclusioni: La metodica REMS rappresenta una valida alternativa alla misurazione DXA per la valutazione del rischio di frattura nelle pazienti affette da DM2.

Unexplained fever back from tropical areas: besides malaria think to dengue

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Background: In the first ten months of 2022 111 cases of Dengue fever have been registered in Italy, all of them associated with traveling to tropical areas. We describe a case of a young man coming back from Cuba with unexplained fever and thrombocytopenia.
Description of Clinical case: A 33 years old italian man was admitted to our department for malaise, fever (till 39.5°C, not remitting with acetaminophene), diarrhea and headache starting four days before, two days after coming back from Cuba, where the man had been as a travel-guide. Eye-pain was referred without sight or neurological deficits, rigor nucalis and hemorrhage were absent. Chest Xray and abdominal US were normal. Thrombocytopenia (96.000/mcl), and leucopenia were present (WBC 1.900/mcl, N 1.190, L 560); CRP, Hb, creatinine, ALT/AST, INR were normal. He was treated with ceftriaxone, ketoprofen and crystalloids. Blood, urine and stool cultures, tests for malaria, Widal Wright and serology for HIV, HCV, Rickettsia and Borrelia were negative.CMV, EBV e HBV tests were unremarkable. At 8th day fever disappeared and platelet count quickly normalized. Patient completely recovered. Dengue blood PCR e IgM resulted positive.
Conclusions: Dengue is not as much relevant as malaria between fever cases in people coming back from tropical areas, but its incidence is growing up. Some features have to raise the suspect: continuous fever not remitting, thrombocytopenia, headache with pain behind eyes or with eyes movements, hemorrhages.

Calcium daily intake and the efficacy of a training intervention on optimizing calcium supplementation therapy: a clinical audit

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Background and Aims: Calcium is an essential element for human health, with key roles in the prevention and therapy of multifactorial conditions. Calcium dietary intake is often insufficient in the general population. The aim of this study was to perform a clinical audit for general practitioners (GPs) to understand the efficacy of training intervention on doctors' awareness about dietary calcium and supplements.
Methods: General practice outpatients were enrolled (Before Clinical Audit, BCA) from the same sanitary district, and calcium dietary intake was evaluated with a validated questionnaire, also collecting information about the consumption of calcium and vitamin D supplements. Then, a training intervention with a frontal lesson and discussion with GPs involved was performed. After one month, a second outpatient enrolment was performed (Post Clinical Audit, PCA) in the same general practices to evaluate differences in nutritional suggestions and supplement prescription by GPs.
Results: In BCA, the calcium dietary intake was low, with nobody reaching 1000 mg as suggested by the guidelines. Only 6.6% and 24.5% took calcium and vitamin D supplements, respectively; in the PCA, these percentages increased to 28% and 78% for calcium and vitamin D supplements, respectively ($p <0.01$ PCA *vs* BCA). There were no differences in calcium dietary intake between BCA and PCA.
Conclusions: Training intervention on GPs was successful to sensitize them regarding calcium intake problems; GPs tended to increase the prescription of supplements but not to suggest changes in dietary habits.

La musicoterapia nell'assistenza infermieristica per la terapia del dolore

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Introduzione: La musicoterapia (MT) è l'uso della musica con un utente o un gruppo, per facilitare comunicazione, apprendimento, motricità, espressione, e soddisfare necessità fisiche, emozionali, sociali e cognitive. Il fruitore può produrre musica o ascoltarla. Sono tre i meccanismi d'azione principali: risonanza, stimolazione sistema limbico e attivazione sistema di ricompensa/rilascio di dopamina. L'efficacia della MT si valuta con il monitoraggio dei parametri vitali e di quelli soggettivi (dolore, ansia). Studi dimostrano effetti positivi della MT nel trattamento del dolore, nella regolazione di emozioni, stress, ansia e delle funzioni cardiaca, respiratoria, ormonale, cognitiva, in individui sani o con malattie neurodegenerative.
Metodi: Selezione di studi riguardanti il rapporto tra MT e benefici psicologici e medici nel trattamento del dolore.
Risultati: La MT può essere applicata efficacemente nel trattamento del dolore peri e post-operatorio riducendo l'ansia, l'esacerbazione della percezione del dolore, e portando conseguentemente ad una riduzione dei dosaggi di oppioidi. Le aree di impiego della MT per l'infermiere sono quelle delle cure palliative e chirurgiche, essendo l'infermiere la figura di riferimento più presente nella gestione dei sintomi.
Conclusioni: La MT è uno strumento integrativo, non alternativo, da affiancare alle terapie mediche e farmacologiche standard, per ridurre ansia, stress, percezione del dolore, e migliorare le risposte emotive del paziente. Come conseguenza, la MT è uno strumento efficace.

Carbapenem-sparing as a strategy to reduce carbapenem consumption in public health systems

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Background and Aims: While carbapenem-resistant Enterobacteriaceae (CRE) prevalence is growing, National Health Systems bear an excessive cost for indiscriminate carbapenem's prescriptions because of lack of awareness.
Materials and Methods: We conducted a retrospective study, collecting data from hospitals of North-West Sardinia, we analysed KPC-KpC prevalence, and the different carbapenems' consumption in the different departments (Internal Medicine, surgical and ICU) of those hospitals.
Results: In 2020 at SH the percentage of carbapenem consumption was different according to the kind of carbapenem and the department. Internal Medicine (IM) was the most carbapenem-consumer department(~72.7%), followed by surgery(~18%) and ICU(~9%). Comprehensively, the 2020 health expenditure for carbapenems was 109.855,25€: 90.002,46€ for meropenem, 11.078,58€ for ertapenem, and 8.774,21€ for imipenem. In PH the percentages of carbapenem's usage was higher in IM than surgey and ICU departments.
Conclusions: Carbapenem's reckless prescription represents a massive cost for NHS, a coordinated carbapenem-sparing strategy should be implemented in order to reduce costs and the emergence of carbapenem-resistance strains.

Acquired hemophilia A in a patient with chronic atrial fibrillation in therapy with dicumarolics

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Background: Acquired hemophilia A is bleeding disorder due to neutralizing antibodies against factor VIII. The diagnosis of this disease is established with difficulty because of its rarity and the complexity of the laboratory diagnosis.
Description: We describe a case of a 70 years old woman with atrial fibrillation in therapy with warfarin that had closure of left auricola. She was admitted to the ER for heart failure with a CT scan suspect of a re-opening of the left atrium auricola, so warfarin was prosecuted. Lab tests showed an aPTT of 120 sec and a positive lupus anticoagulant was found but initial mixing test did not show correction of aPTT. Lately she developed an hematoma of the right iliac muscle, required artery embolization and substitute therapy with recombinant VII factor. Further investigations demonstrated VIII factor deficiency (5.4%), suggesting a diagnosis of acquired hemophilia A since previous aPTT was normal and a VIII factor inhibitor was found on lab test. High dose steroids were started and led to a gradual normalization of aPTT and VIII factor inhibitor. Once VII factor was normalized, giving the high bleeding risk, warfarin was reintroduced. At discharge further exams excluded paraneoplastic and autoimmune etiology, so an idiopathic form was considered. This form represents the 50% of all aetiologies.
Conclusions: The diagnosis was challenging due to the initial negative mixing test and the positive LAC until a major bleeding has evidenced the hemorrhagic diathesis. The treatment was also difficult because of the indication for permanent anticoagulation.

Multifactorial anemia during Epstein Barr and Parvovirus B19 co-infection in a young woman

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Background: Hemolytic anemia (AIHA) is due to destruction of red blood cells (RBC) provoked by infections, drugs or chronic blood disorders. Among these, Epstein Barr virus causes development of cold antibodies (IgM) which can be searched in serum for the diagnosis, resulting in immunomediated hemolytic anemia; direct antiglobulin test (DAT) is typically positive. ParvovirusB19 causes a hyporegenerative anemia for his unique tropism for human erythroid progenitor cells which is usually autolimited in immunocompetent patients.
Description: We describe a case of a 47 years old woman with profound weakness and fever and a diagnosis of mononucleosis made two weeks before. Lab tests showed Hb 5.9 g/dL, LDH 274 U/L, haptoglobin <0.01mg/dL, reticulocytes 0,2% EBV serology and PCR were persistently positive with positive DAT. Despite the low reticulocytes count, AIHA was the main diagnosis, so steroids and RBC transfusions have been given (even if DAT was positive, warm crossmatch testing was negative), without response. A bone marrow blood sample was collected, showing a consistent red cell aplasia. Supporting the infection origin of aplasia, IgM and IgG for parvovirusB19 were lately found. Due to persistent haemolysis, Rituximab was given and after two doses, EBV PCR and haemolysis testing had become negative and so did the parvovirus serology after IVIG administration. A month after hospital discharge hemoglobin was normal (11.9 g/dl).
Conclusions: It is noteworthy there are anecdotal reports of coinfection in literature that usually involve immunocompromised patients or children.

Psychogenic non-epileptic seizures

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Introduction: Differentiating true loss of consciousness from other pathologies can be a real challenge for the clinician. We present the case of a 60-years-old-woman.
Clinical case: Patient with a history of dyslipidemia, sigmoid diverticulosis and pulmonary emphysema comes to an Internal Medicine examination, due to recurrent loss of consciousness, sometimes accompanied by very short-lived generalized convulsion, other times by generalized motor block. She has been diagnosed with chronic cerebral vasculopathy, hypertensive crises, epilepsy etc., but the patient continues to resort to the ED. We subjected her to routine blood chemistry, ABPM, brain and brainstem MRI, TSA doppler US and EEG with normal results. But the patient is afraid that she will have a stroke and be paralysed. At this point we ask for neuropsychiatric counseling.
Conclusions: Psychogenic non-epileptic seizures (PNES) simulate epilepsy. Most people appear unconscious, although they may show signs of being able to react to their environment. Some are able to speak and follow commands. The duration is very short or very long. There are different type of PNES. Some people experience different types of seizures, from epileptic-like seizures to loss of sphincter control, tongue biting, or stiffness and/or tremors. Sometimes freezing-like motor block resembling epileptic "complex partial seizure" occurs.

A 66-year old woman with spiking fever, night sweats and sore throat

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Introduction: We describe a case of Adult onset Still disease (AOSD) with secondary macrophage activation syndrome (MAS) in a 66 years old woman.
Case Report: A 66 years old woman was admitted to our medical department with a 15 days history of spiking fever, night sweats, pharyngitis. Laboratory test results showed leukocytosis, neutrophilia, elevated CRP,ESR and ferritin levels. Blood and urine cultures, transthoracic and transesophageal echocardiography were normal. Total body CT

scan and PET /TC were normal. A transient salmon pink maculopapular rush appeared. A diagnosis of AOSD was made. A therapy with methylprednisolone was started. There was an improvement of symptoms until a fourth day after the beginning of the steroid therapy when appeared fever of up 40° C. A therapy with methotrexate and methylprednisolone (500 mg bid) was started without improvement of the clinical picture. Anakinra was started. The patient improved but on the fourth day after there was pancytopenia with severe neutrophenia, high level of ferritin, LDH and triglyceridemia. Anakinra was stopped and methylprednisolone (500 mg bid) was started. The patient and laboratory findings improved gradually.
Conclusions: This case highlights two important rare disorder: AOSD and MAS. AOSD is a inflammatory disease of unknown etiology. MAS is a life threating complication of hematologic cancer, infection, exposure to immunomodulatory drugs and autoimmune disease. Early diagnosis of these disease is crucial to start a correct therapy and reduce mortality.

Colonization of residents and staff of an italian long-term care facility and an adjacent acute-care hospital geriatrics unit by multidrug-resistant bacteria

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Background and Aims: In 2008, 2012 and 2016 we undertook point-prevalence surveys (PPS) for bacteria with the resistance phenotypes among residents and staff of a LTCF in Bolzano and among Geriatrics unit patients in the associated acute care hospital (ACH). The rationale for the repetition of the PPS screening in 2022 in the same LTCF and ACH unit was to determine the long-term trend in colonization prevalence with MDR bacteria of residents and staff, compared with Geriatrics unit patients of the associated ACH, especially in the context of the impact of the severe acute respiratory syndrome SARS-CoV-2 pandemic, causing the COVID-19, on vulnerable population groups in LTCFs.
Materials and Methods: Urine samples and rectal, inguinal, oro-pharyngeal and nasal swabs were plated on selective agar plates. Metadata of the patients, including demographic data, were collected. ESBL, AmpC, carbapenemase and quinolone resistance genes were investigated.
Results: The following colonization percentages by multidrug-resistant (MDR) bacteria have been found in LTCF residents: all MDR organisms, 59.5%; ESBL producers, 46.0% (mainly CTX-M type enzymes); carbapenemase-producers, 1.1% (1 K. pneumoniae with KPC); MRSA, 4.5%; VRE, 6.7%. Colonization by MDR bacteria was 18.9% for LTCF-staff and 45.0% for Geriatrics unit patients.
Conclusions: The ongoing widespread diffusion of MDR bacteria in the LTCFs suggests that efforts should be strengthened on MDR screening, implementation of infection control strategies and antibiotic stewardship programs targeting the unique aspects of LTCFs.

Using a simple echocardiographic index as a predictor of functional capacity

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Recently, a new echocardiographic right ventricular–pulmonary artery coupling index has been proposed. This non-invasive index has proven to be useful in several contexts, in particular heart failure, both impaired and preserved left ventricular function, and pulmonary arterial hypertension. There is not much information in the literature on the use of the TAPSE/PAPS ratio. The aim of the work is to evaluate the relationship between TAPSE/PAPS and the distance traveled at the 6-minute walking test (6MWT), a parameter of functional capacity and prognosis in many cardiopulmonary diseases. A group of 100 patients, referred to the cardiological rehabilitation service (82% male, mean age 66±11 years, 61% post cardiac surgery, 39% post-acute coronary syndrome or heart failure), underwent a transthoracic echocardiogram and 6MWT. The TAPSE/PAPS ratio was significantly correlated with the distance in meters traveled ($r=0.55$, $p<0.001$). The patients were divided into two groups according to the functional capacity measured at the 6MWT (<400 meters: 27 patients; >400 meters: 73 patients). The TAPSE/PAPSE ratio, easily obtainable and with good reproducibility with standard echocardiography, correlates significantly with the functional capacity measured by a validated test, such as the 6MWT, independently of the left ventricular function, in unselected patients, referring to a cardiological rehabilitation program. Further studies are needed to evaluate the actual prognostic role in this type of patient.

Hospital protocol for evaluating effectiveness and speed of use of Sucrosomial® iron

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In Cardiology rehabilitation patients the finding of the moderate anemia it is frequent. It is mostly caused by secondary loss to recent interventional cardiology procedures or multifactorial causes. In the Cardiac Rehabilitation Unit of the percentage of hospitalized patients with anemia is equal to 45%. In this scenario the need for therapies with rapid effect and well tolerated, becomes crucial. Objectives is evaluate effectiveness and speed of action in using Sucrosomial® iron than iron-based constituents. The study design involves randomizing a total of 100 patients into two consecutive arms by random selection (excluding patients with active peptic ulcer or other diagnosed inflammatory bowel disease) assigned to ferrous sulfate therapy or Sucrosomial Iron®. The results did not show a difference in hemoglobin recovery in 30 days. On the other hand, the Ferritin values were high but with greater stability of the patients treated with Sucrosomial Iron®. It should be noted that 33% patients left the treatment arm with oral ferrous sulphate after about a week of treatment for Gastrointestinal disorders. After the realization of the preliminary study it will be important to understand how to approach the anemic patient in the medical departments. It remains solid the assumption of how the Sucrosomial® iron are better tolerated without loss of effectiveness. Long distance assessment also of Iron, Transferrin, Ferritin and Reticulocytes will complete the analysis giving fundamental inspiration to understand the real homeostatic mechanisms changed by different molecules.

The changing scenario of celiac disease

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Background and Aims: A lot has been written about Celiac Disease (CD) epidemiology and presentation during the last decade. The aim of our research is to highlight the changes in epidemiology and clinical presentation of CD in the last two decades.
Materials and Methods: We analysed a retrospective cohort of 649 patients with CD diagnosed between 2000 and

2019. We compared baseline features of those patients according to the year of diagnosis via linear regression, to identify significant trends.
Results: We observed an increasing frequency of male patients over the years (p=0.002). Similarly a trend to increase over years was observed for age-at-diagnosis (p<0.001). A decreasing trend was observed for the presence, at diagnosis, of sideropenic anaemia (p=0.038) and low bone mass density (p=0.047).
Conclusions: Our data suggests that the epidemiology of CD is changing, possibly due to a more established knowledge of prevalence of CD in males and in older people. On the other hand, the lower prevalence of malabsorption symptoms may be linked to the more frequent recognition of milder forms of CD.

Is the inferior vena cava ultrasound a reliable tool to predict volemia in patients in spontaneous breathing? A systematic review

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Objectives: Inferior Vena Cava (IVC) Ultrasound has been suggested as an useful tool to detect volume status. But there are divergent data on its reliability. Our aim is to detect the reliability of IVC Ultrasound.
Methods: This review, based on the PRISMA guideline, explored the PubMed, EMBASE, Scopus and Web of Science databases.
Inclusion criteria: Studies which tested the inter-rater and/or intra-rater reliability of IVC Ultrasound measures (IVC max and min diameters, IVC collapsibility index) in Spontaneously Breathing adult. Three researchers selected studies and assessed their quality using the QUADAS-2 guidelines. The key words for literature search were: inferior vena cava and/or reliability and/or ultrasonography.
Results: We collected 313 records: 5 studies, with 218 patients, were included. Many studies showed low quality in reporting according to QUADAS-2 tool. We did not found studies on intra-rater reliability. The IVC-max and IVC-min diameters showed the best reliability in M-Mode: Intraclass correlation coefficient (ICC) range=0.6-0.8; the IVC-c, the worse reliability (ICC=0.14-0.52). The subxiphoid transabdominal longitudinal view showed good reliability for both IVC-max and IVC-min in M-Mode: ICC=0.56-0.81 and ICC=0.6-0.77.
Conclusions: There are few studies on IVC Ultrasound reliability.This review suggests that to have good inter-rater reliability we should measure the IVC-Max in M-Mode using a subxiphoid transabdominal longitudinal view.

Anemia: a pernicious road to diagnosis

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Introduction: Pernicious anemia (PA) is an autoimmune condition that prevents the formation of the vitamin B12-intrinsic factor complex, resulting in a dramatic decrease in B12 absorption. Diagnosis typically requires a combination of laboratory tests, including vitamin B12 levels and/or antibody testing.
Case Report: A 77 yo male was admitted to the emergency department for chronic pancytopenia and tarry stools. During the past year, due to persistent fatigue, the patient had gone through esophagogastroduodenoscopy and video-capsule endoscopy, which revealed chronic gastropathy, villous atrophy and multiple duodeno-ileal ulcers. Assessment in a hematology unit had revealed normochromic normocytic anemia due to iron and vitamin B12 deficiency and the patient was started on oral supplementation and transfusion support without improvement. In our ward, a peripheral smear revealed erythrocyte and platelet anisopoikilocytosis. Additionally, antibodies against parietal cells and intrinsic factor were found. A diagnosis of PA was established and the patient started on intramuscular B12 replacement.
Conclusions: PA is relatively rare condition, but not entirely uncommon. It should always be suspected when clinical symptoms do not improve after oral supplementation. Parenteral vitamin B12 administration is the preferred method of treatment. In addition to lifelong treatment, individuals may require additional evaluations for related conditions such as gastrointestinal malignancy and other autoimmune disorders.

Paraneoplastic hypoglycemia as presenting manifestation of a retroperitoneal sarcoma

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Background: Hypoglycemia can be caused by islet and non-islet tumors. Non-islet cell tumor hypoglycemia (NICTH) is a rare paraneoplastic syndrome associated to tumoral overproduction of insulin-like growth factor-II (IGF-2) or its precursor. NICTH can be caused by several tumors, including mesenchymal and epithelial tumors.
Case Report: We describe the case of a 73-years-old man with diabetes who came to our attention for recurrent hypoglycemia. In the past months his diabetologist gradually reduced diabetes therapy for progressively lower glucose levels. Due to a syncopal episode with severe hypoglycemia (20 mg/dl) he was conducted to the emergency department and admitted to our unit. Exams revealed reduced levels of insulin (<0.4 uU/ml), C-peptide (<0.1 ng/ml) and IGF-1 (30 ng/ml). He was treated with glucose solution infusions and he performed a CT-SCAN which showed a huge retroperitoneal tumor mass (cm 15.8x16.7x17.2). Biopsy of the lesion was consistent with dedifferentiated liposarcoma. We started treatment with diazoxide to maintain stable glucose values, allowing us to stop glucose solution infusions. Patient was then referred to the surgery department and underwent a complex en-bloc resection of the tumor, spleen, pancreatic body-tail, left adrenal gland and kidney, left colon and part of the diaphragm. After surgery normal glucose values were obtained.
Conclusions: Hypoglycemia can be caused in rare cases by paraneoplastic syndromes in several tumors, like sarcomas. In these cases the most effective treatment for hypoglycemia is complete surgical resection.

Clinical factors influencing short- and long-term mortality among elderly patients with COVID-19: a retrospective analysis

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Background and Objectives: SARS-CoV-2 has carried a high mortality in the elderly. We aimed at identifying potential risk factors associated with mortality in ultra-octogenarian hospitalized with COVID-19 in 2020.
Methods: We retrospectively analyzed data from COVID-19 patients aged ≥80 years hospitalized in Varese and Tradate hospitals (Italy) between October 10th 2020 to May 4th 2021. Clinical information was recorded through electronical medical records. Frailty was assessed with the Clinical Frailty Scale.

Results: 509 patients were included. Median age was 86 years, with a prevalence of females (59.7%) and of ≥3 comorbidities (47.3%). 70% were classified as frail. The median SpO2 value at admission was 95%. Most of patients presented with respiratory failure, needing high fraction of FiO2 (40%). Overall in-hospital mortality was 39.7% and independent risk factors for this included age, CKD, non-rebreather-mask and CPAP at admission, non-rebreather-mask and CPAP as maximum oxygen support (adjusted hazard ratio [aHR] between 1.08 and 3.89, p<0.005 for all). At 6-month follow-up, overall mortality was 57.8%. Predictors of 6month mortality were age, CKD, dementia, non-rebreather-mask and CPAP at admission, and nasal cannulas, Ventimask, non-rebreather-mask, and CPAP as maximum oxygen support (aHR between 1.10 and 3.63, p<0.005 for all).
Conclusions: The elderly have been disproportionately affected by COVID-19. Age and comorbidities provide relevant prognostic information that is crucial in guiding clinical decisions.

Foster Kennedy syndrome: a case report

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Case Report: A 62-year-old female with history of rheumatoid arthritis on steroid therapy and hypertension presented to the ED for dysphoric mood, emesis, headache and anosmia. At admission physical examination was insignificant except for joint deformities of the hands and feet and a deficit in the bilateral temporal hemifield. Laboratory tests and EGDS were unremarkable, further evaluation revealed left optic nerve atrophy and right papilledema. Total body CT scan and MRI showed an extracerebral expansive neoformation in the median frontal area adherent to the ethmoid-sphenoidal planum compatible with planum meningioma. The patient was therefore referred to neurosurgery for the care continuation.
Discussion: Foster Kennedy syndrome (FKS) is based on neurological signs characterized by anosmia and vision loss, which may be unilateral or bilateral. It is defined by compressive optic damage (atrophy) in one eye and contralateral papilledema, resulting from increased intracranial pressure secondary to an intracranial space-occupying lesion, such as frontal-sphenoidal meningioma. The treatment for FKS tumors include surgical resection, chemotherapy, radiotherapy and medical therapy. In our case it is possible that the acute disturbances and psychiatric symptoms were related to the frontal site of the tumor.
Conclusions: Physicians should consider FKS in patients presenting for psychiatric conditions, anosmia and changes in vision. A multidisciplinary approach can help to a prompt recognition of the underlying pathology for a better management of FKS.

An intriguing case of Waldmann's disease

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Background: Waldmann's disease is a rare exudative enteropathy due to a congenital or obstructive malformation of the intestinal lymphatic drainage system and dilation of mucosal and submucosal lymphatic vessels. It can begin in childhood, in adolescence or even in adulthood. Symptomatology is represented by chronic diarrhea, lymphedema of the lower limbs, osteomalacia.
Case Report: A 43 year-old woman was admitted to our Dept for chronic watery and fatty diarrhea with abdominal distension, ascites and oedema of the lower limbs. At laboratory tests: microcytic hypochromic iron-less anemia, hypoprotidaemia and severe hypoalbuminemia, hypocalcemia, increased PTH, low vitamin D, hypo-gamma-globulinemia, normal EMA and tTG. At thoraco-abdomino-pelvic CT scan: ascites and inflammatory digestive thickening. At ascites fluid analysis: chylous rich in triglycerides. At EGDS: congestive gastritis; no histological alterations of duodenal biopsies. Normal Electrocardiography and Echocardiogram. At X-ray of the lower limbs: osteomalacia. The diagnosis of Waldmann's disease was made and the patient started an high-protein and a lifelong low-fat, calcium, iron, vitamin D and A, albumin infusions and monthly intramuscular injection of slow-release octreotide, multilayer compression bandages obtaining a dramatic clinical and biological improvement.
Conclusions: The diagnosis of Waldmann's disease is based on clinical, biological, radiological, endoscopic and histopathological elements. The treatment is based on a diet free of long-chain lipids, and octreotide administration.

Uno strano caso di dolore addominale

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Premesse: lL IgG4-RD è una rara malattia autoimmune fibro-infiammatoria caratterizzata da masse pseudo-tumorali in vari distretti con infiltrati di plasmacellule IgG4-positive. L'incidenza è circa 0.26 - 1.08 per 100.000 casi/anno. Il pancreas è l'organo più spesso interessato, seguito da ghiandole salivari, lacrimali, retroperitoneo con coinvolgimento di organi addominali, distretto toracico e aorta. I tre elementi istopatologici tipici sono la fibrosi, l'infiltrato linfoplasmacellulare e la flebite obliterante. Terapia di scelta: corticosteroidi e rituximab; la chirurgia solo in casi di ostruzione/compressione non responsivi alla terapia.
Descrizione del caso clinico: Uomo di 57 anni con dolore addominale in fossa iliaca sinistra. In anamnesi ipertensione arteriosa e tabagismo. Ematochimici: creatinina 3.45 mg/dl (GFR 18ml/m), il resto nei limiti. Ecografia renale: idronefrosi bilaterale. Posizionate nefrostomie bilaterali con risoluzione dell'idronefrosi e dell'insufficienza renale. TC T/B con mdc: presenza di tessuto denso di circa 8x2 cm che avvolge a manicotto l'aorta addominale dall'emergenza delle arterie renali sino alla biforcazione compatibile con fibrosi retroperitoneale. Biopsia retroperitoneale TC-Guidata con referto istologico di «processo flogistico-fibro-scleroproduttivo, presenti plasmacellule alcune delle quali IgG4 positive». Avviato a terapia steroidea in descalation. con stabilità clinica.
Conclusioni: Malattia rara, diagnosi tramite immaging strumentale e biopsia, sensibile a terapia immunosoppressiva e steroidea, talvolta recidivante alla sospensione.

Use of aldosterone antagonist to treat diarrhea and hypokalemia of Ogilvie's syndrome

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Background: The acute colonic pseudo-obstruction (Ogilvie's syndrome) is characterized by massive colonic dilatation in the absence of a mechanical cause and may lead to cecal perforation in absence of treatment. It often appears as a complication of other clinical conditions.
Case Report: A 78-year-old patient comes to hospitalization from the neurosurgery department after pituitary macroadenoma removal surgery (histology: non-secretory pituitary macroadenoma). Course complicated by sepsi in pneumoniae and days of constipation alternating by liquid stools with hypokalemia slow to improve despite aggressive repletion.We perform an abdomen scanner "widespread overdistention of the colic frame with fluid content and air water levels. At the

descending sigmoid passage, the viscus protrudes into the left inguinal canal". Colonscopy is normal and abdomen serial radiograms "remain distended descending colon and sigmoid with contextual air-fluid levels". No surgical indications. In the light of the clinical suspicion of Ogilvie's syndrome, therapy with spironolactone was set up with channeling of the bowel, stabilization of potassium levels.
Conclusions: The persistent hypokalemia is because of the high potassium losses in the stool. This is most likely mediated through the increased expression of BK channels in the colonic mucosa. Aldosterone is theorized to have a role in the regulation of BK channels. Spironolactone was subsequently given and resulted in marked improvement of the pseudo-obstruction and hypokalemia.

An unusual presentation of anti-NXP2 -positive inflammatory myopathy

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Background: Inflammatory myopathies are rare systemic autoimmune diseases. Circulating antibodies are often associated with distinct phenotypes and may help to make diagnosis.
Case Report: A 76-year-old woman with a history of atrial fibrillation and osteoporosis was hospitalized because of persistent localized upper right limb edema. Initially she was treated with antibiotics with no improvement. Deep venous thrombosis was ruled out. MRI of the right arm revealed intramuscular and subcutaneous edema. Laboratory tests shown elevation of CPK (5250 U/L), AST (153 U/L), ALT (58 U/L), ferritin (645 ng/ml), anemia (Hb 9,8 g/dl). Autoimmune myositis was suspected. ANA was 1/160 without ENA specificity. Among myositis-specific antibodies anti-NXP2 was positive. Electromyography confirmed the diagnosis. During hospitalization she developed dysphagia and recurrent episodes of intestinal subocclusion, that required parenteral nutrition. An upper endoscopy and colonoscopy did not reveal any structural abnormalities, only mucosal hyperemia. CT and PET scan ruled out malignancies but showed bowel wall edema. Treatment with corticosteroids and intravenous immunoglobulins was started.
Conclusions: This is an unusual presentation of inflammatory myositis with unilateral limb edema and intestinal manifestations.

Left atrial appendage occlusion: a real solution to cardioembolic risk of atrial fibrillation?

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Introduction: According to ESC guidelines 2020 left atrial appendage occlusion (LAAO) is non-inferior to VKA stroke prevention treatment in AF patients with moderate stroke risk.
Clinical case: 82-year-old woman comes to our observation for worsening exertional dyspnea. Past medical history: right breast carcinoma, TIA, hypertension, dyslipidemia. First episode of paroxysmal AF in 2016, for which anticoagulant therapy with NOACs was started for CHA2DS2VASc=6. During anticoagulant therapy episode of ocular haemorrhage for which the patient discontinued therapy with NOACs. Relapses of symptomatic paroxysmal AF in 2019. Multiple attempts to take different anticoagulants poorly tolerated. The patient undergoes catheter ablation by isolation of the pulmonary veins and percutaneous LAAO, with indication of anticoagulation therapy for at least 4 weeks after the procedure. At the entrance to our hospital cardiac echo-Doppler ultrasound highlights a thrombotic formation in the left atrium (30x25mm). Therapeutic dosage LMWH therapy is started with subsequent Warfarin embrication according to INR, obtaining complete resolution of thrombotic formation.
Conclusions: This particular clinical case of device-related thrombosis three years after LAAO underlines the importance of accurate assessment of the patient's risk profile. High CHA2DS2VASc values and reduced cardiac function are recognized risk factors for thrombus formation, such as patient compliance. LAAO is a valid alternative to anticoagulant therapy in patients at high risk of bleeding but with low embolic risk profile.

Schmidt syndrome in a patient with severe thrombophilia

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Introduction: Schmidt syndrome or autoimmune polyglandular syndrome (APS) type 2 is a rare polyendocrinopathy characterized by primary adrenal insufficiency often referred to as Addison's disease with autoimmune thyroiditis and/or diabetes mellitus type I.
ClinicalCase: 46-year-old woman comes to our observation for abdominal pain, dyspnea, palpitations and asthenia. Past medical history: Hashimoto's thyroiditis, previous episodes of deep vein thrombosis in the presence of double heterozygosis factor V Leiden and factor II. On physical examination: arterial hypotension, tachycardia and marked skin hyperpigmentation. Abdominal CT performed rules out thrombotic events and reveals adrenal atrophy. Blood tests revealed hyponatremia, hyperkaliemia, ACTH values of 1670, serum cortisol 0.6, CLU 20 and TSH 5. Confirmed diagnosis of adrenal insufficiency, hydrocortisone therapy iv is immediately started with careful monitoring of blood pressure and glycemic values, obtaining a significant improvement in clinical conditions and normalization of electrolyte disorders. Only at a later stage therapy with levothyroxine is undertaken. Acquired thrombophilic screening is performed to rule out association of APS with antiphospholipid antibody syndrome which is negative.
Conclusions: APS type 2 has a prevalence of 1:1000-1:20000 and its diagnosis is often delayed due to non-specific symptoms and existing comorbidities. A multidisciplinary approach and above all prompt treatment is essential as there is an increased risk of adrenal crisis and diabetic ketoacidosis, which are life threatening.

Procalcitonina sierica di origine inusuale: case report

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Premesse: Tra i tumori, quelli neuroendocrini (NET) rappresentano meno dello 0,5% di tutti i tumori maligni (4-5 casi ogni 100.000 persone/anno in Italia). Tra gli organi più colpiti vi è il pancreas e i sintomi risultano sfumati con la diagnosi spesso posta incidentalmente. La terapia varia in base a stadio e tipologia e può essere chirurgica, chemio-radioterapica o solo sintomatica.
Descrizione del caso clinico: Donna di 71 anni con dolore addominale, inappetenza, calo ponderale da 20 giorni per cui si recava in PS. Agli esami ematici iperbilirubinemia, rialzo di amilasi, lipasi e procalcitonina (94,9 mcg/L), apiressia ed esami colturali negativi. La TC addome con mezzo di contrasto evidenziava sospetta eteroplasia pancreatica e metastasi epatiche per cui veniva ricoverata in Geriatria. Durante la degenza elevati livelli di calcitonina (>2000 pg/ml) e cromoganina A (1685 ng/ml), il prelievo bioptico da ecoendoscopia deponeva per tumore neuroendocrino ben differenziato G3. Durante ERCP posizionata protesi biliare con sostanziale riduzione degli indici di colestasi e della bilirubinemia tali da determinare un miglioramento delle con-

dizioni cliniche generali.
Conclusioni: È interessante sottolineare come, oltre all'imaging, a determinare il sospetto di NET sia stato il valore della procalcitonina, solitamente utilizzata per individuare stati infettivo-infiammatori ed in questo caso invece prodotta in eccesso dal tumore in quanto precursore dell'ormone calcitonina.

An insidious onset of eosinophilic granulomatosis with polyangiitis: a case report

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Introduction: Eosinophilic granulomatosis with polyangiitis (EGPA) is a rare small-vessel vasculitis, often associated with MPO p-ANCA (myeloperoxidase–perinuclear–antineutrophil cytoplasmic antibody) positivity. It is often difficult to diagnose.
Case description: A 73-year-old man went to the emergency room for asthenia and fever. In the anamnesis he reported nasal polyposis. For several months the patient had constitutional symptoms; blood tests showed increased indices of inflammation.The patient was admitted to Internal Medicine. Blood culture,urine culture and specific blood tests for oncohaematological diseases were normal. In absence of signs of infection, after resolution of the fever, the patient was discharged. After two weeks, he returned to the emergency room due to the reappearance of fever; blood tests showed hypereosinophilia, worsening of renal function. An electromyography showed the presence of mononeuritis multiplex. Specific blood chemistry tests were carried out: positive p-ANCA were found. Clinical and laboratoristic findings indicated the presence of EGPA; he also underwent a renal biopsy, that confirmed the diagnosis. Therapy was carried out with Corticosteroids and Cyclophosphamide; after two weeks blood test showed a rapid decreasement of creatinine values. On discharge the patient was afebrile; subsequent infusions of cyclophosphamide were scheduled.
Conclusions: EGPA is a rare and heterogeneous disease. The onset is often insidious, and require a careful differential diagnosis. Early diagnosis is important because it allows early treatment.

Transitional care nella cronicità a domicilio. "Pensare è spaziare nell'infinito"

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Premesse e Scopo dello studio: La gestione di pazienti cronici risulta sempre più difficile soprattutto a livello domiciliare e l'impatto della transizione dall'ospedale al territorio spesso risulta ardua sia per la persona malata che per il caregiver di riferimento. Scopo dello studio è di individuare le problematiche assistenziali, nel passaggio da un setting di cura ad un altro, attraverso la creazione di un piano assistenziale semi standardizzato per mezzo di diagnosi infermieristiche (NANDA), obiettivi (NOC) e interventi (NIC).
Materiali e Metodi: È stata condotta una revisione della letteratura su PubMed e Google Scholar, selezionando gli studi di interesse per l'argomento in oggetto. Il piano assistenziale è stato creato attraverso l'utilizzo della tassonomia NANDA-I (North American Nursing Diagnosis Association), NOC (Nursing Outcomes Classification) e NIC (Nursing Interventions Classification).
Risultati: Sono state individuate 9 diagnosi infermieristiche, sia reali che di rischio, con i relativi NOC e NIC, raggruppate secondo gli 11 modelli funzionali di Gordon: disturbo dell'immagine corporea, rischio di tensione nel ruolo di caregiver, processi familiari disfunzionali, rischio di relazione inefficace, rischio di sindrome da stress da trasferimento, ansia, paura, rischio di pianificazione delle attività inefficace e rischio di senso di impotenza.
Conclusioni: Il piano assistenziale è stato creato con il fine di guidare ed aiutare gli infermieri nella gestione dell'assistenza sia durante la transizione ospedale-territorio, sia nel setting domiciliare dell'assistito.

"aenpsyD": when dyspnea is reversed. Or rather say: orthodeoxy platypnea

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Background: Dyspnea is one of the most frequent symptoms in clinical practice. Orthopnea, the worsening of dyspnea in supine position, plays a crucial role pointig out a cardiogenic cause. On the other hand, the opposite condition is unusual.
Clinical case: We present the case of a man referred to ER for pain in the left hemithorax with dyspnea. ER exams showed: Hb 17 g/dl, D-dimer 999 ng/ml, ABG in room air pO2 45 mmHg, PcO2 26 mmHg, SaO2 88%. In the suspicion of pulmonary embolism, chest AngioCT was performed: negative for filling defects of the pulmonary arteries. Hospitalization followed.For the persistence of the symptoms, ventilation perfusion scintigraphy was performed: negative for pulmonary embolism. In the following days, a worsening was noted in sitting and orthostatic positions, confirmed by a reduction of 10 mmHg of pO2 in orthostatism: condition evocative of orthodeoxic platypnea. The diagnostic suspicion was oriented to a right-left shunt. A TE echocardiogram was performed, documenting the presence of right-left shunt and patent foramen ovale (PFO). Followed specialist management with closure of PFO. After the procedure, saturation was normalized in supine/orthostatic position with eupnea in room air.
Conclusions: Orthodeoxia platypnea is characterized by dyspnea and desaturation in standing, with improvement in the supine position. A ventilation-perfusion mismatch or a right-left shunt is required for it to develop; in the latter case PFO is often present. Although it is unusual, it cannot be ignored, especially when dyspnea is not associated with orthopnea.

Un caso di malaria atipico

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Introduzione: Descriviamo un caso di malaria di un paziente giunto alla nostra osservazione per insufficienza respiratoria acuta.
Caso clinico: Un uomo di 25 anni di origine ghanese, residente in Italia da un quinquennio, giungeva per febbre (40,5° C) e dispnea. Riferiva astenia dopo un viaggio fatto in Nigeria 5 mesi prima del ricovero (no profilassi). All'EGA si evidenziava grave ipossiemia e alla radiografia del torace un quadro ascrivibile a ARDS. Gli esami di laboratorio mostravano ipertransaminasemia, iperbilirubinemia indiretta, incremento di LDH, anemia severa, piastrinopenia, allungamento di PT INR, PCR x 20. All'ecografia addominale si evidenziava splenomegalia (20,2 cm), nella norma il fegato. Le colture sul sangue e sulle urine e la sierologia per i virus epatitici maggiori e minori risultavano negative. Veniva intrapresa terapia steroidea con metilprednisolone, diuretici e antibiotici ad ampio spettro. In seconda giornata subentrò un progressivo ottundimento del sensorio. e peggioramento dell'anemia emolitica. pertanto venne inviato il test immunocromatografico per malaria che risultò positivo per Pla-

smodium Falciparum. Veniva fatta diagnosi di Malaria da plasmodium falciparum complicata e veniva intrapresa terapia con artesunato ev e dopo 4 giorni, al miglioramento clinico, shift con atovaquone proguanil cloridrato. Attualmente il paziente è in buone condizioni generali.
Conclusioni: Il caso clinico è suggestivo di un possibile ruolo dell'immunità a lungo termine della patomorfosi della malaria.

A severe and acute Fernet-Bouillaud syndrome in a patient affected by AIDS: a rare diagnostic and therapeutic challenge

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There are more than 8 million new cases/year of Tuberculosis (TB) and 1.3 million deaths. The frequency of extrapulmonary TB is increasing in patients with non-European ethnicity, HIV infection, and younger age. A 39 year-old male, immigrant from Ghana, presented in emergency room, with severe abdominal pain, fever (39°C), weight loss. He presented an antalgic lateral decubitus with both knees flexed, oral candidiasis, hypotension (90/60 mmHg), tachypnoea, tachycardia, SpO2 90%, severe tenderness at McBurney point, bowel sounds were absent. At laboratory analysis: anemia (Hb 8,6 g/dl); lymphopenia (300,4/ul); CRP (25,98 mg/dl), ESR (82 mm/h) and Pro-calcitonin (100 ng/ml). Hypoxemia and lactate increasing on blood gas analysis. Blood cultures negative. The CT-scan revealed some pseudonodular lung lesions, severe poli-serositis (pleural, pericardial and peritoneal), mediastinal and retroperitoneal lymph nodes. First treated by Meropenem-Teicoplanin-Caspofungin, then Ertapenem-levofloxacin-amikacin. Methyl-prednisolone, colchicine, oxygen support (Venturi-mask, then non-invasive ventilation) were added. HIV infection was treated by Dolutecavir and Emtricitabine-Tenofovir disoproxil. For the BK-PCR positivity (on sputum) rifampin-isoniazid-ethambutol were administrated, suspended for hepatic toxicity and replaced by ethambutol alone. The patient is still critical. This rare TB presentation, with acute severe polyserositis and sepsis (Fernet-Bouillaud syndrome), in a patient affected by AIDS (CDC c3), represented a diagnostic challenge for our interdisciplinary team.

Persistent fever and non-resolving pneumonia in patient treated with rituximab for follicular lymphoma

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Background: Haematological malignancies and B-cells depleting therapies represent known conditions of immunocompromission. Lung diseases are common in this context. Differential diagnosis can be challenging.
Case Report: A 62-years-old man with history of follicular lymphoma, in maintenance treatment with rituximab, was admitted to our department for persistent fever, cough and mild dyspnea, without hypoxemia, not improving with antibiotic therapy. CT lung scan documented bilateral multifocal consolidations and ground-glass opacities (GGO). Nasopharyngeal SARS-CoV-2 swabs were negative and this patient had been fully vaccinated. Film Array from Bronchoalveolar lavage (BAL) was negative. After treatment with a second course of broad-spectrum antibiotic he was discharged. Two weeks later he was readmitted for fever relapse. A new CT showed a migratory pattern of GGO and consolidations, while a second BAL presented an increase of CD8+ cells, no eosinophils. Tests for opportunistic pathogens were negative. PCR for SARS-CoV-2 was positive. Clinical presentation, radiological findings and BAL results led to diagnosis of Cryptogenic Organizing Pneumonia (COP), secondary to SARS-CoV-2 infection. Antibodies against SARS-CoV-2 resulted negative despite vaccination. Prednisone and tixagevimab/cilgavimab were prescribed with clinical improvement.
Conclusions: We described a rare complication of SARS-CoV-2 infection, highlighting the importance of considering COP diagnosis in non-resolving pneumonia. Treatment with anti-SARS-CoV-2 monoclonal antibodies is an intriguing aspect.

Project AMIDO: monocentric nutritional screening in hospitalized patients in the department of Internal Medicine of Acqui Terme

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Premises and Purpose of the study: Malnutrition is defined as an acute, sub-acute or chronic nutritional state associated with deficiencies or excesses in nutrient intake, imbalance of essential nutrients or impaired nutrient utilization. The main goal in AMIDO project is to evaluate the nutritional risk in patients hospitalized at SC Medicina Interna of Acqui Terme.
Methods: The evaluation the nutritional risk is quantified by utilization of MUST, given its simplicity and reproducibility and, moreover, MUST allows constant results. The screening tool will be used in a group of 300 patients recruited during the course of the project, from December 2022 to April 2023. The results will be registered in a database which will take in account different variables such as age, gender, BMI, principal disease and comorbidities.
Outcomes: The results of every MUST allow to estimate the efficacy of a nutritional program, the correlation between the clinical outcomes and their relative degree of malnutrition previously obtained with the MUST.
Conclusions: At the end of the study the aforementioned data will be employed for statistical analysis: continuous variables will be reported as mean and standard deviation, absolute frequencies or percentages. The statistical analysis could underline possible trends of the epidemiology of malnutrition in hospitalized people.

A rare case of delayed diagnosis of severe tetanus: a challenge for the internist

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Introduction: Tetanus is a severe disease caused by the neurotoxin produced by Clostridium tetani. This infection is rare in high-income countries due to vaccination, but vaccine coverage remains a significant concern.
Case Report: A 64-year-old woman without chronic diseases presented to the emergency department with necrotizing fasciitis in the right lower limb following a contusion without apparent penetration. The patient underwent fasciotomy and was treated with mechanical ventilation, circulatory support, and broad-spectrum antibiotic therapy in ICU. After 35 days of ICU stay, the patient was transferred to the Medicine Department; on admission, the patient presented with generalized muscle spasms, stiff neck, lockjaw, dysphagia, and disorientation. The clinical suspicion of tetanus was made. The diagnosis was confirmed with positive serum antibody titers in a not-vaccinated patient and without other possible diagnoses by CT and MRI scans. Treatment with a high dose of intramuscular human tetanus

immunoglobulins (>3000 UI) and metronidazole was immediately started. Despite the temporal distance between the triggering event and specific therapy, the patient faced a progressive recovery.
Conclusions: Tetanus remains a challenging disease to diagnose and treat. Any trauma closed or with tissue loss can potentially be responsible for the onset of tetanus, and post-exposure prophylaxis should be administered as soon as possible. The fast setting of specific therapy may improve the patient's prognosis. After recovery from an infection, patients must receive full immunity.

Ipereosinofilia severa con coinvolgimento cardiaco (miocardite) e polmonare (infiltrati polmonari) in paziente affetta da asma bronchiale e rinite allergica

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Premesse: La granulomatosi eosinofila con poliangite (EGPA) è una vasculite che colpisce vasi di piccole/medie dimensioni e più organi. Il coinvolgimento cardiaco sintomatico può variare da palpitazioni e dolore toracico a insufficienza cardiaca fulminante e morte. La conoscenza di questa entità e la diagnosi precoce possono ridurre la mortalità e preservare la funzione cardiaca.
Descrizione del caso clinico: Donna di 50 anni, affetta da asma bronchiale e rinite allergica, presenta dolore toracico con marcatori cardiaci elevati (troponina pari a 5870 ng/L) senza segni di ischemia acuta (ECG, ecocardiogramma e coronarografia TC normali). Si associa ipereosinofilia periferica (eosinofili pari a 7000/mmc). Non segnalati prurito, febbre, lesioni cutanee, calo ponderale o alterazioni dell'alvo. Negativi screening infettivo e autoanticorpale. Alla TC torace addensamenti polmonari bilaterali a vetro smerigliato. Alla RMN cardiaca microaree focali di LGE intramiocardico al SIV e alla parete laterale VS (pattern miocarditico). Iniziava terapia steroidea (metilprednisolone 1 mg/kg/die) per 3 giorni con rapida normalizzazione degli esami e riduzione degli infiltrati polmonari.
Conclusioni: EGPA è classificata come vasculite ANCA associata, sebbene ANCA sia rilevato solo in circa il 40% dei casi. La negatività ANCA è associata a tassi più elevati di coinvolgimento polmonare e cardiovascolare. EGPA con coinvolgimento miocardico deve essere presa in considerazione nei pazienti con dolore toracico ed eosinofilia periferica, in particolare se vi è una storia di asma o neuropatia periferica.

The role of high-resolution troponin in the risk assessment of sepsis and of septic shock: an update from the SOFA-T group

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Elderly patients affected by suspected infection and declining clinical conditions can be admitted to stepdown units, a risk stratification is necessary to optimize their management. We already assessed the role of adding troponin (TnI) to the SOFA score. With this paper,we evaluated the prognostic accuracy of SOFA-T adopting hs-TnI at the admission. We considered a cohort of elderly patients admitted to the stepdown beds of an Internal Medicine department (INRCA-IRCCS Osimo, Ancona). We assessed patients aged >65 years admitted in a 24-months timeframe were retrospectively assessed obtaining age, sex, days of admission,in-hospital death,SOFA, and hsTnI (cutoff was the upper 99th percentile). We obtained 203 patients (age:83,611,3 years, males: 53,2%). Adding hsTnI to SOFA significantly increased the accuracy(AUC SOFA:0.670; 95%CI:0.594-0.745; AUC SOFA-hsT:0.707; 95% CI:0.634-0.779; p=0.0001), with a slight improvement of the prognostic performance that was not significantly increased when compared with patients assessed with SOFA-T adopting a non-hsTnI (p>0.05).Treating SOFA and SOFA-T in quartiles,we observed that a one-quartile increase in SOFA score was associated to an increase of the odds ratio (OR:1.395; 95%CI:1.141-1.706; p<0.001) that was lower than the risk increase observed with a one-quartile increase in SOFA-T (OR:1.622; 95%CI:1.302-2.020; p<0.001). In elderly patients admitted to SDU for suspected infection, sepsis or septic shock, SOFA-T is useful in predicting in-hospital death and is more accurate than SOFA score independently of the TnI kit adopted.

Admission heart rate variability and in-hospital death in a cohort of elderly patients admitted for sepsis and septic shock

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An alteration of heart-rate variability (HRV) is a marker of autonomic dysfunction that has been associated to worse outcomes in several critical illnesses, such as in sepsis and septic shock. However, data on this topic do not consider elderly patients, who often show several pre-existing causes of autonomic dysfunction. With this work we aimed to assess whether HRV was associated to worse outcomes in sepsis or septic shock in a cohort of older or oldest-old patients. In the timeframe 01/01/2021-01/01/2023 we retrospectively enrolled all the patients admitted to an Internal Medicine Department (INRCA, Osimo) for sepsis or septic shock. In each subject, we assessed age, sex, days of admission, SOFA score, in-hospital death and HRV. HRV was calculated in the admission ECG adopting the SDNN method and treated as a binary variable. We obtained a cohort of 203 patients (age:83,611,3 years, males:53,2%). HRV alteration was present in 129 subjects, and it was associated with in-hospital death in 71 (71,7% of patients undergoing to in-hospital death) patients (p=0,018, chi-squared test). Presence of a HRV alteration was associated to an increased risk of in-hospital death in a Cox Regression model considering days of hospitalization, in-hospital death, HRV (HR:1.568; 95%CI:1,011-2,431; p=0,045) and SOFA score (HR:1,126; 95%CI:1,048-1,210; p<0,001). HRV should be considered as an additive risk factor for in-hospital death also among elderly patients admitted for sepsis or septic shock.

A case report of pancreatic endometrial cyst

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Background: Endometriosis is a mild disease, that occurs when endometrial cells are present outside the uterus usually in the pelvic organ. It affects up to 10% of women of reproductive age, and 20-25% of cases are asymptomatic. The most common extragenital localizations of endometriosis occur in the intestinal and urinary tract. In addition, extragenital endometrial cysts have been described in a wide variety of organs including the liver, brain, and lungs.
Case presentation: A 20-year-old woman was admitted to the Internal Medicine Department for a sever epigastric pain radiating to her back with anorexia. Her medical history was positive for occasional abdominal pain and dysmenorrhea while was negative for hepato-biliary disease, alcoholism, previous

surgery and weight loss. Laboratory results showed a severe increase of amylase and lipase while inflammatory indices and ca19-9 marker were unremarkable. Magnetic resonance imaging/ Magnetic resonance cholangiopancreatography (MRCP) demonstrated a 5.7x4.9 cm-sized cystic lesion of the head-uncinate process of the pancreas without main pancreatic duct dilation. The patient underwent robotic pancreas cyst resection, histopathology revealed an endometriotic cyst.
Conclusions: Pancreatic endometriosis is a rare disorder that should be included in the differential diagnosis of pancreatic masses, particularly in patients with cyclical pain, dysmenorrhea, and a history of endometriosis or pelvic surgery. Further clinical and experimental studies are necessary to investigate the pathogenesis of pancreatic endometriosis.

Rezafungin treatment of candidemia and invasive candidiasis: outcomes stratified by baseline renal function. Analysis of the phase 2 + phase 3 trials

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Background and Aim: Rezafungin (RZF) once weekly (QWk) is a next-generation echinocandin in development for treatment of candidemia and invasive candidiasis (IC) and prevention of invasive fungal disease caused by Candida, Aspergillus, and Pneumocystis spp. in BMT. RZF QWk was compared to caspofungin (CAS) QD in two double-blind, randomized, controlled trials of treatment of candidemia and/or IC: STRIVE (Phase 2) and ReSTORE. Trial data (Phase 2+Phase 3) were analyzed to evaluate outcomes stratified by renal function at baseline: CrCl ≥60 mL/min (normal/mild impairment [Norm/Mild]) and <60 mL/min (moderate/severe impairment [Mod/Sev]).
Methods: Outcomes were evaluated for differences between CrCl categories and between treatment groups: RZF QWk 400mg on Wk 1 then 200 mg *vs* CAS QD 70 mg on Day (D)1 then 50mg, for ≥14 days (≤4 Wks) w/optional oral fluconazole stepdown for CAS.
Results:
- D30 all-cause mortality (ACM)
  - Mod/Sev: RZF, 13% (7/54); CAS, 30.5% (18/59)
  - Norm/Mild: RZF, 22.7% (17/75); CAS, 10.8% (9/83)
- Mycological eradication (ME) at D5
  - Mod/Sev: RZF, 75.9% (41/54); CAS, 61.0% (36/59)
  - Norm/Mild: RZF, 74.7% (56/75); CAS, 66.3% (55/83)
- ME at D14
  - Mod/Sev: RZF, 75.9% (41/54); CAS, 57.6% (34/59)
  - Norm/Mild: RZF, 69.3% (52/75); CAS, 74.7% (62/83)
- ≥1 treatment-emergent AE
  - Mod/Sev: RZF, 93.2% (55/59); CAS, 88.9% (56/63)
  - Norm/Mild: RZF, 88.9% (72/81); CAS, 76.7% (69/90)

Conclusions: RZF efficacy was comparable across CrCl categories, with higher ME and lower D30 ACM in Mod/Sev group. Further analyses are needed to evaluate the observed differences between treatment groups.

Usefulness of contrast-enhanced ultrasound in medium-size-artery vasculitides. A case report

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Background: Splenic involvement of vasculitis can be life trethining: a sensitive real time diagnostic method can be of great help. Actually the applications of CEUS in the arterial system are detection/follow-up of carotid plaques and endoleaks. Applications in Takayasu disease are described.
Case Report: A 51 year old man presented arthromyalgias, fever. Tests show biological inflammatory syndrome, alteration of liver tests. History: diabetes mellitus II, exposure to HBV, years ago hospitalization for fever, when Positron Emission Tomography was positive for lymphadenomegaly (SUV 4.92) in the interaortocaval area, spontaneous defervescence occurred. Autoimmunity was negative. One year later, on suspicion of vasculitis (fever, orchiodynia, previous HBV) he started and suspended steroid. Ultrasonography showed splenomegaly with hypoechoic areas, with poor wash-in in arterial phase of CEUS, absent in venous phase. Abdominal tomography (CT) showed two retroperitoneal lymphnode. Magnetic resonance confirmed splenic areas with modest postcontrastographic impregnation. Bone marrow biopsy was negative, electromyography positive for peripheral polyneuropathy. Subsequently, cutaneous nodules appeared, biopsy resulted compatible with Panarteritis nodosa. The patient started steroid and methorexate. Three month later, CEUS showed minors poor wash-in areas of spleeen and he was asymptomatic.
Conclusions: In our case CEUS was more sensitive than CT in detecting areas of splenic hypoflow and of great help for follow-up. The implementation of CEUS in medium-size-artery vasculitis may open new horizons

Gruppo aziendale transizioni in APSS

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Premesse e Scopo dello studio: Nel 2022 APSS ha costituito il gruppo aziendale trasizioni (GAT), un gruppo di lavoro transmurale che coinvolge professionisti ospedalieri e territoriali, con mandato di strutturare una nuova modalità di gestione delle transizioni e di monitorarne gli esiti;
Materiali e Metodi: Una scheda di segnalazione unica e informatizzata incentrata su dati utili per individuare il setting di dimissione è stata implementata in tutte le UU.OO per la richiesta di transizione verso i setting per post acuti (Cure Intermedie, Lungodegenze, Hospice, strutture Covid+). Un gruppo di infermieri esperti, individuati i bisogni clinico/assistenziali di paziente e famiglia e la traiettoria di cura (in condivisione con equipe di riferimento), coordina l'inserimento dei pazienti nelle varie strutture;
Risultati: Nei primi 5 mesi di attività sono state gestite 1012 segnalazioni di dimissione verso strutture per post acuti. 582(57.5%) sono esitate in un trasferimento: 43% in lungodegenza, 26% in Cure Intermedie, 22% in strutture Covid+, 9% in Hospice. Altri indicatori monitorati: tempo medio di attesa dalla data di dimissione prevista dal reparto all'ingresso in struttura, motivazioni del mancato trasferimento, degenza media nelle varie strutture e relativa modalità di dimissione;
Conclusioni: L'istituzione di una cabina di regia sulle transizioni ha consolidato il dialogo ospedale e territorio, aumentato l'appropriatezza delle transizioni, tenendo conto delle necessità di pazienti e famiglia e della mission delle strutture per post acuti. Prossimi sviluppi: coinvolgere nel progetto i Pronto Soccorsi.

A multidisciplinary approach to NAFLD: an outpatient care paradigm incorporating Internal Medicine, endocrinology, hepatology and clinical nutrition expertise

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Background: Metabolic syndrome (MS) includes disorders derived from insulin resistance, such as hyperglycemia and diabetes mellitus (DM), obesity, non-alcoholic fatty liver disease (NAFLD), and dyslipidemia. Patients with MS are at risk of developing major liver-related clinical events, and thus require integrated care from different fields of expertise.
Methods: At our Institution, we launched a multidisciplinary outpatient pathway to ensure optimal retention of patients with features of MS, and for identification of NAFLD patients at high risk of non-alcoholic steatohepatitis (NASH) and liver fibrosis.
Results: Patients with features of MS are referred to the Internal Medicine and Endocrinology outpatient clinics for first-level screening including complete blood count, renal function, serum glucose and glycated haemoglobin, liver function tests, serum lipids, and liver ultrasound. Those with steatosis are further stratified for liver fibrosis risk using non-invasive tests; if indeterminate or high-risk they are referred to the Hepatologist for disease staging and surveillance. Patients with diabetes mellitus continue Endocrinology follow-up for dietary counselling and anti-diabetic pharmacotherapy. The Clinical Nutritionist is responsible for personalized diet planning and education.
Conclusions: The goal of our multi-specialty team is to create a seamless and efficient network to reduce long-term vascular and liver-related complications in NAFLD patients. We believe that sharing expertise across the spectrum of MS-associated diseases will improve patient outcomes.

Diagnosis of primary hyperaldosteronism: what to do when adrenal venous sampling does not give lateralization?

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Introduction: Resistant hypertension (RH) is defined as a blood pressure (BP) that remains above goal (<140/90 mmHg) despite use of three antihypertensive agents of different classes taken at maximally tolerated doses, one of which should be a diuretic. We report a case of RH (BP 160/94 mmHg) of a 64-year-old woman despite anti-hypertensive treatment with ramipril/hydrochlorothiazide 5/25 mg, atenolol 50 mg, ramipril 5 mg,lacidipine 4 mg. She reported mild hypokalaemia (3.3 mmol/L).
Case Report: Clinical history revealed dyslipidemia, parathyroid nodules in follow-up and HT from 10 years.After wash-out of anti-hypertensive drugs, we documented high aldosterone plasma levels (1166 pg/mL) and low renin level (1.6 microu/mL) with an ARR of 729. The saline infusion test confirmed the hyper-aldosteronism and a CT scan revealed a left adrenal neoformation of 17 x 15 mm in size. She underwent adrenal venous sampling (AVS) which did not show lateralization. Anti-hypertensive therapy with spironolactone, eplerenone, canrenone and amiloride was stopped due to diarrhoea. A 131I-norcholesterol adrenal scintigraphy with dexamethasone suppression showed uptake only in the left adrenal gland. The patient underwent a video-laparoscopic left adrenalectomy and the histological examination revealed an adrenal cortical adenoma. At the discharged she takes valsartan 80 mg/daily, verapamil 40 mg twice/day; serum potassium normalized and BP was controlled.
Conclusions: In the diagnostic work-up, 131I-norcholesterol adrenal scintigraphy can be useful when AVS does not show lateralization.

Assessment of prevalence of malnutrition in elderly patients in an Internal Medicine ward

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Background and Aim of the study: Malnutrition has high prevalence in elderly patient hospitalized and causes increased mortality, morbidity, functional decline and health care expenditure. Many pathological conditions, including dysphagia, affect the nutritional status of the elderly frail subject who often presents sarcopenia. Our aim is to evaluate prevalence of malnutrition in our Internal Medicine ward.
Materials and Methods: We evaluated 50 subjects >65 y (mean age 80 y, 31M 19F) hospitalized in our ward performing a screening for dysphagia (bolus water test) and a nutritional status assessment using blood tests (CBC, Creatinine, BUN, total serum proteins, albumin, lipid panel, vit D) and the BAPEN MUST Malnutrition Universal Screening Tool, (evaluation of BMI, weight loss score and acute illness effect score).
Results: 33/50 (66%) patients had a MUST score >2 (high risk of malnutrition); the mean BMI of the patients was 23 (M) and 21 (F) and was <18,4 in 16% of cases; serum albumin level was <3,5 g/dL in 79% of patients.
Conclusions: There is a high prevalence of malnutrition in the elderly admitted in our Internal Medicine ward, often polimorbid and frail. Awareness of the importance of nutritional status is essential for improving the care of hospitalized patients, reducing complications and saving costs.

A late double diagnosis: hypoparathyroidism and Fahr's syndrome

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Background: Fahr's syndrome and Fahr's disease are clinical entities of different etiology, the first caused by a genetic disorder, the latter by underlying diseases (endocrinopathies, vasculitis, infections). Hallmark of these disorders is abnormal calcium deposition in the brain, particularly in the basal nuclei, cerebellar region, and white matter, with subsequent atrophy, leading to neurological and psychiatric sequelae.
Case Report: We describe the case of 84 years-old female patient, hospitalized for worsening dysphagia, mild cognitive impairment and extrapyramidal symptoms.
The clinical history showed a remote subtotal thyroidectomy in replacement therapy with L-Thyroxine 100 cg and arterial hypertension in treatment with ramipril 10 mg.
A blood test sample showed normal CBC and CRP, creatinine 1,4 mg/dL, total Ca++ 4,7 mg/dL (pH 7,39, ionized Ca++0,94), Phosphate 5,0 mg/dL, albumin 2,75 g/dL, TSH 0.41UI/mL, fT4 1,36 ng/dL, PTH 4 pg/dL, 25-OH vit D 7 ng/mL. A cerebral CT-scan was performed with findings of symmetric extensive calcifications of basal ganglia and thalamus, subcortical white matter and cerebellum.
Therapy with parenteral calcium, vitamin D and teriparatide was started, with improvement of the calcium values; an enterostomy tube was placed due to severe dysphagia.
Conclusions: Although rare, Fahr's syndrome should be suspected in patients with hypoparathyroidism, worsening neurological symptoms and symmetrical abnormal calcifications of basal ganglia. Hypoparathyroidism should be sus-

pected and promptly treated in patients who underwent to thyroidectomy.

Acquired factor V inhibitor after SARS-CoV-2 disease. Case report

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Background: Infections, drugs, surgical procedures, blood transfusions, solid and hematological cancers, and autoimmune disorders are associated with the risk of developing acquired FV inhibitors
Case Report presentation: A 68-year-old Caucasian woman presented to the Emergency Department because of recurrent episodes of bowel bleeding from 2 week, and bleeding from the sites of venous sampling. Coagulation tests showed that the platelet count was normal: prolonged prothrombin time (PT): 45.5 seconds, international normalized ratio: 4.03, and activated partial thromboplastin time (aPTT): 165 seconds, aPTT ratio: 5.4. Coagulation factor II (FII), factor X (FX), factor VIII (FVIII), and fibrinogen were normal. The FV activity was 0.2% (range of normality 60–120%). The PT, aPTT, and one-stage coagulation factors assays were performed using an ACL TOP 550 coagulometer, and factor V was determined using a onestage PT-based assay, and factor V-deficient substrate plasma. Anti-cardiolipin antibodies were negative. Mixing test of patient's plasma with normal pooled plasma revealed the existence of an FV inhibitor, with an activity level of 4.0 Bethesda unit/mL. Three weeks before, the patient had been treated for coronavirus disease 2019 (COVID-19) at home, with steroids (dexamethasone 6 mg daily for 5 days), enoxaparin 4,000 IU daily, and oxygen.
Conclusions: The Authors presented a case report with acquired factor V inhibitor after SARS-CoV-2 disease

Ormond's disease due to IgG4-related disease

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Introduction: Ormond's disease is a rare disease with unclear etiology, characterized by chronic periaortitis and retroperitoneal fibrosis.
Case Report: A 52-year-old man was referred to emergency department for abdominal pain predominantly in the right lower quadrant. An abdomen CT scan was performed it showed solid tissue that surrounds the right ureter and abdominal aorta with consequent monolateral hydronephrosis. Laboratory tests showed normal ESR, CRP, C3, C4, ANA and ENA screening, serodiagnoses of Widal and Weil Felix, moreover urine and blood cultures were negative. IgG4 dosage was then requested, which resulted elevated (205 mg/dL). Steroid therapy was started with resolution of clincal sign and progressive reduction of the tissue surrounding abdominal aorta and ureter.
Conclusions: IgG4 related disease should be considered in case of suspected aortitis or retroperitoneal fibrosis. High-dose steroids is the treatment of choice. Although most patients initially respond to steroids, up to 33% have a relapse of the disease. Steroid sparing therapy with rituximab is recommended in maintaining remission.

COVID-19 can be helpful for a diagnosis

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Introduction: Hyponatremia can be asymptomatic or associated with severe symptoms. Etiology identification is essential to provide the correct treatment.
Clinical case: A 31 year-old male presented to the Emergency Department for asthenia and confusion. He reported hoarseness and fever in the last 2 days. SARS-CoV-2 antigenic test was positive. Physical examination was normal. Laboratory tests showed severe hyponatremia (Na 120 mmol/L). After admission in Covid Unit, hyponatremia persisted despite the administration of hypertonic solution. Blood tests revealed hyperprolactinemia and low levels of adenohypophysis hormones. The patient was treated with steroids with rapid clinical improvement and normalization of sodium levels. Patient then revealed sexual disfunction and visual impairments in the last months. The sellar magnetic resonance imaging (MRI) showed a solid sellar lesion extended in suprasellar region (33x34x47 mm) consistent with pituitary adenoma. Campimetry confirmed the visual defect. Surgery was not indicated. The patient was treated with carbegoline. Levothyroxine was started. After 20 days from discharge patient reported wellness. Electrolytes, TSH and fT4 were in range and prolactin levels were diminished. After 2 months the campimetry was normalized. At the MRI performed in October the lesion was reduced.
Conclusions: Hypophysis adenomas can be asymptomatic or associated with symptoms of endocrine deficiencies or due to local compression. Although COVID-19 has often been a cause of diagnostic delay, in our case it helps in provide the correct.

Intossicazioni e ricovero: uno studio retrospettivo

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Premesse e Scopo dello studio: Lo sviluppo di complicanze severe può rendere necessario il ricovero del Paziente intossicato. Scopo del presente lavoro è quantificare retrospettivamente la necessità di ricovero sia medico che intensivo dei Pazienti intossicati afferiti al Pronto Soccorso del S. Orsola di Bologna.
Materiali e Metodi: Sono stati inclusi nello studio i Pazienti giunti per intossicazione nel biennio 2018-2019.
Risultati: Tra i 637 Pazienti inclusi nel 43% dei casi si è reso necessario un ricovero. In particolare, nel 38% dei casi il ricovero è stato condotto in regime di Osservazione Breve Intensiva, nel 15,6% in un reparto psichiatrico, nel 9.5% in ambiente medico e ben nel 36.8% in ambiente intensivo.
Tra questi ultimi (60% donne/40% uomini) il 94% erano intossicazioni volontarie, nell'84% dei casi dovute ad assunzione extraterapeutica di farmaci (61% poliassunzione/39% una monoassunzione). Le intossicazioni più frequenti sono state l'ingestione di sedativo-ipnotici (31%), di antidepressivi-antipsicotici (31%) e di sostanze d'abuso (8%).
Conclusioni: Con i limiti di uno studio retrospettivo questa casistica documenta come in una percentuale rilevante dei casi il Paziente intossicato ha necessità di un ricovero che spesso avviene in un ambiente intensivo. Il sopraggiungere di problematiche respiratorie, cardiocircolatorie, renali o multiorgano e la necessità di un monitoraggio continuo rendono questi Pazienti particolarmente delicati dal punto di vista clinico e bisognosi di un trattamento specialistico spesso multidisciplinare.

Alcoholic cardiomyopathy: a retrospective analysis

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Alcoholic cardiomyopathy (ACM) occurs in approximately 2-5% of patients with alcohol use disorder (AUD), accounting for 33% of all cases of non-ischaemic cardiomyopathy (CM). When Detected and treated, ACM is reversible, in contrast to ischaemic CM. No Italian prevalence data is currently available. The aim of the study is to characterise the disease and describe its evolution in order to guide clinicians' choices. We evaluated the 1981 patients with AUD treated by Alcohol Departement of "Azienda Ospedaliera di Padova" from 1999 to 2022, analysing the presentation, comorbidities, cardiovascular risk factors, echocardiographic data, organ damage and follow up. 53 patients (2.7% of the total) were diagnosed with ACM, 11 of which were subsequently excluded from the present study due to lack of data. Within the sample of the 42 patients evaluated (M/F 40/2), the average age was 59 years. Pure ACM was diagnosed in 69% of the cases, while in 19% of the cases there was also a hypertensive heart disease, and in 16.7% of the cases ischemic CM. All patients had at least one cardiovascular comorbidity. Only 7% of the patients had liver cirrhosis. On echocardiogram the mean LVEF was 32.7% (15-56%) with LFVTD 104.6 ml/m2(60-209). 38% of patients presented atrial fibrillation. The two-year follow-up data will also be analyzed by comparing the different clinical history in relation to the initial therapeutic choices. If correctly diagnosed, ACM can be reversible and have a good prognosis, avoiding the use of expensive cardiac defibrillators (ICD).

Kounis syndrome during anaphylaxis: a case report

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Introduction: Kounis syndrome (KS) is defined as acute coronary syndrome caused by an allergic reaction or a immune reaction to a drug or others substance. It is observed from pediatric patients to the elderly. We describe a case in young female during anaphylaxis associated to the intramuscular administration of ceftriaxone.
Case Report: A 20year-old woman with chest pain, mild dyspnea, itching, urticaria on the trunk, strong fear and anxiety came at the DEA. She reported administration of ceftriaxone from a one hour. She reported no medical and allergy history. At the entrance the patient was lucid, oriented and cooperative. The B.P was 130/75 with pulse 96 bpm, apyretic, SpO2 88% on A.A. The electrocardiogram showed: sinus rhythm and inverted T Wave in inferolateral leads. The echocardiography showed hypokinesis in the inferolateral wall. The evaluation of troponin detected a typical ischemic curve. She was submitted to therapy based on dexamethasone, fluid therapy, antihistamines, morphine, enoxaparin. After 36 hours, she showed all vital parameters, including ECG and echocardiography, were normal.
Conclusions: Three types of KS have been described. Type 1 includes patient with normal coronary arteries without predisposing factors. Type II includes patients with culprit but inactive preexisting atheromatous disease. Type III includes coronary artery thrombosis. This our case can represent a manifestation of endothelial dysfunction. The peculiarity of this case-report is given by the early age. This suggests that others processes related to KS have not yet been identified.

Predictors of myocardial injury after non-cardiac surgery

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Background: The growing number of old frail patients undergoing surgery represents a challenge for postoperative management. Myocardial injury after non-cardiac surgery (MINS), defined as myocardial injury diagnosed by high-sensitivity cardiac troponin (hs-cTnT) increase in the absence of signs and symptoms of ischaemia, is associated with substantial morbidity. This single-center, prospective, blinded trial (NCT03375476) aimed to assess predictors of MINS by a multivariate model.
Methods: Patients scheduled for vascular surgery underwent hs-cTnT daily testing since just before surgery until the third postoperative day. Demographic characteristics, preoperative cardiovascular risk scores, intraoperative haemodynamics and surgical stress (assessed by the Surgical Plethysmographic Index [SPI, GE Healthcare, Finland]) were considered.
Results: 14/103 patients (13%) had MINS. Multivariate logistic regression showed that only age (OR 1.127 [95%CI 1.019 to 1.272], p=0.032), systolic arterial pressure at baseline (OR 1.027 [95%CI 1.005 to 1.053], p=0.022), and volume of crystalloids infused (OR 1.072 [95%CI 1.022 to 1.134], p=0.007) were independently associated to MINS, while no association was found with preoperative risk scores and SPI. Patients with MINS had higher probability of remaining in hospital after surgery (Log-rank Mantel-Cox test p=0.0481).
Conclusions: Preoperative risk scores and SPI alone failed to identify patients at risk of MINS, while accurate antihypertensive therapy and cautious fluid management are among potential modifiable factors affecting MINS.

A rare case of skull base chordoma

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Vision disturbance associated with the finding of a visual field deficit can lead to suspect a pituitary saddle disease; the most frequent lesions affect the pituitary gland, but erosions of adjacent bone structures leads to the evaluation of other types of tumors of skull base. A 38-year-old man accessed the ED for exacerbation and resistance to therapy of visual disturbances and headache lasting from some months. Ophthalmological and visual field evaluation revealed an bilateral quadrantopsia, for which he was subjected to brain CT scan with finding of expansive lesion at the turcica saddle with chiasm imprint and wide erosion of the clivus with partial bilateral involvement of both the sphenoid and cavernous sinuses. The dosage of pituitary hormones (prolactin, ACTH, GH, TSH, FSH and LH) was not decisive. CT staging was negative for extracranial localizations. The patient was sent to the specialized neurosurgical center and underwent a transnasosphenoidal partial removal of the lesion resulting at histological examination a chordoma. Chordoma of the skull base (0.1% of all brain tumors) is a rare sarcoma of juvenile age originated from remnants of the notochord. The symptoms depend on the location and the state of growth. The bony onset is more frequent starting from the sacral spine, but the onset from the cervical spine and clivus is also described more rarely. Differential diagnosis with highly aggressive pituitary adenomas is difficult and requires the involvement of different specialties.

Latest COVID-19 wave: taylored therapy in hospitalized elderly pluripathological patients

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Over the last 3 years the covid 19 infection has evolved by contagiousness and virulence of the SARS-CoV-2 virus; conversely, the typology of patients admitted to Internal Medicine departments has also evolved in terms of age advancement and multi-pathology. The ongoing COVID-19 pandemic is correlated with assesment of comorbidities that can help risk stratification at hospital admission. The Charlson Comorbidity Index (CCI) is a simple and validated method of predictor of mortality and consumption of hospital resources and a value greater than 5 seems to correlate with a higher risk. From August to December 2022 we hospitalized and treated in our Covid medicine 53 patients, 26 women, over the age of 65 (24 over 80 years), with a CCI greater than 5, home pluritreated. All were treated with EBPM and dexamethasone if respiratory failure. After excluding renal or hepatic contraindications, we treated 12 patients with the early remdesivir regimen, considering the risk factors; 41 with virus-related disease with remdesivir at 5 days. In 7 patients without further contraindications, we added baricitinib for progressive and rapid respiratory failure not present at the entrance. Treatment has never been suspended to side effects or interaction with the multitherapy. During hospitalization 8 patients underwent NIV and 7 died; 46 were discharged. During the latest COVID-19 wave, treatment in elderly patients with a high CCI index proved to be safe and effective in terms of progression towards severe forms of respiratory insufficiency and reduction of hospital mortality.

ABSTRACTS

Vitamin D deficiency and incidence of pulmonary symptoms

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Background: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) causes a very wide range of disease severity: from completely asymptomatic to fatal, and the reasons for that are not well understood; however, there are some data that show vitamin D may have a protective effect.
Methods: To retrieve the vitamin D levels data, we analyzed the vitamin D of300 patients who have come to our observation through GPs' prescription for specialist consultancy on pneumology because of persistent respiratory symptoms.
Results: Severe vitamin D deficiency was defined as 25(OH)D less than 25 nmol/L (10 ng/dL). Over time, correlation strengthened, and the coefficient asymptotically increased. After adjusting for age population, structure and symptoms, multiple linear regression analysis showed that higher prevalence of severe vitamin D deficiency is associated with increased mortality or long covid syndrome.
Conclusions: It is recommendable universal screening for vitamin D deficiency, and further investigation of Vitamin D supplementation in randomized control studies, which may lead to possible treatment or prevention of COVID-19.

Physical treatment as an alternative in treating irritable bowel syndrome

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Background: Irritable bowel syndrome (IBS) is defined as abdominal pain and discomfort with altered bowel habits in the absence of any other physiological explanation for the symptoms. IBC is more likely to affect women than men and is most common in patients 30 to 50 years of age. Symptoms are improved equally by diets supplemented with fiber or hydrolyzed guar gum, but more patients prefer hydrolyzed guar gum. Antispasmodic agents may be used as needed, but anticholinergic and other side effects limit their use in some patients. Loperamide is an option for treatment of moderately severe diarrhea. Antidepressants have been shown to relieve pain and may be effective in low doses.
Methods: The sample of 50 patients examined underwent an oral interview to evaluate the inclusion and exclusion criteria to participate in the study. Of the 50 patients questioned, 17 people who underwent different osteopathic techniques were eligible for the study.
Results: Comparing the data related to the first assessment of tenderness and frequency of symptoms with the data related to the first follow up shows a significant improvement in the score assigned to the different questions; especially in the neurogenic and visceral groups.
Conclusions: We are aware of the fact that it is a study performed on a small sample of patients and this is a penalizing factor. We remain, however, convinced that having obtained good results in terms of subjective improvement in the quality of life of the subjects it would be very interesting to repropose the study on a larger sample and filling the gaps.

Cerebral involment in Escherichia coli endocarditis

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Female 71 ys was admitted to our department with fever, dizziness, confusion and dysarthria. Comorbidity were diabetes complicated by vasculopathy and CAD (previous myocardial infarction). History reported a previous ocular infection several months before. Before admission the patient showed since several days vomiting episodes and diarrhea not responsive to therapies. At same time she showed mental confusion. In emergency room we observed fever, hyperglicemia and hyponatremia with metabolic alcalosis. Cerebral Scan not showed acute pathologies. Taking account of cerebral involvment she was submitted to EEG and cerebral RM that showed several multiple bilateral hyperintense focal lesions. On the basis of these findings we supposed septic embolization and so we performed Echocardiography that showed a vegetation on mitral valve determining several mitral regurgitation due to dysfunction. Blood culture showed septicemia caused by E coli. After cardiosurgery consultations we continued antiobiotic therapy. We observed a significative improvement of neurological symptoms according to reduction of flogosis index and other parameters related to infection. Few data are available about E. coli endocarditis, related to age, diabetes or with Prosthetic valves, and E. coli urinary tract infection. Patients was transferred to Cardiosurgery center for surgical therapy.

Takotsubo cardiomyopathy associated with SARS-CoV-2 pneumonia: a case report

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Background: Takotsubo cardiomyopathy (TTS) is cause of heart attack without coronary obstruction; it is a transient systolic dysfunction of the left ventricle associated with

emotional or physical stress. We describe the case of a woman with COVID-19 pneumonia and TTS.
Case presentation: A 79-yrs-old woman with diabetes, rheumatoid arthritis and lymphoma, came to Emergency Department for dyspnea and fever. ECG showed atrial fibrillation. Blood tests showed lymphocytopenia and fibrinogen rise. On chest x-ray presence of diffuse ground glass thickening. A Sars-Cov-2 buffer was positive. During the stay dyspnea got worse. ECG showed appearance of ST elevation in V2-V4. On echocardiogram presence of apical ballooning and reduced ejection fraction (EF 44%); troponin levels were high (450 pg/ml). We performed coronary angiography that revealed coronaries without stenosis. We started Bisoprolol and we enhanced diuretic therapy. The patient had clinical improvement, normalization of the ST-T segment and of echocardiogram: no acinesia and resumption of systolic function (FE 60%).
Conclusions: The correlation between SARS COV2 infection and cardiovascular diseases is the subject of many studies. There are case reports of TTS associated with COVID-19. Hypoxia and systemic inflammation resulting in adrenergic activation could be the triggers for TTS. In positive patient with dyspnea TTS should therefore be considered in the differential diagnosis.

An unusual case of ascites

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Background : Meigs' syndrome is defined by the presence of a benign ovarian tumor, ascites, and pleural effusion. Pericardial effusion is also been reported. About 1% of ovarian tumors can present as Meigs syndrome. The following criteria are to be met for the diagnosis: 1: presence of the benign tumor of the ovary (fibroma, thecoma, granulosa cell tumor or Brenner tumor); 2: ascites 3: pleural effusion 4: resolution of ascites and pleural effusion after removal of the tumor.
Case presentation: A 63 year-old women was admitted to emergency department for increasing of abdominal distension and lower limbs edemas. Abdominal ultrasound showed massive ascites, confirmed by total body CT scan which also revealed pleural and pericardial effusion and an adnexal mass of 10 cm. Paracentesis and thoracentesis were performed; peritoneal and pleural fluid cytology were negative for malignancy. CA125 was increased (2716 U/mL). Since the presence of adnexal mass, the patient was evaluated by Gynecologists and underwent bilateral adnexectomy, hysterectomy and omentum biopsy. Pathology was compatible with ovarian fibroma, widespread cysts, foci of endometriosis with vascular congestion and chronic inflammation in omental tissue. The post-surgical ultrasound examination performed few weeks apart, revealed absense of both pleural and abdominal effusion, therefore Meigs syndrome diagnosis was made.
Conclusions: Although malignancy are likely in front of an ovarian tumor associated with ascites and pleural effusion, a benign process such as Meigs syndrome may be suspected.

A dual view for an unique diplopia

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Burkitt lymphoma is a rare and fast-growing B-cell non-Hodgkin lymphoma. It has an abdominal presentation, with renal and bone marrow involvement. The involvement of the CNS is observed in about 10% of cases and the neoplastic cells have a specific neurotrophic attitude; multiple cranial nerves involvement is described; isolated and unilateral involvement of the sixth cranial nerve is less common. A 56-year-old man, affected by hypercholesterolemia, presented with sudden unilateral diplopia at left side and left palpebral ptosis. During physical examination dysfunction of sixth cranial nerve with subtotal lateral rectus palsy was found. Collaterally, left axillary lymphadenopathy was evaluated. The TB-CT scan confirmed the presence of solid tissue with irregular margins in the axilla and highlighted the presence of solid lesions presenting with similar densitometric pattern, three involving the liver and one involving the right kidney, with moderate post-contrast enhancement. A brain CT and MRI both showed extra-axial ovalar formation into the left cavernous sinus, as due to meningioma. An excisional biopsy of the axillary lymph node showed the presence of medium and large size B cells and tingible body macrophages with a "starry sky" pattern as during Burkitt lymphoma. This reported case report represents a challenge for differential diagnosis: these described neurological signs and symptoms are really linked to the meningioma effects on the VI cranial nerve or instead are induced by leukemic VI cranial nerve infiltration (neurolymphomatosis) during Burkitt's lymphoma?

Neoplastic thrombotic microangiopathy: when the oncologic pathology meets the vascular one

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Background: Thrombotic microangiopathies are a group of disorders characterized by microangiopathic haemolytic anemia, low platelet count and microvascular thrombosis. They can be classified as congenital or acquired, included neoplastic ones.
Description of the Clinical case: A 55 yo female enters AOUC hospital for persistent cough and dyspea since a month, associated with hyporexia. Her clinical history is silent. Objective examination, EGA and ECG result normal, but an increase of pcr value is found at blood tests. A total body CT with contrast reveals diffuse peripheral micronodules with tree-in-bud vascular appearance and smooth thickening of interlobular septa. It also detects parietal thickening along the lesser curvature of the stomach, which is suggestive of a heteroplasic lesion. An EGDS with bioptic sampling is done and Ca 19.9 results over 29000. According to the thormbosis center and pneumologists of AOUC, the patient is treated with fondaparinux 2.5 mg/die. The patient is then discharged and dies 3 weeks later.
Conclusions: Neoplastic thrombotic microangiopathy is a rare variant of peripheral neoplastic thrombosis, particularly associated with gastric adenocarcinomas. This microembolization promotes fibromuscular and fibrocellular hyperplasia of the intima, platelet aggregation and activation of coagulation factors. This culminates in PAH. The typical radiologic pattern consists in diffuse tree-in-bud centrolobular nodules. Because of the lack of clinical studies, this is actually difficult to treat and its mortality is elevated.

Performance cognitiva nei pazienti anziani sottoposti a trattamento riabilitativo

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Premesse e Scopo dello studio: Numerosi studi hanno messo in evidenza come l'attivazione motoria non solo eserciti un effetto positivo sull'abilità fisica, ma sia anche correlata al mantenimento e miglioramento della funzione cognitiva. Tuttavia, ancor oggi in alcune realtà, il deteriora-

mento delle funzioni cognitive del paziente anziano ospedalizzato è vissuto come inevitabile. A tale proposito abbiamo voluto verificare se un programma di attivazione fisica avesse influenza sulle capacità cognitive dei pazienti ospedalizzati.
Materiali e Metodi: Di tutti i pazienti ricoverati presso il reparto di Lungodegenza Riabilitativa dal mese di febbraio 2022 al dicembre 2022 abbiamo selezionato 46 pz di età >70 anni. I pz venivano sottoposti a un programma di attività fisica individuale e a valutazione dello stato cognitivo con Mini Mental State Examination (MMSE) sia all'ingresso che alla dimissione (Degenza media 40 gg).
Risultati: Pazienti tot (numero): 46; sesso: 28F/18M; età media (anni) 74,4±3,5; MMSE (base): 21,60±6,93; MMSE (dimissione): 23,18±6,38.
Conclusioni: I dati dimostrano come nei nostri pazienti, ad un mantenimento e un incremento della performance fisica si accompagni il mantenimento della performance cognitiva. La nostra esperienza desidera sottolineare l'importanza dell'attività fisica anche nei reparti di degenza medica al fine di prevenire non solo la sindrome ipocinetica ma anche la compromissione delle funzioni cognitive.

Trattamento *off-label* di analogo somatostatinico in malattia di Rendu-Weber-Osler

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Premesse: La sindrome di Rendu Osler, meglio nota come teleangectasia emorragica ereditaria (HHT), è un disordine ereditario autosomico dominante caratterizzato dalla presenza di MAV polidistrettuali con predisposizione a sanguinamento e shunts vascolari. Le forme principali di sanguinamento sono l'emorragia digestiva e l'epistassi recidivante; sedi meno frequenti sono il fegato, il polmone e il SNC.
Descrizione caso clinico: Uomo di 79 anni con diagnosi nota di Rendu Weber Osler in periodico supporto trasfusionale e terapia marziale si recava in pronto soccorso per astenia, cardiopalmo e melena con riscontro di severa anemia sideropenica (Hb 55 g/L). Dopo trasfusioni di emazie concentrate, si eseguivano EGDS, colonscopia e, a completamento, enterocapsula con riscontro di molteplici angiodisplasie gastro-duodeno-digiunali. Per scarsa resa trasfusionale, inquadrato come HHT-severa, si procedeva a trattamento con APC in due sedute di enteroscopia e si introduceva terapia con analogo somatostatinico (Octreotide). Alla dimissione i valori di Hb erano 92 g/L e a un mese di controllo 90 g/L senza necessità di nuove trasfusioni o di supporto marziale. Il paziente proseguiva con le somministrazioni mensili di Octreotide.
Conclusioni: Il trattamento off-label con analogo della somatostatina ha finora garantito una stabilità clinica del paziente. Tuttavia, come anche suggerito dalle ultime linee guida, in caso di fallimento dell'attuale linea terapeutica, il paziente potrebbe giovare di una presa in carico multidisciplinare per introduzione di trattamento con anti-VEGF.

La sindrome respiratoria medio-orientale nel paziente psichiatrico

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Premesse: Presentiamo due casi di encefalite non virale con lesione reversibile dello splenio del corpo calloso. Entrambi i pazienti erano in terapia con farmaci psichiatrici presso il centro di salute mentale da diversi anni.
Descrizione del caso clinico: La prima paziente di 48 anni, giungeva in PS per stato soporoso con febbre elevata, ipertono ai quattro arti ed evidenza laboratoristica di rabdomiolisi e insufficienza renale. Veniva ricoverata con sospetto di sindrome neurolettica maligna. Sottoposta a rachicentesi, EEG e RMN encefalo mostrava un quadro clinicoradiologico suggestivo per encefalite con lesione reversibile del corpo calloso. Il secondo paziente di 20 anni si ricoverava per rallentamento ideomotorio, ipernatriemia e rabdomiolisi associate a picco febbrile. Anche in questo caso la RMN encefalo mostrava lesione del corpo calloso che appariva rigonfio in assenza di impregnazione postcontrastografica. Tale lesioni a distanza di dieci giorni non erano più osservabili con recupero pressochè totale delle funzioni cognitive e del quadro clinico.
Conclusioni: Nei pazienti psichiatrici, la diagnosi differenziale è fondamentale nella valutazione di ipertermia maligna, la sindrome da serotonina, la sindrome parkinsonismo-iperpiressia, la catatonia maligna idiopatica, le infezioni (sepsi, meningite, encefalite), le malattie autoimmuni (encefalite limbica con anticorpi anti-recettore NMDA, cerebrite da lupus), il delirium tremens, lo stato epilettico, l'intossicazione da salicilati, le endocrinopatie e la sindrome respiratoria medio-orientale.

COVID-19 as a trigger for dermatomyositis

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Background: Dermatomyositis (DM) is a systemic autoimmune disorder characterized by muscle involvement (symmetrical proximal muscle weakness with laboratory evidence of muscle damage), and cutaneous manifestations, including characteristic (heliotrope rash, Grotton papules) and less-specific manifestations. DM is often associated with cancer in the elderly. The onset can be triggered by environmental factors such as infections. Myopathy is a common primary symptom of Coronavirus disease (COVID-19), rarely complicated by rhabdomyolysis; cutaneous manifestations are heterogeneous.
Case Report: An 83-year-old man presented with worsening myalgia and proximal muscle asthenia, associated with a diffuse itchy erythematous rash. He had been recently hospitalized for COVID-19, symptomatic for mild respiratory failure, myopathy and erythematous rash. Electromyography and autoantibody panel confirmed the diagnosis of dermatomyositis, possibly triggered by the recent SARS-CoV-2 infection, with suspected paraneoplastic origin (due to anti-TIF1Œ≥autoantibodies positivity). Therefore, high-dose corticosteroids and intra-venous Ig were administered, resulting in clinical and laboratory improvement. CT and 18-FDG PET scan revealed suspected pulmonary neoplasm, for which percutaneous biopsy was performed. Histologic analysis showed undifferentiated carcinoma. A post-discharge oncology visit was scheduled for therapy planning.
Conclusions: COVID-19 represents a possible trigger for dermatomyositis, which may result in diagnostic delay due to overlapping symptomatology.

Aspergillosi broncopolmonare allergica

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Premesse: L'aspergillosi broncopolmonare allergica (ABPA) è una patologia immunomediata scatenata dalla colonizzazione delle vie aeree del Aspergillus fumigatus, in pazienti affetti da asma allergico o fibrosi cistica. Le più comuni manifestazioni prevedono un asma resistente alla terapia, transitori addensamenti polmonari e bronchectasie.
Descrizione del caso clinico: Donna di 46 anni, immunocompetente, con storia di asma allergico con bronchectasie

in trattamento. Ricoverata per tosse abbaiante e linfoadenomegalia cervicale, refrattarie ad antibioticoterapia. Riscontro di ipereosinofilia (1.87*10^9/L) e plurimi addensamenti polmonari bilaterali, sospetti per neoplasia; esclusa l'eziologia infettiva. Dati gli oncomarkers negativi, eseguita FBS con BAL con riscontro di tenaci plug mucinosi e isolamento di ife filamentose di Aspergillus fumigatus. Nel sospetto di ABPA eseguiti, quindi, prick test per Aspergiullus positivo così come IgE totali e specifiche. Rispettati i criteri diagnostici, si è intrapresa terapia steroidea con risoluzione clinica e radiologica del quadro.
Conclusioni: È plausibile che l'ABPA sia ampiamente sottostimata. La diagnosi richiede una condizione predisponete (asma allergico o FC) ed elevate IgE totali con alti livelli sferici IgE contro Aspergillus fumigatus o prick test positivo. L'appropriato trattamento potrebbe ritardare o addirittura prevenire l'insorgenza di bronchectasie in tali pazienti.

Progetto PRE.TE.SI (prescrizione terapia sicura)

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Premessa: Modello organizzativo della gestione del farmaco dalla prescrizione alla somministrazione. Gli errori in terapia non sempre sono eventi prevedibili ed evitabili.Per errori commessi dalla gestione del farmaco, muoiono tra 44.000 e 98.000 cittadini.
Scopo dello studio: Ridurre l'errore del percorso del farmaco: l'interpretazione della prescrizione, la trascrizione, la somministrazione di farmaci sospesi, la mancata identificazione del paziente, il tempo della somministrazione, omissione della somministrazione, la via di somministrazione, la somministrazione ripetuta, il dosaggio, la velocità di infusione errata. Il progetto si fonda sulla casistica di errore nel Reparto di Medicina Interna del P.O. Soveria Mannelli anno osservazione 2023/2024.
Materiali e Metodi: Utilizzo di un Software che, attraverso un tablet e un braccialetto di riconoscimento individuale del paziente con sistema NFC (Near Field Communication), può tracciare esattamente il percorso del farmaco. Il Medico prescrive la terapia attraverso lo strumento informatico e l'infermiere, con il sistema NFC, è in grado di verificare la procedura di somministrazione utilizzando la regola delle 7 G: giusto paziente, giusto farmaco, giusta dose, giusta via, giusto orario, giusta registrazione, giusto controllo.
Conclusioni: Nell'applicazione di questo modello, molti errori commessi in passato vengono ridotti in modo rilevante. Errori che sono legati alla carenza di informazioni e la verifica dei passaggi.

A suspected case of immune checkpoint inhibitors-related pancreatitis

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Background: Pancreatitis due to immune checkpoint inhibitors (ICIs) is a rare immune related adverse event (irAE) and is more frequently observed with combined immunotherapy.
Clinical case description: A 58-year-old man with lung adenocarcinoma was admitted to our hospital for onset of epigastric pain. One month earlier, combined immunotherapy with ICIs (nivolumab/ipilimumab) was started. Laboratory test showed leucocytosis, elevated GGT, ALP, ALT and lipases (1670 u/l). Ultrasound showed biliary sludge in the gallbladder and mild common bile duct distension with thickened walls. Pancreas' echostructure was normal. In addition, computed tomography showed a minimal suffusion of the adipose peripancreatic tissue. IV hydration, pain control, and bowel rest were given. Cholecystitis and cholangitis due to biliary microlithiasis with concomitant pancreatic injury were diagnosed. No surgical indication was placed so treatment with piperacillin/tazobactam was started, with clinical and laboratoristic improvement. Considering the recent ICIs administration, ICI-associated pancreatits was suspected and treated with 1mg/Kg iv corticosteroids. ICIs were stopped and during follow-up the patient didn't presented clinical relapse of disease.
Conclusions: Despite microlithiasis appears the most likely cause of pancreatitis, immune etiology can not rule out. So we treated our case as a grade 2 ICIs-related pancreatitis according to the NCCN guidelines. However, given the limited evidence, the real therapeutic benefit of high-dose corticosteroids remains debated.

Un caso clinico di linfoistiocitosi emofagocitica associata a leishmaniosi viscerale

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Premesse: La Linfoistiocitosi Emofagocitica (HLH) è una sindrome con alto tasso di letalità caratterizzata da un'eccessiva attivazione di macrofagi. Il trigger può essere neoplastico, autoimmune o infettivo. Riportiamo un caso di Linfoistiocitosi Emofagocitica associata a leishmaniosi viscerale (VL-HLH).
Descrizione del caso clinico: Un uomo di 75 anni, in terapia corticosteroidea cronica per polimialgia reumatica, accedeva in pronto soccorso per diarrea cronica e febbre elevata. Presentava un quadro clinico caratterizzato da splenomegalia, pancitopenia, iperferritinemia e ipertrigliceridemia, elementi che rispondevano ai criteri diagnostici HLH-2004. L'analisi PCR su sangue e su aspirato midollare rivelava la presenza di Leishmania spp. permettendo la diagnosi di leishmaniosi viscerale. Il trattamento con amfotericina B liposomiale e metilprednisolone è risultato efficace con risoluzione dei sintomi e delle alterazioni bioumorali.
Conclusioni: Spesso la VL-HLH non viene prontamente riconosciuta a causa dell'overlap dei quadri clinici. In caso di diagnosi di HLH, il sospetto clinico e lo screening eziologico giocano un ruolo fondamentale per guidare la strategia terapeutica.

Le cure basate sulla relazione: il *caring massage*

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Cura, relazione, assistenza infermieristica e Caring Massage: termini diversi ognuno dotato di ampi scenari di significato ma uniti da uno scopo comune: "il prendersi cura " dell'altro. Realizzare questa competenza per ottenere un risultato di valore, di evoluzione, di reciprocità olistica costituisce il lavoro di ricerca profonda appurata, personale ed unitaria insieme, dove l'altro con i suoi bisogni rappresenta il senso del vivere insieme. La salute non può essere un prodotto in vendita ma il risultato della consapevolezza di riconoscimento e di rispetto. Il Caring Massage si realizza tramite una gestualità presente, prudente e trasparente che non si riconduce nella sostanza ad una tecnica ma trasforma il necessario contatto professionale in una intenzionale, affettiva, comunicazione sensoriale. Il tatto, lo sguardo, l'ascolto attivo, l'accoglienza del mondo emotivo è il risultato di un'assistenza infermieristica dove la relazione e il Caring supportano ogni singolo residuo della vita

della persona. Ogni gesto intenzionale dell'agire infermieristico, arricchito dalla consapevole e intenzionale intenzione di portare del beneficio all'altro, mette in atto modalità di premura, di rassicurazione, di sollecitudine e di gentilezza che permettono al professionista di condividere con la persona assistita la soddisfazione e l'arricchimento umano che rappresentano l'incontro ontologico relazionale.

Impatto a lungo termine di ossigenoterapia ad alto flusso con o senza pressione positiva in pazienti con polmonite COVID-19

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Scopo dello studio: Analisi retrospettiva sulle sequele respiratorie a lungo termine e sulla qualità di vita, in pazienti ricoverati in ambito internistico per polmonite COVID-19 trattati con FIO2 ≥40%.
Materiali e Metodi: 41 pazienti non vaccinati, ricoverati da nov. 2020 ad apr. 2021 è stato rivalutato a 382±47 giorni dalla dimissione, con: intervista telefonica (valutazione di astenia, ansia, insonnia, dispnea, perdita dell'appetito); esami ematochimici standard; ECG; HRCT per lo studio dell'interstizio; spirometria globale e DLCO; valutazione internistica.
Risultati: Nel 70% persistono alterazioni specifiche od aspecifiche radiologiche, nel 39% alterazioni della DLCO, nel 66% dispnea per sforzi lievi-moderati (66%). Il 17% di essi presenta fibrosi polmonare. Abbiamo anche confrontato i trattati con sola maschera Venturi rispetto ai trattati con presidi a pressione positiva (ventilazione non invasiva, NIV) per una media di 9 giorni: non si sono rilevate differenze significative. Abbiamo poi confrontato il campione con di 42 pazienti (omogenei) trattati con bassi flussi di ossigeno, sottoposti ad analogo follow-up, sebbene a soli 120 giorni: solo il 31% presentava alterazioni radiologiche aspecifiche, il 33% persistente faticabilità per sforzi modesti e il 15% alterazioni della DLCO. Si è inoltre osservata persistenza di dispnea per sforzi modesti (65,9%), astenia (61%), ansia (43,9%), disgeusia (31,7%), insonnia (31,7%) ed iporessia (22%).
Conclusioni: La Fi02 correla con i danni a lungo termine, mentre l'uso prolungato di NIV non sembra determinare danni persistenti.

L'ecografia con mezzo di contrasto renale nella pratica clinica: esperienza di un centro di ecografia internistica

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Premesse e Scopo dello studio: L'ecografia con mezzo di contrasto (CEUS) ha avuto un ampio sviluppo nella valutazione delle lesioni epatiche, ma attualmente vi sono minori evidenze nella valutazione delle patologie renali.
Materiali e Metodi: Eseguire una analisi retrospettiva degli esami CEUS mirati al rene eseguiti presso il nostro Centro di Ecografia Internistica dell'Ospedale di Bentivoglio nel 2022. Valutare le indicazioni cliniche e l'utilità della metodica nell'iter diagnostico.
Risultati: Sono stati eseguiti 115 esami CEUS renali. In particolare, 48 esami per sospetta pielonefrite (41,7%); 28 esami per controllo evolutivo di una nota pielonefrite (24,3%); 20 esami per valutazione di cisti (17,3%); 8 esami per la valutazione del profilo renale (6,9%); 7 esami per valutazione di una lesione/massa renale (6,0%); 3 esami per controllo di una neoplasia nota (2,6%);1 esame per controllo post-termoablazione (0,8%).
Conclusioni: L'esame CEUS renale è richiesto soprattutto per la valutazione delle pielonefriti (sia come primo esame diagnostico che come controllo evolutivo). La seconda indicazione più frequente è quella della valutazione delle lesioni cistiche. In misura minore vengono richiesti esami CEUS per lo studio di sospette neoplasie renali, per le quali si preferisce spesso richiedere direttamente metodiche "pesanti" come la tomografia.

Necrosi digitale in paziente con pregressa diagnosi di artrite reumatoide: causa o coincidenza?

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Premesse: La comparsa di acrocianosi in pazienti affetti da artrite deve suggerire la presenza di una vasculite sottostante.
Descrizione del caso clinico: Donna di 57 anni ricoverata per cianosi digitale ingravescente agli arti superiori associata a dolore intenso. In anamnesi: artrite diffusa inquadrata come Artrite reumatoide (AR) sieropositiva per fattore reumatoide in terapia con methotrexate. All'obiettività: Acrocianosi del I-III dito mano destra e II dito mano sinistra con necrosi secca delle falangi distali. Macule rossastre al calcagno destro. Parestesie all'arto inferiore sx, non segni di sinovite. Ecocardio TT negativo per vegetazioni o trombi luminali, Angio TC aorta ed Ecodoppler arterioso arti superiori negativi per lesioni aterotrombotiche con flusso pervio. Esami: leucocitosi neutrofila (WBC 15000/mm3), PCR 67 mg/l, coagulazione, funzione renale, CPK e complemento nei limiti, sedimento urinario indifferente, Ab antifosfolipidi -, crioglobuline -, ANA -, p-ANCA + (>177 U/m), per cui iniziavamo terapia con metilprednisolone 1 gr/die per 3 giorni e a seguire prednisone 1 mg/kg associato a prostanoidi ev. La diagnosi iniziale di AR è stata ripensata come vasculite ANCA-associata, che può esordire come artrite indifferenziata, di cui sono in corso accertamenti per un più preciso inquadramento nosografico.
Conclusioni: L'acrocianosi deve evocare il sospetto di una patologia vascolare che va intercettata precocemente con una diagnosi differenziale completa che permetta l'avvio di una terapia tempestiva, pena la perdita anatomica-funzionale delle parti interessate.

Arco aortico bovino: spettatore innocente o colpevole? Un caso clinico esemplare

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Premesse: Le anomalie morfologiche dell'aorta toracica possono portare a conseguenze cliniche significative che si manifestano anche nell'età adulta.
Descrizione del caso clinico: Donna di 50 anni, ricoverata per anemia sideropenica secondaria a metrorragie sostenute da fibromi uterini; contestualmente lamentava da mesi acrocianosi intermittente al III-IV-V dito della mano sinistra, impaccio motorio e parestesie remittenti. Le prove semiologiche volte a indagare una sindrome dello stretto toracico erano negative. All'ecodoppler flusso arterioso degli arti superiori conservato, l'ecocardio era negativo per vegetazioni o trombi. L'angioTC dell'aorta toracica rilevava un arco aortico bovino e placca instabile con trombo flottante all'emergenza dell'arteria succlavia sinistra, senza aneurismi. Si iniziava enoxaparina 100 U/kg x 2/die, cardioASA e statina ad alta potenza con miglioramento clinico. La TC di controllo a 8 giorni mostrava riduzione della

placca e scomparsa del trombo flottante, per cui a distanza di 4 settimane si riduceva enoxaparina a 100 U/kg 1 volta/die per altre 4 settimane e infine si manteneva il solo antiaggregante. L'arco bovino è la più comune anomalia dell'aorta toracica (prevalenza 8-20%), caratterizzata dall'origine comune delle arterie anonima e carotide comune sinistra e può portare a turbolenze emodinamiche con insorgenza di aneurismi e placche ateromasiche precoci sproporzionate al profilo di rischio cardiovascolare.
Conclusioni: In presenza di acrocianosi la conoscenza di questa variante anatomica può indurre a sospettare determinati quadri patologici.

Ascite e diplopia: qui ci vuole un internista!

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Premesse: La sindrome da shock tossico è una sindrome associata all'infezione da tossine di Stafilocco Aureus gruppo A Beta emolitico. Noi riportiamo il caso clinico di uno shock tossico per l'uso di coppetta mestruale. La particolarità di questo caso è il riscontro di una paralisi del nervo abducente che risulta del tutto guarita dopo 4 settimane dall'infezione.
Descrizione del caso clinico: La paziente di 42 anni si presentava nel dipartimento di emergenza con febbre elevata, ipotensione e dolore addominale di grado severo. Gli esami mostrano elevati markers infiammatori, leucocitosi neutrofila, pancreatite mild, insufficienza renale acuta e ascite. Viene sottoposta a paracentesi evacuativa che mostra elevati valori di leucociti mentre i numerosi esami emocolturali e coprocolturali risultano tutti negativi. Presenta diplopia da paralisi da monoparesi isolata dell'abducente. Al colloquio riferisce uso di coppetta mestruale da due giorni che aveva rimosso dopo dodici ore per impedimento lavorativo con insorgenza del picco febbrile 1 ora dopo la rimozione. Inizia terapia con antibiotici con remissione totale dei sintomi dopo 3 settimane.
Conclusioni: Fra i criteri diagnostici del TSS non sono previsti segni neurologici focali ma semplicemente disorientamento e stato confusionale. Nel nostro caso invece, la paralisi è comparsa contemporamente alla sindrome e del tutto regredita dopo 4 settimane. Sarebbe utile il confronto con altri case report pubblicati per una eventuale revisione dei criteri diagnostici della sindrome da TTS.

Gastric dilatation in a bulimic patient

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Bulimia is a with episodic binge eating. Young women frequently induce vomiting after binge eating to prevent weight gain. We report an acute enormous gastrectasia as a complication of bulimia.
Case Report: A 32 years woman come to the ED of our general Hospital with abdominal pain lasted for 6 hours; she admitted eating disorders in the previous 2 years ; after one day fasting she devours cheese, candy bars, salad, potatoes, wheat bread, chocolate and many cookies ; after unsuccessfully vomiting, come to our attention for pain. In ED, examination revealed a thin woman with a distended abdomen with tenderness and guarding with an easily palpable large stomach. TC scan documented a massive stomach distension with a mottled gas and food pattern without evidence of perforation; the stomach occupied all the abdomen from diaphragm to left inguinal region with severe compression of abdominal vessels, liver and spleen. Lavage with a nasogastric tube was attempted unsuccessfully for solid intake; surgery consultation raccomended conservative management so the patient stay at rest with parenteral nutrition with water lavage of the stomach; the day after nasogastruc tube was removed and she was finally able to vomiting ; follow up x-ray films demonstrated resolution of the dilatation and a follow upper endoscopy was normal.

Impatto della nutrizione parenterale sull'incidenza di candidemia in una divisione di Medicina Interna, raccolta di casi

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Premesse: Negli ultimi anni si è assistito ad un incremento dei casi di Candidemia nelle corsie di Medicina Interna. Lo sviluppo di Candidemia è associata alla presenza di più fattori di rischio. Agire riducendo quelli modificabili può variare significativamente la prognosi dei pazienti.
Descrizione del caso clinico: Nel nostro reparto di Medicina Interna, nel periodo tra marzo e maggio 2021, sono stati diagnosticati, 6 casi di Candidemia. I pazienti presentavano: età media di 80 anni, sesso maschile (83%), elevato numero di comorbidità; le principali erano insufficienza renale (50%), neoplasia (33%), BPCO (17%) e diabete (17%). Tra i pazienti il 100% era stato sottoposto a terapia antibiotica, il 66% presentava uno stato di immunosoppressione, e l'83% dei pazienti era stato sottoposto a nutrizione parenterale (NPT). L'isolamento colturale è avvenuto in media dopo 16 giorni dal ricovero e 6,6 giorni dall'inizio della NPT. Si è rivalutata l'indicazione alla nutrizione artificiale privilegiando, quando indicata, la nutrizione enterale. Nei 6 mesi successivi abbiamo riscontrato un unico caso di candidemia diagnosticato peraltro già all'ammissione del paziente.
Conclusioni: L'aumentata incidenza degli episodi di candidemia nelle Medicine Interne è sicuramente attribuibile ad un progressivo aumento di complessità dei pazienti ivi ricoverati. Si può tuttavia ridurne l'incidenza agendo sui fattori di rischio modificabili, in particolare limitando la nutrizione artificiale e preferendo, quando appropriata, la somministrazione enterale.

When you hear hoofbeats... better think zebras than unicorns

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Introduction: Multiple myeloma (MM) is a rare oncohematological disease. Typical signs and symptoms are related to the infiltration of plasma cells and immunoglobulin deposition. The most common ones are hypercalcemia, kidney failure, anaemia and bone pain. Atypical clinical manifestations in a social disadvantaged patient compelled us to exclude an infectious disease. This delayed the beginning of chemotherapy.
Clinical decourse: A 46-year-old male patient, homeless for 13 years, was hospitalized for fever and pneumonia. During hospital stay, the patient developed anaemia. Under clinical and biochemical suspicion, a bone marrow biopsy was carried out, which confirmed the diagnosis of MM. For a periodic maculopapular rash emerged after antimicrobial therapy start, high fever, a new heart murmur and splenomegaly, we had to perform multiple microbiological and imaging test, before the start of chemotherapy. All the test resulted negative. The fever and rash disappeared with the beginning of the chemotherapy.
Conclusions: Because of the social background of our patient, we mistook an atypical presentation of MM with an infectious disease. To exclude this supposed infection we performed multiple microbiological tests. Because of a sig-

nificant professional history of our patient, we tested blood and bronchoalveolar lavage for C. burnetii. What we have to consider, in the end, is that C. burnetii infection is rarer than atypical manifestations of a proven MM; even though, before the beginning of an immunosuppressive therapy, infection must be eventually ruled out.

Dont't judge a book by its cover

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Introduction: Cardiac Myxomas are the most common primary cardiac neoplasm of the left atrium. The clinical presentation consists of a triad of symptoms: embolism, constitutional manifestations and respiratory manifestation due to intra-cardiac obstruction, depending on tumor size, location, and mobility.
Case descriprion: An 80-year-old man presented to the ED complaining of worsening dyspnea. Physical examination was notable for sinus tachycardia, reduced breath sounds together with fine rales at lung bases and lower extremities edema. A chest radiograph showed bilateral mild pleural effusion and pulmonary venous congestion. Laboratory analysis revealed elevated NT-proBNP and C-reactive protein values, leukocytosis with lymphopenia and type 1 respiratory failure at ABG. Vaccinated against COVID-19, but he was found positive for COVID-19 infection, giving virus the blame for the trigger of patient's respiratory status. Transthoracic echocardiography revealed a mass in the left atrium attached to the inter-atrial septum, prolapsing into the left ventricle, obstructing the mitral valve inflow during diastole and contributing to severe mitral regurgitation during systole. The patient underwent excision of the left atrial mass and reconstruction of inter-atrial septum. Histopathological analysis was compatible with atrial myxoma.
Conclusions: In the aftermath of COVID pandemic, diagnosing a breathless patient as positive for COVID strongly suggests this is the cause of respiratory distress. But pursuing an alternative cause of cardiorespiratory failure is always useful.

Anemizzazione severa da inusuale sede di sanguinamento

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Premesse: L'anemia è una condizione di frequente riscontro nella popolazione anziana. Un'anemizzazione severa acuta impone un iter diagnostico terapeutico mirato al fine di una rapida identificazione della causa principale.
Descrizione del caso clinico: Uomo di 75 anni affetto da Fibrillazione Atriale Permanente in trattamento domiciliare con dicumarolo, Diabete Mellito in terapia ipoglicemizzante orale, pregressa nefrectomia per trauma, insufficienza renale cronica III stadio. Il paziente, non vaccinato per SARS-CoV-2, veniva ospedalizzato per polmonite non Covid correlata. In quattordicesima giornata di ospedalizzazione, comparsa di dolore in fossa iliaca destra e severa anemizzazione (calo emoglobinico di 4.8 g/dL in 24 h). Alla TC Addome con mezzo di contrasto riscontro di ematoma del muscolo ileo-psoas (EMI) di destra rifornito. Il paziente veniva dunque sottoposto in urgenza ad embolizzazione percutanea dei rami arteriosi interessati ed emotrasfusioni con buon compenso emodinamico. Alla rivalutazione anamnestica, non traumi recenti.
Conclusioni: Gli EMI spontanei rappresentano una condizione rara. La presentazione clinica di dolore in fossa iliaca associata a severa anemizzazione in presenza di fattori di rischio (età avanzata, insufficienza renale cronica, terapia anticoagulante) deve porre il sospetto di EMI con indicazione a procedure d'imaging di conferma (possibilmente in un contesto radiologico interventistico).

Quegli strani ematomi

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Premessa: Un uomo di 71 anni senza precedenti ha iniziato a presentare ecchimosi cutanee e gengivorragia. Agli esami ematici anemia, piastrinopenia e coagulazione intravasale disseminata.
Descrizione del caso clinico: Il paziente è stato sottoposto ad esami ematici e biopsia osteomidollare; è stato trattato con emazie concentrate, plasma fresco e fibrinogeno, steroide senza beneficio. La TC total body ha evidenziato prostata aumentata di dimensioni, linfoadenomegalie iliache e plurime lesioni osteolitiche. L'istologia su midollo ha mostrato infiltrazione massiva da adenocarcinoma prostatico. Proseguendo terapia di supporto il paziente ha iniziato bicalutamide e leuprolide/enantone. Si è assistito a lento miglioramento della crasi ematica e del profilo coagulativo. Il paziente ha intrapreso successiva terapia oncologica con docetaxel, radioterapia su lesioni ossee con buona risposta.
Conclusioni: La CID è caratterizzata da una attivazione disseminata e disregolata della coagulazione; si associa a trombosi vascolari con danno d'organo e progressivo consumo di fattori coagulativi e piastrine con elevato rischio di sanguinamento. È causata da sepsi, neoplasie (leucemia promielocitica ed adenocarcinomi). L'associazione con il tumore della prostata è ben descritta in letteratura. In questo caso abbiamo avuto la possibilità di intraprendere terapia ormonale, ridurre la massa neoplastica e bloccare pertanto la coagulopatia, permettendo poi successive terapie. A distanza di 2 anni il paziente prosegue follow up, terapia ormonale con buone condizioni generali.

Malattia celiaca e mieloma multiplo: semplice casualità o patologie associate?

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Premesse: La presenza di anticorpi antigliadina ed anti-transglutaminasi è stata già riscontrata in pazienti con mieloma multiplo. Inoltre è noto come l'incidenza di malattie linfoproliferative è aumentata nella malattia celiaca.
Descrizione del caso clinico: Donna di 71 anni. Giunge alla nostra osservazione per il riscontro occasionale laboratoristico di CM IgAKappa. La paziente riferiva episodi di diarrea. Gli esami laboratoristici evidenziavano: anemia normocitica, dato presente da diversi anni, lieve incremento della beta2microglobulina e positività della proteinuria di Bence Jones. Abbiamo eseguito una biopsia osteomidollare che ha documentato reperti suggestivi per mieloma con un infiltrato del 25%. Alla luce della sintomatologia e della persistenza di anemia è stato effettuato il dosaggio degli anticorpi antiendomisio, antigliadina ed antitransglutaminasi che è risultato positivo. E' stata, quindi, eseguita una Egds che descriveva riduzione e scalloping delle pliche di Kerkring nella seconda porzione duodenale. L'esame istologico delle biopsie intestinali confermava il sospetto di malattia celiaca. Era presente, infatti, un quadro di atrofia dei villi, iperplasia delle cripte ed incremento dei linfociti CD3+.
Conclusioni: Per la bassa concentrazione della CM è stata prescritta solo una dieta priva di glutine. E' possibile che la malattia linfoproliferativa sia secondaria ad una stimolazione antigenica dovuta alla malattia celiaca.

Stenosi tracheale idiopatica: descrizione di un caso clinico

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Premessa: La stenosi tracheale è un restringimento delle vie

aeree che è spesso riconducibile a cause ben definite: congenite, acquisite o iatrogene.
Caso clinico: Donna di 43 anni. Si presenta per episodi di dispnea e tirage. Non era mai stata sottoposta precedentemente ad intubazione oro-tracheale. SO2 in aria ambente era 97%, l'emocromo con formula leucocitaria evidenziava lieve leucocitosi neutrofila. Tutti i test immuno-reumatologici, compresi pANCA e cANCA (per escludere eventuali vasculiti), markers neoplastici, intradermoreazione di Mantoux, dosaggio ACE sierico erano negativi. Abbiamo eseguito indagini funzionali e di imaging che mostravano una sindrome disventilatoria restrittiva lieve con una curva flusso-volume indicativa di ostruzione delle alte vie respiratorie. Alla fibrobroncoscopia presenza di substenosi cicatriziale della cartilagine cricoide posteriormente ed a livello dei primi anelli tracheali con spazio respiratorio intorno al 50%. Le biopsie bronchiali evidenziavano solo una flogosi aspecifica. Abbiamo intrapreso terapia antibiotica ad ampio spettro e steroidi sistemici senza miglioramento clinico. Dopo consulto multidisciplinare abbiamo ritenuto opportuno proporre un approccio chirurgico personalizzato broncoscopico-dilatativo non esistendo in letteratura tecniche standard per la cura della stenosi idiopatica.
Conclusioni: L'assenza di una causa eziologica ha comportato un complesso iter terapeutico, sarà necessario un attento e lungo follow-up per valutare la persistenza dell'attuale stabilità dei risultati ed escludere possibili recidive.

Ricovero ospedaliero di paziente terminale complicato da parenti che non accettano la diagnosi

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Premesse: La buona comunicazione tra l'equipe assistenziale e il paziente ed i suoi caregiver gioca un ruolo chiave nel processo terapeutico. Diversi elementi possono minare una efficace alleanza terapeutica: la negazione in particolare è un atteggiamento che può nuocere in maniera importante alla salute del paziente, vanificando il processo di cura.
Descrizione del caso clinico: Uomo di 84 anni, affetto da mielodisplasia con frequenti anemizzazioni, per cui effettua con cadenza bimensile una trasfusione di emazie. Accede in DEA per anemizzazione grave (Hb 5.6), per cui viene politrasfuso e trasferito in Medicina Interna, dove si inquadra una progressione della malattia ematologica con aplasia midollare. Durante il ricovero presenta delirium acuto, per cui viene contenzionato al letto e sedato farmacologicamente. I figli dalla prima visita dimostrano un atteggiamento ansioso e poco collaborante: non accettano la diagnosi e il percorso terapeutico di palliazione che viene proposto in accordo con l'ematologo. Durante le visite alimentano ripetutamente il padre nonostante le controindicazioni foniatriche, causando una polmonite ab ingestis. Durante le visite rimuovono le contenzioni ai polsi, permettendo che il paziente si sfilasse il sondino nasogastrico con cui veniva alimentato. Ad ultimo, rifiutano l'attivazione delle cure palliative e senza aspettare una rivalutazione foniatrica od ematologica, riportavano il paziente al proprio domicilio.
Conclusioni: È necessario inquadrare quanto prima le forme di negazione per poterle gestire con gli strumenti adeguati.

Dermatomiosite amiopatica associata ad interstiziopatia polmonare rapidamente progressiva positiva per anticorpi MDA5

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Paziente maschio di 78 anni ricoverato nel reparto di Medicina Interna da DEA per insufficienza respiratoria tipo 1, tosse, febbre e astenia da giorni, con ipotesi diagnostica di polmonite batterica. Gli ematochimici mostrano elevazione PCR e procalcitonina negativa. Gli esami colturali e virologici risultano negativi. La TC torace evidenzia difetti di riempimento a livello dei vasi arteriosi sub-segmentari dei lobi superiori di natura trombo-embolica con plurimi addensamenti parenchimali a vetro smerigliato bilaterali. Per peggioramento del quadro respiratorio si avvia ventilazione invasiva in terapia intensiva. L'autoimmunità riscontra: ANA 1:80, anti-ENA negativi, positività per anti-melanoma differentiation-associated gene 5 (MDA5a) al pannello per anticorpi miosite-specifici. Viene posta diagnosi di interstiziopatia polmonare rapidamente progressiva MDA5a positiva. Nonostante un trattamento con associazione di corticosteroidi, immunosoppressori e ciclofosfamide, associati a terapia eparinica, il paziente va incontro ad exitus dopo pochi giorni. La presenza di MDA5a è associata a quadri classici di polimiosite, ma anche quadri amiopatici, con malattia interstiziale polmonare rapidamente progressiva, caratterizzati da elevata mortalità. I pazienti con interstiziopatia polmonare rapidamente progressiva necessitano di un rapido e approfondito lavoro di diagnostica differenziale. La dermatomiosite presenta una prevalenza stimata di circa 1-6 casi su 100.000 abitanti, la prevalenza delle forme amiopatiche con prevalente interessamento polmonare non è attualmente nota.

Nothing is as it seems

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Background: Granulomatosis with polyangioitis (GPA) is an autoimmune necrotizing vasculitis of small and medium vessels. The initial signs are non specific so diagnosis can be seriously delayed.
Case Report: 34 yo female patient hospitalized for cough and fever unresponsive to oral antibiotic therapy. Medical history was positive only for a recent mastitis. Chest CT scan showed two lesions similar to abscesses, 7 and 5 cm, in the right lower lobe with pleural effusion and multiple lymphadenopathies. Blood tests revealed increased inflammation indeces and anti-PR3 (c-ANCA) positivity. Blood cultures, HIV tests, diagnostics for TB, anti mycoplasma, anti chlamydia, anti legionella, anti-pneumococcus, rheumatoid factor were all negative; C3, C4 and Ig were in range. The abscess was drained without any microbiological result. Due to clinical worsening despite antibiotic therapy, the patient underwent pulmonary lobectomy. The histological examination performed on the surgical piece could finally demonstrate not only a chronic suppurative and abscess inflammation but above all a diffuse granulomatosis and giant cells. Images of granulomatous vasculitis were indicative for GPA. Based on this data, the patient was finally able to start a suitable immunosuppressive treatment with clinical improvement.
Conclusions: We report this case for the nasty presentation.The clinical suspicion in atypical lung lesions, the experience of the pathologist and the collaboration with clinicians are key elements in reaching an early diagnosis in a disease with a so poor prognosis if untreated.

Splenic infarction: a case report

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Splenic infarction (SI) is a rare condition, due to reduced blood supply to the organ, leading to tissue ischemia and eventual necrosis. A 86-year-old male with a past medical history of hypertension, hypothyroidism, umbilical hernia and bowel obstruction, presented to the ED for abdominal pain, started a day before with progressive worsening. Vital signs showed blood pressure at 140/70, heart rate 57 bpm, afebrile and oxygen saturation 93% on ra. Abdominal ex-

amination was positive for generalized abdominal tenderness, without rigidity or rebound tenderness. His laboratory tests were significant for mild leukocytosis, elevated LDH and fibrinogen. EKG showed regular rate and rhythm. An abdomen CT scan with contrast showed highlighted splenic infarction with thrombotic occlusion of distal splenic artery. The patient was hemodynamically stable, no surgical intervention was recommended and anticoagulation therapy was started. He was hospitalized in our Unit for atypical thrombosis. A complete thrombofilic screening was performed even with the JAK2 mutation. Another EKG showed an episode of atrial fibrillation (AF), without symptoms, with subsequent reversion back to sinus rhythm. Paroxysmal AF was confermed by a 24 hours EKG and was determined to be the culprit of his splenic infarct, and the patient was discharged on apixaban and bisoprolol. Cardiogenic emboli were the predominant etiology of SI with frequent AF. Hence, it is recommended to perform EKG, echocardiography in all patients with SI to identify occult AF, endocarditis, or aortic disease as emboli source.

Un raro caso di doppia eterozigosi FAS e MEFV

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Premesse: La Sindrome Linfoproliferativa Autoimmune (ALPS) è un raro disordine linfoproliferativo ereditario caratterizzato da mutazioni dei geni coinvolti nella via dell'apoptosi mediata da FAS (First Apoptosis Signal receptor). L'ALPS comprende diversi sottotipi, a seconda del gene interessato dalla mutazione. Il deficit dell'apoptosi determina espansione ed accumulo di linfociti T autoreattivi CD4 e CD8 negativi e Œ±/β-TCR positivi, con conseguenti linfadenopatie, splenomegalia, citopenie e altri disordini autoimmuni, nonché un aumentato rischio di sviluppo di linfoma.
Descrizione del caso clinico: Si riporta il caso di un paziente maschio di 24 anni con febbre recidivante, anemia emolitica, neutropenia, multiple linfadenopatie e splenomegalia. Esclusa l'origine infettiva e oncologica della sintomatologia, è stato intrapreso un percorso diagnostico che ha portato ad individuare una mutazione del gene FAS, correlata allo sviluppo di ALPS, nonché una mutazione del gene MEFV, associata allo sviluppo di Febbre Mediterranea Familiare. Indagando l'anamnesi familiare, si rilevava che la madre del paziente presenta sin dalla nascita una splenomegalia in assenza di altre manifestazioni cliniche. Il test genetico ha mostrato che anche la donna è portatrice di doppia mutazione a carico di FAS e MEFV. Il paziente è in attuale trattamento corticosteroideo con miglioramento clinico-laboratoristico.
Conclusioni: Ad oggi, l'unico altro caso di coesistenza di doppia mutazione FAS e MEFV presente in letteratura è stato descritto in Iran nel 2020.

"Cold case": sindrome vertiginosa di raro riscontro

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Premesse: La crioglobulinemia di tipo I è caratterizzata da una singola immunoglobulina monoclonale (IgM>IgG>IgA), più raramente da catena leggera, si riscontra nei pazienti affetti da malattie linfoproliferative e si associa solitamente a fenomeni vasculitici.
Descrizione del caso clinico: Un uomo di 82 anni veniva ricoverato per sindrome vertiginosa e ipoacusia ingravescente. Effettuava numerosi studi radiologici risultati nei limiti e ripetute visite ORL e neurologiche. In anamnesi un mieloma multiplo nel 2004 trattato con autotrapianto, in follow-up. Si segnala una difficoltà alla determinazione esatta delle proteine plasmatiche, interpretata come interferenza da paraproteina. Nel sospetto di sindrome da iperviscosità veniva eseguito l'esame del fondo oculare, che documentava emorragie a fiamma in tutti i quadranti retinici. Rispettando rigorosamente la "catena del caldo" in fase preanalitica è stato possibile dimostrare la presenza di crioglobuline, con componente monoclonale IgG-K su crioprecipitato. Il mieloaspirato documentava un infiltrato plasmacellulare del 30-50%. Pertanto, diagnosticata la recidiva di mieloma multiplo, iniziava chemioterapia (Dara-R-D) associata a cicli di aferesi con progressivo miglioramento clinico.
Conclusioni: Il caso descrive una forma rara di crioglobulinemia di tipo I con sindrome da iperviscosità, in assenza di un interessamento vasculitico classico. In caso di forte sospetto clinico di sindrome da iperviscosità è necessario escludere una crioglobulinemia per intraprendere rapidamente una terapia adeguata.

An incomplete form of Behcet disease

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Behcet's disease (BD) is a rare condition that results in inflammation of the blood vessels and tissues. We report the case of a 27 -old Albanian woman admitted to our department in Sept 2021. She presented with swelling of half tongue associated with aphthous ulcers and geographic aspects. She referred several episodes of tongue swelling during adolescence, intermittent arthralgia of the small joints and diarrhea. Laboratory tests revealed normal value of ESR and CRP, while ANA, ANCA, and rheumatoid factor were negative. To better evaluate the tongue aspect, maxillofacial MRI was performed showing the presence of an enlarged tongue with signs of body edema and the presence at the lower side of the tongue body of a nodular formation referable to hemangioma. Due to the high risk of bleeding the otorhinolaryngologist decided not to perform a tongue biopsy. The evaluation of HLA class I polymorphisms was performed, and while results were pending colchicine treatment at a dosage of 1 mg bid was started in the suspicion of BD. The pathergy test resulted negative. To exclude other possible diagnoses, Clq inhibitor and periombelicular fat biopsy was performed but resulted negative. The patient presented a rapid significant clinical improvement in the tongue oedema and aphthous ulcers with colchicine treatment. The HLA class I evaluation revealed the presence of the B51 allele. In relation to mouth ulcers with swelling of the tongue, arthralgia of small joints, HLAB51 positivity, and the good response to colchicine treatment, a diagnosis of incomplete form of BD was made.

Procedure to perform emergency CEA in patients with TIA or minor stroke: results of the first 6 years of implementation in the Florence area

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Rationale and aim of the study: Patients with carotid stenosis benefit from carotid endarterectomy (CEA) performed within 7-14 days of a TIA or minor stroke. To achieve this goal, a procedure was implemented in the Florence area, which provides for the early centralization of these patients to a hospital equipped with a stroke unit and an expert vascular surgery. This study aims to evaluate the results obtained with this procedure.
Methods: We retrospectively evaluated all patients undergoing CEA after a TIA or minor stroke from July 1, 2016 to June 30, 2022. The following items were assessed: time be-

tween symptom onset and surgery, peri- and post-operative complications, changes in NIHSS from admission to discharge and in-hospital mortality. Moreover, we compared the results of the first 18 months with those of the following 54 months.
Results: 137 pts underwent CEA (94 M,74.9±8.9 years;76 TIA and 61 minor stroke). The average time from the onset of symptoms to surgery was 4.4 days (range: 1-14). Perioperative complications occurred in 4 pts (3%) (1 stroke, 1vocal cord paralysis,1 neck hematoma and 1 atrial fibrillation). Mean NIHSS was 0.84 at admission and 0.53 at discharge (p=0.058). No pts died during hospitalization. Comparing the first 18 months with the following 54 months, we observed prolongation of time from symptom onset to surgery in the latter (3.3 *vs* 5 days, p<0.01).
Conclusions: In the Florence area, a procedure aimed at performing emergency CEA after a minor cerebral ischemic event has given good results both in organizational and clinical terms.

Management of extravascular hemolysis in paroxysmal nocturnal gemoglobinuria patients in anti C5 treatment

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Background: Paroxysmal Nocturnal Hemoglobinuria (PNH) is a rare acquired disease (1-1.5 cases/million people) due to a clonal somatic mutation of PIG-A gene that makes red blood cells (RBC) more susceptible to complement-mediated intravascular hemolysis (IH). Anemia, venous and arterial thrombosis (often in atypical sites), fatigue are the most common symptoms. Eculizumab (anti C5 monoclonal antibody) is able to control IH and reduce the risk of thrombosis. However, extravascular hemolysis (EH)persists in 50% of patients due to C3 deposits on the RBC surface. Pegcetacoplan is the C3 inhibitor recentely approved for treatment of PNH patients with anemia due to EH despite anti-C5 treatment.
Case Report: 38 yo female patient admitted in February 2020 to our Ward for haemolitic anemia (Hb 6.0 g/dl, LDH 350, aptoglobin undosable) due to PNH. After antimeningococcal vaccination, she started eculizumab with hemoglobin stabilization at 10.5 g/dl. Despite treatment, in October 2022 she referred again astenia with Hb 8 g/dl, reticulocyte count 11.5%, LDH 375 U/L, haptoglobin <7 mg/dl. These data agreed with an EH so pegcetacoplan was started in compassionate use. After 1 month we found a dramatic improvement with Hb 12.2 g/dl, reticulocyte 1,2% and LDH 171 U/L. Except for inflammation at the injection site, the drug was well tolerated.The patient reported a significant improvement in his quality of life (FACIT score 13 *vs* 33).
Conclusions: In our experience pegcetacoplan appears to be an effective and safe option for PNH patients with and suboptimal response to anti-C5 agents.

Screening popolazione ricoverata ed ambulatoriale per epatite C

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Scopo dello studio: L'infezione da HCV ha prevalenza variabile con zone a bassa ed alta prevalenza (0.5%- 8%). Con le nuove terapie antivirali ad alta efficacia e sicurezza, si ritiene che l'epatite da HCV verrà presto eliminata, stima WHO nel 2030. Scopo dello studio è far emergere il sommerso dei soggetti HCV positivi non noti ma potenziali fonti di diffusione.
Materiali e Metodi: Abbiamo sottoposto a screening anti HCV, 14440 pazienti, arruolati in circa 2 anni (2019-2021), afferenti ai reparti di degenza ed ambulatorialmente al laboratorio analisi.
Risultati: 8765 pazienti erano ricoverati, 5675 ambulatoriali. Fra i non ricoverati l'1,4% mostrava una positività Anti HCV con un'età compresa fra 40-60 aa (40%) ed uguale distribuzione per sesso. Fra i ricoverati la percentuale saliva al 4%, anche in questo caso con pari distribuzione per sesso. In base all' età: 16% aveva meno di 60 anni, 49% fra 60-79 anni mentre 35% erano ultraottantenni. Neipazienti anti-HCV positivi, la carica virale non sempre disponibile era risultata negativa in 164 pazienti (45%), per risposta virologica sostenuta dopo terapia antivirale o guarigione spontanea. La carica era positiva in 58 pazienti (0.6% del totale di ospedalizzati), di cui il 50% portati alla terapia con DAA; gli altri sono deceduti o avevano copatologie avanzate per cui non erano trattabili o hanno rifiutato la terapia.
Conclusioni: La positività per Anti HCV nel nostro centro è in linea con i dati epidemiologici conosciuti con una variabilità dipendente dall'età, i pazienti screenati viremici sono stati prontamente trattati.

Mesenteric arterial thrombosis in a patient with haemophilia A

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Background: Haemophilia A is a recessive,X-linked inherited blood disorder caused by a deficiency of coagulation factor VIII. Haemophilia patients appear to have lower mortality due to vascular diseases, the prevalence of cardiovascular risk factors in these patients is similar to the general population. Haemophilic patients have the same degree of atherosclerosis as the general population and the incidence of vascular thrombosis is increasing.
Case Report: A 51 year old male was admitted for severe abdominal pain and diarrhea. Computer tomography revealed thrombotic occlusion of the superior mesenteric artery. Clinical history included arterial hypertension, dyslipidemia, smoking habit. Laboratory tests showed a prolonged aPTT: 41,4sec (ratio:1.4) with normal prothrombin time. Coagulation factor IX, XI, XII and fibrinogen were normal. The FVIII level was 33%. Molecular analysis showed the presence of the sequence variant c.1649G>A (p.Arg550His), in exon 11 of the F8 gene. Lupus anticoagulant (1.76), anti-β2Glycoprotein I antibodies IgG (13672 GPL), anticardiolipin antibodies IgG (1487 GPL) were positive, suggesting a diagnosis of antiphospholipid syndrome. Thrombophilic genetic research showed the presence of the FII G20210A variant. No surgical treatment was necessary, the patient was treated with the association of warfarin and acetylsalicylic acid, without bleeding complications.
Discussion: The management of adult haemophilic patients with thrombotic events is often challenging because of coexistence of the high bleeding risk and the multiple co-morbidities and prothrombotic risk factors.

Prevenzione della sindrome del sundowning: aromaterapia e cammino assistito. Uno studio pilota cross-over

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Premesse e Scopo dello studio: La sindrome del sundowning (SS) è caratterizzata da sintomi neuropsichiatrici e comportamentali nelle persone anziane con demenza, in particolare da Alzheimer. Questo studio ha lo scopo di testare un intervento non farmacologico che include il cammino e l'aromaterapia, per ridurre i sintomi della SS, tra cui l'agitazione psicomotoria.
Materiali e Metodi: È stato condotto uno studio pilota cli-

nico cross-over da luglio a ottobre 2022. Sono stati reclutati residenti affetti da demenza accolti in due nuclei Alzheimer. Essi sono stati randomizzati in due sequenze di interventi: cammino assistito di 15 minuti/die e aromaterapia con olio di melissa. Entrambi gli interventi erano effettuati per 3 settimane consecutive, con un periodo di wash-out di 2 settimane tra il termine del primo e l'inizio del secondo intervento.
Risultati: Il campione è di 26 persone, prevalentemente donne (84,6%), di età 82,9±8,9 anni, con grave compromissione cognitiva. È stata osservata una riduzione significativa degli episodi di agitazione (p=0.003) e delle reazioni comportamentali (<0.001), misurati con la Cohen-Mansfield Agitation Inventory e la Sundown Syndrome Questionnaire. Inoltre, si evinceva un aumento della qualità della vita (p=0.003), misurata con la Quality of Life in Late-stage Dementia e una buona tolleranza misurata attraverso la PAINAD.
Conclusioni: Gli interventi non farmacologici di cammino assistito e aromaterapia con olio essenziale di melissa sembrano essere ben tollerati ed efficaci per ridurre l'agitazione e l'insorgenza della SS.

Mutazione del gene dell'angiotensinogeno e sviluppo di ipertensione. Il ruolo della dieta povera di sodio. Case report

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Premessa: L'ipertensione è una patologia gravata da elevata morbilità e mortalità. Può essere secondaria a diverse patologie, ma in quasi il 90% dei casi la causa resta sconosciuta (ipertensione essenziale). La patogenesi dell'ipertensione essenziale si suppone sia data da fattori sia genetici che ambientali ed in particolare rivestono un ruolo prominente i geni del sistema renina-angiotensina-aldosterone.
Caso clinico: Una donna caucasica di 39 anni accedeva presso il nostro ambulatorio per ipertensione mal controllata. Riferiva un episodio di preclampsia, a seguito del quale le era stato diagnosticato un polimorfismo in omozigosi del gene dell'angiotensinogeno (AGT M235 T/T). Le era stata impostata una terapia con calcio antagonisti con moderato beneficio. Sebbene il gold standard terapeutico per pazienti con polimorfismo T/T del gene AGT siano gli inibitori dell'enzima convertitore dell'angiotensina, la paziente non era candidabile allo shift terapeutico perchè in allattamento. Le abbiamo pertanto suggerito una dieta povera di sodio in aggiunta alla terapia medica. Al controllo dopo un mese la paziente aveva una pressione media di circa 120/70 mmHg, confermata da un Holter pressorio delle 24h (PAM diurna 118/73 mmHg, PAM notturna 106/62 mmHg).
Conclusioni: Nei pazienti con mutazione di AGT sembrerebbe che le modifiche dello stile di vita, in particolare una dieta iposodica, possano modificare il corso naturale della malattia ipertensiva con o senza necessità di terapia farmacologica. Sono necessari ulteriori studi per confermare questo dato.

Declino cognitivo e carenza multivitaminica

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Premessa: Una donna di 80 anni viene ricoverata per anemia. In anamnesi ipotiroidismo, ipertensione arteriosa, pregressa pericardite ed insufficienza renale cronica.
Descrizione del caso clinico: Agli esami ematochimici pancitopenia con anemia macrocitica per cui veniva ipotizzato un deficit di cobalamina confermato dal dosaggio ematico. Veniva quindi iniziata la terapia sostitutiva con progressivo miglioramento ematologico. Nonostante il miglioramento biochimico, la paziente risultava in uno stato di agitazione psicomotoria per cui venivano eseguiti ulteriori accertamenti risultati sostanzialmente non diagnostici. Veniva dunque ipotizzato anche un deficit associato di vitamina B1 e, nel sospetto di encefalopatia carenziale, veniva aggiunta terapia con tiamina con successivo miglioramento dello stato neurologico.
Conclusioni: Sia la vitamina B1 che la B12 contribuiscono al normale funzionamento del sistema nervoso con funzioni neurospecifiche diverse ma sinergiche. La carenza di una o entrambe le vitamine ha delle conseguenze cliniche che possono essere facilmente sottodiagnosticate in quanto la maggior parte dei pazienti, come nel nostro caso, non presenta la classica triade dell'encefalopatia di Wernicke ma una clinica sfumata che viene facilmente inquadrata come declino cognitivo compatibile con l'età della paziente o con un delirium insorto durante il ricovero.

I calcoli non tornano

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Premesse: L'ipertiroidismo è uno stato caratterizzato da livelli sierici elevati di ormoni tiroidei. Nel 60-80% dei casi l'aumento di questi ormoni è causato dal M. di Basedow la malattia. La tireotossicosi è una manifestazione estrema di ipertiroidismo che può, in rari casi, essere causata da un'eccessiva sintesi di tiroxina da parte delle cellule tumorali.
Descrizione del caso clinico: Paziente di 58 aa ricoverata per shock settico da E. Coli in uropatia ostruttiva con idronefrosi destra da calcolosi ostruente trattata con stent, e critical myopathy neuropathy illnes. Decorso clinico complicato ulteriormente da positività COVID, riscontro di massa anessiale dx e tireotossicosi di difficile risposta alla terapia in noto M. Basedow. Eseguita annessiectomia bilaterale, all'es. istologico teratoma cistico monodermico costituito da tessuto tiroideo maturo. Il quadro di tireotossicosi dopo la rimozione della massa è virato in ipotiroidismo.
Conclusioni: Il teratoma ovarico è il più comune dei tumori germinali dell'ovaio. Il teratoma monodermico altamente specializzato rappresenta il 2.7% dei teratomi. Il più frequente è lo struma ovarico che è caratterizzato dalla presenza di tessuto tiroideo. Stabilire una corretta diagnosi di ipertiroidismo e chiarirne l'origine è spesso difficile. La struma ovarii è una rara causa di ipertiroidismo, che deve essere sempre presa in considerazione in caso di ipertiroidismo resistente al trattamento.

L'impiego del sacubitril/valsartan nel grande anziano affetto da scompenso cardiaco congestizio: effetti benefici sulle abilità funzionali.

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Premesse e Scopo dello studio: Lo Scompenso Cardiaco Congestizio (SCC) è una patologia a forte impatto sulla società e sul Sistema Sanitario Nazionale. Essendo una malattia tipica dell'anziano, al punto da essere definita "sindrome cardiogeriatrica", lo SCC è causa non solo di mortalità e morbilità, ma anche di disabilità e compromissione dell'autosufficienza. Scopo del nostro lavoro è stato quello di verificare le eventuali modificazioni dell'abilità funzionale in pazienti grandi anziani affetti da SCC (NYHA II-III) di base e dopo 6 mesi di terapia con Sacubitril/Valsartan (Sac/Val).
Materiali e Metodi: Dei 78 pazienti considerati eleggibili a ricevere Sac/Val e seguiti presso il nostro ambulatorio dello SCC, abbiamo analizzato i dati relativi agli ultra85enni. Il campione era composto da 17 pazienti (9 femmine e 8 maschi) di età media 88,05±2,27 anni con fra-

zione di eiezione (FE) pari a 30,75±3,83%. Di base e dopo 6 mesi di terapia con Sac/Val abbiamo valutato l'abilità funzionale mediante le scale Activities of Daily Living (ADL) e l'Instrumental Activities of Daily Living (IADL).
Risultati: Pazienti valutati: 17; sesso: 9 M/8 F; età (anni): 88,05±2,27; FE (%): 30,75±3,83; ADL (base): 3,11±0,85; ADL (6 mesi): 4,26±0,77; IADL (base): 4,05±1,24; IADL (6 mesi): 4,92±0,88.
Conclusioni: I nostri dati, anche se rivolti a un piccolo campione di pazienti, dimostrano che nel paziente grande anziano affetto da SCC l'ottimizzazione della terapia è associata a un miglioramento delle abilità funzionali e quindi della qualità di vita del paziente.

Raro caso di shock settico da *Haemophylus influenzae* capsulato tipo B in immunocompetente con coinvolgimento sistemico

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L'Haemophilus influenzae, sierotipo capsulato B (HIB), è un batterio responsabile di severe infezioni in bambini ed anziani immunocompromessi. Generalmente causa otiti, bronchiti o quadri severi (polmoniti e meningiti). Descriviamo il caso di un paziente maschio, immunocompetente, di 50 anni ricoverato per febbre, dolore arto inferiore destro ed emicostato destro, diarrea e oliguria. In anamnesi pregresso intervento di varicocele e frattura di C2-C3. Alla visita cellulite flittenulare arto inferiore destro ed interessamento cutaneo pettorale destro. In ecoscopia trombosi della safena interna. Agli ematochimici incremento degli indici di flogosi e insufficienza renale acuta con rapida evoluzione in shock settico. Trattato con antibiotici (meropenem, clindamicina, daptomicina), supporto volemico, aminico e ventilatorio. Decorso complicato da episodio di FA. Alla TC evidenza di polmonite e coinvolgimento tessuti molli. Pervenuto esito delle emocolture positivo per HIB con passaggio a terapia antibiotica con ceftriaxone. Autoimmunità e analisi liquor negativi. Lento miglioramento delle lesioni cutanee nonostante terapia antibiotica e trattamento con medicazioni avanzate. Si tratta di un raro caso di shock settico da HIB a partenza da cellulite flittenulare gamba, piede destro con coinvolgimento sistemico in paziente immunocompetente responsivo a terapia con ceftriaxone. Di interesse sono il sito di infezione, l'età e l'assenza di fattori di rischio. Dall'analisi della letteratura l'incidenza di infezioni da HIB nella fascia di età 19-64 anni è <0.01 casi su 100.000 (nel 2016).

Health literacy: la comprensione essenziale dello stato di salute del paziente di area medica alla dimissione

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Premesse e Scopo dello studio: L'Health Literacy è considerato una determinante importante sullo stile di salute e vita dei pazienti e sull'adesione alle terapie. Negli ultimi anni il SSN ha sollecitato a dimissioni "quicker and sicker".Il paziente, si trova ad essere responsabile della gestione di farmaci e a dover autonomamente monitorare una sintomatologia del tutto sconosciuta. L'obiettivo è quello di rendere il paziente protagonista del processo di cura, in modo da verificare la avvenuta comprensione della diagnosi e della prescrizione delle terapie.
Materiali e Metodi: Si è condotta una ricerca empirica avvalendosi del test STOFHLA per valutare la capacità di comprensione e le abilità numeriche del soggetto. Si è utilizzata la short version per una più rapida somministrazione.
Risultati: Si dimostra come i pazienti con un basso grado di HL presentano un alto rischio di ospedalizzazione inappropriata ma con una corretta individuazione di scarsa alfabetizzazione già all'ingresso del paziente nell'unità operativa si attuerà un piano educativo che garantirà una maggiore aderenza del paziente al processo di cura e una riduzione delle complicanze farmaco-correlate.
Conclusioni: L'Health Literacy assume sempre maggiore importanza nel processo di cura. E'necessaria una Formazione rivolta ad un rafforzamento del rapporto medico-paziente che abbia alla base una comunicazione chiara con l'uso di un linguaggio semplice nella proposta del piano di cura e la continua verifica che le informazioni siano state effettivamente comprese.

Correlation EGSYS SCORE-TAPSE-MILLER SCORE-RV DIAMETER-PESINDEX. "GRIMEND" Study: correlative analysis in 30 patients with venous thromboembolism. Three-year experience (2020-2022)

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Background and Purpose of the study: The "GRIMEND" study, an acrostic deriving from "eGsys score-tapse -milleR score-rIght ventricular diaMeter-weightsNDex", enrolled 30 patients with venous thromboembolism. In all patients, EGSYS Score, Tricuspidal Annular Plane Excursion (TAPSE), RV DIAMETER (RVD), Miller Score values, Pulmonary Embolism Severity Index (PESI) values were measured pre-lysis.The "GAREND" study has the following objectives:to verify relationships between the pre-lysis EGSYS Score values and the pre-lysis PEIndex, PESIndex, TAPSE and Miller Score values;verify its statistical significance with the Student "t" test.
Materials and Methods: The test calculates the relative value (VR) of the t index according to the formula: t=(M1-M2) / √DS12 / N1 + DS22 / N2.The value of "t" obtained with Degrees of Freedom (GL)=29,being the Critical Value (VC) of "t" 3.659 with GL=29 for p=0.001,the Relative Value (VR) of "t" expresses a absolute agreement between the values of the variables considered.
Results: Student's "t" test shows a highly significant correlation (p <0.001) of the variables examined (pre-lysis values of TAPSE with those of PESIndex,EGSYS Score,Miller Score,RV Diameter pre-lysis).In fact, the value of "t" obtained is 10.56 (RV DIAMETER), 14.45 (PESIndex), 15.01 (TAPSE), 152.78 (MILLER SCORE) with VC (critical value) of "t" for p=0.001 it is 3.659 with GL=29.
Conclusions: The "GRIMEND" study showed that there is a highly significant correlation between the variables considered:EGSYS Score pre-lysis and TAPSE, PESIndex, RV DIAMETER, Miller Score pre-lysis

Influence of gender in diabetes mellitus and its complication

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Introduction: Gender differences are the result mixed with socio-cultural habits, behaviors, and lifestyles, differences between women and men, exposure to specific environmental influences, different food and lifestyle styles or stress, or different attitude in compliance with treatments and disease prevention campaigns. This review will address the role of gender differences in the management of various forms of diabetes and its complications considering the different biological functions of hormones.
Methods: In this narrative review, we have included clinical

studies published by Pubmed up to 30 May 2022. The keywords used were diabetes, comorbidities, and gender differences. All articles and clinical publications published by Pubmed were studied by two authors. Studies written in languages other than English were excluded.
Results: Sex hormones play a role, at least in part, in these sex differences by regulating glucose homeostasis, insulin secretion, and action as well as influencing the progression of diabetes and various complications. Newer glucose-lowering agents used with metformin were associated with a lower risk of major adverse cardiovascular events. This beneficial effect was more pronounced in women than in men, especially for GLP-1RA users. Newer agents were also associated with a lower risk of adverse events, with no clear sex–drug interactions.
Conclusions: Gender medicine plays a fundamental role in the genesis of diabetes and in the development of various complications.

A case of severe hypercalcemia in an ordinary Internal Medicine ward

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Background: Hypercalcemia is defined by a total serum calcium concentration >10.4 mg/dL or ionized serum calcium >1.30 mmol/L; about 90% of cases is due to primary hyperparathyroidism or cancer. Severe hypercalcemia (>18 mg/dl) is a life threatening condition which can cause arrhythmias, renal failure and death.
Case Report: A 52 years old woman was admitted to the emergency department for a 15 days history of fatigue, abdominal pain and anorexia. Blood samples detected severe hypercalcemia (21.2 mg/dL); we immediately started aggressive IV hydration, loop diuretic and corticosteroid therapy, together with IV infusion of single dose bisphosphonate. Evidence of high intact PTH levels and hypercalciuria suggested the diagnosis of primary hyperparathyroidism; neck ultrasonography revealed a suspected hyperplastic parathyroid under left thyroid lobe, confirmed by CT scan. Cinacalcet was temporarily administered to control serum calcium concentrations and after clinical stabilization patient was transferred to surgical department to undergo parathyroidectomy.
Conclusions: High intact PTH levels differentiate PTH-mediated hypercalcemia (primary hyperparathyroidism, familiar hypocalciuric hypercalcemia) from other causes, in which PTH levels are low or undetectable. Multiple endocrine neoplasia should be considered in patients with primary hyperparathyroidism, especially when it manifests with multiple abnormal glands. Hypercalcemic syndromes need a multidisciplinary approach, in which internist assessments and care are often essential to ensure adequate early diagnosis and treatment.

Ruptured of SARS-CoV-2 infection related hepatic artery pseudoaneurysm: a rare complication of COVID-19

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Introduction: Pseudoaneurysms (PAs) are false aneurysms that occur at the site of arterial injury. PAs of the hepatic artery (HA) usually results from interventional procedures or secondary of infections/inflammation or after liver trauma. Endovascular techniques are the first choice for treatment. Vascular dysfunction related to COVID-19 (C19) are known complications of the infection and cases of PAs C19 related have been reported in literature. C19 can also cause acute liver injury (ALI) in reason of hepatotropism of SARS-CoV-2.
Description: A 90 yo woman was hospitalized for intestinal subocclusion due rectal facaloma in SARS-CoV-2 infection. After an increase in levels of transaminases (TSM), followed by acute anemia (AA), an abdomen CT was performed, with evidence of impaired perfusion of the right hepatic lobe in the presence of an area of arterial active bleeding, associated to portal vein thrombosis. Arteriography confirmed the presence of a large PA of the S7 branch of the right HA associated to smaller PAs of the right and left HA. Embolization with microcoils of the major PA was performed, with disappearance of this PA at the next control, normalization of TSM and stabilization of hemoglobin values.
Conclusions: Although the most frequent cause of the elevation of TSM during C19 is represented by ALI secondary to SARS-CoV-2 hepatotropism, the presence of vascular alterations like HAA must be taken into consideration, especially in the presence of AA. For this reason, it's important to always perform abdominal ultrasound or abdomen CT in case of ALI during C19.

La presa in carico del paziente in Medicina Interna. Analisi del *framework* delle fundamental of care con il linguaggio tassonomico NNN: l'esperienza della Clinica Medica dell'AOU delle Marche

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Premesse e Scopo: Le Fundamental Care (FoC) sono definite come l'insieme delle azioni svolte dagli infermieri e incentrate sui bisogni dell'assistito per assicurarne il benessere fisico, psicosociale e relazionale. Le Missed Care, invece, sono interventi infermieristici necessari ma omessi o ritardati. Obiettivo dello studio è implementare il modello concettuale delle FoC per migliorare la presa in carico dell'assistito presso il Dipartimento di Medicina Interna dell'A.O.U. delle Marche.
Materiali e Metodi: Sono state condotte delle riunioni/audit del gruppo infermieristico per revisionare secondo il framework delle FoC la documentazione infermieristica e identificare uno strumento per l'handover.
Questo lavoro presenta un focus sulla presa in carico del paziente presso l'U.O. Clinica Medica.
Risultati: Fase1. Revisione della Scheda Assistenziale Unica (SAU), strumento aziendale creato ad hoc nel 2013 per il collegamento infermiere-OSS. Fase 2. Elaborazione di una scheda per l'handover infermiere-OSS contenente dati pertinenti con le FoC. Fase 3. Adozione della pianificazione assistenziale: la tassonomia NANDA permette di descrivere i concetti delle FoC e delle Missed Care e favorisce un'assistenza per obiettivi. Il gruppo ha sviluppato nove diagnosi emergenti da un primo approccio di match fra FoC e tassonomia NNN.
Conclusioni: Collegare il framework delle FoC con la tassonomia NNN può contribuire a migliorare l'individuazione dei bisogni di salute dell'assistito, l'appropriatezza del progetto assistenziale, nonché l'applicazione delle evidenze scientifiche nella pratica clinica.

Challenges in treatment of hematological malignancies during COVID-19 pandemic

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Background: Approaching hematological malignancies, two types of delay were observed during COVID-19 pandemic: increased time between symptoms onset and first visit and between the visit and beginning of therapy. So itwasnecessary for thispatients to develop new strategies to manage COVID diseasewithoutdelays in chemotherapy treatment.
Case Report: 43 yo, Female, with 4-months history of weight loss, deficiency anemia and thrombocytosis, admitted to the ED for spontaneous sternal fracture. Blood tests showed Hb 7,0 g/dl; Crs 2,7 mg/dl. TC scan showed multiple lymphadenophaties and renal parenchyma replacement by nodes; segmentalpulmonaryembolism, portal and renalveinthrombosis. Rare Ground Glass areas were observed in lungs. COVID-19 swab was positive so she was admitted to our COVID ward. Lymph node biopsy showed a high grade B-cell lymphoma. Because of worstening of renal function and onset of anasarca and acute respiratory failure, patient underwent to dialysis treatment. In agreement with hematologists we started in our ward R-CHOP with rapid clinical improvement.Shewastransferredafter 45 days to the HematologyWard for continuation of chemotherapy, goingfinallyintoclinicalremission.
Conclusions: Our patient had no severe COVID-19 symptoms, but it caused however a delay in diagnosis and accessing to the right care setting. During the pandemic, reducing diagnostic times and access to therapies for hematological patients proved to be a challenge and also promoted closer interdepartmental interactions leading to more courageous therapy choices.

Studio osservazionale sulle conoscenze dei fattori di rischio cardiovascolare in una popolazione di studenti universitari italiani

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Premesse e Scopo dello studio: Le malattie cardiovascolari rappresentano le principali cause di morbosità, invalidità e mortalità. L'aumento delle conoscenze dei fattori di rischio, anche nelle popolazioni di giovani adulti, rappresenta un prerequisito fondamentale per la progettazione e l'implementazione di campagne di prevenzione. Lo scopo dello studio è quello di analizzare i livelli di conoscenza dei fattori di rischio cardiovascolare in un campione di studenti universitari italiani.
Materiali e Metodi: Studio trasversale, monocentrico in un campione di 390 studenti dell'Università degli Studi "G. d'Annunzio" Chieti-Pescara. È stato utilizzato il questionario "Heart Disease Fact Questionnaire", composto da 25 item, di cui, circa la metà, inerenti ai fattori di rischio correlati al diabete.
Risultati: Il 67.9% è di genere femminile; la maggior parte del campione frequenta un corso universitario in area sanitaria (29.5%) e sociale (19%). Percentuali maggiori di risposte corrette riguardano le conoscenze rispetto ai seguenti fattori di rischio: l'ereditarietà (83.1%), il fumo (96.2%), ipercolesterolemia (88.2%), l'influenza degli alimenti sui valori ematici di colesterolemia (89.2%), l'obesità (97.4%). Le principali carenze conoscitive riguardano il ruolo del diabete nell'insorgenza delle patologie cardiovascolari.
Conclusioni: La valutazione delle conoscenze può favorire la progettazione di campagne educative partendo dalle principali lacune conoscitive, rispondendo con efficacia alle esigenze formative di una specifica popolazione.

A case of septic shock as red flag for a misunderstood diagnosis of Crohn disease

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We report an insidious clinical presentation of Crohn's disease in a patient who experimented peripheral polyneuropathy and paralytic ileus due to B12 deficienty and septic shock probably due to enteric bacterial translocation.
A 62-year-old man was admitted to neurology ward for asthenia, paresthesias, loss of sensitivity in hands and foot, walking difficulties for 2 weeks. Diagnostic exams showed severe B12 deficiency and H. Pylori negative superficial gastritis. On day 5 he started B12 therapy, his clinical presentation complicated with diarrhea, abdominal pain, abdominal distension without peristalsis. CT scan revealed diffuse wall thickening of colon, gaseous distension of intestinal loops. On day 6 there was a clinical worsening with severe hypotension, anuria, high lactate and procalcitonin (PCT) levels and he was admitted to our ward for septic shock. We promptly started meropenem and daptomycin, large fluid volume infusion with crystalloids and albumin. Norepinephrine was associated to optimize cardiac preload and organ perfusion because of persistent anuria and the missed MAP target. Once obtained hemodynamic stabilization, norepinephrine and antibiotic therapy were stopped respectively on day 8 and once PCT was negative. We prescribed fasting and daily enemas together with B12 inegration. Blood and stool coltures, gastrointestinal panel FilmArray, C. difficilis toxins were negative. When clinical and radiological abdominal distension improved, colonscopy was performed and the bioptic results confirmed our diagnostic suspect of Crohn's disease.

Bacteremia due to *Enterococcus faecalis* and cardiac implantable electronic device infective endocarditis: a case report

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A 78-year-old man presented to our hospital with fever and oliguria. The patient had recently been treated with ceftriaxone for a urinary tract infection. He had a medical history of chronic renal failure, severe post-ischemic dilated cardiomyopathy, prophylactic implantation of implantable cardioverter defibrillator (ICD), allergy to ampicillin. At admission laboratory data showed worsening serum creatinine (3.23 mg/dL), leukocytosis (21.260/μL) and elevated inflammatory markers (CRP 6.73 mg/dL; procalcitonin, 3.3 ng/mL). Abdominal ultrasonography:cholelithiasis and bilateral renal cysts. The patient started an empirical therapy with tigecycline and metronidazole with improved of inflammatory indices. Urine culture was negative.Vancomycin-resistant Enterococcus feacalis was isolated from blood cultures. The patient underwent a normal transthoracic echocardiogram (TTE) to investigate potential infective endocarditis (IE) and a transesophageal echocardiogram (TEE) due the high clinical suspicion. TEE showed a voluminous mobile mass adhering to the ventricular catheter of the device on the atrial side, suggestive of cardiac vegetation. The patient was a candidate for cardiac implantable electronic device (CIED) extraction and started antibiotic therapy with daptomycin and linezolid.
Conclusions: Enterococcus faecalis is the third leading cause of infective endocarditis. Population- based studies have shown that up to 25% of patients with community-ac-

quired E. faecalis bacteremia have infective endocarditis. In all patients with CIED and Enterococcus faecalis bacteremia, IE and CIED infection should be suspected.

Streptococcus pyogenes pericarditis and guttate psoriasis onset in a young patient: a case report

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Background: Rheumatic pericarditis is uncommon following the advent of modern antibiotic therapies. There is a strong evidence between Streptococcus pyogenes infection and the exacerbation of guttate psoriasis.
Description:A 20-year old man presented to the Emergency Department with acute chest pain.Twenty days prior he had remittent fever, strep throat and arthralgias. Physical examination on admission revealed swelling of the first finger of the right hand and numerous small patches on the arms,legs and torso. ECG showed sinus tachycardia and echocardiogram demonstrated a mild pericardial effusion. He underwent workup included a positive antistreptolysin O titer for 552 IU/ml (n.v. 0-200) and a negative hepatitis and autoimmune screen. Throat culture was positive for group A b-hemolytic streptococcus. A right hand MRI excludes bone involvement. During hospitalization the skin manifestations evolved into a plaque guttate psoriasis on the legs and arms. Recovery was obtained through therapy with colchicine, ibuprofen and amoxicillin/clavulanic acid started empirically and confirmed by the result of the throat swab. Skin lesions responded well to topical therapy.
Conclusions: The early diagnosis and treatment of rheumatic pericarditis is essential to avoid the risk of evolution in constrictive pericarditis. Different types of infections caused by Streptococcus pyogenes, such as Streptococcal angina or pharyngitis, are the environmental factors that contribute to unveil psoriasis in predisposed individuals. The molecular pathogenesis of this association has not been demonstrated yet.

Role of respiratory nurse on patients in long-term non invasive ventilation: a prospective observational cohort study in urgent-care medicine of Azienda Sanitaria Locale Biella

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Background and Aim: Long-term non-invasive ventilation is experiencing a increasing trend in the post-covid era; at the same time, patients who need this treatment at home have increased exponentially. The Respiratory Nurse (RN) finds application in this context as a reference figure for the path of this patients. Aim of this study is to evaluate the impact of a structured care pathway by RN in these patients on efficacy outcomes.
Methods: Prospective observational cohort study on patients admitted during 2022.
Resultas: 23 patients with non-invasive home ventilation were enrolled: 12 were already being treated, while a new device was prescribed for 11 patients. As regards the intervention of the RN, for the cluster already under treatment, evaluations were carried out regarding: maintenance status of the ventilator, self-care capacity and usage data in memory. For the "new prescription" cluster, the intervention included: choice of ventilator and mask characteristics, patient fit, training, and monitoring. Short and medium-term results were evaluated, such as: efficacy, tolerance and comfort. All patients followed up by the Respiratory Nurse had a high results level of outcomes considered short to medium term.
Conclusions: The RN makes it possible to develop, competent and personalized pathways for this type of patient and guarantees effective and quality transition care in these specialist patients. In order to reduce exposure to attrition bias, long-term outcomes should be evaluated through outpatient or home nursing assessments for patients undergoing home ventilation.

An unusual case of chronic diarrhea in a hypertensive man

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Background: A process of diagnosis of chronic diarrhea, defined as the persistence of the symptom for at least four weeks, requires a precise pharmacological history.
Clinical case: A 69-year-old man was admitted to the Internal Medicine ward for exacerbation of chronic diarrhea. His history included arterial hypertension treated with olmesartan and artheriopaty of lower limbs. Three years earlier he had received rituximab for autoimmune glomerulonephritis. Two months before presentation a colonoscopy had shown diverticulosis. On admission, the patient had fever and abdominal pain, the blood tests showed increased inflammation markers, a CT scan with contrast enhancement revealed diverticular phlogosis. In suspicion of diverticulitis antibiotic treatment with meropenem was started. As diarrhea persisted after resolution of diverticular inflammation, an esofagogastroduodenoscopy with gastric and duodenal biopsies was performed. Histological examination showed severe atrophy of the villi in the duodenum with intra-epithelial CD3+ lymphocyte infiltration. Serological markers for celiac disease were negative, HLA DQ-2 allele was present. The gluten-free diet was started, without any apparent benefit. In the differential diagnosis an olmesartan-associated enteropathy (OAE) was suspected and the drug stopped, followed by a gradual regression of diarrhea.
Conclusions: HLA DQ-2 can predispose to both celiac disease and OAE: in patients with negative serology for celiac disease and poor response to gluten-free regimen, clinical monitoring may be needed to differentiate the two diagnoses.

Hyperuricemia and endothelial function: is it a simple association or do gender differences play a role in this binomial?

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Introduction: Studies on sex differences in endothelial function are conflicting. This review was aimed at clarifying the effects of uric acid on the vascular endothelium and describing how it could cause damage to endothelial integrity. The second aim was to determine if there are gender differences in uric acid metabolism and how these differences interact with the vascular endothelium.
Methods: Clinical trials published before 30 September 2022 were identified by Pubmed. The search keywords were gender/sex differences, endothelial dysfunction, cardiovascular risk, hyperuricemia, nitroxide, xanthine oxidase, NO synthase (eNOS), estrogen, androgens, progesterone, and testosterone.
Results: The association between uric acid and cardiovascular disease is still controversial. Hormone levels have a particular impact in this regard, influencing the production and activity of NO and providing women with greater pro-

tection than men against acute cardiovascular events. Estrogen also plays a major role in regulating the serum levels of uric acid, reducing its accumulation in the walls of blood vessels and therefore limiting endothelial damage in women compared to men. In men, androgen stimulation can induce an increase in blood pressure through a nitroxide-reducing mechanism, although androgens also play a protective role in the cardiovascular system through both direct and indirect action on the vascular endothelium.
Conclusions: Future attention has been paid to how gender affects the activity of the metabolic products of uric acid in relation to endothelial function.

Non invasive ventilation for acute respiratory failure due to Legionnaires' disease in a splenectomized man: case report

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Background: Legionnaires' disease (LD) often results in severe pneumonia. Immune compromised state is recognized prognostic factor; however, few cases of LD in splenectomized patients have been reported in literature.
Case Report: A 40-years-old man was admitted to ED for fever. Vital signs: BP 140/70; HR 105, SpO2 87, RR 25, BT 37,5. His history included smoking habit, post-traumatic splenectomy. Chest examination evidenced reduced murmur and crackles at the right lung. Chest CT described parenchymal consolidation of upper and part of middle lobe. Oxygen therapy (FiO2 30%) through high-flow nasal cannulae (HFNC) and piperacillin/tazobactam 4.5 g plus azythromicin 500 mg were started. 3 hours later dyspnea with chills was observed. ABG showed pH 7.46, pCO2 32, P/F 210. Labs exams revealed leukocytosis, hyponatremia, CRP 40 mg/dL. A switch from HFNC to bilevel positive airway pressure (PS 8, PEEP 5) was carried out. Next day the patient was admitted to medical ward. Follow-up ABG demonstrated improvement in hypoxemia; NIV was discontinued. Microbiological exams were set up to look for etiology of pneumonia. Nucleic acid amplification test identified L.pneumophila in sputum. Clinical improvement was observed during hospitalization. 1 week later the patient was discharged.
Conclusions: Although splenectomy increases the risk of capsulated bacteria infections, LD must also be considered. A broad-spectrum antibiotic therapy along with respiratory support through NIV may represent a viable treatment of severe LD.

Sostituzione valvolare aortica nell'anziano: la fragilità al centro della valutazione multidimensionale del paziente per la scelta del trattamento (trans-catetere *vs* sostituzione chirurgica)

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Premessa: La sostituzione chirurgica (SAVR) e la trans-catetere (TAVI) della valvola aortica sono due opzioni di trattamento per i pazienti anziani affetti da stenosi aortica severa. Le linee guida consigliano di ponderare in Heart Team punteggi di rischio e valutazione multidimensionale geriatrica (GCA). Lo scopo di questo studio è quello di indagare quali siano i parametri della GCA più rilevanti da considerare nella scelta terapeutica.
Materiali e Metodi: Tra il 2019 e il 2022, 66 pazienti over 75 ricoverati nella Cardiologia di Padova con indicazione a sostituzione valvolare aortica sono stati sottoposti a valutazione pre-operatoria. La GCA indagava autonomie funzionali (ADL, IADL), stato cognitivo (MMSE, MOCA), tono dell'umore (GDS), performance fisica (SPPB, 6MWT, forza massimale degli arti superiori con hand grip) e qualità di vita (SF-36).
Risultati: La SAVR è stata eseguita nel 53% dei pazienti, la TAVI nel 47%. L'età media del campione era di 78.9±4.8 anni. I pazienti TAVI erano più anziani, più fragili, presentavano una maggior dipendenza funzionale e punteggi più bassi sia ai test cognitivi che di performance motoria rispetto ai pazienti SAVR. Le componenti geriatriche associate alla decisione di trattamento sono state l'età (OR=1.64, p<0.04) e velocità del cammino (OR=0.09, p=0.05).
Conclusioni: La scelta terapeutica nell'anziano over 75 con stenosi valvolare aortica grave va personalizzata in base all'età e ad una accurata valutazione di fragilità eseguita con strumenti semplici, riproducibili ed economici, come la velocità del cammino.

Shock settico e scompenso glicometabolico in paziente anziana fragile con lunga storia di diabete tipo I complicato: caso clinico

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Premessa: Come è noto, i diabetici hanno un rischio di mortalità maggiore rispetto alla popolazione generale in caso di infezione, e nel diabetico tipo 1 tale rischio sembra anche più alto che nel tipo 2. Nell'anziano diabetico, la complicanza acuta va inserita in un quadro generale di alto rischio di deterioramento funzionale per insorgenza di disabilità con outcomes sfavorevoli che possono causare, se non la morte, un significativo peggioramento della qualità della vita.
Descrizione del caso clinico: Donna caucasica di 83 anni con diabete tipo 1 complicato, ricoverata per stato settico con focus infettivo a partenza lombare in recenti iniezioni di steroidi per lombosciatalgia refrattaria ad altri schemi. Alla TC del rachide LS con mdc, ascesso paravertebrale, drenato con eco-guida e trattato con 4 linee antibiotiche: ceftriaxone e daptomicina prima, meropenem e linezolid poi per insorgenza di shock settico. Circolo sostenuto con steroidi. Infusione continua di insulina per HGT >400 mg/dL. Colturali su sangue, urine e liquor sempre negativi. Escluse altre localizzazioni batteriche con indagini di II livello. A stabilizzazione clinica, le condizioni generali risultavano molto compromesse con perdita delle autonomie e necessità di trasferimento in struttura assistenziale.
Conclusioni: Lasciamo aperto un interrogativo, al clinico ma anche al ricercatore. Come identificare meglio il rischio infettivo nel diabetico fragile, per curare e prevenire gli eventi acuti, e quali strategie adottare per ridurre l'incidenza di complicanze infettive ed il tasso di mortalità?

Un caso di diabete insipido secondario a istiocitosi a cellule di Langerhans

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Premesse: Il diabete insipido (DI) centrale, secondario al deficit di ormone anti-diuretico, è caratterizato da poliuria associata a ipernatriemia e aumento dell'osmolarità plasmatica. La causa più frequente è idiopatica, cui seguono le cause iatrogene e infiltrative.
Descrizione del caso clinico: Paziente maschio di 57 anni con comparsa di poliuria e polidipsia non associata a iperglicemia (glicemia 91 mg/dl, HbA1c 6,5%, non glicosuria. Bilancio idrico di 7 litri/die). Si pone il sospetto di DI. Eseguiti esami di funzione ipofisaria risultati nella norma per adenoipofisi. E' stato sottoposto a test dell'assetamento diagnostico per DI. Alla RM ipofisi quadro di "empty sella" e scarsa visualizzazione della neuroipofisi. Eseguiti ulteriori accertamenti radiologici (Rx torace e TC torace e addome

mdc) con rilievo di intersitziopatia sospetta per istiocitosi a cellule di Langerhans (LCH) approfondita mediante esame citologico del liquido bronchiale. Si è ipotizzata la presenza di malattia sistemica con manifestazioni endocrinologiche di DI centrale associata a gozzo multinodulare eutiroideo, oltre all'interessamento polmonare.
Conclusioni: La causa più frequente di DI centrale è idiopatica; tra le cause secondarie da considerare quelle infiltrative. Tra queste la LCH, patologia rara, caratterizzata da infiltrazione tissutale sistemica con manifestazioni ossee, cutanee, polmonari ed endocrinologiche. Il coinvolgimento ipofisario con comparsa di DI è la più frequente manifestazione endocrinologica e si presenta con una frequenza del 25% alla diagnosi.

Danno renale acuto in neoplasia ematologica attiva: tra teoria e realtà

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Premesse: I pazienti con neoplasie onco-ematologiche possono sviluppare insufficienza renale acuta; oltre ai meccanismi fisiopatologici "tradizionali" se ne associano altri (deposizione intraparenchimale di catene leggere; cast intratubulari; vasculiti) che contribuiscono al peggioramento del danno renale con outcome prognostico peggiore.
Descrizione del caso clinico: Uomo di 74 anni, malattia renale cronica stadio IIIA; linfoma linfoplasmocitico noto dal 2016 con recente comparsa di pancitopenia e splenomegalia. Accedeva in PS per alvo diarroico. Esami ematochimici: piastrinopenia, anemia, creatinina 1,9 mg/dl. TAC addome con mdc: splenomegalia, plurime linfoadenomegalie patologiche; ascite. Nei giorni successivi febbre, porpora agli arti e al tronco e peggioramento della funzionalità renale che rendeva necessaria la dialisi; riscontro laboratoristico di crioglobuline e ipocomplementemia (C4); esame urine: sedimento nefritico. Anche se i dati istologici e radiologici (PET con SUV tra 3,8 – 6,8) non sembravano suggerire una progressione della malattia ematologica, tuttavia veniva avviata terapia con Desametasone, Bendamustina e Rituximab con progressivo miglioramento clinico e recupero della diuresi.
Conclusioni: La scelta del trattamento chemioterapico ha avuto benefico non solo sulla malattia oncologica ma anche sul recupero della funzionalità renale (verosimile ruolo della vasculite crioglobulinemica nel peggioramento della funzionalità renale).

A sporadic Creutzfeldt-Jakob disease onset with behavioral and psychiatric symptoms

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Case Report: A 61-year-old previously healthy female came to our ED from another hospital with a diagnosis of psicosis. She had been experiencing behavioral disturbances for a month. At admission, she presented irritability, dystonia and right arm hyperreflexia, without fever or meningeal signs. Routine laboratory tests resulted unremarkable except for increased CRP. Brain MRI showed a slight T2 hyperintensity and restricted diffusion of bilateral striatum suspected of Creutzfeldt-Jakob disease (CJD). A CSF sample was collected with positivity of RT-QuIC analysis. A diagnosis of probable sporadic CJD was made and the patient was referred to neurological ward for the continuation of the diagnostic-therapeutic process. She died a month later.
Discussion: The human prion diseases are a group of rare neurodegenerative conditions. They share a common molecular pathological process, characterized by conversion of the normal cellular prion protein into misfolded forms, but their etiologies vary. Sporadic JCD is the most common form with fatal prognosis. To date, effective therapeutics are not available and accurate diagnosis can be challenging. As illustrated in the composite case report, it often cause complex neuropsychiatric syndromes with rapid course of the disease.
Conclusions: Behavioral and psychiatric features are common in all types of prion disease. This should inform clinical care, as these symptoms represent a significant burden of morbidity for patients and caregivers but may easily go unreported and unrecognized unless clinicians are vigilant about them.

A pleural effusion due to a pancreaticopleural fistula

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Case Report: A 42-year-old african male with alcohol abuse presented to our ED for shortness of breath. The chest CT revealed a bilateral pleural effusion, greater on the right for which a pleural drainage was positioned. Laboratory tests revealed slow increase of NSE and CA125 and elevated amylase levels in the pleural fluid. During the stay he experienced an increase of pancreatic enzymes without abdominal symptoms. Contrast-enhanced abdomen CT scan and magnetic resonance cholangiopancreatography detected a pancreatic tail pseudocyst (25x35x28mm) with pancreaticopleural fistula (PPF) and a picture of chronic pancreatitis. Subsequently the patient felt better after fluid removal and medical management (octreotide) and was transferred to a specialist center for possible endoscopic and/or surgical intervention.
Discussion: PPF is a rare complication of pancreatitis, causing by the release of pancreatic enzymes from a damaged pancreatic duct or ruptured pancreatic pseudocyst lead to leakage of secretions through a fistulous tract into the thorax. Diagnosis is delayed due to the absence of abdominal symptoms, as patients usually complains of pulmonary symptoms secondary to pleural effusions. There are no clear established guidelines on treatment of PPF based on randomized control trials. Surgery is indicated when conservative and endoscopic treatment fails.
Conclusions: PPF is rare but must be considered in the setting of recurrent pleural effusions and coexisting pancreatitis. Early diagnosis and management can lead to prevention of long-term morbidity and mortality.

Pulmonary cystic echinococcosis: a rare neglected infection

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Introduction: Cystic echinococcosis (CE) is a complex and neglected infection caused by the tapeworm Echinococcus that may cause serious disease in humans.
Case Report: A 27-year-old Moroccan man with a drug abuse history was admitted to the emergency department due to accidental trauma. During the patient's evaluation, a chest CT scan showed two giant multi-lobular cysts in the right upper lobe (78 x 51 x 43 mm) and the lingula lobe (84 x 51 x 61 mm) without calcifications. Abdominal CT was unremarkable. The patient was apyretic and asymptomatic for pulmonary symptoms. HIV serology and Quantiferon-TB test were negative. Mild eosinophilia (750/mcL) was

found on blood tests, with Echinococcus IGG antibody negative at the local Laboratory. Despite negative serology, the patient was referred to a national referral center for suspicion of pulmonary CE. The first cyst was surgically removed without complications, and the diagnosis was confirmed. Albendazole was started, and the patient was discharged after a few days. Three months later, the second cyst closely related to the superior vena cava was also successfully removed. He was discharged with the recommendation to continue the antiparasitic treatment without interruption; at the 1-month follow-up visit was asymptomatic.
Conclusions: Pulmonary CE should be suspected in any patient with lung cysts, even if the serology is negative. Regardless of the symptoms, the size of the cysts, and whether they are intact or ruptured, surgery is the treatment of choice to avoid serious complications.

FADOI Campania and Neapolitan health days: a happy marriage

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Background and Purpose of the study: The Mayor and the Health Councilor of the metropolitan area of NAPOLI, in October 2022 organized a population screening weekend; in the 2 days people could be screened for several diseases using blood tests, US scans, counselling with different health professionists. FADOI-ANIMO Campania participated with a gazebo where doctors, nurses, dietitians performed visits.
Materials and Methods: 16 doctors and 5 nurses on a 6 hour-shift in 2 days visited people and performed historical health reports, blood samples, blood pressure measurements, antropometric parameters and counselled on dietary habits and gave proper diets, carotid US, too were performed.
Conclusions: We visited 490 people,on 310 we detected blood pressure and blood glucose sugar. We counseled all 490 with healthy dietary and living habits receiving a high satisfation questionnaire of the initiative. Complete data is still on the run. We strongly recommend health screening programmes in general population to improve their healthy habits.

A rare cause of splenomegaly

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Introduction: Extrahepatic portal vein o hypertension (EHPV), and related splenomegaly, are uncommon conditions. Our case report describes a cause of EHPV considered rare (incidence less than 1%).
Clinical case: Woman. 55 years old. Outpatient visit for abdominal pain on left. We find splenomegaly. The rest of the objectivity is normal. Laboratory tests (all results normal, except for modest thrombocytopenia) and an abdomen ultrasound are performed. Ultrasound confirmation of splenomegaly (longitudinal diameter 20 cm), with normal echostructure and hypoechoic area (25 mm) in the pancreatic site (the only other significant datum). An abdominal CT scan confirms splenomegaly, and the pancreatic lesion is highly likely to be heteroplastic with locally infiltrative aspects (spleno-mesenteric region and Wirsung) and with visibility of portosystemic collateral circulation. This lesion can be held responsible for the clinical picture described above.
Discussion: Splenomegaly in our case is part of a picture of EHPVO, which in the past used to be defined as segmental or also left portal hypertension. In adults, it may be secondary to infiltration and/or compression/obstruction of the splenic vein by a pancreatic expansion process. This condition is characterized, as it results from the very few cases described in the literature, by preserved liver function and a patent extrahepatic portal vein. Therefore, we should be aware that EHPVO may be a complication of important pancreatic diseases, including the neoplastic ones.

Un raro caso di anemia emolitica da anticorpi freddi associato ad anticorpi antifosfolipidi

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Premesse: L'anemia emolitica da anticorpi freddi è sostenuta da autoanticorpi che reagiscono con i globuli rossi a temperatura <37°C. Può essere idiopatica o secondaria a processi linfoproliferativi. L'associazione con anticorpi antifosfolipidi è aneddotica
Descrizione del caso clinico: Maschio, 83 anni, affetto da anemia emolitica da anticorpi freddi, stabile in terapia steroidea. Accede in cardiochirurgia per essere sottoposto a TAVI, viene trasferito in Medicina per riscontro di PT INR 8 e aPTT non rilevabile in assenza di eventi emorragici. Ai restanti esami ematici LAC positività, riduzione fattori VII, VIII, II, IX, IX, X, XII; ACA e antibeta2glicoproteina1 negativi, anti protrombina IgM, antifosfatidil serina IgM e antiannessina 5 IgM positivi, CM IgM k. Nessun evento trombotico e/o emorragico. Terapia con Deltacortene 20 mg/die e Azatioprina 50 mg/die con nessuna risposta sull'assetto coagulativo. Successivamente impostata terapia con Rituximab 375 m2 per 4 somministrazioni con normalizzazione dei parametri di laboratorio e riduzione della CM.
Conclusioni: In questo case report descriviamo un raro caso di associazione tra anemia emolitica da anticorpi freddi tipo IgMk e positività per anticorpi antifosfolipidi, in assenza di segni clinici di sindrome da anticorpi antifosfolipidi. Come riportato in pochi casi in letteratura, la paraproteina potrebbe svolgere attività specifica contro fosfolipidi anionici e determinare attività LAC L'impiego di un farmaco monoclonale anti CD 20 ha consentito di bloccare il processo immunitario e di normalizzare l'assetto coagulativo.

Therapeutic management of venous thromboembolism in a group of patients with recent COVID-19: audit on the role of DOACs

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Background: Since the beginning of Sars-CoV-2 pandemic, a correlation between COVID-19 and venous thromboembolism (VTE) was observed. The aim of our study is to describe VTE treatment and switching methods from parenteral to oral anticoagulation.
Methods: We considered all patients (Pt) with VTE and recent SARS-CoV-2 infection, hospitalized in Policlinico of Modena and evaluated by our coagulation clinic. Data were analyzed retrospectively. Pt were divided according to the severity of COVID-19 and VTE presentation. We considered as adverse events the composite endpoint of VTE recurrence and bleeding, rehospitalization and death at 3, 6 and 12 months of follow-up.
Results: Almost half of the 34 Pt (24 males,10 females), median age 65, had severe COVID-19. 11 Pt presented VTE on admission, 23 developed it during hospital stay and the

majority had severe or critical COVID-19. 82.4% presented an isolated PE, 11.8% PE plus DVT. Isolated PE or DVT developed mainly during hospitalization while all PE plus DVT presented at admission. Median duration of parenteral therapy (Tx) was 6 days. More severe disease and high D-dimer values were associated with a longer parenteral Tx. 48.5%, 33% and 18.2% of Pt received DOAC for respectively 3, 6 and 12 months. The majority of PT received edoxaban (69.7%). The composite endpoint of recurrence and bleeding occurred in 8.8%.
Conclusions: Switch drug approach from parenteral to DOAC seem to be a safe and effective option in most COVID-19 patients who have suffered VTE; due to the small sample, definitive conclusions regarding the appropriate duration of Tx are not possible.

Gender differences in remdesivir therapy in COVID-19 pneumonia. Retrospective study on a cohort of patients from southern Sardinia

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Background: Since the beginning of COVID-19 pandemic research focused on the development of therapies against SARS CoV2. Only few studies explored the effect of these treatments disaggregating data by gender differences.
Aim: In this work we searched for any differences in clinical outcomes as mortality, worsening of respiratory failure (need for NIV or mechanical ventilation), length of stay (LOS) and in adverse events between male and female patients treated with remdesivir for mild SARS CoV2 Pneumonia.
Materials and Methods: We retrospectively reviewed 89 patients (59 male and 30 female) hospitalized for SARS CoV2 Pneumonia in the Internal Medicine Ward, SS Trinità Hospital Cagliari, between May. 2020 and April 2022. We administered remdesivir 200 mg in the first day and 100 mg/die in the following four days.
Results: Comorbidity analysis showed that women were more frequently affected by hypertension and dementia, males by cardiovascular disease. Any statistical difference was found in mortality (M 5.08; F 6.7%, p 0.77), clinical worsening (M 10.1%; F 13.4%, p 0.69), LOS (M 11.05 + 10.6; F 13.67 + 7.6, p 0.38). Women had more frequently increased liver enzymes (M 27%; F 11%, p 0.09).
Conclusions: Patients with mild SARS CoV2 Pneumonia showed no gender differences about outcomes on remdesivir treatment. Hepatic damage was more often found in women but our data are not sufficient to establish if this is a virus or drug induced effect. It is however important that research focuses on individual differences in order to personalize therapies also starting from gender differences

Anemia, recurrent epistaxis, heart failure: consider hereditary hemorrhagic telangiectasia (Osler-Weber-Rendu disease)

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Background: Hereditary Hemorrhagic Telangiectasia (HHT) is an autosomal dominant disorder with variable penetrance associated to mucocutaneous telangiectasias and arteriovenous malformations (AVMs) more often in lungs, brain and liver. Iron deficiency anemia and gross bleeding are common.
Case Report: We describe a case of a 46 year old woman, hospitalized for severe microcytic anemia and lower limbs edema. In anamnesis: microcytic anemia, hepatic Peliosis, epistaxis. Abdominal US showed tortuous hepatic artery and venous ectasia. Abdominal Angio-CT confirmed tortuous hepatic artery with distal AVMs and ectasia of vena cava end hepatic veins. Physical and endoscopic examinations showed mucosal telangiectasias. Pulmonary Angio-CT and echocardiography showed dilated right heart chambers, hypertrophied ventricles and severe pulmonary artery hypertension (PAH). Patient refused cranial imaging and therapy except for blood transfusions, iron and diuretic. A definite diagnosis of HHT was made ("Curaçao" criteria).
Conclusions: Our case shows that shunts between hepatic artery and hepatic veins (due to AVMs) cause increased venous return to the right heart with right heart failure, reduced arteriolar pressure with activation of Renin-Angiotensin-Aldosterone system, increase of circulating volume, global heart remodeling and high-output heart failure. The differential diagnosis between hepatic AVMs and hepatic Peliosis is interesting. Sensible literature review shows common association between PAH and pulmonary MAVs, but very few cases of PAH associated with hepatic MAVs due to HHT as ours.

Epatite autoimmune in paziente con infezione cronica da epatite B

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Premesse: L'epatite cronica autoimmune è una malattia infiammatoria progressiva a carico del parenchima epatico, la cui eziologia non è ancora chiara, caratterizzata dalla presenza di autoanticorpi circolanti, livelli elevati di transaminasi e un aumento dei livelli delle immunoglobuline.
Descrizione del caso clinico: Giungeva alla nostra osservazione una Paziente di 30 anni, affetta da epatite B cronica (indici di replicazione assenti in terapia con antivirale), per riscontro di indici di funzionalità epatica persistentemente alterati. Eseguiva screening autoimmune con riscontro di positività per ANA e ASMA. Nel sospetto di un'epatite autoimmune, svolgeva una biopsia epatica percutanea ecoguidata. L'esame istologico confermava la diagnosi di "epatite cronica da interfaccia di grado lieve, di tipo autoimmune".
Conclusioni: L'eziologia e la patogenesi dell'epatite autoimmune sono state a lungo un argomento enigmatico che ha coinvolto fattori genetici e ambientali. Tra i meccanismi coinvolti rientra la relazione tra agenti infettivi e perdita di tolleranza. Il mimetismo molecolare, la generazione di complessi immunitari e l'apoptosi/danno tissutale con conseguente esposizione di antigeni intracellulari al sistema immunitario sono i meccanismi che predispongono maggiormente i pazienti affetti da infezione cronica da HBV a sviluppare epatite autoimmune. Questo caso sottolinea l'importanza di approfondire con la ricerca di anticorpi sierici per epatite autoimmune, in caso di incremento degli indici di funzione epatica, anche in pazienti HbsAg positivi.

MINOCA: updated definition and diagnostic evolution

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Background: The term MINOCA (Myocardial Infarction with Non-Obstructive Coronary Arteries), first used in 2013 by the australian cardiologist John Beltrame, indicates acute myocardial damage compatible with the universal definition of myocardial infarction in the absence of significant coronary lesions on angiography.

Clinical case: A 56-year-old smoker, obese and dyslipidemic patient comes to the emergency room for acute chest pain. The diagnostic work-up, including ECG, blood chemistry with troponin curve, echocardiogram, chest CT angiography and cardiac MRI, allowed the diagnosis of MINOCA.
Conclusions: For the diagnosis of MINOCA (2% -6% of all AMI, female>male, mean age 51-59 years), the criteria for myocardial infarction according to the fourth universal definition must be met, therefore the significant increase in troponin is must include in the context of myocardial ischemia evidenced by symptoms, electrocardiographic or echocardiographic changes or documentation of coronary thrombosis. Furthermore, the patient must not have significant coronary artery disease (coronary stenosis <50%) and above all other differential diagnoses such as myocarditis, pulmonary embolism, Takostubo syndrome, myocardiopathies and non-cardiac causes of troponin increase (for example sepsis) must be excluded. The prognosis is dependent on the underlying cause and is characterized by mortality and morbidity slightly lower than myocardial infarction with angiographically significant stenosis. Therapy varies according to the etiology.

Dysthyroidism and cardiovascular risk: from clinical case to pathophysiology

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Background: Thyroid hormones have numerous effects on the body, therefore thyroid dysfunctions affect multiple systems. Dysthyroidism affects cardiac function in many ways and can cause supraventricular tachyarrhythmias, high-output heart failure, and myocardial ischemia (with unaffected coronary arteries or from unlatenting pre-existing coronary artery disease).
Clinical case: A 60-year-old woman is hospitalized for heart failure and paroxysmal supraventricular tachycardia, unresponsive to vagal maneuvers and haemodynamically unstable. Familiarity of unspecified thyroid disease and evidence of Basedow's disease. After regression of the supraventricular tachycardia and stabilization of the objective clinical picture, she will be discharged with thyrostatics and therapy for heart failure, including beta-1-selective beta-blocker.
Conclusions: Thyroid hormones play a fundamental role in the cardiovascular system by contributing to the control of cardiac function and peripheral hemodynamics. Furthermore, they participate in the regulation of glucose, lipid and coagulation homeostasis, further contributing to the stratification of cardiovascular risk. Hypothyroidism and overt hyperthyroidism significantly increase cardiovascular risk both through direct mechanisms at the myocardial and coronary level and indirectly by influencing the peripheral vascular system, lipid and glucose metabolism and coagulation homeostasis. Subclinical forms of hyper- and hypothyroidism also have a significant impact on cardiovascular risk.

Diabetic ketoacidosis: emergency management and integrated care pathway

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Background: Diabetic ketoacidosis is characterized by elevated hyperglycemia, metabolic acidosis, and hyperketonemia. It develops when insulin levels are insufficient to meet the body's metabolic demands.
Clinical case: A 23-year-old boy arrives in the emergency room with general malaise, drowsiness and vomiting. Vital parameters within the norm, blood sugar level 550 mg/dl and ketoacidosis. After practicing intravenous rehydration and insulin therapy, the patient is admitted to Internal Medicine.
Conclusions: Causes: dose reduction or suspension of insulin treatment, increased insulin requirement (physical or mental stress, pregnancy, AMI, infections, surgery, acute pancreatitis), drugs (corticosteroids, oral contraceptives), endocrinopathies (hyperthyroidism, pheochromocytoma). Signs and symptoms develop even in less than 24 hours: excessive thirst, frequent urination, nausea and vomiting, abdominal pain, loss of appetite, asthenia, dehydration, hypotension, confusion, fruity (acetone) breath. In suspected diabetic ketoacidosis, serum electrolytes, BUN and creatinine, glucose, ketones and osmolarity should be measured. Urine tests are useful to check for ketonuria and blood gas analysis. The treatment involves intravenous fluids to correct dehydration, insulin to suppress the production of ketone bodies, sodium bicarbonate with caution in case of severe acidosis, the correction of the electrolyte balance, the treatment of any underlying triggering causes (such as infections) and finally careful observation to prevent and identify any complications.

Early diagnosis and prognostic stratification of heart failure: usefulness of biomarkers in clinical practice

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Background: Heart failure is characterized by a complex pathophysiology that includes neurormonal activation, inflammation and oxidative stress which, together with comorbidities, support progressive myocardial damage and cardiac remodeling.
Clinical case: A sixty-year-old, suffering from chronic ischemic heart disease and metabolic syndrome, goes to the emergency room for dyspnea. ECG: sinus rhythm, left bundle branch block. Echocardiogram: post-infarct dilated cardiomyopathy. Chest X-ray: hilar congestion, bibasal pleural effusion. Increase of: inflammation indices, BNP, troponin. This is followed by hospitalization in cardiology for a diagnostic-therapeutic study.
Conclusions: Starting from the study of the pathophysiological mechanisms, numerous analytes with biomarker potential have been identified. High sensitivity troponins and soluble suppression of tumorigenesis-2 are the most promising biomarkers in prognostic stratification of heart failure, with independent value compared to natriuretic peptides. Other biomarkers potentially useful as prognostic predictors in heart failure are galectin-3, growth and differentiation factor 15, pro-adrenomedullin medium-regional portion, markers of renal dysfunction, and some indexes of inflammation and oxidative stress (CRP, cytokines). The use of multimarker scores and the application of genomic, transcriptomic, proteomic and metabolomic investigations could in

the future further improve and personalize the management of heart failure.

Pericardial effusion during ibrutinib therapy in chronic lymphocytic leukemia: a potentially life-threatening side effect

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Background: Immune-related adverse events including cardiac toxicity are increasingly described in patients receiving immune checkpoint inhibitors. Bleeding is a well-known side effect of ibrutinib therapy. We described an hemorrhagic pericardial effusion complicated by cardiac tamponade in a chronic lymphocytic leukemia (CLL) patient who was in treatment with ibrutinib and aspirin.
Clinical case: A 67-year-old woman on chronic treatment with aspirin, affected by CLL on treatment with ibrutinib presented to our emergency department in June 2022 because of fever and pain on the right side of the neck; in the upper right side of the chest she had a port-a-cath. Blood tests showed elevated levels of C-Reactive Protein (CRP); blood cultures were negative. The doppler ultrasonography showed an occluding thrombosis of a branch of the external jugular vein and reactive lymphadenopathies. We started low molecular weight heparin and non-steroid anti-inflammatory therapy with improvement of symptoms. Echocardiogram showed pericardial effusion without hemodynamic impact; we started ibuprofen and colchicine, but the patient developed hemodynamic instability. We performed pericardiocentesis. In suspected ibrutinib-related effusion we stopped ibrutinib treatment; we also interrupted aspirin and low molecular weight heparin. Symptoms improved substantially.
Conclusions: We should consider the possibility of major bleeding events in patients on ibrutinib therapy, especially in those already undergoing anticoagulant or antiplatelet therapies.

Ragno violino ed un residuo dell'uraco: *les liason dangereuses*

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Premesse: L'uraco è un residuo embrionale dell'apparato urinario che collega la vescica all'ombelico. Il Loxosceles rufescens (ragno violino) può inoculare nell'uomo il proprio veleno e batteri anaerobi.
Descrizione del caso clinico: Paziente diabetica, 30 anni,giunge in PS per dolore ipogastrico, febbre, vomito e astenia. Riferisce puntura di ragno violino quattro mesi prima con sviluppo di ascesso sovrapubico drenato chirurgicamente. Agli esami ematici aumento degli indici di flogosi. Agli esami strumentali riscontro di ispessimento mammellonato e disomogeneo della parete antero-superiore della vescica e lesione aggettante endovescicale, edema prevescicale, ispessimento della fascia peritoneale anteriore fino al legamento ombelicale mediano (residuo dell'uraco), quota fluida nel Douglas, cisti ovarica sn. La terapia empirica antibiotica ad ampio spettro portava a riduzione degli indici di flogosi. Emocolture ed urinocoltura negative. Cistoscopia con biopsia e citologia urinaria: negative per neoplasia. Dopo rivalutazione TC che confermava l'ispessimento vescicale esteso fino all'uraco veniva trasferita in Chirurgia per intervento di cistectomia parziale e marsupializzazione di cisti ovarica. Immunoistochimica della lesione: flogosi cronica. Dopo RMN pelvica, asintomatica, indici di flogosi negativi, la paziente è stata dimessa con follow up chirurgico e urologico.
Conclusioni: Gli effetti necrotici e la potenziale inoculazione di batteri anaerobi per puntura di ragno violino sono stati possibile causa di ascesso su residuo di uraco con flogosi cronicizzata in paziente diabetica.

Acute upper gastrointestinal bleeding in a woman admitted for diabetic ketoacidosis: a complex mystery with various possible suspects

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Introduction: Upper gastrointestinal bleeding (UGIB) is a common condition that results in high morbidity and medical costs. Advances in therapy have reduced the need for surgery, however UGIB may signal other complex underlying disorders.
Description: A 65-year-old woman was transported unconscious to the ED of another hospital. Hyperglycemic coma, melena and hemorrhagic shock warranted transfer to our Intensive Care Unit for mechanical ventilation and fluid resuscitation. CT showed pulmonary embolism, aspiration pneumonia, portal vein thrombosis and portosystemic varices. Initial EGD showed suspected esophageal necrosis and a bleeding duodenal bulb ulcer. Family members reported intake of 5 alcohol units/day but no history of diabetes mellitus. Follow-up EGD described an esophageal vegetating mass, and underlying cancer was suspected. On day 16 she was transferred to Internal Medicine. Histology of the esophageal biopsy showed necrotic tissue with inflammatory infiltrate and the patient improved with parenteral and enteral nutrition. Final diagnosis was erosive esophagitis and bleeding duodenal ulcer, alcoholic hepatitis and first episode of decompensated diabetes mellitus. The patient was discharged after 28 days with no evidence of pulmonary embolism and follow-up EGD showed marked improvement.
Conclusions: Peptic ulcer disease is a common cause of UGIB, and underlying causes include cancer, alcohol use as well as medications and infections. This complex case required careful piecing together of seemingly unrelated clues before finding the solution to the puzzle.

Tubercolosis and non-pulmonary malignancies: the diagnostic difficulty of a case report presented with only exertional dyspnea

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Premises: The association between Tubercolosis (TB) and non-pulmonary malignancies is rarely described in the literature and is not easily diagnosed.
Case Report: An 82-year-old smoker woman, in follow-up for breast carcinoma, reported only exertional dyspnea. Neoplastic markers, blood tests, EGA and cardiological evaluation were normal. Simple spirometry revealed mixed ventilatory deficiency and HRCT chest evidenced small nodular formations and numerous mediastinal lymph nodes. The diagnostic suspicion for pulmonary metastatics prompted us to perform total body PET [hypercaptur in the retropectoral lymph nodes (SUV16.69) and in the right colon (SUV70.07)] and total body CT [tissue adenopathic colliquated in the retropectoral area and thickened appearance of the cecum]. The colonoscopy found a sub-stenosing vegetative neoformation of the cecum, treated surgically with a right colectomy. It was an intramucosal adenocarcinoma on tubulo-villous adenoma, without endovasal neoplastic invasion. Therefore, the suspicion of pulmonary metastatics was not justified. Indeed, needle biopsy on retropectoral lymph node showed neoplasia-free frustule with numerous foci of chronic granulomatous inflammation, epithelioid-giant cells and marginal necrosis. All microbio-

logical tests performed on BAL were negative for TB, while quantiferon was positive.
Conclusions: The association between TB and non-lung cancer is rare. It's a diagnostic problem for the similarities in clinical presentation and the subsequent delay in diagnosis.

When the heart breaks, talk with patients

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Background: Non-obstructive coronary arteries miocardial infarction (MINOCA) is defined by evidence of myocardial infarction (MI) with normal or near-normal coronary arteries on angiography. This condition is present in about 5%-25% of patients presenting with acute coronary sindrome. Case report Female, 75yo, entered Internal Medicine Department with acute severe renal impairment, leukocitosis/anemia, respiratory alcalosis, decreased K+/Ca++, increased RCP/PCT. CT body scan showed pneumonia of the right inferior lobe with pleural effusion. Hemodialysis, antibiotic therapy, electrolyte correction was started. After 5 days, despite clinical and laboratoristic improvement, patient suffered worsening dyspnea and chest pain. ECG was performed, showing ST elevation, at blood tests increased troponin values, bed-side ecochardiogram suggested severe hypokinesis and ballooning of the apical segments of the left ventricle, ejection fraction severely reduced, visually estimated at 30%. Angiography showed normal epicardial coronary vessels. Tako-Tsubo cardiomiopathy diagnosis was confirmed, observing a progressive recovery of myocardial contractility, ECG trace and troponin levels. Diagnostic suspicion arose from the careful anamesis. Patient documented episodes of chest pain even during painful family bereavement and confessed intense emotional stress during hospitalization.
Conclusions: MINOCA is a working diagnosis. Mainly accurate evaluation of patient history preceeding symptoms should lead the use of invasive/non-invasive imaging to identify causes of MINOCA.

Interstitial pneumonia beyond COVID-19

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Introduction: Pneumocystis jirovecii causes severe interstitial pneumonia in immunocompromised patients.
Case description: A 37 year-old male presented to the Emergency department with 15 days of dyspnea and fever. He had two previous pneumonia. On admission peripheral oxygen saturation was 95%. Chest X-ray showed bilateral ground-glass opacities, confirmed at High Resolution Computed Tomography. Labs revealed mild anemia and leukopenia with normal inflammatory markers. COVID-19 antigenic and molecular tests resulted negative, as well as serology despite the patient was vaccinated for SARS-CoV-2. Legionella and Pneumococcal urinary antigens and Mycoplasma serology were negative, as well as autoimmunity screening. Azithromycin and ceftriaxone were administered intravenously (IV). After 24 hours he presented fever and hypoxemia. HIV screening test resulted positive. HIV-RNA concentration was 1,373,754 copies/mL. CD4+ T-cells count was 23 cells/µL(3%). IV trimethoprim/sulfamethoxazole was started along with glucocorticoids. The patient underwent bronchoscopy and Pneumocystis jirovecii was detected at the bronchoalveolar lavage. Candida albicans esophagitis was also diagnosed and Caspofungin was started. The patient was then transferred to the Infectious Disease Unit and treated with BIKTARVY(bictegravir, emtricitabine and tenofovir alafenamide) with clinical improvement.
Conclusions: The early diagnosisof HIV infection and the prompt antiviral treatment considerably reduced the incidence of Pneumocystis jirovecii pneumonia. Therefore our case is of particular interest.

L'importanza dell'eco bedside in patologie tempo dipendenti, un caso di rottura dell'aorta addominale

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Premesse: La POCUS è ormai ritenuta parte integrante dell'esame obiettivo clinico. In pochi minuti di esame ecografico, svolto anche da personale poco esperto, è possibile ricavare fondamentali dati clinici utili alla corretta prosecuzione di un iter diagnostico.
Caso clinico: Un uomo di 48 anni giungeva nel nostro reparto per febbricola e dolore lombare da un mese. Agli esami di laboratorio:incremento degli indici di flogosi e leucocitosi neutrofila, mentre coagulazione, funzionalità renale ed epatica nella norma. L'emodinamica era nella norma, le condizioni cliniche generali buone. Nel sospetto di spondilodiscite era stata avviata richiesta di RM del rachide e impostata terapia antibiotica empirica. In terza giornata di degenza il paziente presenta peggioramento acuto della funzionalità renale (creatinina 0,8 *vs* 2,8 mg/dl) e dolore dell'arto inferiore. Nel sospetto di patologia ostruttiva acuta eseguivamo POCUS, riscontrando una formazione iperecogena retroperitoneale dello psoas e interruzione della parete aortica a livello del carrefour iliaco. La TC urgente mostrava rottura dell'aorta sottorenale, vasto ematoma retroperitoneale, spondilodiscite L3-L4.
Conclusioni: La rottura dell'AA è una patologia rara e severa, da sempre sfida per il medico. Nel sospetto clinico di patologia aortica acuta le LG suggeriscono l'utilizzo di score come l'ADD RS per il rule out dei pazienti. Nel nostro caso, al momento dell'osservazione clinica/ecografica l'ADD RS era 0. Concludiamo che la POCUS ha consentito una diagnosi precoce e determinante ai fini della sopravvivenza del paziente.

La trombosi venosa sintomatica degli arti superiori catetere-correlata nei dispositivi ad inserzione periferica: uno studio di coorte

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Premesse e Scopo dello studio: L'utilizzo di cateteri venosi centrali e non ad inserzione periferica è sempre più comune. Tuttavia il loro uso è gravato da complicanze, delle quali una delle più frequenti è la trombosi catetere-correlata. Scopo di questo studio è analizzarne l'incidenza ed i fattori di rischio in una coorte di pazienti dell'Ospedale S. Chiara di Trento.
Materiali e Metodi: Sono stati arruolati i pazienti sottoposti al posizionamento di PICC (Peripherally Inserted Central Catheters), Midline, Mini-Midline dal 01/01/2022 al 30/04/2022, e seguiti in follow-up dal posizionamento alla rimozione del catetere o fino al 31/07/2022. Sono state analizzate le caratteristiche cliniche e demografiche, l'indicazione e le caratteristiche del catetere.
Risultati: Dei 134 soggetti arruolati 6 soggetti hanno sviluppato trombosi catetere relata, con un rischio assoluto (RA) del 4.5% (95% CI 2.1 – 9.4%). I pazienti con sepsi hanno avuto un rischio 10 volte maggiore (RR 10.6, 95% CI 2.4 - 47.2) mentre non è apparso aumentato il rischio di sviluppare trombosi nei pazienti ematologici. Il catetere più a rischio di trombosi è stato il Midline power punta aperta (4 casi, RA del 8.3%, 95% CI 3.3 - 19.6%), seguito dal PICC

Powergroshong (2 casi, RA 7.4%, 95% CI 2.1 - 23.4%).
Conclusioni: I cateteri venosi centrali e non ad inserzione periferica hanno un ruolo importante nelle terapie di medio-lungo periodo, ma le complicanze trombotiche possono ridurne il rapporto costo/beneficio. La definizione delle categorie più a rischio potrebbe portare a strategie di prevenzione più efficaci.

Ospedale di comunità: esperienza di ASST Rhodense

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Premesse: La riforma della sanità territoriale avviata con il supporto dei fondi del PNRR prevede l'apertura di strutture sanitarie denominate Ospedali di Comunità (ODC). Nella nostra ASST Rhodense il progetto ha preso avvio in marzo 2022 con l'inaugurazione di un modulo di 15 posti letto a gestione prevalentemente infermieristica.
Materiali e Metodi: L'ODC vede la presenza di una equipe costituita da infermieri di famiglia (IFEC) (h24), un coordinatore infermieristico, OSS, Medico clinical manager afferente alle Cure subacute (6/7gg, 4,5 h/g). L'equipe è supportata da un case manager per le dimissioni protette e una assistente sociale. L'assistenza medica h24 è garantita dalla presenza di un medico di guardia presente nella sede del Presidio Ospedaliero. Sono garantite cure a bassa intensità clinica potenzialmente erogabili a domicilio, ma che necessitano di assistenza/sorveglianza sanitaria infermieristica continuativa, anche notturna, non praticabile a domicilio o in mancanza di idoneità del domicilio stesso.
Risultati: Da marzo 2022 sono stati ricoverati 147 pazienti di cui 20% provenienti dal domicilio su segnalazione del MMG e 80% da PS o UO per acuti, età media 78 anni, 50% M/F. 97 pazienti sono rientrati al domicilio (21 con attivazione di dimissione protetta), 26 sono stati dimessi in RSA; solo 9 sono stati trasferiti in reparto per acuti.
Conclusioni: Dall'avvio del progetto a fine 2022 l'occupazione dei posti letto è salita da 32 a >85% stabile da mesi con prevalenti dimissioni al domicilio, criteri di appropriatezza soddisfatti e soddisfazione degli utenti.

Diagnosi ed approccio gestionale di un caso di sindrome di Sneddon

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Premesse: La sindrome di Sneddon (SS) è una rara patologia progressiva caratterizzata da livedo ed eventi cerebrovascolari ricorrenti, con un severo impatto su morbilità e mortalità. Si tratta di una vasculopatia trombotica non infiammatoria coinvolgente le arterie di medio e piccolo calibro di cervello e cute. La diagnosi è spesso tardiva ed il trattamento ottimale sconosciuto. Obiettivo del report è descrivere come si è posto il sospetto diagnostico presso la Neurologia di Santorso e quale trattamento è conseguito.
Descrizione: Un paziente di 60 anni con anamnesi di dermatite giungeva in PS con quadro di emisindrome sinistra acuta e livedo reticularis agli arti inferiori. Un'angioTC intracranica mostrava occlusione dell'arteria cerebrale anteriore destra. Seguiva trombolisi e trombectomia meccanica inefficace. Si impostava terapia con acido acetilsalicilico. Ecocardiogramma ed Holter ECG risultavano normali, negativa la ricerca di autoimmunità ed anticorpi antifosfolipidi. Un'angioRMN mostrava carotidi normali ed una vasta area ischemica di corpo calloso e splenio bilaterale, ponendo il sospetto di SS. L'esame istologico di biopsia cutanea risultava suggestivo. In 30ma giornata si diagnosticava trombosi venosa profonda poplitea sinistra per cui si sospendeva antiaggregazione e si iniziava terapia anticoagulante. Un tromboelastogramma evidenziava iperaggregazione piastrinica. In 45ma giornata una TC cerebrale evidenziava infarcimento emorragico dell'area ischemica.
Conclusioni: Diagnosi e gestione terapeutica di un paziente con SS pongono sfide decisionali ancora aperte.

A rare vasculitis to consider: a case report

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A young woman was admitted to our department for the onset of an herpetic vulvovaginitis, treated with Acyclovir 400 mg/day, associated with fever, diffuse arthromyalgias and erythema nodosum. In her clinical history there was only a tonsillitis for about two months, that she treated with Augmentin. Physical examination showed a hyperemic pharynx with right tonsillar hypertrophy. Blood tests showed: neutrophilic leukocytosis (WBC 14.20; NEU 10800), mild C-reactive protein increase (CRP: 2.68 mg/dl), moderate Anti-Streptolysin O titler increase (ASLOT: 293), negativity for CMV, EBV DNA, hepatotropic viral markers and HIV. In addition, she underwent a throat swab resulted positive for Haemophilus parainfluenzae. In the suspicion of an autoimmune disease ANA, c-ANCA, p-ANCA and ENA profile were investigated. However, the autoimmunity resulted negative. During the hospitalization she underwent an otolaryngologist examination who did not find any alteration worthy of note.Ultrasound revealed fatty liver, hepato-splenomegaly and a few reactive lymph node formations at the laterocervical and inguinal level. HLA molecular typing performed on DNA extracted from peripheral blood was positive for HLA-B44,51, so the Behçet disease was diagnosed. In order to rule out the presence of uveitis, she underwent an eye examination, that resulted negative for our clinical suspicion. In conclusion, in this condition characterized by multiorgan involvement, experience is very important in order to treat these patients as early as possible.

Uno strano caso di disartria: quando radiologia e clinica non combaciano

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Introduzione: Un quadro clinico di disartria può avere cause reversibili come fenomeni tossici, metabolici o malattie infettive; altre cause comprendono forme neurodegenerative e lesioni traumatiche, vascolari, neoplastiche.
Descrizione del caso: Il paziente, uomo di 60 anni, era ricoverato presso la UOC Medicina Generale di Rovigo nel novembre 2022 per disartria e parestesie dell'arto inferiore sinistro, sintomi comparsi acutamente. APR: ex tabagista, pregresso ictus ischemico (2019), ateromasia carotidea Sn, ipertensione arteriosa, dislipidemia, iperomocisteinemia. TD: Ramipril/Idroclortiazide 5/25 mg/die, Bisoprololo 1.25 mg/die, Atorvastatina 40 mg/die, Clopidrogrel 75 mg/die, Normocis 400 mg. Durante la degenza, alle TC cerebrali eseguite, il paziente presentava lesione ischemica subacuta della corona radiata–coda del nucleo lenticolare di sinistra; iniziava secondo antiaggregante (ASA 100 mg), nel sospetto di minor stroke. Per la scarsa congruenza tra presentazione clinica ed aspetti radiologici era anche sottoposto a RMN cerebrale, evidenziando lesioni compatibili con vasculite dei piccoli vasi. Trasferito presso la Stroke Unit dell'Azienda Ospedaliera di Padova, eseguiva ulteriori accertamenti: genetica per CADASIL e ricerca di autoimmunità, entrambe negative (segnalata unicamente positività degli ANA a basso titolo, 1:80). Rispondeva alla terapia corticosteroidea ed iniziava fisioterapia.
Conclusioni: La vasculite dei piccoli vasi è una patologia rara, per la cui diagnosi e corretta gestione risulta indispensabile la collaborazione tra centri di II e III livello.

Retrospective multicenter study of COVID-19 patients admitted to non-ICU wards during the Omicron (B.1.1.529) variant surge: assessment of clinical characteristics and outcomes by vaccination status

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Background: The benefits of prior vaccination in patients hospitalized for moderate to severe COVID-19 during the Omicron surge are not well defined. We assessed characteristics and outcomes of a cohort of COVID-19 inpatients by their vaccination status.
Methods: Patients admitted with moderate to severe COVID-19 between December 20, 2021 and March 31, 2022 were divided into 3 groups: 1) unvaccinated, 2) vaccinated with 2 doses, and 3) vaccinated with 3 doses. The main outcome was a composite of ICU transfer, mechanical ventilation or in-hospital death (poor outcome).
Results: We enrolled 446 patients (median age 78 years, IQR 65-85.3), of which 168 (37.7%) unvaccinated, 113 (25.3%) vaccinated with 2 doses and 165 (37%) with 3 doses. Vaccinated patients had a higher comorbidity burden and were older (3-dose vaccinees) than those unvaccinated. The rate of poor outcome was not significantly different between groups (19.6%, 15% and 22.4% for unvaccinated, 2-dose and 3-dose vaccinated patients, respectively). Multivariable regression analysis did not show a protective effect of vaccination, either with 2 or 3 doses. In the subset of 205 patients over 80 years, a 3-dose vaccination was inversely associated with poor outcome (OR 0.47 [95% CI 0.23-0.95], p=0.04).
Conclusions: The rate of poor outcome was not associated with vaccination status and was similar between study groups, despite a higher risk profile displayed by 2-dose and 3-dose vaccinees. Prior vaccination with 3 doses reduced the risk of poor outcome compared to no vaccination in the subset of patients older than 80 years.

Crisi tireotossica e conseguenze cardiovascolari

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Premesse: L'inquadramento diagnostico di una tachiaritmia di nuova insorgenza, o di sintomi riconducibili ad uno scompenso cardiaco in un paziente giovane, pone un dubbio diagnostico differenziale maggiore rispetto a quanto avviene in pazienti più anziani. Di fondamentale importanza è lo screening per le più comuni malattie endocrino-metaboliche tiroidee e surrenaliche.
Descrizione del caso clinico: Uomo di 53 anni, giungeva in Pronto Soccorso per cardiopalmo e riscontro di polso aritmico. Durante la degenza si evidenziava un ritmo da fibrillazione atriale non databile, versamento pleurico bilaterale e versamento ascitico, compatibile con un quadro di scompenso cardiaco congestizio. L'ecocardiografia evidenziava una disfunzione ventricolare sinistra, segni di ipertensione polmonare ed insufficienza mitralica e tricuspidalica funzionali di grado lieve moderato. Agli esami ematici si evidenziava un TSH soppresso e rialzo di tiroxina libera, l'ecografia tiroidea mostrava una ghiandola di dimensioni aumentate, aspetto disomogeneo e tipico aspetto color-doppler di ipervascolarizzazione come da "inferno tiroideo", suggestivo per morbo di Graves-Basedow, confermato dalla positività degli anticorpi anti recettore del TSH
Conclusioni: Gli esami di funzionalità tiroidea di base (TSH e FT4) dovrebbero sempre essere richiesti al momento del sospetto o della diagnosi di una nuova problematica cardiovascolare come scompenso cardiaco di nuova insorgenza o tachiaritmia, soprattutto in pazienti giovani.

The frightening story of a common cold

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Introduction: Granulomatosis with polyangiitis (GPA) is a necrotizing vasculitis that primarily affects small-sized arteries. The most commonly and severely affected organs include the upper and lower respiratory tract and the kidneys. Because of its strong association with antineutrophil cytoplasmic autoantibody (ANCA), it is classified as an ANCA-associated vasculitis.
Case Report: A 50 yo male was admitted to the emergency department due to persistent chronic rhinorrhea, muffled noises, headache, and fever. Initially, these symptoms were attributed to sinus-bronchial syndrome and were treated with cycles of steroids and antibiotics without benefit. Upon further examination, a sinus and chest CT revealed multiple confluent irregular pulmonary nodules and chronic sinus disease. Additionally, an autoimmunity screening revealed the presence of C-ANCA, leading to a diagnosis of non-severe stage GPA (absence of life-threatening organ involvement). The patient was treated with a high dose of glucocorticoids as induction therapy, followed by rituximab administration.
Conclusions: The diagnosis of GPA should be suspected in cases of constitutional symptoms and clinical evidence of upper/lower respiratory tract involvement or glomerulonephritis. The suspicion should be further increased in the presence of ANCA positivity. GPA is burdened by significant morbidity and mortality due to either irreversible organ dysfunction from inflammatory injury or the consequences of prolonged therapy with immunosuppressive agents (such as an increased risk of malignancy and infection).

The influence of cancer on coagulation factors: a case of B lymphoproliferative disease

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Premises: Acquired coagulation inhibitors are antibodies that neutralize the activity of clotting factors.
Clinical case: A 77-year-old woman arrived at the Hemostasis clinic of the AOU Federico II of Naples for spontaneous bruising, with no anamnesis due to haemorrhagic pathologies. At laboratory tests: PT/INR=3.25, aPTT ratio=1.65, weak lupus anticoagulant positivity. Normal blood counts, liver and kidney function indices. Excluding the iatrogenic intake of AVK drugs, hospitalization was prepared during which she presented a reduction in coagulation factors II, VII, X with no response to vitamin K, sub-optimal correction to the mixing test and presence of low titer of autoantibodies inhibiting factors II and X. No autoimmunity and infectious diseases. At CT scan lot of lymphadenopathies in the abdomen. At lymphocyte typing, small B lymphocyte clone in less than 2% of circulating lymphocytes compatible with B lymphoproliferative disease. Acquired factor II and X deficiency secondary to hematologic malignancy were diagnosed and low-dose steroid treatment was started (prednisone 0.4 mg/kg) which was followed by progressive correction of laboratory values, with resolution of bleeding. She resigned, with indication of haematological follow-up and steroid treatment for 4 weeks, until suspension.
Conclusions: Acquired inhibitors of coagulation may be linked to autoimmune diseases, cancer, infections. Steroid

therapy is generally the treatment of choice to eradicate inhibitors. In the case described, the steroid treatment allowed the resolution of the haemorrhagic manifestations.

Un caso di instabilizzazione di insufficienza cardiaca in Medicina Interna: dalla diagnosi al follow-up

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Premesse: La gestione del paziente anziano con HF+comorbilità rappresenta una sfida continua per l'internista,sia nella fase acuta che nel follow-up.
Descrizione caso: M, 76 aa, comorbilità multiple, CMD post-ischemica con ICD, episodi di FA all'interrogazione del device (Rivaroxaban 15 mg/die), DM2, BPCO, IRC stadio III-IV. In PS per dispnea ingravescente: acidosi resp. scompensata (Ph:7,2), BNP:1000, creat:1,9. Ecocardio: FE 27%; TAPSE: 15 mm; VCI dilatata→ricovero in Medicina Interna,letto monitorato h24. Deficit ferro trattato con ferro carbossimaltosio. Switch Losartan→Sac/Vals 24/26 mg bid; Tiotropio→triplice tp broncodilatatrice; Atorvastatina→ EZE/Atorva 10/40 mg(LDL:70 mg/dl); Metoprololo→ Nebivololo 1 cp/die;introdotto Dapagliflozin 10 mg/die. Mantenuto Canreonato K+ 50 mg/die. Vit. B1 nella norma. Decorso ok, dimissione 9° giornata (HFrEF NYHA III+BPCO riacutizzata) e follow-up a 11° giorno ambulatorio scompenso per prosecuzione titolazione farmaci specifici. A controlli successivi ravvicinati,raggiungimento dosaggi target dei farmaci senza effetti avversi, K+<5,2 mEq/L. 14 settimane da dimissione: classe NYHA I, FE Vsx 50%.K+:5,5. Stop Canreonato K+. Dopo 1 mese: condizioni stabili. K+:6,4. Introdotto Ciclosilicato Zirconio (CsZ)1 bust/die, sospesa Furosemide (no congestione). Controllo a 3 gg K+:5,1. A 7 gg: 5,7.↑CsZ a 2 bust/die, poi mantenuto→dopo ulteriori 5 gg: 5 mEq/l. Rivalutazione eco: FE 42%. Prosecuzione ARNI/BB/SGLT2-i, stabile.
Conclusioni: Caso esemplificativo di complessità gestionale di HF nell'anziano+comorbilità multiple alla luce delle tp innovative disponibili, utilità del follow-up clinico-ecografico.

Intossicazione da metformina: a case report

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Premesse: La metformina rappresenta uno dei principali ipoglicemizzanti orali. Uno degli eventi avversi più rari è rappresentato dall'acidosi lattica associata a metformina (MALA), che colpisce circa 2-9 persone su 100000 negli USA con elevata mortalità (30%).
Descrizione del caso clinico: Una paziente di 82 anni accedeva in PS per anuria ed alterazione del sensorio. Agli esami ematici si riscontrava una severa insufficienza renale (crea 11,46 mg/dL) con associata acidosi metabolica (pH 7,05, latt 2,99 mmol/L, HCO3 8,6 mmol/L). Inizialmente trattata con ampie dosi di liquidi (5000mL), di diuretico (250 mg di furosemide ev) e di Bicarbonati (400cc all'8,4%), la paziente veniva poi ricoverata in reparto. All'ingresso, sospesa la terapia domiciliare con Metformina (2000mg/die), eseguiva valutazione nefrologica che escludeva la necessità di dialisi per timing. In seconda giornata la paziente veniva trasferita in rianimazione a causa dell'insorgente acidosi respiratoria instauratasi a compensazione dell'eccesso di basi somministrate, e sottoposta a ciclo di NIV. Confermata la diagnosi di intossicazione, la paziente decedeva in decima giornata a causa di complicanze settiche (urosepsi da E. Faecalis).
Conclusioni: Data la diffusione di questo farmaco, occorre prestare attenzione agli effetti avversi per un utilizzo corretto. Occorre un monitoraggio territoriale della funzionalità renale; importante sarebbe la possibilità di un rapido dosaggio del farmaco nei reparti d'urgenza: studi recenti infatti hanno dimostrato una buona efficacia della dialisi precoce (70% di sopravvivenza).

Sintomi neurologici e piastrinopenia: molto rumore per nulla

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Caso clinico: M 78 anni: febbre, confusione, disequilibrio, afasia, transitoria emiparesi sinistra, non meningismo. Anamnesi: ipertensione, piastrinopenia vera isolata da anni stabile asintomatica (circa 50mila Plt). TC encefalo cmdc neg per eventi acuti, esito lacunare. Laboratorio: piastrine 3 mila, GB 5420 con monociti 22%, nella norma il resto in particolare PT, PTT, fibrinogeno, funzione renale, PCR, Hb. Richieste PCR su siero per virus West Nile, Toscana (TOSV), Usutu. Risulterà positiva la ricerca del TOSV (PCR + IgG IgM). Successivamente comparsa di artromialgie, risoluzione di febbre e sintomi neurologici, miglioramento Plt (autoanticorpi negativi), colture neg; eseguita BOM: quadro compatibile con sindrome mielodisplastica.
Discussione: L'infezione da TOSV è una virosi trasmessa da flebotomi. L'uomo è considerato ospite terminale. Infezione in genere asintomatica oppure associata a febbre, cefalea, nausea/vomito, esantema, mialgie: risoluzione spontanea in 7 giorni. In alcuni casi meningite/encefalite/polineuriti. TOSV è raramente considerato nella DD di infezioni SNC (sottodiagnosi). L'interesse scientifico per questo arbovirus è minore rispetto ad altri (WestNile, Chikungunya, Dengue): produzione scientifica più limitata. TOSV è diffuso in Italia, area Mediterranea, Europa. Casi con interessamento neurologico in Italia dal 2016: circa 50/aa, prevalenza dall'Emilia Romagna; vi è prevalenza del sesso M e interessamento di quasi tutte le età. Non correlazione tra età avanzata e gravità, negli ultimi 3 aa non decessi. Trattamento: non sono indicati farmaci antivirali.

A rare life-threatening cause of digestive haemorrhage: the importance to maintain high clinical suspicion

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Background: Aortoenteric fistula is an abnormal connection between gastrointestinal system and aorta. Incidence is estimated to be 0.007 per million. Aortic wall erodes into the adjacent gastrointestinal tract.
Case Report: A 91years old man was admitted on August in Internal Medicine ward for hypotension and anaemia. On March he underwent endovascular repair of aortic aneurism. Upper endoscopy evidenced a duodenal mass (eosinophilic duodenitis on histology). On September patient was hospitalised for several episodes of melena with massive haemorrhage. He was transfused with concentrated red blood cells. CT angiography (CTA) revealed abdominal endoleak and active contrast extravasation into the duodenal lumen. Upper endoscopy confirmed suspicion of fistula between the aneurysm sac and the duodenum. Given the poor prognosis, relatives decided to withdraw surgery or endovascular treatment.
Conclusions: Aorto-enteric fistula is a devastating cause of upper gastrointestinal bleeding. Clinical suspicious is low because of its rarity. CTA, endoscopy or arteriography are potential diagnostic methodologies able to detect the abnormal communication. Timely intervention with endoscopic or open surgical repair is essential because this condition is fatal without an endovascular or open surgical repair (esti-

mated mortality rate of 80-100%). A clinical approach and multidisciplinary management are essential for diagnosis and treatment. Physicians must maintain a high degree of clinical suspicion particularly in patients with aortic aneurysms or previous vascular surgery.

Sulla pista di una trombosi portale...la policitemia vera

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Premesse: La trombosi portale è una tipica complicanza della cirrosi ma può essere causata anche da disordini mieloproliferativi, patologie neoplastiche, trombofilia, sindrome da anticorpi antifosfolipidi, interventi chirurgici.
Descrizione del caso clinico: Paziente di 64 anni, storia anamnestica muta per fattori di rischio per trombosi portale. Giunge in PS per dolori addominali associati a febbre, riscontro all'ecografia addome e successiva TC torace-addome con MDC di trombosi portale con estensione ai rami intraepatici, vena mesenterica superiore e inferiore, splenica, lesioni infartuali epatiche, milza aumentata di dimensioni con aspetto globoso, ispessimento parietale del retto, non segni di epatopatia, negativo lo studio toracico. Anticorpi antifosfolipidi, studio trombofilico, markers tumorali risultati negativi. Emocromo con formula e striscio periferico senza alterazioni di rilievo eccetto lieve policitemia, BCR-abl negativo. Eseguita integrazione TC encefalo ed esami endoscopici risultati negativi per formazioni neoplastiche. A questo punto nel sospetto di una policitemia vera, è stata richiesta la mutazione JAK2 risultata positiva. Per tale motivo l'eparina è stata sostituita con warfarin e la paziente avviata in ambiente ematologico per successivo follow up e presa in carico. I successivi controlli radiologici (TC, RMN ed ecocolordoppler) hanno documentato una significativa riduzione della trombosi.
Conclusioni: La trombosi portale nei pazienti non cirrotici rappresenta sempre un'affascinante sfida diagnostica per l'internista.

Una fibrillazione atriale di difficile trattamento

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Premesse: L'efficacia dei DOAC nel prevenire gli eventi trombo embolici (TE) nei pazienti affetti da fibrillazione atriale (FA) è ormai accertato. Nella pratica clinica esistono condizioni complesse per il quale è necessario valutare attentamente rischi e benefici dei DOAC.
Descrizione caso clinico: Paziente RL di anni 89, ricoverata per episodio di melena con anemia secondaria (Hb=7.3 g/dl). Comorbidità: FA in trattamento con DOAC (Apixaban 10 mg die), cardiopatia ischemica cronica in terapia con Clopidogrel 75 mg, cerebropatia vascolare cronica multinfartuale con pregressi stroke ischemici. A causa del recente episodio di melena è stata sospesa terapia con DOAC e sottoposta a trasfusione di emazie concentrate. Ha praticato EGDS e colonscopia con evidenza di multiple teleangectasie duodenali del colon discendente e sigma-retto. La pz presentava un elevato rischio emorragico (HAS-BLED=4) e pur essendo in terapia con Clopidogrel, che non ha dimostrato efficacia nel ridurre il rischio TE da FA, si è deciso di procedere a legatura di auricola. Dalla dimissione ha praticato esami di controllo ed ha sei mesi non ha riportato ulteriori episodi di sanguinamento
Conclusioni: In alcune categorie di paziente l'utilizzo dei DOAC potrebbe essere una scelta, ma altrettanto indispensabile per prevenire il TE. Pur non essendo presenti in letteratura studi di controllo tra DOAC e occlusione dell'auricola, quest'ultima procedura si è dimostrata efficace nel prevenire il TE e ridurre il rischio di sanguinamento nei soggetti che non possono essere sottoposti a trattamento con DOAC.

Il remdesivir nella terapia del COVID-19: risultati di uno studio retrospettivo condotto in un reparto di degenza non intensiva nel periodo dicembre 2021-marzo 2022

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Premesse e Scopo dello studio: Il trattamento farmacologico della malattia COVID-19 varia in base alla gravità del quadro clinico. Tra i farmaci più impiegati a livello ospedaliero vi è l'antivirale Remdesivir. Abbiamo pertanto condotto uno studio retrospettivo volto a valutare l'efficacia del Remdesivir nei pazienti ricoverati per COVID-19.
Materiali e Metodi: In questo studio retrospettivo, condotto nel periodo Dicembre 2021-Marzo 2022 in un reparto di degenza non intensiva, abbiamo confrontato alcuni outcome clinici (mortalità a 30 giorni ed intubazione orotracheale, necessità di ventilazione meccanica non invasiva e sua durata, giornate di degenza) tra un gruppo di pazienti a cui era stato somministrato Remdesivir ed uno che non l'aveva ricevuto. Abbiamo poi considerato due sottocategorie: quella dei pazienti vaccinati e quella dei pazienti non vaccinati.
Risultati: Non abbiamo riscontrato una differenza statisticamente significativa nei vari gruppi di pazienti in termini di degenza media, necessità di eseguire NIV e sua durata; nei pazienti che hanno ricevuto Remdesivir, rispetto a chi non lo ha ricevuto, abbiamo riscontrato una differenza statisticamente significativa nell'outcome combinato "decessi a 30 giorni e IOT" (in particolare nel sottogruppo dei pazienti vaccinati).
Conclusioni: I pazienti a cui è stato somministrato il farmaco Remdesivir hanno presentato una riduzione significativa dell'end-point combinato Intubazione Orotracheale+mortalità a 30 giorni che è stato del 8% *vs* 30% (p=0,007), in particolare nel sottogruppo dei pazienti vaccinati.

Un caso particolare di *stroke mimic*

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Premesse: Gli "Stroke Mimics" comprendono vari quadri clinici che, simulando uno stroke, possono venire erroneamente interpretati dal medico con conseguente errato percorso diagnostico-terapeutico.
Descrizione del caso clinico: Il Medico internista di guardia viene allertato perché un paziente, ricoverato in UTIC per ripetuti episodi di tachicardia ventricolare determinanti sincopi, presenta un deficit di forza acuto e databile all'arto superiore sinistro. In anamnesi cardiopatia dilatativa in non compattazione ventricolare sinistra per cui in corso terapia anticoagulante orale, diabete mellito, dislipidemia, impianto di ICD. Sottoposto nel corso della stessa mattinata a procedura di anestesia del ganglio stellato per il trattamento dello storm aritmico. Il paziente, dopo la valutazione medica che conferma il deficit dell'arto superiore sinistro in assenza di altri reperti neurologici obiettivabili, viene sottoposto ad Angio TC Cranio urgente (risultata nei limiti) e ad esami ematochimici che mostrano INR non in range terapeutico; non viene invece eseguita RM Encefalo dopo valutazione del rischio connesso allo spegnimento di ICD. Il medico internista decide di non eseguire la trombolisi per l'alta probabilità di lesione nervosa periferica; il paziente, in poche ore, ha presentato completo recupero della mobilità dell'arto.

Conclusioni: Nei pazienti in cui è posto un sospetto clinico di Stroke, anche in presenza di fattori di rischio significativi, occorre sempre escludere che si tratti di uno Stroke Mimic onde evitare errori terapeutici.

Thalamic pain syndrome: a case report

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Case Report: A 51-year-old african female with diabetes mellitus and hypertension went to ED for right hemilateral dysesthesia and pain. The neurological visit highlighted mild right sided weakness and allodynia. Brain CT scans at admission were negative. The laboratory exams were unremarkable except for hypercholesterolemia. In the doubt between a peripheral or central lesion, she underwent to cervical and brain MRI, with evidence of ischemic lesions of left midbrain tegmentum and thalamus. TTE showed left ventricular hypertrophy, TEE and carotid ultrasound excluded PFO/thrombosis in left auricle and stenosing plaques. The clinical picture was attributable to thalamic hyperpathy. The patient was discharged with medical and rehabilitation therapy.
Discussion: Thalamic pain syndrome is an unfortunate outcome following a cerebrovascular accident (CVA). The thalamus is a basal grey nuclei wich serves as a cross-linking point for multiple networks. Thalamic lesions are associated with numerous disorders, among which CVA is the most frequent. Hyperpathy amounts to a crossed central neuropathic pain syndrome. The pain is deep, persistent and often refractory. Treatment options (neuropathic medications, opioids or more invasive treatment options such as deep brain stimulation or surgery) are limited and vary in efficacy. Alternative and integrative treatment approaches may improve pain and quality of life.
Conclusions: Providers must keep thalamic pain syndrome on their differential for all patients who have suffered a CVA and are complaining of symptoms of neuropathic pain.

Acute onset of dysphagia in an elderly patient

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Dysphagia is a severe and disabling condition usually caused by degenerative neurological diseases, neoplasms, iatrogenic or infectious diseases (fungal or herpetic esophagitis). An 82-year-old patient for positivity to the COVID-19 has been hospitalized in our Covid medicine, autonomous until the fall of a month before, in which she had reported an S1 fracture that had forced her to bed, no major pathology in anamnesis. Upon arrival the patient was feverish, dyspnoic, hypoxic, so much so as to need a 50% Venturi Mask alert but slowed down from its standard, bedridden by the recent fracture, with reported total dysphagia and opisthotonus, present for a few days by her son. Blood chemistry tests showed increased PCR and modest leukocytosis. Chest X-ray did not show sufficient commitment to justify respiratory failure. We immediately started remdesivir therapy for COVID-19 and performed blood and urine culture to rule out bacterial superinfection. Blood culture showed positivity for Listeria Monocytogenes. CT brain was negative. Lumbar puncture showed increased protein and slight decreased glucose. Promptly started the targeted antibiotic therapy, the patient has, in the following days, resolved first the dyspnea with gradual resolution of the need for oxygen and then dysphagia and opisthotonus. The positivity for COVID-19 has confused at the entrance the link of dyspnea with dysphagia, which remained unexplained. The positivity of blood cultures for Listeria and lumbar puncture allowed to link the symptoms, making a diagnosis of probable Listeria cerebellar involvement.

Importanza della multidisciplinarietà in un reparto di Medicina Interna ai fini di un inquadramento diagnostico: un caso di leucemia mieloide acuta

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Premesse: La diagnosi precoce di una malattia onco-ematologica è fondamentale ai fini prognostici: l'inquadramento tempestivo permette di intraprendere terapie specifiche incidendo sull'outcome e sulla sopravvivenza.
Descrizione del caso clinico: Paziente di 65 anni, ricoverata in Medicina Interna per colite da Clostridioides difficile. Decorso complicato da pancolite con megacolon e sepsi da Candida Albicans. Comparsa di insufficienza respiratoria, trasferita in rianimazione, tracheostomia. Rientra in reparto e presenta durante la degenza sepsi con shock settico da Candida e da Klebsiella Pneumoniae Carbapenemasi-produttrice, endocardite da Stafilococco capitis, effettuati ripetuti cicli di terapia antibiotica su indicazione infettivologica. Durante il decorso si sono osservate a più riprese reazioni leucemoidi con successiva normalizzazione della leucocitosi. Spondilodiscite, per cui effettuata biopsia su corpo vertebrale: sospetta condizione mieloproliferativa in evoluzione. Comparsa di severa leucocitosi e piastrinopenia. Su indicazione ematologica eseguito striscio di sangue periferico: presenza di elementi monocitoidi sospetti. Effettuato immunofenotipo che depone per Leucemia Mieloide Acuta. Paziente trasferita in reparto di ematologia per inizio terapia citotossica.
Conclusioni: La sinergia di competenze specialistiche diverse in un reparto di Medicina Interna ha consentito l'inquadramento diagnostico e i trattamenti adeguati ad una paziente affetta da plurime comorbidità e l'invio tempestivo nel setting di cura adeguato.

Quando un paziente internistico va avviato alle cure palliative? Criticità prognostiche, aspetti etici e culturali

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Premesse: Le cure palliative (CP) sono quell'insieme di cure, farmacologiche e non, volte a migliorare la qualità di vita sia del malato in fase terminale e della sua famiglia. La difficoltà del medico internista nell'identificazione appropriata e tempestiva dei pazienti rappresenta una criticità. E' necessario un inquadramento prognostico corretto, una buona comunicazione con i familiari, il superamento delle difficoltà degli medici nella deprescrizione.
Descrizione del caso clinico: Paziente di 95 anni, ipertensione arteriosa, pregresso ictus cerebri, FAC, epilessia, allettato, IK 30. Giunge in PS per caduta accidentale, successivo ricovero in reparto di Medicina Interna. TC cranio: petecchie emorragiche diffuse. In base agli indici prognostici SPICT e il Necpal emerge elevata fragilità clinica. Effettuato colloquio con i familiari, propensi all'invio in hospice. Richiesta consulenza palliativa: non indicazione alle CP per assenza di patologia driver. Dagli esami si rileva componente monoclonale, con successiva diagnosi di Mieloma Multiplo. Ricovero complicato da sepsi. Seconda valutazione palliativa: richiesta consulenza ematologica per nulla osta all'invio. Il paziente dopo 20 giorni di trattamenti diagnostici e terapeutici viene trasferito in hospice.
Conclusioni: Per garantire al paziente internistico con prognosi infausta le CP sono necessari strumenti prognostici validi specifici, una rete di internisti e palliativisti dedicata all'identificazione precoce del paziente e alla comunicazione finalizzata all'accettazione della prognosi.

A rare pancreatic lesion: a case report

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Background: pancreatic follicular lymphoma (PFL) is an extremely rare condition accounting for 0.1-0.5% of malignant lymphomas.The clinical manifestations are non-specific, therefore main differential diagnosis include primary pancreatic or neuroendocrine tumors. Most of the times it is located in the pancreatic head, and adult males usually between their 5th or 6th decade of life are more often affected. The most common histological subtype of PFL is diffuse B large cell lymphoma.
Case Report: A 45-year-old man presented to ED with a history of nausea and epigastric pain. Laboratory tests revealed a normal blood count, serum transaminase and CA19-9 level. He did have increased amylase and lipase. CT revealed a swollen pancreas head without biliary or pancreatic duct dilatation. MRI documented a nodularity in the pancreatic head of 48 x 38 mm with compression of the Wirsung, celiac tripod and portal vein. No peripheral lymphadenopathy or hepatosplenomegaly was reported. FDG-PET/CT showed increase uptake (SUV max 39.5). EUS revealed a 48 x 38 mm heterogeneous, hypoperfused mass. Borders were relatively clearly delineated. Contrast-enhanced EUS showed early enhancement similar to the adjacent normal pancreas EUS-FNA confirmed the diagnosis.
Conclusions: PFL is a rare condition, with a better prognosis compared to the more frequent adenocarcinoma. Given the absence of clinical signs, radiographic or specific laboratory criteria, it is of critical to perform the EUS guide FNA and the cytological and immunohistochemical investigation to confirm the diagnosis and guide therapy.

Management of pemphigus vulgaris: a case report

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Background: Pemphigus vulgaris (PV) is a life-threatening autoimmune bullous disease characterized by flaccid blisters and erosions of the mucous membranes and skin caused by circulating immunoglobulin G antibodies directed against desmosomes. Rituximab has been approved as first-line treatment for moderate and severe PV.
Case Report: A 45-year-old female with a history of PV, admitted to Internal Medicine for pneumonia complicated by pulmonary thromboembolism. The patient had extensive skin lesions (>15% BSA, moderate disease), tracheostomy, enteral tube feeding, sarcopenia and mucous dehydration. The primary objective was the control of bollous lesions to avoid superinfections.
Conclusions: Due to the complexity of the case, teamwork was essential. The intervention of the nurses was fundamental as well as the consistent and important use of the International Nursing Diagnosis(NANDA-I), of the Nursing Outcomes Classification(NOC) and the Nursing Interventions Classification (NIC). The daily dressings with 2% eosine, the use of anti-decubitus systems, the correct mobilization of the patient, and pain management allowed us to obtain the progressive reduction of the size and depth of the lesions. Other effects of indispensable care of the nurses were the remission of the infected sites and erythematous areas, and the gradual re-epithelialization of wounds. Proper nursing management, through the use of a reasoned nursing process Nanda-I, NIC, and NOC, was an added value for the healthcare team enabling the achievement of therapeutic goals for the well-being of the patient.

Hospitalization in patients with heart failure: a critical event that may become a clinical opportunity for the optimization of therapy

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Background: Hospitalization for patients (pts) with heart failure (HF) is a critical event that may become a clinical opportunity, particularly for the optimization of therapy.
Methods: An observational study of pts with HF admitted to 15 Internal Medicine wards in Campania over a period of 3 months was conducted to evaluate frequency and adherence of therapy before hospitalization and after discharge. A descriptive analysis was conducted on the data and statistically significant associations were evaluated with X2 test.
Results: We enrolled 427 pts (127 EF<40%; 216 EF 40-50%; 84 EF>50%) (210 F; mean age 78.5 y). The drugs most used at the time of hospitalization and after it were found to be diuretics (80.3/93.5%), BB (69.6/92.6%) statins (52.1/63.7%) with statistically significant pre/post differences ($p<0.05$). For therapy with Sacubitril/Valsartan there are statistically significant differences both between the pre/post groups (3.6/18.8%) and within the various groups of the categorical variable EF. In particular, at admission there was no statistically significant difference between the use of the therapy and EF, while this difference was found after discharge. This drug was used above all in the group with EF<40% compared to the other two groups (60.6% $p<0.001$).
Conclusions: The collected data suggest that hospitalization influences in a statistically significant way the change or adjustment of therapy for almost all drugs. For some such as Sacubitril/Valsartan, NAO, BB and ACEi, the change of therapy is associated with the group of belonging FE.

Soddisfazione dei pazienti ricoverati in medicina ad alta intensità APSS: proposte di miglioramento dell'assistenza

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Premesse e Scopo dello studio: Il livello di soddisfazione degli utenti costituisce una risorsa importante per la riorganizzazione dei servizi. L'implementazione dei setting di alta intensità nei reparti di medicina ha modificato le modalità assistenziali che vanno monitorate nel loro evolversi. Obiettivo dell'indagine del dipartimento medico di Apss è rilevare l'opinione dei pazienti ricoverati in alta intensità, per migliorare informazione, relazione, comfort e riposo-sonno.
Materiali e Metodi: Somministrazione di un questionario, anonimo su base volontaria, ai pazienti dopo qualche giorno dal ricovero in alta intensità sui seguenti temi: informazione ricevuta da medico e infermiere; rispetto del pudore e riservatezza, confort della degenza; qualità del riposo notturno e motivazioni del mancato riposo. Alcune domande del questionario sono tratte dal "Newcastle Satisfaction with Nursing Scales".
Risultati: Nel 2022 sono stati raccolti 315 questionari dai setting di alta intensità Apss. Le risposte riguardanti l'informazione ricevuta dai pazienti la tutela della riservatezza e del pudore sono positive, da migliorare il confort della stanza di degenza. Item critico è la qualità del riposo sonno che per quasi il 60% degli intervistati risulta non essere soddisfacente.
Conclusioni: L'analisi delle risposte e il confronto con la

letteratura hanno sensibilizzato gli operatori a una migliore gestione del riposo sonno (introduzione di tappi antirumore-mascherine) e ad approfondire la rilevazione e gestione di dolore ansia e disturbi legati al setting.

Strategie di trattamento per l'osteoporosi complicata in paziente con sarcoidosi: caso clinico

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Premessa: L'osteoporosi è una malattia metabolica ossea che colpisce milioni di persone nel mondo. La principale conseguenza della malattia sono le fratture, dovute alla bassa densità minerale ossea e alla compromissione della microarchitettura ossea. Tra i fattori di rischio rientra l'utilizzo prolungato di corticosteroidi.
Caso clinico: Un uomo di 59 anni accedeva presso il nostro ambulatorio per osteoporosi secondaria ad uso di corticosteoridi. In anamnesi riferiva sarcoidosi polmonare da 5 anni, in trattamento con glucocorticoidi (35 mg/die per 3 anni) con graduale scalaggio, fino a sospensione ad Aprile '22. Le linee guida raccomandano la prevenzione dell'osteoporosi indotta da glucocorticoidi tramite bisfosfonati o teriparatide associati a supplemento di calcio e vit D. Il paziente aveva iniziato prevenzione con bisfosfonati da Ottobre '21, nonostante ciò la RM colonna di Aprile '22 mostrava crolli vertebrali (D6-D7-D8) grado II sec. Genant. In letteratura sono descritti solo 4 casi di pazienti con sarcoidosi trattati con teriparatide, 1 in trattamento cronico con corticosteroidi, 1 in fase di scalaggio, 2 non in trattamento con corticosteroidi. Solo il Paziente in trattamento stabile con corticosteroidi non ha presentato riattivazione della patologia. Abbiamo quindi deciso di iniziare terapia con Denosumab ed effettuare follow-up.
Conclusioni: Ad oggi non ci sono evidenze sulla sicurezza di teriparatide in pazienti con sarcoidosi, pertanto una strategia terapeutica alternativa sarebbe auspicabile per evitare la riattivazione della sarcoidosi o la progressione dell'osteoporosi.

Eltrombopag-related deep vein thrombosis with bilateral pulmonary embolism in a patient with immune thrombocytopenia: a case report

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Primary immune thrombocytopenia (ITP) is an acquired autoimmune disease characterized by isolated thrombocytopenia. Secondary to eltrombopag (thrombopoietin receptor agonists used in second-line therapy) have been reported thrombotic events. We present a case of deep vein thrombosis with bilateral pulmonary embolism in a patient given eltrombopag for ITP. A 82-year-old male presented to the emergency department with fever and shortness of breath for several days. He had a history of ITP treated with glucocorticoids and eltrombopag almost one month ago. Physical examination showed normal blood pressure and heart rate, respiratory rate of 22 breaths/min, pulse oximetry oxygen saturation of 94% on 4L nasal cannula oxygen. Laboratory tests showed leukocytosis and thrombocytopenia (1 k/ul), with no evidence of any sign of bleeding. Lower extremity venous duplex ultrasound showed acute deep vein thrombosis of the right femoral and popliteal veins. The echocardiogram showed normal right ventricular systolic function, left ventricular ejection fraction was 55%. Computed tomography pulmonary angiogram showed a bilateral pulmonary embolism. Eltrombopag was stopped, no platelet transfusion was performed. The patient was started on glucocorticoids and intravenous immunoglobulins, inferior cava filter was placed. Enoxaparin was started when platelet count was above 30 k/uL. Our case confirms the risk of thromboembolic events following the use of eltrombopag in patients with ITP and underlines the importance of clinical and laboratory monitoring of the patient during therapy.

An unusual case presentation of granulomatosis with polyangiitis

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Introduction: Gwp is an uncommon disorder that causes inflammation of the blood vessels, early diagnosis and treatment might lead to a full recovery. Without treatment, the condition can be fatal.
Description: A previously healthy 41-year-old Caucasian male (recent infection SARS-CoV-2)was admitted to the hospital due to persistent and antibiotic-resistant fever, cough and sore throat. He was treated with levofloxacin and Ibuprofen without improvement. Laboratory investigation: mild anaemia neutrophilic leucocytosis, thrombocytosis, elevated transaminase levels and CRP. Thorax exam showed right basal crepitations. Chest X-R revealed large parenchymal opacity of lobar pneumonia. Was treated with pip-taz /clarithro, but the fever persisted. Pneumococcal,Legionella antigens, molecular respiratory,urine, culture, blood culture, malignant diseases, bronchoscopy, were negative CTtb (c) showed parenchymal consolidation in the right lower lung lobe A CT-guided percutaneous needle pulmonary biopsy was arranged to obtain a histological diagnosis. Autoimmune panel was significant for positive Anti-proteinase 3 autoantibody The histological findings were compatible with Granulomatosis with polyangiitis (Wegener's).
Conclusions: Received pulse dose corticosteroids and he was transitioned to oral prednisone.Rheumatology was consulted for further evaluation and management; was started on Rituximab.

Una localizzazione non comune di epatocarcinoma extra-epatico in un paziente con cirrosi

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In un uomo di 73 aa con storia di consumo alcolico a rischio è stata rilevata una sospetta neoplasia pancreatica di circa 6 cm ad una ECO di controllo per epatite HCV. Alla TC è stata identificata una pertinenza retroperitoneale della lesione, un aspetto cirrotico del fegato con circoli collaterali. E' stata effettuata una ecoendoscopia + FNAB con esito istologico di carcinoma scarsamente differenziato a immunoistochimica epatoide. Erano rilevabili modesta elevazione di CA 19-9 e CEA, AFP 9436.0 KU/L. A EGDS erano presenti varici F2 RWM-, mentre a RMN fegato mdc non erano presenti noduli sospetti. Nel sospetto di possibile metastasi di primitivo occulto sono state effettuate colonscopia e TC torace negative, PET FDG che mostrava captazione solo sulla nota lesione. In assenza di altre neoplasie è stato ipotizzato un tumore epatoide primitivo retroperitoneale. Per la presenza di ipertensione portale, è stata effettuata HVPG che ha documentato elevato (20 mmHg), per cui è stata effettuata TIPS per riduzione del rischio chirurgico. Dopo TIPS il paziente ha presentato transitoria encefalopatia epatica, risoltasi con lattulosio. Il paziente è stato sottoposto a chirur-

gia senza complicanze. All'esame istologico l'istologia ha documentato un Epatocarcinoma ectopico scarsamente differenziato. **Conclusioni:** La localizzazione primitiva extraepatica di HCC, come il caso in esame, è una manifestazione non tipica ma nota in letteratura. La TIPS preoperatoria in pazienti selezionati è una possibile strategia di riduzione del rischio di scompenso epatico.

Una sindrome molto comune in corso di infezione ma spesso non identificata: la dilatazione epatica sinusoidale non ostruttiva

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Una donna con storia di IVU ricorrenti è giunta in PS con una diagnosi clinico-laboratoristica e radiologica (TC addome mdc) di pielonefrite acuta sn. All'accesso gli indici di flogosi erano elevati e le transaminasi nella norma. A 48h la febbre si è risolta ma è comparso un dolore in ipocondrio dx, precedentemente non presente. Laboratoristicamente la flogosi era migliorata, ma era presente una modesta elevazione delle ALT. È stata ripetuta la TC addome, che oltre alla pielonefrite, ha rilevato ascite, epatomegalia con enhancement irregolare a "mosaico", ispessimento colecistico ed edema periportale. Il Doppler rilevava dilatazione sovraepatica e cavale con vasi pervi. Nel sospetto di una sindrome di Budd-Chiari da ostruzione venulare è stata proposta una biopsia transgiugulare ed HVPG, escluse per rapporto rischio-beneficio sfavorevole, sono state ricercate possibili alterazioni della coagulazione ed un ECOcardio, nella norma. È stata iniziata terapia anticoagulante ed ha proseguito la terapia antibiotica. Al monitoraggio ecografico le alterazioni dell'imaging sono rapidamente scomparse con la normalizzazione della flogosi. Alla rivalutazione a posteriori, dopo rivalutazione della radiologia e della letteratura, il quadro è stato ricondotto ad una dilatazione sinusoidale epatica secondaria a pielonefrite.
Conclusioni: La dilatazione sinusoidale epatica non ostruttiva è un fenomeno comune in corso flogosi addominale (in 19-74% delle pielonefriti). Le alterazioni (ascite ed epatomegalia) sono benigne e si risolvono con la risoluzione dell'infezione.

Ecografia con mezzo di contrasto *high frame rate* nella caratterizzazione di piccole lesioni focali epatiche nel follow up di 126 pazienti cirrotici

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Premesse e Scopo dello studio: Mostrare l'efficacia della CEUS ad onda piana (HighFrame-Rate (HiFR-CEUS)) rispetto alla CEUS "convenzionale" (ad onda piana) (C-CEUS) nella caratterizzazione di piccole lesioni epatiche focali (<2 cm) non facilmente rilevabili mediante TC in pazienti cirrotici.
Materiali e Metodi: L'ecografia ha rilevato piccoli FLL (<2 cm) in 126 cirrotici durante il follow-up (01-2019 – 01-2023). La diagnosi finale è stata ottenuta con RMN (94) o fnb (32 casi). C-CEUS è stato eseguito e HiFR-CEUS è stato ripetuto dopo 5 minuti; diagnosi finale: 88 lesioni benigne e 38 maligne; abbiamo utilizzato la classificazione LI-RADS per valutare sensibilità, specificità PPV, NPV e accuratezza diagnostica di C- e HFR-CEUS.
Risultati: C-CEUS=HiFR-CEUS in 58 noduli; HiFR-CEUS >C-CEUS in 64 noduli; C-CEUS >HIFR-CEUS in 2 noduli. C-CEUS - LI-RADS: tipo-1: 18 noduli, tipo-2: 21; tipo-3:7, tipo-4:7; tipo-5: 8; tipo M: 2; HiFR-CEUS: tipo 1: 38 noduli, tipo 2: 2; tipo-3:4, tipo-4: 2; tipo-5: 15; tipo M: 2; Rispetto alla diagnosi finale: C-CEUS: TP: 17; TN: 39; PS: 5; NV:2; HIFR-CEUS: TP: 18; TN: 41; PS: 3; NV:1; C-CEUS: sen: 89,5%; Specifiche: 88,6%, PPV: 77,3%; VPN: 9,5,1%; Diagn Acc: 88,6% (AU-ROC: 0,994;SEAUC: 0,127); HiHFR CEUS: sen: 94,7%; Spec: 93,2%, PPV: 85,7%; VPN: 97,6%; Diagn Acc: 93,2% (AU-ROC: 0,9958; SEAUC: 0,106).
Conclusioni: Sia C-CEUS che HIFR-CEUS sono un buon sistema di imaging per la caratterizzazione di piccole lesioni rilevate durante il follow-up di Pz cirrotici. HiFR-CEUS consente una migliore caratterizzazione FLL

Unusual adverse reaction to amiodarone: a case report of an intrahepatic cholestasis

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Background: Adverse reactions to amiodarone are potentially life-threatening. These includes corneal deposits of the drug, hypotiroidism or hyperthiroidism, pneumonitis, acute respiratory distress syndrome (ARDS) or lung fibrosis and hepatotoxicity. One in three patients presents elevated liver enzymes, and clinically apparent liver toxicity occurs in 1% of patients.
Case description: A 77-years-old woman showed with hyperbilirubinemia (total bilirubin 5.5 mg/dl; conjugated bilirubin 4.9 mg/dl), increased aminotransferases(GOT 155 UI/L, GPT 283 UI/L) and gamma-glutamyltranspeptidase (1159 UI/L). Infective (viral hepatitis and gastrointestinal parasites),autoimmune and metabolic pathogenesis were ruled out. An abdominal ultrasound showed no dilation of the biliary tract, as well as colangioRMN and TC scans of the abdomen excluded any other causes for jaundice. In the hospitalization the patient had a progressive increase in serum bilirubin, amynotransferase and gamma-GT. After exclusion of other causes of jaundice, we suspected amiodarone-induced cholestasis. We interrupted the drug and we assisted to a decrease of serum bilirubin, amynotransferase and gammaGT. Liver biopsy showed limphocytes infiltration in portal spaces, at the biliary ductal epithelium, associated with macrovescicular steatosis,in absence of deposits. Histopathological findings were suggestive of amiodarone-induced toxicity.
Conclusions: In case of jaundice and liver tests abnormalities, drugs should be always considered. In particular, a lot of amiodarone adverse effects continue to be observed.

Uno strano caso di emorragia cerebrale

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Premesse: Le complicanze cerebrali dell'endocardite infettiva (EI), tra cui stroke, emorragie intracerebrali, meningite e ascessi cerebrali, spesso costituiscono l'esordio dell' EI. In altri casi possono verificarsi dopo l'inizio dell' antibioticoterapia.
Descrizione del caso clinico: Un uomo di 87 anni con fibrillazione atriale sottoposto a transcatheter aortic valve implantation (TAVI) 4 anni prima, presentava febbre da diversi mesi e decadimento cognitivo. Si riscontrava rialzo degli indici di flogosi (PCR 21.49 mg/dl) e piastrinopenia (13000/mm3). Una TC encefalo mostrava uno spandimento ematico subaracnoideo acuto frontale destro. Dopo dodici ore compariva un nuovo sanguinamento sub-aracnoideo occipitale destro. Alla luce del quadro clinico e della pregressa TAVI si richiedevano emocolture e iniziava antibioticoterapia empirica. Gli ecocardiogramma transtoracico e transesofageo mostravano una vegetazione della valvola aortica aggettante in ventricolo sinistro. Le emocolture risultavano positive per Staphylococcus aures Oxacillina-sensibile, per-

tanto si impostava terapia con Oxacillina, Rifampicina e Gentamicina.
Conclusioni: Vista la frequenza di disturbi neurologici ed in particolare delle emorragie intracraniche in pazienti anziani, è opportuna un'attenta anmnesi. In caso di sintomatologia aspecifica con febbre persistente bisogna escludere un' endocardite. Ulteriori studi potrebbero valutare se l'entità delle manifestazioni neurologiche sia correlata ai tempi di inizio dell'antibioticoterapia, a specifici agenti eziologici e all'entità della risposta infiammatoria.

The role of cardiometabolic multimorbidity in patients with COVID-19: an observational, retrospective study with a 6-month follow-up

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Background and Objectives: Cardiometabolic multimorbidity (CM), *i.e.* history of ≥2 of the following type 2 diabetes, stroke, and myocardial infarction,is associated with mortality. We aimed at evaluating the impact of CM on long-term mortality in COVID-19 patients.
Materials and Methods: 490 patients admitted to the COVID-19-dedicated Internal Medicine Division of Ospedale di Circolo e Fondazione Macchi (ASST SetteLaghi, Varese, Italy) between October 10th and December 25th 2020 were included in this retrospective study. Clinical information was retrieved through electronic medical records. Patients were contacted by phone call for 6-month follow-up.
Results: 400 patients were considered, including 151patients with CM (37.8%).CM patients were mainly males, older than those without CMDs and carried an increase disease burden. A larger number of CMD patients died during the hospital stay compared to non-CM patients (37.1% *vs.* 18.1%, p<0.001). A similar trend was observed at 6-month follow-up (43.7% *vs.* 26.5%, p<0.001).CM independently increased in-hospital mortality risk irrespective of the number of clinical variables and comorbidities (adjusted hazard ratio ranging from 1.90 to 4.57, p=0.001). CM, however, did not increase mortality risk at 6-month follow-up.
Conclusions: CM independently increased in-hospital mortality risk. This was not confirmedat 6-month follow-up. As data about long-term consequences of COVID-19 in CM patients are limited, future studies are warranted to fill this knowledge gap.

Underdiagnosed causes of hyponatremia: a case of syndrome of inappropriate antidiuretic hormone secretion

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Background: Syndrome of inappropriate vasopressin secretion is recognized to constitute the 40-50% among all hyponatremias. It is characterized by abnormal secretion and/or renal effect of vasopressin with consequent hypotonic hyponatremia, in absence of increase of body liquids and dehydration signs.
Description: Mr M.S. accessed our emergency department accompanied by family members due to reported loss of consciousness. In his anamnesis: alcohol abuse, subtotal loss of vision, bedridden for some time and malnourished, with ideomotor slowdown. On admission BP 85/60mmHg, Na 122 mmol/L, K 2.2 mmol/L, Osmolality 257 OsM, Creatinine 0.67mg/dL. The body weight was 62kg and he showed neither signs of edema nor dehydration. At first, hypertonic solution was administered pending instrumental tests. Subsequently, since the VCI measurement was 2.8cm, and it was not reactive to breathing, it was decided to perform natriuresis on 24h urine collection, that resulted zero. In the meanwhile, the electrolyte alterations were refractory to any treatment. Compatibly to BP and other vitals, and given the difficulties to quickly supply vaptans, it was decided to start diuretic intravenous therapy that succeeded to recover Na at a rhythm of 8-10mmol/L per day.
Conclusions: Hyponatremia is very frequent in elderly patients who are admitted to Internal Medicine departments and, when accessing the emergency, the VCI evaluation and calculation of osmolality in patients presenting combined hyponatremia and hypokalemia can be performed to better guide therapeutic choices.

Gestione dell'empiema pleurico: un case report

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Premesse: In Medicina Interna un'attenta e minuziosa valutazione del paziente con versamento pleurico all'ingresso in reparto è fondamentale per un corretto inquadramento diagnostico e terapeutico.
Descrizione del caso clinico: B.E. uomo, 82 anni, APR: DM tipo II, iperteso, cardiopatia ischemica sottoposta a PTCA e stenting su cx, portatore di PM, sostituzione protesica biologica di valvola aortica, FA in TAO. Negli ultimi 6 mesi riscontro di versamento pleurico dx recidivante sottoposto a due toracentesi e al posizionamento di un drenaggio toracico. Accede in PS per dispnea ingravescente; riferito nei giorni prima scarso liquido dal drenaggio, un episodio di febbre a 38 °C. Ad ee: Gb 15, PCR 11, PCT negativa. In reparto riscontro ad eco bed side di versamento pleurico con tralci, rimosso quindi vecchio drenaggio ostruito e posizionato nuovo drenaggio pleurico, effettuato EGA su liquido pleurico con riscontro di pH 6.8 significativo per empiema pleurico. Impostata terapia antibiotica ad ampio spettro ed effettuata fibrinolisi intrapleurica con somministrazione di tPA/DNasi e successiva risoluzione del quadro clinico d'ingresso.
Conclusioni: Circa il 10% dei versamenti pleurici sono complicati da empiema. L' ecografia toracica è uno strumento indispensabile nella diagnosi di tale condizione poiché può fornire informazioni precise circa l'estensione, le caratteristiche e la natura del versamento. L'empiema rappresenta un quadro clinico complesso gravato da molte complicanze ed elevata mortalità che rendono indispensabile un approccio diagnostico-terapeutico precoce e mirato.

Once in a blue moon a moon face

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Introduction: Myxedema coma is a medical emergency with a high mortality rate.
Case Report: A 69 years-old female acceded ED for mental status alteration, hypothermia, labial, eyelid and peripheral edema, slurred speech, hoarse voice. She had history of hypertension. Blood tests revealed macrocytic anemia, high CPK and troponin T levels (5190 U/L and 209 ng/mL). Cardiac ultrasound (US) showed anechogenic circumferential pericardial effusion (PE) (12 mm). On suspicion of hypothyroidism, we started therapy with 13 µg of levothyroxine. Thyroid function test confirmed the diagnosis (TSH 57.7 UI/mL, FT4 <0.38 pg/mL; abTPO 252, AAT>4000). The patient was admitted to Medical Ward. Replacement therapy with L–thyroxine was continued at increasing dose. Corticosteroids were started to avoid adrenal crisis, then discontinued. Severe hypercholesterolemia was present. Thyroid

US was normal. Peripheral and facial edema improved gradually until resolution, as well as sensorium. CPK and troponin T levels dropped. PE was reduced at US control. A month later, TSH was 19.6 uU/mL, FT3 0.85 pg/mL and FT4 6 pg/Ml. During the hospital stay, the patient contracted respiratory syncytial virus. Chest HRTC showed bilateral pneumonia and dilatation of descending aorta. CT angiography revealed uncomplicated Stanford type B dissection (56 mm). Acetylsalycilic acid was started, along with statin when CPK were back to normal.
Conclusions: Early recognition and prompt therapy of myxedema coma are essential. Treatment should be initiated based on clinical suspicion without waiting for laboratory results.

Budesonide as potential treatment in immuno checkpoint inhibitors related hepatitis: a case report

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Background: Immune-checkpoint inhibitors (ICI) represent a great step forward in treatment of various neoplasm but several possible Immune-mediated adverse events are potentially therapy-related. Management of such adverse events requires interruption of treatment and corticosteroid therapy. Suspension of steroid is possible after response, but occasionally re-initiation is needed. Budesonide is a corticosteroid drug with limited system effect used in treatment of autoimmune hepatitis and several case reports are considering budesonide as alternative to systemic steroid therapy in treatment of ICI-related hepatitis.
Case Report: A 26-years-old woman presented with steroid-responsive ICI-related hepatitis with need of repeated steroid re-initiation for relapse in a nine months time-frame. Patient had Pembrolizumab therapy for a metastatic adrenal carcinoma unresponsive to surgery and conventional chemotherapy. After first drug administration presented grade 3 hepatitis and steroid therapy was administered with full response. Despite treatment interruption lung metastases presented steadily response. Three attempts of steroid tapering were followed by hepatitis relapse and steroid adverse effect was clinically evident. At presentation, after re-initiation of systemic steroid, a switch to budesonide 9 mg/day was performed. Despite subsequent steroid interruption no relapse was observed in maintenance therapy with budesonide.
Conclusions: This case, to our knowledge, is the first case of long-lasting recurrent ICI-related hepatitis treated with budesonide.

Sindrome emofagocitica secondaria: quando un'infezione non finisce

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La sindrome emofagocitica, o linfoistiocitosi emofagocitica (HLH), è una patologia rara, sottodiagnosticata, caratterizzata da disregolazione dell'attività immunitaria citotossica. Riportiamo un caso che assume particolare rilevanza nell'attuale contesto pandemico. Donna 64 aa con astenia, artromialgie, dolore addominale e iperpiressia, a due settimane dalla guarigione di infezione SARSCoV 2, con progressiva instabilità emodinamica, pancitopenia, ipofibrinogenemia, ipertrigliceridemia severa, aumento LDH, ferritina e indici di flogosi. Autoimmunità negativa, NK <1%. Esami colturali e indagini microbiologiche tutti negativi. Nel sospetto clinico-laboratoristico di HLH, per escludere una patologia linfoproliferativa eseguite bx osteomidollare con riscontro di infiltrato linfocitario reattivo e inversione gradiente epatosplenico e ipercaptazione midollare diffusa alla PET FDG. Iniziata steroidoterapia ad alto dosaggio stante la gravità del quadro clinico, con rapido beneficio. La HLH rappresenta una sfida per l'internista e la diagnosi precoce è fondamentale per la prognosi potenzialmente letale di malattia. La diagnosi si conferma con 5/8 criteri Hscore [iperpiressia, epato/splenomegalia, bi-tri-citopenia, ipertrigliceridemia, iperferritinemia, ipofibrinogenemia, ridotta/assente attività NK, incremento CD2 IL2, eventuale emofagocitosi midollare]. Il caso descritto rappresenta solo il secondo attribuibile a Long-Covid, mentre sono più frequenti segnalazioni nell'ambito dell'infezione acuta grave, verosimilmente secondari a disregolazione immunologica indotta dal virus.

Un caso di insufficienza respiratoria acuta refrattaria alla terapia medica nel reparto di neuroriabilitazione intensiva: sindrome platipnea ortodeossia. Come il teamwork col reparto inviante può cambiare la prognosi del paziente: un case report

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Il reparto di Gravi Cerebrolesioni Acquisite presenta un'alta complessità clinica. Lo scopo dell'esposizione di questo caso clinico è analizzare i vantaggi della continuità di presa in carico clinico dalla fase acuta alla fase riabilitativa, il concetto estensivo di team work. Storia di TIA con dimostrazione in RMN di esiti ischemici, noto aneurisma del setto interatriale e fistola artero-venosa tra l'arteria bronchiale e la vena azygos. II paziente di 67 anni accede nel reparto di sub-intensiva in esiti di coma da emorragia cerebrale spontanea e post traumatica. Decorso complicato con comparsa di lesione ischemica secondaria ad embolizzazione da PFO dimostrato in eco-transesofageo. In considerazione della prognosi di recupero incerta, non viene posta indicazione all'intervento. Trasferito in Neuroriabilitazione il percorso è stato rallentato per la comparsa di complicanze respiratorie che hanno limitato il tentativo di svezzamento dalla cannula avendo la necessità di VMI e le attività riabilitative. Nel sospetto di sindrome platipnea-ortodeossia abbiamo discusso il caso con i colleghi invianti e trasferito il paziente per eventuale chiusura. La procedura ha risolto il quadro respiratorio e dopo 48 ore è stata rimossa la cannula. Dopo 72 ore la paziente è rientrata in struttura, il percorso riabilitativo è stato intensificato e data la stabilità clinica verrà concluso a domicilio. Negli esiti di coma di origine vascolare la prognosi non è certa fino almeno 12 mesi dall'evento acuto. Il team work col reparto inviante ottimizza la prognosi clinica e riabilitativa

Ageing-COVID

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Background and Aims: It is now almost three years that the SARS-CoV-2 virus has spread in the world, increasing the risk of hospitalization and death, especially in the elderly. So far, there are still hardly any studies carried out on the very elderly people (>80 years old) with COVID-19. Therefore, this study aims to determine how age affects the length of hospitalization (LOH) among the very elderly admitted to our Spoke Hospital (Galmarini Hospital, Tradate) between 2020 and the end of 2022.
Methods: The data has been collected between October 2020 and May 2021 and between October 2022 and December 2022. At its fullest, the ward had 76 patients. The data was anonymized for age, gender, ward of origin, discharge

modality, LOH, and main discharge diagnosis. All the patients were treated with standard care as suggested by the guidelines available at the time of the hospitalization. Therefore, because of their age and comorbidities, patients were not eligible for invasive treatment.
Results: 376 patients were enrolled in this study (154 males); the mean age was 86 years old (range 80-98 years old). The mean LOH in males was 13 days (range 1-57 days); the mean LOH in females was 15 days (range 1-55 days). A statistically significant correlation has been found between the age of the patients and the LOH ($p<0.0001$; Pearson coefficient $r=0.6955$; covariance 308).
Conclusions: All measures destined to reduce the length of hospitalization should be taken more into account, especially considering the complications and their negative impact on the health of the very elderly.

I'm thirsty all the time

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A 32-year-old female has a history of extreme thirst and polyuria of approximately 7 years! She has become increasingly thirsty, drinking at least 10 L per day. She urinates at least 2 times per hour and this has become very disruptive at work. She has tried decreasing her fluid intake but she continues to have polyuria and extreme thirst. At the age of 1 year, she had a severe head injury and for this reason, we suspected diabetes insipidus (DI). DI in a rare pathology; it can be life-threatening if not properly diagnosed and managed and results from a deficiency in the action of the antidiuretic hormone arginine vasopressin and can be caused mainly by impaired secretion (neuro-hypophyseal DI) or impaired renal response (nephrogenic DI). Differentiation between their causes, pathophysiology and treatment methods is essential for effective management and is best achieved by a combination of hormonal, clinical, and neuro-radiologic data. The water deprivation test is useful in diagnosing DI and in differentiating neurogenic from nephrogenic cases. In our patient the water deprivation test has been suspended after 4 hours for lack of urine concentration and the response to desmopressin (DDAVP) allowed us to diagnose the neurogenic origin of DI. TC and MRI evaluation of the pituitary gland was normal. The DDAVP therapy has resolved the thirst and polyuria restoring the patient to a normal life. The delayed onset on DI after traumatic brain injury made diagnosis difficult but a simple and meticulous anamnesis in "expert hands" has changed the life of a young woman.

Comparsa di metastasi da carcinoma follicolare della tiroide in paziente con anamnesi oncologica multipla; il ruolo del gruppo oncologico multidisciplinare

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Premesse: La metastasi da carcinoma follicolare della tiroide (CFT) rappresenta il 15% dei tumori tiroidei. Metastasi a distanza, con sedi più frequenti polmone ed osso, si osservano nel 15-27% dei casi e fino al 46% in presenza di estesa invasione vascolare.
Descrizione del caso clinico: Donna di 52 veniva sottoposta a tiroidectomia totale per CFT a cellule di Hurtle e a successiva TRM con 150mCi di I131.Ad un anno la Tg dopo stimolo era indosabile, ad indicare risposta eccellente al trattamento iniziale. Dopo 7 anni la paziente presentava lombalgia ingravescente con frattura vertebrale di L5, lesione ipercaptante alla PET-TC (SUV 23). La valutazione multidisciplinare del gruppo oncologico multidisciplinare (GOM) tiroide evidenziava multiple criticità oncologiche: asportazione di adenoma ipofisario PRL secernente, calcificazioni mammarie, CFT, lesione renale non bioptizzabile, Tg>500 ng/ml. La paziente veniva indirizzata a biopsia della lesione su L5: "elementi oncocitari con positività per Tg e negatività per TTF1 e PAX-8" e a nuovo ciclo di TRM. IL WBS terapeutico mostrava modico iperaccumulo in corrispondenza del polo superiore del rene sinistro e tenue uptake del soma di L5 con Tg>5000 ng/ml. La paziente iniziava terapia sistemica con inibitori delle tirosino kinasi (Lenvatinib).
Conclusioni: Nonostante più della metà delle recidive da CFT si riscontrino nei primi anni di malattia, le metastasi possono presentarsi anche molti anni dopo la diagnosi iniziale. La discussione multidisciplinare si configura come un valido e critico strumento nei pazienti con patologia tumorale, soprattutto in casi di multiple comorbidità oncologiche e in casi atipici.

Il tempo di permanenza in pronto soccorso influenzato da diversi fattori. Valutazione e monitoraggio della qualità assistenziale

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Premesse e Scopo dello studio: Il problema del sovraffollamento in Pronto Soccorso è sempre più presente al giorno d'oggi. Imputabile a diverse cause, quasi sempre esterne, è responsabile della crisi dei ricoveri, della impossibilità a continuare il percorso assistenziale dei pazienti e, inevitabilmente di un calo della qualità assistenziale.
Materiali e Metodi: La valutazione della problematica avviene su più fronti. Il grado di insoddisfazione dei pazienti, la lunga e inappropriata permanenza in attesa di un posto letto oltre, ovviamente a uno stress sempre più marcato su pazienti e operatori. Bisogna quindi trovare un modo per migliorare le vie d'uscita dei pazienti dal pronto soccorso. A questo proposito la figura del Bed Manager, un professionista formato e preparato allo smistamento dei pazienti è sicuramente una pista da battere in tutti gli ospedali nazionali.
Risultati: L'introduzione del Bed Manager e, principalmente, una presa di coscienza del problema che permetta anche l'introduzione di misure territoriali, porta inevitabilmente a una sensibile riduzione dei tempi di attesa dei pazienti in pronto soccorso con il miglioramento di tutto il percorso assistenziale.
Conclusioni: Occorre intervenire su più fronti per la risoluzione del problema. Dal punto di vista gestionale/interno avvalendosi di un sistema codificato e ben implementato di flusso in uscita dei pazienti. Dal punto di vista territoriale, cercando di modulare (ove possibile) il flusso in entrata attraverso buone campagne informative e con l'ausilio dei medici di medicina generale.

Cachessia neoplastica o malnutrizione proteico-energetica?

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Premesse: Il paziente neoplastico spesso presenta, fin dall'esordio della malattia, un calo ponderale con un'incidenza variabile a seconda della sede, del tipo e dallo stadio della malattia. L'incidenza più elevata di malnutrizione (MPE) si riscontra in pazienti affetti da tumore dello stomaco e del pancreas, della testa e del collo.
Descrizione del caso clinico: Donna, 70 anni, adenocarcinoma gastrico (G3) con secondarismi, diabete mellito, cardiopatia aritmica, sottopeso (BMI 17,8 kg/m2). Presenza di midline e Port. Si ricovera in ambiente internistico, non possibile terapia chirurgica per scadenti condizioni cliniche. Laboratorio: anemia sideropenica, ipoalbuminemia

iponatriemia. Dopo un periodo di digiuno, ha ripreso alimentazione liquida per os (piccole quantità) + ONS senza fibre. Iniziata nutrizione parenterale completa (sacca ternaria, vitamine, elettroliti). Dimessa in ADI, dopo 3 mesi incremento ponderale (BMI 22.51 kg/m2), persistono anemia e ipoalbuminemia. Dopo ulteriori 3 mesi ed incremento ponderale di 10 kg totali (BMI 26.25 kg/m2), per squilibrio glicometabolico si sospende sacca ternaria; scomparsa dell'anemia e dell'ipoalbuminemia. Ha ripreso ad alimentarsi per os quasi completamente(3 piccoli pasti + 2 spuntini) + ONS. Dopo 1 anno eseguito intervento di gastrectomia totale, laboratorio e peso corporeo (BMI 24.2 kg/m2) nella norma.
Conclusioni: La risoluzione della MPE ha permesso alla paziente di eseguire gastrectomia totale e chemioterapia specifica con recupero del benessere psico-fisico. Spesso il paziente viene definito "cachettico" ma in realtà è malnutrito.

A severe clinical manifestation of hypothyroidism

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We report a case of a misunderstood intrathoracic multinodular goiter and hypothyroidism in a patient who experimented Horner syndrome, hypoteension, paralytic ileus, hemodynamically unstable pericardial effusion. A 52-year-old man was admitted to our ward for hypotension, bradycardia, slow movements and thoughts, constipation for 72 hours. He suffered from schizophrenia treated with olanzapine, had left ptosis and miosis. Laboratory exams showed normal renal and hepatic function, no infection signs and hypothyroidism. CT scan documented pulmonary congestion, bowel constipation, intrathoracic multinodular goiter, pericardial effusion. EKG showed sinusal bradycardia, echocardiogram showed left ventricle normal ejection fraction, right ventricle normal dimensions and kinesia, not modular inferior venae cavae, negative femoro popliteal CUS, circumferenctial pericardial effusion with initial hemodynamic involvement (right atrium collapse). He worsened on day 2 because of severe bradycardia (40 bpm) and hypotension (mean arterial pressure 50 mmHg), severe desaturation with high flow oxygen need. We started fluid volume infusion with crystalloids and albumin. Atropine was administreted and norepinephrine was associated to optimize cardiac preload. Once obtained hemodynamic stabilization, furosemide was started and thyroid hormone therapy was promptly began with nasogastric tube. We hypothesized that the severe clinical manifestations were due to Horner syndrome because of intrathoracic multinodular goiter mechanical compression togheter with hypothyroidism signs and symptoms.

Correlazioni tra stiffness parenchimale e compromissione anatomo-funzionale renale

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Introduzione e Scopo: L'elastosonografia (ESG) del rene potrebbe rappresentare un'alternativa alla biopsia renale per la valutazione del danno renale. Abbiamo ricercato eventuali correlazioni tra valori di stiffness all'ESG e danno renale, in particolare fibrotico.
Materiali e Metodi: Abbiamo valutato 14 candidati a biopsia renale (9 uomini, 5 donne; età media 54 anni) con ecografia renale multiparametrica. Sono stati considerati velocità di filtrazione glomerulare (formula CKD-EPI) e grado di sclerosi e fibrosi. Abbiamo utilizzato un ecografo MyLab X-Pro 80 di Esaote con modulo per ESG. Analisi statistica effettuata con test T di Student (variabili continue) e test di regressione lineare (variabili indipendenti).
Risultati: Nel campione (n=14) la diagnosi istologica più frequente era glomerulonefrite membranosa (n=6; 42%); il 50% dei soggetti era in stadio IV di malattia renale. Il campione è stato suddiviso in 2 gruppi in base al filtrato: Gruppo A- stadi I, II, IIIa e Gruppo B- stadi III-b, IV. I valori di stiffness (espressi in kP) erano significativamente più alti nel Gruppo B (p=0.02). I marcatori istologici di fibrosi (sclerosi glomerulare e fibrosi interstiziale) non correlavano con la stiffness.
Discussione e Conclusioni: La Letteratura riporta dati non conclusivi sul ruolo dell'ESG nelle nefropatie parenchimali. La nostra esperienza, seppure su una casistica contenuta, rileva una correlazione significativa con lo stadio di malattia renale, ma non specificamente con la fibrosi.

The fine line between delirium and encephalitis...

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Background: Paraneoplastic encephalitis is mediated by autoimmune mechanisms. Manifestations include psychiatric symptoms (psychomotor agitation, hallucinations, and delusions). Diagnosis precedes clinical evidence of cancer by up to 4 years.
Description: Access to DEA of a woman for alteration of cognitive status associated with hallucinations and behavior modifications. In the history of depressive syndrome that arose after the death of her husband. In blood tests PCR rise, PCT negative; positive urine test for leukocyte esterase, suggestive of UTI. Skull CT and chest x-ray negative. On examination, only retroauricular pain. During the night, an episode of hyperkinetic delirium associated with nuchal rigidity and hyperthermia. Brain MRI performed showing left temporal hyperintensity compatible with encephalitis. Lumbar puncture performed for chemical-physical and microbiological examination on CSF (negative); onconeural antibodies in suspected paraneoplastic form (negative). At the thoraco-abdominal CT, a globular appearance at the right adnexal site, requiring further investigation by transvaginal ultrasound, not performed due to agitation.
Conclusions: Paraneoplastic encephalitis can present with delirium. Only 60% have onconeural antibodies positive in CSF and serum. Among the tumors responsible there is the ovarian one, for which ultrasound is the gold standard; in the sero-negative forms it is indicated to repeat the screening up to 4 years. Among the latter there are those not associated with neoplasia caused by antibodies against antigens placed on the cell membrane.

Respiratory failure, previous stroke and pulmonary embolism: mind the platypnea orthodeoxia syndrome. A case report and a literature review

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Background: Platypnea-orthodexia syndrome (POS) is a rare presentation of several pathologies. The underlying disease may be present from the birth, but symptoms appear later due to an acute illness. POS can be associated with embolic manifestations
Case Report and Literature review: We describe a case of a 79 year old woman, hospitalized for severe respiratory failure (exacerbated by orthostatism) and fever, associated to heart failure, pneumonia and ascending thoracic aorta ectasia.

In anamnesis: previous COVID-19 infection, atrial fibrillation on warfarin, hiatal hernia, previous cardioembolic stroke, pulmonary embolism, vertigo, previous hospitalization for respiratory insufficiency due to pneumonia and heart failure. After diuretic and antibiotic therapy she got partial clinical improvement. Transcranial Doppler and transesophageal echocardiography showed a significant shunt secondary to Patent Foramen Ovalis, closed with rapid clinical remission. We performed a sensible review of the cases of POS associated to previous stroke and pulmonary embolism in the past 10 years: >200 cases of POS are described, but only 4 cases associated with cardioembolism and pulmonary embolism.
Conclusions: Our case, as literature review, shows that: POS is due to a shunt, exacerbated by a shift in anatomical relationships; it is important to keep in mind POS in the presence of typical respiratory symptoms associated to cardioembolic manifestations and/or arterial and venous embolism; timely diagnosis is important: the intervention on cardiac/ pulmonary shunt determines rapid clinical remission.

Meet and recognize a rare disease

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Background: Syncope, transient loss of consciousness with loss of postural tone and spontaneous return to baseline neurologic function, is a frequent cause of emergency room (ER) access. Syncope is caused by benign or life-threatening conditions, not always identified in the ER. Systemic mastocytosis (SM) might explain recurrent syncope.
Case Report: In March 2022 a 72yearold male was firstly admitted to ER with hypotension and loss of consciousness. He felt unwell while working in the fields, complaining epigastric pain; while returning home, he lost the control of his vehicle. Again, in October he stopped at the side of the road, called for help and then lost consciousness. The patient didn't recognize symptoms of anaphylaxis and didn't use epinephrine autoinjector, which he had always with him because of his SM. Tryptase value after 1 and 3 hours: 44,40-25,9 mcg/l. In his past medical history 1995 post infective Guillain-Barré syndrome. 2008 Hymenoptera venom anaphylaxis. 2011 Syncope with neurologic and cardiologic tests were negative. 2019 lesion on the skin and study for SM: positive bone marrow. Basal tryptase 8,72 mcg/l. Multidisciplinary team follow up for SM with education and training for anaphylaxis.
Conclusions: This case underlines the relevance of considering SM in the differential diagnosis of recurrent syncope. A careful clinical history with skin examination is very important to suspect the disease and testing for sieric tryptase is an easy tool to differentiate an anaphylaxis presenting only as hypotension with syncope from other causes of syncope.

Trattamento con GLP-1 RA in pazienti diabetici ad alto rischio cardiovascolare affetti da broncopneumopatia cronica ostruttiva e sindrome delle apnee ostruttive del sonno: uno studio sugli effetti cardio-metabolici e test di funzionalità polmonare

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Premesse e Scopo dello studio: GLP-1RA, farmaci antiiperglicemici con effetti cardiovascolari favorevoli possono avere effetti benefici sulla funzione polmonare.Vogliamo analizzare gli effetti del trattamento con GLP-1 RA su parametri cardio-metabolici,funzione polmonare,rischio di riesacerbazione di BPCO in pazienti diabetici ad alto rischio cardiovascolare affetti da BPCO e OSAS.
Materiali e Metodi: Abbiamo studiato 11 pazienti con T2DM, ipertensione arteriosa, dislipidemia, BPCO e OSAS trattati con GLP-1RA, terapia dietetica nutrizionale e attività fisica controllata. 2 pazienti hanno interrotto il trattamento per intolleranza, uno non ha completato lo studio. Sono stati misurati parametri cardio-metabolici (HbA1C, colesterolo, GFR, PA) a T0 e dopo 3,6 e 12 mesi, sono state effettuate spirometria, test del cammino a T0 e dopo 12 mesi, è stato effettuato il questionario sull'impatto clinico della BPCO (CAT-score).
Risultati: Dall'analisi dei dati i pazienti avevano un peso tra 91 e 120kg, BMI tra 30 e 40, HbA1C tra 6,5 e 9%, PAS 135±14mmHg, PAD 80±13mmHg, eGFR 80±21ml/min/1,7, col tot 182±36 mg/dl. Abbiamo rilevato una variazione di peso (-5±3,2kg), BMI (-4±3,5), HbA1c (tra 0,7 e 1,8%). Il FEV1 ha mostrato aumento rispetto al basale (+63,25ml, 95%CI 126, 47-0,03) e miglioramento della FVC (+123, 88ml, 95%CI 246.69-1.06).
Conclusioni: Nei pazienti affetti da T2DM e BPCO il trattamento con GLP-1RA potrebbe contribuire al miglioramento non solo dei parametri cardio-metabolici ma anche della funzionalità polmonare. Sono necessari ulteriori studi per chiarire l'effetto dei GLP-1RA nei pazienti con T2DM e BPCO.

Pulmonary artery pseudoaneurysm caused by *Streptococcus anginosus*. A case report

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Assumption: PAPs are rare (1 in 14000 autoptic findings), often lethal conditions, defined by dilatation of the vessel wall. Pyogenic bacterial infections are increasingly common cause of acquired PAPs. The Streptococcus Anginosus group includes three species of pathogenic viridans streptococci.
Case Report: A 57yo woman was admitted to Medical Ward with history of fever, arthromyalgia and an episode of blood vomiting. She reported past splenectomy (trauma) and no other medical conditions. A prominent flogistic state emerged at blood exam; blood samples were collected to culture. At chest X-ray and trans-thoracic echocardiography no abnormal findings were detected. Antibiotic therapy with piperacillin/tazobactam was started. The day after she underwent moderate hemoptysis, with spontaneous remission. CT scan revealed a pseudoaneurysm of the left pulmonary artery surrounded by a hemorrhagic area, bilateral ground glass opacities and right pulmonary consolidations; it was negative for malignancy, abscesses or thromboembolism. After specialistic evaluation, embolization was not performed because PAP was considered inaccessible and thoracic surgery was excluded. At night a fatal massive hemoptysis occurred. Blood culture resulted positive to Strep Anginosus.
Discussion: Given the high mortality rates, early diagnosis and adequate treatment are essential. Treatment of Strep Anginosus infections consists of prolonged antimicrobial therapy; in case of PAPs, endovascular or surgery treatment may be considered. A multidisciplinary approach can be useful to improve the patient's outcome.

La sindrome di Rosada: descrizione di un caso clinico

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Premesse: L'iterposizione epatodiaframmatica del colon descritta nel 1910 da Chilaiditi come interposizione destra è dovuta a malposizione per malrotazione/malfissazione inte-

stinale. Se asintomatica è detta segno di Chilaiditi (SC) mentre se sintomatica è una sindrome (ChS) molto rara.
Caso: paziente (pz), di 81 aa, autosufficiente con anamnesi (ST) di ipertensione e ateromasia carotidea (in trattamento (tto) orale giornaliero con Ramipril, ASA e pantoprazolo) ci arriva per dolore addominale (add.). Questo era prevalente ai quadranti superiori con alvo chiuso a feci e gas da 48 h. Nella ST, recente trauma con fratture costali. La pz era emodinamicamente stabile, alla visita non erano presenti anomalie significative tranne lieve distensione add. e dolore alla palpazione all'epigastrio-ipocondrio destro. Non segni di peritonismo. Gli ematochimici con lieve ipomagnesiemia da attribuire al tto con IPP. L'Rx add. mostrava falce aerea sottodiaframmatica suggestiva di perforazione di viscere cavo. Il reperto, tuttavia, era in contrastro con la clinica e si poneva in differenziale, anche se di raro riscontro, la ChS. Si eseguiva una TC add. che escludeva perforazione intestinale e mostrava il SC dimostrando l'interposizione del colon disteso. Si decideva il ricovero con tto conservativo. Dopo idratazione, reintegro elettrolitico e clisteri regrediva il quadro d'ingresso con normalizzazione dell'alvo.
Conclusioni: Anche se rara, la ChS deve essere considerata nella diagnosi differenziale della perforazione addominale, quando è presente discrepanza clinica-radiologica in anziani.

Fattibilità di un progetto di orto-medicina in presidio ospedaliero di base

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Premessa: Le fratture osteoporotiche, gravate da costi elevati e mortalità/disabilità significative, richiedono modelli innovativi di approccio. Gli esiti dipendono da caratteristiche del paziente e da modalità di gestione. Esperienze orto-geriatriche hanno migliorato gestione e percorso di cura.
Materiali e Metodi: Si è proposta una presa in carico integrata internistico-ortopedica (Orto-Medicina) in presidio ospedaliero di base. Valutazione di aspetti teorici, formalizzazione del progetto e incontri formativi hanno preceduto una fase sperimentale con 3 letti dedicati nella UO Medicina.
Risultati: In 2 mesi si sono arruolati 15 pz (4 M, 11 F) con età media 83 (56-99), interessamento medio di 3,4 categorie CIRS (2-6), in trattamento con 4,5 farmaci (1-12), BRASS medio 13,5 (5-24) e MMSE medio 18 (<24 in 9 pz). 13 sono stati operati (2 no per tipo frattura e per condizioni); 10 entro le 48 h (3 no per infezione e terapia anticoagulante/antiaggregante). Si sono avuti 2 casi di delirium. Esiti: 3 ricoverati; 6 in riabilitazione, 2 in RSA di provenienza, 3 in reparto subacuti, 1 a domicilio. Degenza media 9,5 gg (7-15, <8 gg nel 50% dei pz).
Conclusioni: La nostra esperienza dimostra la fattibilità di una presa in carico integrata in presidio privo delle facilities di ospedali maggiori, che ha consentito la gestione di pazienti complessi, con approccio person–oriented, valorizzando le competenze trasversali dell'internista. La prosecuzione consentirà di valutare l'impatto dell'innovazione organizzativa, confermando eventualmente le osservazioni preliminari.

A heart in apnea

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Introduction: Obstructive Sleep Apnea (OSA) is a risk factor for cardiovascular disease and can cause heart rhythm disturbances.
Clinical case: A 55-year-old man with non-restorative sleep, nocturnal snoring, sleep apnea, excessive daytime sleepiness, concentration difficulties, and poor quality of life came to our center. He had a history of arterial hypertension, hyperuricemia, dyslipidemia, and was classified as Class I obese with a 45 cm neck circumference and 105 cm abdominal circumference. Examination revealed a Class IV Mallampati score and high risk for OSA according to sleep disorder questionnaires. Polygraph examination revealed severe OSA and severe mean oxyhemoglobin desaturation. The 24-hour blood pressure monitoring showed normal-high blood pressure with a non-dipper nocturnal profile. The color Doppler echocardiogram was within limits, and a 24-hour ECG Holter showed two episodes of III-degree AV block at night. The patient was not recommended for a PMK implant, but for CPAP therapy to correct sleep apnea, with subsequent re-evaluation. After one week of CPAP therapy with good adaptation and compliance, the patient showed improvement in sleep quality, concentration, reduction in daytime sleepiness, and resolution of the III-degree AV block on ECG Holter.
Conclusions: CPAP therapy for OSA can resolve arrhythmias without the need for a PMK implant.

The new great imposter? Found it!

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The New Great Imposter così è stata denominata la S. di Fabry, dal French Observatoire in Internal Medicine Departments, che riconosce un'eredità X-linked con mutazione del gene GLA mappato sul braccio lungo (regione Xq22.1) che conduce a una carenza/difetto GalA con accumulo di Gb3. Il sesso M è più gravemente colpito rispetto al sesso F. La diagnosi è confermata da test genetici, sebbene anche reperti accidentali su biopsie parenchimali, reperti cutanei, oculari possono condurre alla diagnosi. La terapia enzimatica a DNA ricombinante è attualmente l'unica in grado di rallentare la progressione della malattia che condurrebbe all'exitus. La paziente C.C. di anni 46, con recente diagnosi di ipertensione arteriosa in buon controllo farmacologico (Olmesartan/ Amlodipina 20/5 mg), S. depressiva in psicoterapia, accedeva in PS (PA 193/100mmHg, FC, 101bpm) per comparsa di parestesie a livello delle mani e dei piedi e palpitazioni. EE(nella norma). ECG(segni di IV). Si somministravano 10 Gtt di Nifedipina con normalizzazione dei valori di PA. ECD cardiaco: quadro di ipertrofia concentrica, SIV 22mm, PW14 mm, ASx 52 mm. Ad approfondimento eseguiva: RMN cardiaca(LVM aumentato, SIV 16mm), Fundus Oculi nella norma, segnalata cornea verticillata. All'indagine molecolare del gene GLA riscontro di mutazione in eterozigosi dell'introne 3: c547+IG>A. Dosaggio di biomarker LysoGb3: 6 ng/ml. Formulata diagnosi di S.di Fabry, si intraprendeva terapia sostitutiva enzimatica con agalsidasi Alfa. Allo Screening familiare: cugini di I grado ramo materno e figlia affetti dalla stessa mutazione.

Gestione domiciliare dell'infezione da SARS-CoV-2 nel paziente "fragile" con sintomatologia di grado moderato, ad alto rischio di progressione verso forme severe di malattia: un caso clinico

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Premesse: Gli antivirali orali (molnupiravir, ritonavir/nirmatrelvir) sono prescrivibili entro 5 giorni dall'insorgenza

dei sintomi, in pazienti con infezione da Sars Cov2 e specifici fattori di rischio, che non necessitano di ospedalizzazione, inizio o incremento dell'O2 terapia domiciliare, in presenza di sintomatologia di grado lieve-moderato.
Descrizione del caso clinico: Donna di 64 anni, vaccinata 4 dosi, Covid positiva, accede in PS dopo 3 giorni di sintomi (febbre, raffreddore, tosse, faringodinia, mialgie, cefalea) per comparsa di dispnea a riposo. APR: BPCO in O2 terapia domiciliare (1,5 L/min di notte e sotto sforzo), cardiopatia ischemico-ipertensiva, obesità grave, SCC classe NHYA III, IRC moderata. In politerapia (16 farmaci/die); per il COVID-19 ha iniziato deltacortene, paracetamolo, N-acetilcisteina. In PS effettua: TC torace, esami ematochimici, EGA. Alla luce dei referti, poiché non necessari ospedalizzazione o incremento dell'O2 terapia, si sospende il deltacortene; la paziente viene dimessa a domicilio e agganciata al Centro Somministrazione Terapie Precoci, dove si prescrive Molnupiravir (compatibile con la politerapia) per 5 gg. In terza giornata la tosse diventa produttiva con espettorato purulento, pertanto si aggiunge antibiotico. Follow up a 7 gg (terapia completata, non effetti collaterali, persiste lieve dispnea in miglioramento) e a 30 gg (negativizzazione dopo 19 gg, non sintomi residui).
Conclusioni: La gestione domiciliare del paziente "fragile" con COVID-19 è ottimale poiché riduce rischi, complicanze e costi legati all'ospedalizzazione.

A strange case of renal infarction

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A 49 caucasian man was admitted in our Department in July 2021 complaining pain in his left side, nausea and sweating. The patient did not refer relevant medical history. He received the first dose of AstraZeneca vaccine one month earlier. Contrast –CT of abdomen showed in the upper pole of the left kidney an impaired perfusion of the cortico-medullary parenchyma due to pyelonephrtitis or vascolar suffering. Treatment with LMWH at the thrombosis prophylaxis dose was started. Blood exams revealed increased level of leukocytes (13800/uL) normal platelet and DDimer levels. To exclude emathological and immunological causes of trombophilia protein S, protein C, Leyden factor, MTHF, antiphospholipid antibodies were tested, all resulted negative except for MTHFR homozygous mutation with normal value of homocystein, for antinuclear antibodyes at low level.To also exlude possible site of embolism we perform echocardiography, 24 hours-ECG and Color-Doppler US of renal artery wich resulted normal. In accord to the recent vaccination we suspected a possible case of vaccine-induced thrombosis (VITT) and suggest to the patient to perform the research of antibodies against platelet factor 4(PF4) at a dedicated specialist center that resulted positive. VITT is a new syndrome associated with adenoviral vector vaccine against SARS-CoV-2, characterized by unusual location of thrombosis and by the finding in the serum of patients of high titre of antibodies PF4 activating platelets. The present case-report describes the occurence of renal infarction after administration of AstraZeneca vaccine

Poliangioite granulomatosa ANCA-negativa esordita con sindrome pnemo-renale

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Premesse: La sindrome pneumo-renale è una condizione associata ad alta morbidità e mortalità.
Descrizione del caso clinico: Uomo 47 anni monorene congenito si presentava in pronto soccorso per dispnea e astenia ingravescenti da 7 giorni ed episodi di emoftoe. Agli esami si riscontrava severa insufficienza renale acuta con sedimento urinario attivo, proteinuria, anemia e aumento degli indici di flogosi. Alla radiografia del torace era presente un addensamento nubecolare confluente peri e parailare a entrambi i polmoni sospetto di alveolite emorragica, confermato dalla HRCT. Le condizioni cliniche si aggravavano con insufficienza respiratoria ipossica normocapnica. Eseguita valutazione multidisciplinare si trasferiva in UTI e si soprassedeva all'esecuzione di biorenale. Previa esecuzione di screening autoimmuno/microbiologico si iniziava plasma-exchange usando come liquido di rimpiazzo FFP (3 sedute complessive) seguite da metilprednisolone 1 gr/die, quindi da IGEV 0.4 mg/kg/die e prednisone 1 mg/kg/die. Inoltre, si poneva in HFNC e CRRT. Le indagini immunologiche/microbiologiche sono risultate negative. Si poneva diagnosi di poliangioite granulomatosa (GPA) ANCA-negativa e si iniziava terapia dapprima con micofenolato mofetil 3 g/die e in seguito, per scarso miglioramento della funzionalità renale, con ciclofosfamide 0,75 mg/mq.
Conclusioni: La diagnosi di GPA ANCA-negativa è rarissima. Nonostante il pronto riconoscimento e il precoce trattamento, pur con ottimo miglioramento clinico e strumentale polmonare, attualmente il paziente necessita di terapia dialitica.

Porpora di Schonlein-Henoch ed endocardite: una rara associazione

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Premesse: La porpora di Schonlein-Henoch (HSP) è una vasculite che interessa cute, intestino e rene e si associa ad artralgie o artrite. Sebbene non sempre sia possibile identificare l'evento scatenante, le infezioni, i vaccini e i farmaci sono possibili triggers.
Descrizione del caso clinico: Giungeva uomo di 70 anni per porpora, astenia, artralgie e calo ponderale. In anamnesi riferiva anuloplastica mitralica circa dieci anni addietro e fibrillazione atriale. Gli esami bioumorali mostravano neutrofilia, anemia emolitica, elevazione degli indici di flogosi, negatività dell'autoimmunità, ipocomplementemia ed iperIgA. L'esame urine documentava microematuria e proteinuria. Gli esami colturali, la rx del torace e l'ecografia dell'addome risultavano negativi. Veniva effettuata biopsia cutanea (il cui istologico poi deponeva per vasculite leucocitoclasica), posta diagnosi di HSP ed iniziato steroide con beneficio. Vista l'anamnesi e l'evidenza di soffio sistolico 3/6 eseguiva ecocardiogramma che documentava endocardite della valvola mitralica, flail del lembo anteriore mitralico con severa insufficienza valvolare e trombosi auricolare. Veniva iniziata terapia antibiotica empirica e trasferito presso il reparto di Cardiochirurgia dove è stato sottoposto a sostituzione valvolare. Il decorso è stato favorevole.
Conclusioni: Abbiamo riportato una rara associazione tra HSP ed endocardite. L'esame obiettivo e l'anamnesi hanno consentito una diagnosi precoce. In questi casi l'identificazione di una possibile causa sottostante è cruciale per il trattamento e la prognosi della malattia.

The importance of antibiotic stewardship in the management of brain abscesses

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Case Report: A 48-year-old woman presented to the emergency department for headache after treatment for odontogenic abscess.The brain CT showed an hypodense area in the left paratrigonal parieto-occipital region with edema, compatible with an abscess. He has been subjected to abscess drainage with culturing.We introduced empirical antibiotic therapy with Ceftriaxone,Metronidazole,Linezolid. A control brain CT showed persistence of small abscess.Due to persistence of fever Ceftriaxone was replaced with Meropenem.The drainage culture was positivity for Sphingomonas paucimobilis. After 10 days, when clinical and strumental pictures showed a total resolution, the patient was discharged with Metronidazole and trimetoprim/sulfametoxazolo for 4 weeks.
Case Report: A 62-year-old patient was admitted to our Internal Medicine Unit after a long hospitalization in Intensive care for surgical treatment of a fronto-parietal brain abscess, complicated by M.O.F. The brain CT showed a persistence of a small abscess. At the maxillofacial specialist visit, he presented apical granuloma of the 26th tooth. BAS was found to be positive for Klebsiella KPC, Pseudomonas Aeruginosa, Candida albicans; blood culture positive for Providencia stuartii. Patient was treated with cefiderocol for 14 days and subsequently he started trimetoprim/sulfametoxazolo for 4 weeks. Clinical and strumental pictures showed a total resolution.
Conclusions: The cause of the brain abscess can be the odontogenic infections. Timely and targeted antibiotic therapy is essential to reduce morbidity and mortality.

Role of the antibiotic carrier in the treatment of bone and joint infections: a case report

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Introduction: The treatment of bone and joint infections is complicated due to the reduced penetration capacity of the antibiotics available within these tissues.
Description: At November 2022, a 13-year-old patient presented in the Emergency Department for intense and sudden pain in the left coxo-femoral joint. The medical history revealed a surgery to stabilize the femur fracture, due to a road accident, performed with external fixators in May 2022 and then removed in October 2022. The patient was transferred to the Orthopedic Department for investigation. The patient presented fever. Laboratory data showed an increase of inflammation indices. Due to suspected femoral head infection bone fragments were obtained for culture examination. Bone culture was positive for the presence of Staphylococcus warnery. The patient was treated with a systemic therapy with trimethoprim + sulfamethoxazole 800/160x3 die and rifampicin 600 mg/die and underwent a surgery with spacer placement. During the procedure, antibiotic Carrier (StimulanTM) medicated with cefideracol 1000 mg + vancomycin 1000 mg + gentamicin 240 mg was placed. The post-operative course was without complications and the patient was discharged home with trimethoprim-based oral antibiotic + sulfamethoxazole 800/160 mg twice daily. At the follow-up after ten days, the patient was stable and blood exams showed a normalization of the inflammation markers.
Conclusions: The use of StimulanTM medicated with specific antibiotics against the isolated pathogen was safe and effective in the treatment of bone infection.

Clostridium perfringens: due casi di emolisi fatale

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Premesse: C. perfringens è un batterio ubiquitario. I principali veicoli sono carni di allevamento. Le sue spore vengono distrutte solo ad elevate temperature per cui le epidemie sono frequenti.
Descrizione del caso clinico: Uomo, 52 anni. Accedeva in Pronto soccorso per febbre, addominalgia e diarrea. Agli esami ematici: lieve incremento delle transaminasi; ecoaddome negativa. Il paziente veniva dimesso. Tornava in PS il giorno dopo per ittero. Agli esami ematici: quadro compatibile con emolisi intravascolare massiva e sepsi. TC addome: ascessi epatici multipli. Venivano prelevate le emocolture e attivato un team multidisciplinare (internista, nefrologo e rianimatore). Nonostante la tempestiva introduzione di terapia antibiotica empirica e di supporto, nelle successive due ore si verificava un rapido scadimento delle condizioni generali con eritema, ottundimento del sensorio e shock, fino all'exitus del paziente. L'autopsia non ha fornito indizi di rilievo. Le colture risultavano positive per C. perfringens. A distanza di una settimana: donna, 82 anni, ricoverata in Medicina interna per gastroenterite e disidratazione, manifestava improvvisa insorgenza di ittero, emolisi intravascolare e shock. Si trasferiva in UTI. Il decesso avveniva dopo poche ore. Analogamente al primo caso, le emocolture risultavano positive per C. perfringens.
Conclusioni: Alcuni ceppi di C. perfringens sono associati a quadri di emolisi intravascolare massiva con elevata mortalità. Fondamentale risulta la rapida segnalazione dei casi ai dipartimenti di emergenza limitrofi, per facilitarne la diagnosi.

Analisi di una subintensiva in Medicina Interna

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Premesse e Scopo dello studio: Lo studio presenta i dati della semi-intensiva della Medicina Interna (72 posti letto) di un ospedale con circa 300 posti letti.
Materiali e Metodi: Analisi retrospettiva, di 68 pazienti ricoverati nell'area semi-intensiva (4 posti letto) nel periodo tra il 1/09/2022 e il 1/01/2023.
Risultati: L'età media dei pazienti è di 73,5 DS 13,5 anni (M 63,5% *vs* F 36,5%), la degenza media di 7,4 DS 5,6 giorni. Provenienza: DEA 49%, Medicina Interna 22%, Rianimazione 15%, Chirurgia 3%, Covid 4%, Cardiologia 2%, altro 5%. Motivo del ricovero: 60% Insufficienza respiratoria (35% polmonite, 13% scompenso cardiaco, 12% BPCO); 15% step down dalla Rianimazione,13% shock settico, emorragie 3%, altro 9%. E' stata effettuata NIV nel 30% dei pazienti, HFNC nel 42%, C-PAP 13%; il 31% dei pazienti è portatore di CVC, il 38% di midline, il 15% di catetere arterioso; il 22% dei pazienti è stato trattato con amine. Tra le procedure effettuate: broncoscopie 5%, drenaggi toracici 4%; il 93% dei pazienti ha effettuato ecografie bedside; il 10% è portatore di tracheotomia, il 4% ha effettuato dialisi. Destinazione: il 62% Medicina Interna, il 13% exitus in semi-intensiva, il 9% a domicilio, il 4% Cardiologia, il 3% Rianimazione per un peggioramento precoce, l' 1% altro Ospedale per competenza specialistica, altro 8%. Mortalità totale di 35% a 28 giorni.
Conclusioni: Questo lavoro propone una riflessione sul ruolo che un'area semi-intensiva in Medicina Interna può svolgere ed impone la definizione di criteri condivisi per la corretta allocazione del paziente.

Sindrome post-trombotica e aneurisma venoso

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Premesse: L'aneurisma venoso periferico è una patologia rara, che può svilupparsi a seguito di diverse condizioni anatomiche ed emodinamiche. Nel presente caso descriviamo l'insorgenza di un aneurisma della vena poplitea nel contesto di esiti di trombosi venosa femoro-poplitea.
Descrizione del caso clinico: Uomo di 68 anni (BMI 27.7 kg/mq), in trattamento con Edoxaban 30 mg per trombosi venosa femoro-poplitea sinistra. Ritorna all'osservazione per algia al cavo popliteo. Obiettività clinica invariata rispetto al precedente controllo trimestrale. Alla valutazione ecocolordoppler evidenza di aneurisma venoso (diametro >2 cm) con trombo peduncolato, mobile, occludente il lume del 70%. Il consulto chirurgico vascolare esclude il trattamento per l'alto rischio operatorio. Si imposta quindi terapia medica: Edoxaban a 60 mg, frazione flavonoica micronizzata purificata, compressione elastica II classe. Si ottiene progressivo miglioramento del burden trombotico che dopo sei mesi risulta parzialmente ricanalizzato con stabilità dell'apposizione trombotica.
Conclusioni: L'aneurisma venoso è una complicanza rara ma possibile dopo la trombosi venosa profonda, il cui sviluppo è favorito da particolari condizioni anatomiche. Il trattamento conservativo è da preferire visto l'alto rischio e il basso successo chirurgico e si basa su terapia anticoagulante e contenzione elastica ad alte pressioni.

Porpora trombotica trombocitopenica: una sfida contro il tempo

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Premessa: La porpora trombotica trombocitopenica (PTT) è una malattia severa con possibile decorso fulminante caratterizzata da trombocitopenia e anemia emolitica microangiopatica. Si associano segni di alterazioni neurologiche e di coinvolgimento renale compresa insufficienza renale acuta. La diagnosi si basa su caratteristiche laboratoristiche quali presenza di schizociti allo striscio periferico e ridotti livelli di ADAMS13
Caso clinico: Donna di 58 anni con improvvisa comparsa di disestesie e parestesie alle mani ed al volto. In Ps escluso evento cerebrale vascolare acuto. Riscontro di severa piastrinopenia (PLT 26.000/mmc) negativo per schizociti il primo striscio periferico. Milza di normali dimensioni. Al ricovero progressivo peggioramento dello stato di coscienza, comparsa di anemia; LDH aumentato con normale aptoglobina, assenti schizociti. Nuovo studio imaging cerebrale e liquor negativi. Nel sospetto di PTT e dato l'ulteriore peggioramento dello stato neurologico si esegue nuovo striscio periferico, positivo per schizociti e si intraprende steroide ad alte dosi in attesa del referto dei livelli di ADAMS13 risultato poi ridotto per cui si inizia ciclo di plasmaferesi e a seguire caplacizumab con progressiva seppure lenta risposta clinica e laboratorista. Alla rivalutazione a 4 mesi paziente asintomatica, assenti segni laboratoristici di malattia.
Conclusioni: La PTT necessita di tempestiva terapia; in caso di elevato sospetto clinico potrebbe essere indicato iniziare trattamento immediato anche in attesa di correlazioni laboratoristiche

Il *case manager*: un'opportunità per l'anziano fragile. Revisione della letteratura

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Premesse e Scopo dello studio: L'aumento di anziani fragili, con pluripatologie croniche, richiede un nuovo approccio assistenziale. L'ISTAT (2019) prevede, nel 2028, un importante aumento della spesa per la cronicità e l'assistenza agli anziani fragili, che richiederà il 70-80% delle risorse sanitarie. Il case management (CM) rappresenta un modello assistenziale che prevede la realizzazione di percorsi di cura favorendo l'efficacia e l'efficienza degli interventi, il coordinamento tra i diversi livelli di cura, la messa in rete gli ospedali e i servizi sociosanitari presenti sul territorio. Scopo dello studio è valutare se gli interventi attuati migliorano la QoL degli anziani fragili.
Materiali e Metodi: E' stata condotta una revisione della letteratura, con costruzione di stringhe. Parole chiave: case manager, nurse, frail elderly patient, QoL e chronic disease.
Risultati: La revisione di 14 articoli, evidenzia che gli interventi dell'infermiere CM producono risultati significativi per aumento della capacità di autogestione, aderenza alle terapie, autonomia nelle diverse attività quotidiane, diminuzione delle ospedalizzazioni e degli accessi al PS.
Conclusioni: Il modello assistenziale CM è risultato efficace ed efficiente. Gli interventi hanno portato a un miglioramento della QoL degli anziani fragili, nella presa in carico e nella continuità assistenziale. Le attività hanno carattere integrale e tengono conto degli obiettivi e delle esigenze di ciascuna persona. La speranza per il futuro è che questa figura venga valorizzata sia a livello ospedaliero che territoriale.

Intossicazione acuta da dimetilformammide: case report

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Il D-metilformammide (DMF) è uno dei solventi maggiormente utilizzati nelle industrie chimiche. Gli effetti tossici si hanno principalmente a carico del fegato. L'epatotossicità è legata alla produzione di radicali liberi con danno al DNA e riduzione della capacità antiossidante. Pur in assenza di antidoti specifici, la prognosi nella maggior parte dei casi è favorevole. Il caso trattato riguarda un operaio di 21 anni con sviluppo di epatite acuta dopo ingestione accidentale di DMF sul luogo di lavoro. Il paziente accedeva in DEA per malessere generale con vomito, diarrea e dolore addominale crampiforme. Agli ematochimici: elevati indici di citolisi (AST >3300, ALT 3223 U/L) e di disfunzione epatica (bilirubina 7 mg/dl). Come da indicazioni del Centro Antiveleni di Pavia, avviata terapia con N-acetilcisteina endovenosa 5 mg/kg ogni 4 ore, diuresi forzata, gastroprotezione e ricovero in ambito semi-intensivistico. Raccolti inoltre campioni urinari per determinazione del metabolita monometilformamide risultato successivamente positivo. A completamento diagnostico, effettuato screening per virus epatotropi ed EGDS risultati negativi; TC torace-addome con evidenza di epatomegalia. Durante la degenza lenta ma graduale normalizzazione della bilirubina e di ALT/AST. Il paziente veniva dimesso con indicazione a follow-up epatologico. Anche se molto rara e di difficile diagnosi, l'intossicazione da DMF, non costituisce un evento trascurabile in quanto può condurre ad epatopatia acuta che solitamente si risolve senza reliquati, ma in sporadici casi può determinare l'exitus del paziente.

Intracardiac thrombosis in a patient with primary antiphospholipid syndrome

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Background: Antiphospholipid syndrome (APS) is a systemic autoimmune disorder characterized by venous and ar-

terial thrombosis, recurrent abortion, thrombocytopenia and sometimes by cardiac involvement. We describe a case of intracardiac thrombosis associated with primary APS.
Case Report: A 28-year-old female patient was admitted to our hospital because of swelling and pain of the right leg. Venous Doppler ultrasound showed femoral, popliteal, and great saphenous vein thrombosis. CT scan showed pulmonary embolism. It was negative for active malignancy. She did not take oral contraceptives. She was not pregnant. Anticoagulant protein S, protein C, and Antithrombin were normal. Factor V Leiden and prothrombin G20210A mutation were negative. A prolonged activated partial thromboplastin time (aPTT), along with a positive lupus anticoagulant and high titer of anticardiolipin IgG antibodies and aβ2 glycoprotein I-IgG antibodies suggested for APS. Transthoracic echocardiogram revealed the presence of a heart mass in the right atrium, described as thrombosis on complete transesophageal echocardiographic examination and cardiac magnetic resonance imaging. Consultation with cardiac surgeons ruled out surgical treatment. She was discharged with oral anticoagulant therapy with warfarin. Repeated blood tests after 12 weeks confirmed the diagnosis of APS. Long-term treatment with warfarin and acetilsalicilic acid was recommended.
Conclusions: Cardiac manifestations of APS may be associated with increased cardiovascular mortality. A prompt and correct identification of APS is needed.

Progressive multifocal leukoencephalopathy in a rare type of myeloma, the non-secretory multiple myeloma

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Background: Progressive multifocal leukoencephalopathy (PML) is a rare fatal infection caused by John Cunningham virus (JCV) in the context of immunosuppression such as HIV, malignancy, and certain immunomodulatory medication. PML has been reported only rarely in multiple myeloma (MM) patients. We describe a rare case of PML with immune reconstitution inflammatory syndrome (IRIS) in a patient with non-secretory multiple myeloma (NSMM).
Case Report: A 65-year-old woman with a medical story of NSMM for about 10 years, treated with multiple lines of chemotherapy and undergoing two autologous stem cell transplants, now refractory, was admitted to the hospital presenting confusion, short-term memory impairment and behavioral changes. CT head showed bilateral white matter changes raising the possibility of central nervous system (CNS) infection or intraparenchymal CNS myeloma infiltration. MRI brain revealed multiple areas of hyperintensity on T2-weighted sequences which did not enhance but many of which showed diffusion restriction suggesting for PML-IRIS. A lumbar puncture was undertaken. Cerebrospinal fluid was positive for the JCV confirming the diagnosis of PML. Steroid therapy was prescribed with a modest benefit. Three months later the patient, positive for SARS-CoV-2, died of a massive cerebral hemorrhage.
Conclusions: Although PML in MM is a rare consequence of the disease and its immunosuppressive profile, it is important to assess the chance of PML in severely immunocompromised patients and develop a clinical approach compatible with its early diagnosis and treatment.

Heparin-induced thrombocytopenia: a case report

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Heparin induced thrombocytopenia (HIT) is a life-threatening immune-mediated complication of heparin therapy, typically occurring 5-15 days after heparin exposure, characterized by an approximate 50% decrease in platelet count and venous thromboembolism and, less often, arterial thrombosis. A 72-year-old woman presented to the emergency department for severe dyspnoea and epigastric pain. Due to respiratory failure and bilateral pulmonary embolism, she was started on subcutaneous low molecular weight heparin (LMWH) and supplemental oxygen. 9 days after admission, she was started on dabigatran 150 mg BID; 3 days later, given the endoscopic detection of erosive gastritis, dabigatran was stopped and LMWH resumed. On day 15, a programmed complete blood count showed a 45% decrease in platelet count, albeit within the normal range; suspecting HIT (4Ts score 4, intermediate), we stopped LMWH and started the patient on apixaban, 5 mg BID. Resulted positive a screening for antibodies against heparin/PF4, the apixaban dosage was increased (10 mg BID); the immunoassay confirmed HIT. Because of the bleeding risk related to direct-acting oral anticoagulants (DOAC), prothrombin complex concentrates contraindication in patients with remote HIT and limited availability of andexanet by our local health authority, the patient was discharged on dabigatran 150 mg BID. The case emphasizes the clinical relevance of the drop in platelet count, even within the normal range, to suspect HIT and underscores the need of an appropriate choice of DOAC, with specific focus on a possible reverse.

Effetto sul metabolismo glicidico di un nutraceutico a base di *Ilex paraguarensis*, *Morus alba* e cromo in paziente con polimialgia reumatica in terapia steroidea. Risultati preliminari

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Premesse e Scopo dello studio: La polimialgia reumatica è una patologia frequente nella popolazione anziana, con una risposta terapeutica straordinaria allo steroide. Purtroppo in questi pazienti non di rado è presente una ridotta tolleranza ai carboidrati già nota o slatentizzata dalla suddetta terapia. Lo scopo del presente studio è valutare se un prodotto nutraceutico composto da Ilex Paraguarensis, Morus Alba e Cromo, può resultare efficace nel mantenimento dell'omeostasi glicidica nei pazienti affetti da Polimialgia Reumatica in terapia steroidea.
Pazienti e Metodi: Abbiamo selezionato 10 pazienti da Polimialgia Reumatica, ai quali è stato somministrato Prednisone 1 mg/kg. Al fine di valutare l'efficacia del prodotto, in tutti i pazienti è stata determinata la glicemia, insulina basale ed indice HOMA al tempo 0 e dopo 30 giorni di terapia.
Risultati: Tutti i pazienti hanno presentato un miglioramento della sintomatologia clinica e dei valori di PCR e VES dopo 30 giorni di terapia. In 7/10 pazienti si è verificata una riduzione della glicemia ed insulinemia basali e dell'indice HOMA; in 3/10 i valori sono rimasti stabili. Nessuno dei pazienti ha presentato un peggioramento dei parametri metabolici né ha riferito effetti collaterali legati alla terapia prescritta.
Conclusioni: I risultati preliminari del nostro studio suggeriscono che un prodotto nutraceutico composto da Ilex Paraguarensis, Morus Alba e Cromo, può resultare efficace nel mantenimento dell'omeostasi glicidica nei pazienti affetti da Polimialgia Reumatica in terapia steroidea.

Severe primary hyperparathyroidism and multiple myeloma, a rare association

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Introduction: Primary Hyperparahyroidism and multiple myeloma are two of the most common causes of hypercalcemia. The association of the two deseases is very rare. We describe a case of this rare association.
Description: A.T., age 70, female. She accused severe hip and lumbar spine pain from 4 months, unresponsive to NSAIDs and opioids. Then confusion, severe asthenia, walking inability apparead. She was hospitalized. The blood and urine tests showed calcemia 2 nmol/L, creatinine 4.1 mg/dl, PTH 655 pg/ml, Beta2 proteins 0.52 g/dl, Hemoglobin 9.3 g/dl, platelets 88000/uL, ESR 140, Bence Jones proteinuria (IgG K). Tomography and NMR showed osteolytic lesions in skull, spine, pelvic bones. With bone biopsy and parathyroid scintigraphy, IgG K multiple myeloma and right parathyroid adenoma were diagnosed. After fluid-therapy and bisphosphonates, the patient went to parathyroid surgery and to haematological therapies.
Conclusions: In case of severe hypercalcemia, the rare association of Primary Hyperparahyroidism and multiple myeloma must be considered. Surgery of parathyroid adenoma is the first step for next haematological therapies. Multidisciplinary approach is necessary for the best patient and disease managemant.

A rare cause of pancytopenia

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Background: Combined Vitamin B12 and folate deficinecy because of malnutrition is a very rare cause of pancytopenia. Moreover, few case reports described the development of a microangiopathic hemolytic anemia (MAHA) attributable to B12 deficiency. We report a case of B12 and folate deficiency leading to pancytopenia and MAHA.
Case Report: A 80 y-old man presented with dyspnea and weakness. He suffered from CAD, diabetes mellitus, chronic kidney disease and depression associated with anorexia. No clear signs of sepsis or bleeding emerged. Exams revealed lung, kidney and liver failure. Blood smear showed pancytopenia with schistocytosis, consistent with microangiopathic haemolytic anaemia (MAHA). EKG and troponin levels were consistet with NSTEMI. After red blood cell transfusion in ER, Vit.B12 was at lower limits, folate were unremarkable, reticulocyte count was low, LDH was increased. During hospitalization he developed COVID-19, for which was treated with antivirals and steroids. The patient responded well to vitamin B12 and folate replacement. One month after discharge WBC and platelet count were normal, Hb was 9.8 g/dl. Reticulocyte count and creatinine were at upper limits.
Conclusions: The initial picture was compatible with a MOF in the context of a severe hematological problem, such as aplastic anemia or acute leukemia. The further investigations revealed a Vitamin B12 and folate deficiency. Pancytopenia with microangiopathic hemolytic anemia related to B12 and folate deficiency is very rare and prompt diagnosis and treatment are mandatory to avoid complications.

Slow resolving pneumonia: case report of a young man with a rare tumor

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Premises: Given the variability of the radiographic resolution rate, it remains controversial to decide when to initiate an invasive diagnostic workup for slowly resolving pneumonia (SRP).
Case Report: A young man of 32 years reported, for about a month, fever, cough and asthenia, resistant to home therapy. The Chest X-Ray (CXR) showed medium lobar pneumonia (MLP). Therefore, he was further treated with piperacillin/tazobactam and dexamethasone, with improvement. After 45 days, fever and cough reappeared, and the control chest X-ray showed the persistence of the MLP. On suspicion of SRP, he underwent a new cycle of therapy. After the clinical regression, a chest CT scan was performed, which showed subtotal atelectasis of the middle lobe (ML). Subsequently, he performed bronchoscopy, which found ML endobronchial neoformation. The preoperative staging was performed by PET/CT [hypercaptation of the ML bronchus (SUV 7.5)] and CT (nodular formation in ML with a hyperhancement of 18 x 11 mm). 5 months after the onset of symptoms, the patient underwent ML lobectomy. Histological examination revealed a typical bronchial carcinoid (NET/G1), with lymph nodes free from infiltration.
Conclusions: In immunocompetent patients, symptoms are the determining factor to avoid diagnostic investigations. NET is a rare tumor (1-2% of all lung cancers). In 40% it is asymptomatic, but can it manifests itself with symptoms associated with endobronchial obstruction: atelectasis, recurrent pneumonia. SRP without radiological improvement after a period of at least 6 weeks should always be investigated.

Unveiling the mystery: a young man with fever of unknown origin

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Introduction: Adult-onset Still's disease (AOSD) is an inflammatory disorder characterized by fever (at last 39°C for one week), arthralgias, nonpruritic macular salmon-colored rash, leukocytosis (Yamaguchi criteria). Other symptoms include myalgia, pharyngitis, lymphadenopathy and splenomegaly. Laboratory findings are elevation in acute phase reactants, serum ferritin and serum alanine and aspartate aminotransferases.
Case Report: A 25 years old man was hospitalized for prolonged fever of unknown origin up to 40 degrees, arthralgia at feverish peak and chest pain on deep inspiration. Laboratory tests showed leukocytosis with elevated neutrophil count, increased inflammatory indices and high ferritine level. Abdominal and thoracic CT performed with contrast agent showed ground glass hyperdensity in the left lung, bilateral pleural effusion and moderate splenomegaly. During hospitalization were performed urine cultures, blood cultures, autoimmune screening, many infection markers with negative results. at rheumatological evaluation diagnosis of AOSD was made (yamaguchi criteria met) with indication to start corticosteroids therapy during hospitalization with clinical and laboratory improvement. methotrexate was added at outpatient evaluation with persistent remission of symptoms and normalization of inflammation indices.
Conclusions: AOSD is an uncommon pathology with two peaks, 15-25 years and 36-46 years. The clinical presentation is heterogeneous with a difficult differential diagnosis. The treatment includes steroid and DMARD.

Hemodialysis associated methemoglobinemia and hemolytic anemia - A case report

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Introduction: Methemoglobin is a form of hemoglobin that has been oxidized. Chloramines are used to sterilize tap water. High levels of chloramines are associated with hemolysis and methemoglobinemia if they are inadequately filtered.
Discussion: A 81 years old patient with a history of FAC, DM and an end stage renal failure who was on a 3-times-a-

week hemodialysis was admitted to hospital with an inferior STEMI. During the hospitalization blood test showed thrombocytopenia and severe anemia. In addition, ABG performed after dialysis showed methemoglobinemia (12.9%). The anemia was diagnosed like intravascular haemolytic anemia with a negative Coombs test. A peripheral smear was also performed, and the latter showed not schistocytes but instead intracellular basophilic precipitates and Heinz body that were compatible with a possible toxic etiology. Levels of G6PDH enzyme were normal and urinary lead was negative. The patient had not received any medication known to induce methemoglobin. Inadequate chloramine filtration was suspected and the portable machine used for dialysis was substituted and analyzed for searching for toxic elements. Actually there was an increase of chlorine levels and after the substitution of the dialysis machine, the patient has improved anemia. Methemoglobin level decreased to 1.0%.
Conclusions: Methemoglobinemia and hemolytic anemia are unusual events that may occur during dialysis. In dialysis facilities, chloramine can cause red blood cell oxidant damage, resulting in the conversion of hemoglobin to methemoglobin and subsequent hemolysis.

Catastrophic antiphospholipid syndrome: a challenging clinical practice

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Introduction: Catastrophic antiphospholipid syndrome (CAPS) is a challenging life-threating condition complicating 1% of antiphospholipid syndrome (APS). For a definite diagnosis, patients must demonstrate involvement of three or more organs, present manifestations simultaneously or within a week's time, show histopathological confirmation of small vessel occlusion in at least one organ and laboratory confirmation of the presence of antiphospholipid antibodies (lupus anticoagulant and/or anticardiolipin and/or anti-β2- Glycoprotein I antibodies). The majority of CAPS episodes are triggered by one or more precipitating factors, mainly infections.
Case: A 76 years-old male presented to our department with fever, anemia and thrombocytopenia; a CT-scan revealed a bilateral pulmonary embolism and bilateral hemorrhagic diffuse alveolitis; chronic portal thrombosis and complete thrombosis of superior mesenteric vein and splenic vein associated with a partial occlusion of the inferior cava vein. The lab-tests revealed an aPTT prolongation with LAC positivity. Treatment with unfractioned heparin was started associated with methylprednisolone 1 g for three days then 1 mg/kg/daily. Due to lack of efficacy patient was treated with two therapeutic plasma exchanges, immunoglobulin 400 mg/kg/daily for 5 days and ultimately Eculizumab 1200 mg/daily with no response and death.
Conclusions: Diagnosis of CAPS is very complicated in the absence of a positive medical history for APS and other causes should be excluded; the treatment is equally very complex and with a high mortality rate.

Sindrome da attivazione macrofagica in morbo di Still

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La sindrome da attivazione macrofagica (MAS) è una condizione rara, potenzialmente letale, caratterizzata da attivazione esasperata del sistema immunitario e da uno stato di infiammazione sistemica, danno tissutale e insufficienza multi-organo. Maschio 27 anni, in buona salute. Da circa 3 settimane febbre continuo-remittente e mialgie diffuse, resistente ad antibioticoterapia. Evidenza di leucocitosi neutrofila, linfopenia, ipertransaminasemia e aumento degli indici di flogosi. Ecocardiogramma, RX torace nella norma; splenomegalia e linfoadenopatia laterocervicale bilaterale all'ecografia. Ricovero in Medicina. All'ingresso: faringodinia, artrite caviglia destra. Durante la degenza emocolture negative, ricerche sierologiche e microbiologiche negative. Incremento delle transaminasi (ALT 3260U/L), della ferritina (121731 ng/ml), ipertrigligeridemia (357 mg/dl), fibrinogeno ridotto (151mg/dl), LDHaumentata (2229U/L), comparsa di citopenia trilineare (PLT:79.000 u/L), striscio su sangue periferico: presenza di linfociti attivatise senza evidenza di emopatia maligna. PET-TC: iperaccumulo radiofarmaco in compartimento laterocervicale e ascellare bilateralmente, osteomidollare e splenico. Nel sospetto di MAS eseguita biopsia osteomidollare conclusiva per: "numerosi istiociti globosi, ripieni di cellule emopoietiche disfatte, come da emofagoscitosi". Formulata diagnosi di MAS in morbo di Still e impostata terapia con Desametasone 10 mg/m2/die e successiva terapia con Anakinra 100 mg/die. La tempestività di una diagnosi corretta di una patologia potenzialmente fatale ha consentito il miglioramento clinico e l'evoluzione favorevole della malattia.

Mortalità in un reparto COVID di medicina generale nel periodo pre-vaccinale

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Premesse e scopo dello studio: Nel periodo Dicembre 20 – Giugno 21 presso il nostro reparto sono stati ricoverati 547 pazienti (344 uomini *vs* 203 donne) con infezione da SARS-CoV-2, tutti non vaccinati per COVID-19, con un'età media di 68,7 + 16,8. In questo lavoro abbiamo valutato la mortalità correlandola a età, sesso, comorbilità, terapia antivirale.
Materiali e Metodi: Revisione retrospettiva dei dati delle cartelle cliniche di tutti i pazienti ricoverati.
Risultati: La mortalità totale era del 20,3% (20,7% nelle donne e 20,1% negli uomini). Si osservava un progressivo aumento della mortalità a partire dalla 6° decade per giungere a una mortalità di 37,4% e 45,6% per la 9° e 10° decade rispettivamente. La percentuale di pazienti che sono stati trasferiti in UO Terapia Intensiva era del 14,3%. Nei pazienti ricoverati in UO Terapia Intensiva la mortalità era del 59%. La mortalità correlava significativamente con l'età indipendentemente da sesso e comorbilità. Si osservava n. 1 decesso tra i pazienti trattati con Remdesivir, in totale n. 60 pazienti che presentavano una età media significativamente minore rispetto ai non trattati. Si osservava solo n. 1 decesso tra i pazienti trattati con plasma iperimmune (n. 13 pazienti), nonostante una maggiore percentuale di ricovero in UO Terapia Intensiva (46,1%).
Conclusioni: La mortalità da infezione di SARS-CoV-2 risultava molto elevata e correlava fortemente con l'età. I pazienti trattati con Remdesivir e con plasma iperimmune potrebbero avere avuto un beneficio in termini di mortalità.

Telengectasia emorragica ereditaria: gestione del rischio tromboembolico in fibrillazione atriale

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Introduzione: La Talengectasia emorragica ereditaria (HHT) è una patologia a trasmissione autosomica dominante, caratterizzata da un difetto della via di trasduzione

del Tgf-β, determinante un'alterazione della angiogenesi con malformazioni vascolari della pelle, della mucosa nasale e gastrointestinale, e a carico di organi come il cervello, polmoni e fegato. La diagnosi richiede la presenza di almeno 3 su 4 criteri di Curacao: epistassi recidivanti, familiarità, telengectasie mucocutanee, malformazioni artero venose di organi parenchimatosi.
Caso clinico: Paziente di 73 anni affetta da HHT con FA parossistica e CHA_2DS_2VASc di 3, per ipertensione arteriosa. Storia di epistassi recidivanti, ma non malformazioni a carico degli organi parenchimatosi. In corso di trattamento anticoagulante, presentava incremento della frequenza e gravità degli episodi di epistassi con anemizzazione e necessità di supplementazioni marziali, veniva effettuata quindi chiusura percutanea dell'auricola sinistra, con dispositivo Watchman LTX, come da raccomandazioni delle linee guida. La procedura è stata esente da complicanze emorragiche ed è stata praticata profilassi peri procedurale con antifibrinolitico e.v. La paziente è stata dimessa in terapia anticoagulante con Apixaban 2.5 bid programmato per 6 set., sospesa dopo 3 settimane per ripresa degli eventi emorragici e non seguita da anti-aggregazione.
Conclusioni: Programmato il follow up a 3-6-12 mesi, la paziente non ha riportato eventi ischemici cardio embolici né apposizioni trombotiche sul device, nonostante l'assenza di terapia antitrombotica.

Prosthetic joint infection by *Acinetobacter baumannii* MDR treated by antibiotic carrier: a case report

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Introduction: Multi drug resistant germs are a problem of increasing importance given the prevalence of these pathogens. Acinetobacter baumanii MDR accounts for 15% of all causes of sepsis in ICU in Italy, with a mortality rate from 28% to 43%. The use of antibiotic carriers makes it possible to overcome the challenges posed by antibiotic penetration into poorly vascularized sites and the need to use potentially toxic drugs to treat resistant microorganisms.
Case Report: A 68-years-old female presents to ED with fever and confusional state. In her medical history she had right hip arthroplasty surgery 2 months earlier. Physical examination reveals two fistulae with purulent drainage from the site of the surgical wound. Wound swabbing shows positivity for MRSA and Acinetobacter MDR. Increased metabolic index in the prosthetic-periprosthetic site in the FDG-PET scan corroborates the hypothesis of a prosthetic joint infection. Systemic therapy with Linezolid 1200 mg die and Cefiderocol 6 mg die is started and the decision is made for surgical reduction and spacer placement. It is also decided to place antibiotic carrier (Stimulan) loaded with Cefiderocol 1 gr during surgery. Two weeks after surgery, the patient is transferred to a rehabilitation facility for the continuation of the rehabilitation process.
Conclusions: The use of Stimulan loaded with Cefiderocol was safe and effective in the treatment of prosthetic joint infection of the hip sustained by Acinetobacter baumannii MDR.

L'importanza della componente vascolare nella sindrome nefrosica

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Premesse: La progressione dell'aneurisma toracoaddominale può comportare importanti complicanze vascolari e sistemiche, resta dunque necessario lo stretto follow up specialistico, soprattutto nei pazienti sottoposti ad endoprotesi.
Descrizione del caso clinico: Paziente di 81 anni si ricoverava per dispnea e insufficienza renale acuta su cronica. In anamnesi riportava pregresso intervento circa 15 anni prima di endoprotesi aorta toracica in terapia con duplice antiaggregante, cardiopatia sclero-ipertensiva con episodio di scompenso cardiaco a frazione di eiezione ridotta 2 anni prima, bronchiti recidivanti, ischemia dell'arteria retinica dx e glaucoma. Negava assunzione recente di antibiotici, FANS e altri medicinali di nuovo utilizzo. Alla visita presentava edemi periferici arti inferiori con riscontro agli esami ematochimici di ipoalbuminemia, dislipidemia mista, ipoŒ≥globulinemia e proteinuria 4.5 gr\24 h. Si pone diagnosi di sindrome nefrosica e si eseguono test autoimmunitari, infettivologici, immunofissazione sierica e urinaria risultati negativi. Si praticava terapia reidratante, diuretica e steroidea. All'ecodoppler addominale si riportava trombosi a livello dell'origine dell'arteria renale destra con rene destro piccolo e dimsorfico. Veniva iniziata anticoagulazione.
Conclusioni: La valutazione complessiva dell'eziologia della sindrome nefrosica ha messo in risalto l'importanza della componente vascolare come possibile causa scatenante in presenza di malattia dell'aorta toraco-addominale, incentrando la discussione sull'aumentato rischio trombofilico.

Hypertransaminases in a young man with bad habits: a case report

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Premesse: Hepatitis E virus (HEV) is the most common cause of enterically acquired acute viral hepatitis worldwide with major prevalence in the developing countries. An increasing number of sporadic cases of acute HEV infection have also been found in developed countries especially fort the consumption of uncooked or undercooked meat. It is an enterically transmitted infection that is typically self-limited.
Descrizione del caso clinico: A 39 young man presented with history of fever, abdominal pain, vomiting for about three days, the GP prescribed him a panel of blood test that showed elevated inflammatory proteins, alanine transaminase (ALT) 42x upper limit and aspartate transaminase (AST) 23 x upper limit, with normal bilirubine. After one week he was admitted in our department where was repeated blood tests with investigation of serology for HAV, HBV, HCV and other atypical infections that were ruled out. Examining in depth his habits, he revealed that ate uncooked meat and shellfish with a chronic use of alcohol. So, he was checked for hepatitis E immunoglobulin M and founded positive. The patient received a supportive care and he improved until normalization of liver function test.
Conclusioni: Although the few data about hepatitis E, the incidence in developed countries is not well established because the poor dates about this infection. In this report we highlight the importance of a deepen anamnesis to point the diagnosis and making use of careful serology test also in our latitude.

Fever of unknown origin: how to disprove the "Occam's razor" theory

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Background: 64 years old female hospitalized for fever, erythematous rash on lower limbs, headache, myalgias, con-

junctivitis and a sore throat. On the blood tests, increased inflammation markers and Ferritin.
Discussion: During evaluation for viral and bacterial infections, detection of positivity of urine coltures reason why the patient has been treated with targeted antimicrobial drugs. Immune tests notwithstanding, with negative ANCA and low titer FAN/ANA. Instrumental exams, including chest/thyroid echography, neck/chest/abdomen TC and echocardiography, all turned out negative. PET-TC enlightened cervical, pulmonary and duodenal lymph-nodes, most likely of flogistic nature. Since tuberculosis markers all turned out negative, the patient has been discharged with the hypothetical diagnosis of a sarcoidosis (urinary calcium negative, ACE nonwithstanding) and Rheumatological follow up. The Patient came back for persisting fever, anorexia and loss of appetite, increasing inflammation markers, ESV and Complement, autoimmune panel negative. A Hematological assessment with bone marrow biopsy has been performed, excluding the hypothesis of a lymphoma. In the diagnostic hypothesis of Adult Still's Disease according to the Yamaguchi Criteria, a corticosteroideal treatment has been initiated with improvement of the clinical condition.
Conclusions: Fever is a clinical sign related to several infectious, neoplastic or rheumatological diseases which needs a detailed analysis to find out the right diagnosis.

Livello di conoscenza degli studenti infermieri sulla donazione di midollo osseo: uno studio trasversale

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Premesse e Scopo dello studio: La promozione della donazione di midollo osseo o cellule staminali aumenterebbe la possibilità di ricercare e trovare donatori compatibili per i pazienti affetti da malattie ematologiche che trovano cura nel trapianto di midollo osseo. Questo studio vuole indagare la conoscenza degli studenti di infermieristica riguardo la donazione e quale approccio possibile per promuoverlo e migliorarlo.
Materiali e Metodi: Studio trasversale condotto presso l'Università degli Studi di Bari nel periodo di Agosto/Settembre 2020. Agli studenti di infermieristica è stato somministrato un questionario di 22 item a risposta chiusa, redatto dalle linee guida di sensibilizzazione alla donazione disposte dall' Associazione Donatori Midollo Osseo (ADMO).
Risultati: Hanno partecipato 100 studenti (100%): il 68% è favorevole alla donazione di midollo osseo, il 59% dichiara di avere perplessità sulla procedura. Il 34% risultano essere iscritti al registro dei donatori: solo 5 di questi (8,2%) si sono sottoposti alla pratica della donazione conoscendone la procedura. L'89% sarebbe a favore della conservazione di cellule staminali prelevate da cordone ombelicale per la donazione solidale-autologa. Il 45% degli studenti ritiene utile sensibilizzare le fasce giovanili alla donazione.
Conclusioni: Gli studenti intervistati mostrano un atteggiamento favorevole e propositivo riguardo la donazione di midollo osseo. Le principali criticità riguardano la carenza di informazioni specifiche sulla procedura e la promozione di campagne di sensibilizzazione in ambito universitario.

Livello di conoscenza degli infermieri sulla corretta gestione del paziente con diagnosi di sepsi: uno studio trasversale

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Premesse e Scopo dello studio: La conoscenza della fisiopatologia della sepsi e l'aderenza alle linee guida consentono all'infermiere di intervenire rapidamente sul paziente per prevenire l'insorgenza dello shock settico. Questo studio vuole indagare la conoscenza degli infermieri circa la corretta gestione infermieristica del paziente settico.
Materiali e Metodi: Studio trasversale condotto a Novembre/Dicembre 2022 presso il reparto di Malattie Infettive del Policlinico di Bari. Agli infermieri è stato somministrato un questionario di 16 item a risposta chiusa, redatto dalle linee guida internazionali della "Surviving Sepsis Campaign" del 2021.
Risultati: Hanno partecipato 25 infermieri (54,4%). Alcuni infermieri (32%) riferiscono di essere a conoscenza di un protocollo aziendale. In presenza di sepsi, su disposizione medica, tutti (100%) eseguono prelievi di campioni biologici per identificare la fonte di infezione con conseguente rimozione/sostituzione dei devices intravascolari (56%); su prescrizione medica, l'85% dichiara di somministrare cristalloidi bilanciati e non soluzioni colloidali (15%) per la rianimazione fluidica. Il 36% pone in atto un'assistenza basata sulle cure palliative.
Conclusioni: Nonostante una buona aderenza alle linee guida, si evidenzia come la conoscenza infermieristica sulla gestione del paziente settico derivi maggiormente dalla messa in pratica delle prescrizioni mediche. Urge investire sulla formazione, su sistemi di comunicazione efficienti per la diffusione dei protocolli e su campagne di sensibilizzazione a favore delle cure palliative.

An incidental diagnosis of giant ovarian cancer in an Internal Medicine department

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Ovarian cancer is the fifth most common cancer in women, accounting for more than 6700 new cases diagnosed each year in the U.K. A 61 year old woman presented in Emergency Room with fever and productive cough. Her history was suggestive for hypertension, type 2 diabetes mellitus, multiple endometrial benign neoplasms, umbilical hernia and alopecia from many years. Testosterone was tested many times by her general practitioner and presented high levels (15.7 ng/ml, n.v. 2,10-7,50 ng/ml). She presented alopecia and hirsutism, at lung auscultation a reduction in vesicular murmur, and a solid abdominal mass that she referred to umbilical hernia. At Laboratory analysis: Hemoglobin (Hb) 9.2 g/dl, WBC 24.86 x103/ul, CRP 37.72 mg/dl. Chest X-ray proved interstitial lung bilateral disease. Blood gas analysis showed a mild hypoxemia. She was treated by Ceftazidime, Levofloxacin and Methyl-prednisolone, with a rapid improvement of her clinical conditions. She denied the execution of abdomen CT-scan with contrast medium (CM). During hospitalization, suddenly, presented fever again, hypotension and a worsening of: Hb (9.2>7.6 g/dl), WBC (15.29>26.34 X103), Procalcitonin (0.37>1.52 ng/ml), CRP (1.71>24 mg/dl), ESR 140 mm/h. Thus, she was treated by blood transfusions, meropenem and Methyl-prednisolone. An Abdomen CT scan with CM showed an expansive ovarian neoformation (27x28x12 cm) with internal bleeding, surgically removed (the histological definition is still unknown). There is no screening test for ovarian cancer and diagnosis often occurs in the late stages, as in this case.

Fever in immunocompromised patients, always a red flag

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Background: West Nile virus (WNV) is a mosquito-borne virus potentially causing serious illness in humans. The 2022 vector season in Italy was marked by a rapid increase in neuroinvasive infections, even in low-incidence areas.
Case presentation: A 79-year-old woman was admitted to the emergency department due to asthenia and anorexia. She suffered from a low-grade follicular lymphoma with full remission, currently on rituximab. She lived in a rural area (Varese Lake), and experienced insect bites and a low-grade fever a few weeks before. Nasopharyngeal swabs for viruses, blood, and urine cultures were negative. Chest X-ray and abdominal ultrasound were unremarkable. Starting on the 2nd day, the patient progressively worsened her consciousness and presented dysarthria, diffuse tremors and rigidity. Brain CT scan, MR imaging, and EEG were unremarkable. Cerebrospinal fluid (CSF) showed an increased protein count. Hence, empirical therapy with dexamethasone, IVIG, and doxycycline was started without any clinical change. Borrelia and WNV serology were negative. Additional MR imaging was taken after 1 week showing a subcortical hyperintensity in the left occipital region; EEG recorded epileptic abnormalities. IVIG was restarted following PCR positivity for WNV on blood, CSF, and urine. The patient died after 29 days of hospital stay.
Conclusions: WNV infection should always be suspected in patients with neurologic signs reporting mosquito bites, particularly in patients taking rituximab. Serological tests may initially be negative; PCR and IgM CSF testing should be done.

Palpitation resistant to bisoprolol

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Introduction: In clinical practice we often come across subjects affected by anxious-depressive syndrome who complain of the most disparate symptoms among which the most frequent heart palpitations. We present the of a 62-year-old man.
Clinical case: Hypertensive and dyslipidemic patient. In the last 5 years, several accesses to ED for palpitations with a sense of "heart in the throat". The ECG showed sinus tachycardia. Left ventricular hypertrophy on echocardiography. Blood chemistry routine within limits. Treated acutely with benzodiazepines, it was beneficial, while chronic intake of bisoprolol was not effective. Due to the recurrence of the episodes, eve at night, the patient came to our observation. Subject Holter-ECG several episodes of RBBD-type morphological VT suggestive of fascicular origin were found. Cardiac MRI and coronary-CT revealed no pathology of note. The electrophysiological study confirmed the diagnosis.
Conclusions: Fascicular VT is one of the VTs observable in patients with a structurally healthy heart. It is due to a re-entry mechanism and is acutely sensitive to verapamil. The onset of the arrhythmia can occur at rest or more rarely during or immediately after intense physical activity or in the course of emotional stress. Verapamil ha not demonstrated, in chronic administration, good efficacy in preventing episodes, therefore in patients with incessant or relapsing forms or with associated syncope, the therapy of choice is represented by transcatheter ablation.

Deficit di alfa1-antitripsina: due casi clinici

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Il deficit alfa-1 antitripsina costituisce una severa complicanza nei pazienti affetti da BPCO. L'efficacia del trattamento è complicata dalla difficoltà di una precisa diagnosi microbiologica e da problematiche farmacologiche (compliance alla terapia, interazioni farmacologiche e diagnosi tardiva). Descriviamo il caso di due giovane donne con il deficit alfa-1 antitripsina. Una presenta sindrome BPCO, il quale non ha risposto alla terapia con broncodilatatori e antiretrovirale per os a causa di malassorbimento intestinale. La somministrazione endovenosa della terapia e l'adeguamento della terapia con il dosaggio dell'alfa-1 antitripsina hanno permesso un miglioramento del quadro clinico. È necessario considerare la somministrazione del farmaco in ospedale distante dal luogo di residenza come una possibile causa di fallimento terapeutico in corso di malattia e si è dimostrato un miglioramento della malattia con un otucome migliore somministrando la terapia nel proprio domicilio.

Yellow submarine: going deeper into differential diagnosis for jaundice

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Background: Weil's disease or icteric leptospirosis is a severe form of zoonosis manifested by rapidly progressive multisystem disease associated with mortality rates of 5 to 15 percent.
Discussion: A 45-year-old man admitted for hyporexia, cognitive motor slowing and jaundice with total hyperbilirubinemia 45.66 mg/dl (direct 38.8 mg/dl), neutrophilic leucocytosis, increased inflammation markers, lipase, liver aminotransferases with undetectable GGT due to jaundice and normal ALP. In the medical history he reported a febrile episode and general malaise after swimming in the river about a month earlier, subsequent episodes of abdominal pain in the absence of other symptoms. On admission, ultrasound of the abdomen was performed with no evidence of significant findings in the liver, gallbladder and remaining abdominal parenchyma; the US image was confirmed by the MR-cholangiography study. Excluded toxic forms by assaying plasma levels of alpha amanitine, paracetamol and CDT. During evaluation for hepatotropic viruses, bacterial and parasitic infections, was detected anti-leptospira antibodies, serotypes Icterohaemorrhagiae and Cani, with a marked increase in the antibody titer at the second assay. Once the diagnosis of icteric leptospirosis was established, antibiotic therapy with ceftriaxone, started empirically on admission, was continued, with clinical resolution and improvement of blood test.
Conclusions: Timely diagnosis and initiation of specific treatment is extremely important in rapidly progressing diseases and an appropriate anamnestic collection plays a key role.

Manifestazioni neurologiche rare in malattia da COVID-19 paucisintomatica: un caso clinico di sindrome di Miller-Fisher

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Premesse: La maggiore conoscenza dei meccanismi d'azione del SARS-CoV-2 evidenzia il coinvolgimento non solo dell'apparato respiratorio ma anche di molti altri apparati, tra cui il Sistema Nervoso. Tra le manifestazioni neurologiche COVID-relate vi è la Sindrome di Guillain-Barrè (SGB); molto più raramente le sue varianti, tra cui la Sindrome di Miller-Fisher (MFS).
Descrizione del caso clinico: Uomo, 58 anni, asma e iper-

colesterolemia. Positività per SARS-CoV-2, sintomatico da oltre due settimane solo per rinorrea, tosse e diarrea. Giunge per cefalea, calo del visus occhio sinistro, disturbi dell'equilibrio, della deglutizione e masticazione. TC torace negativa per polmonite. Ricoverato con paralisi del VI nervo cranico sinistro; eseguita RM Encefalo con mezzo di contrasto: nella norma. Dopo 24 ore: disartria, oftalmoplegia bilaterale, disfagia, areflessia arti inferiori, riflessi ipoevocabili arti superiori. Nel sospetto di Sindrome da Anticorpi Antiganglioside è stata eseguita rachicentesi, iniziata terapia con Immunoglobuline ev e posizionato SNG. La presenza di Anticorpi Anti GQ1B sul liquor ha consentito di porre diagnosi di Sindrome di Miller-Fisher, confermata poi dalla Elettromioneurografia.
Conclusioni: La MFS è una sindrome molto rara; sono pochi i casi documentati di MFS secondaria a infezione da SARS-CoV-2 dall'inizio della pandemia. La SGB e le sue varianti devono essere ricercate in presenza di sintomatologia neurologica sospetta poiché solo la diagnosi e il trattamento precoci assieme al ricovero nel setting assistenziale adeguato migliorano la prognosi.

Batteriemia da *Shewanella algae* in soggetto immunodepresso con concomitante infezione da SARS-CoV-2: un caso clinico particolare in Sardegna

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Premesse: I batteri della specie Shewanella sono bacilli Gram-negativi, comuni nell'habitat marino. Raramente causano malattia nell'uomo; tuttavia, le segnalazioni di infezioni clinicamente rilevanti sono in aumento.
Descrizione del caso clinico: Uomo, 78 anni, cagliaritano. Colangite Sclerosante e Pancreatite Autoimmune IgG4 in terapia steroidea, Diabete Mellito tipo II, esiti di duodenocefalopancreasectomia, pregressa ulcera dell'anastomosi gastro-digiunale. Ricoverato a Luglio 2022 per febbricola, astenia e scadimento delle condizioni generali in infezione da SARS-CoV-2. Dolorabilità in sede epigastrica. Quadro laboratoristico dubbio: emocromo nella norma, Procalcitonina 1.8 ng/ml, PCR 127 mg/L, aumento bilirubina totale e indiretta. Data la nota immunodepressione del paziente, sono stati eseguiti esami colturali e iniziata terapia empirica con Ceftazidima. Positività in tutti i set di emocolture per Shewanella Algae + E. Coli nelle urine. Negata esposizione prolungata all'acqua di mare, nessun reperto obiettivo suggestivo di infezione della cute né dei tessuti molli. La TC addome con mezzo di contrasto, volta ad escludere foci infettivi o altre complicanze peri-anastomotiche, ha dato esito negativo. Ignota l'origine della batteriemia.
Conclusioni: la S. Algae è un patogeno opportunista emergente, in grado di causare non solo infezioni benigne della cute, dei tessuti molli, intra-addominali e otiti, ma anche batteriemia e sepsi, specie in soggetti non immunocompetenti e con patologie epato-biliari. I casi documentati finora in Italia riguardavano la Costa Adriatica.

Elementare (?) ... Watson!

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Premessa: Le vasculiti sono patologie multiformi. Tra queste, la poliangioite microscopica è una vasculite dei piccoli vasi, rara (1/100000), coinvolgente reni e polmoni.
Caso clinico: Donna di 72 aa, giunta per calo ponderale, febbricola, edemi agli arti inferiori e ipertensione non controllata. Si riscontrava anemia severa (7 g/dL), insufficienza renale avanzata (creatinina 4.7 mg/dL), incremento degli indici di flogosi (ferritina, VES e alfa2). Venivano escluse lesioni emorragipare, neoplasie e trombosi venose, tramite esami endoscopici, TAC torace addome ed Ecodoppler arti inferiori. All'esame delle urine vi era proteinuria non nefrosica e microematuria. Per il quadro nefritico, si escludevano infezioni acute o patologie reumatiche (ANA, ENA, FR neg), si dosavano anticorpi p- e c-ANCA e si eseguiva biopsia renale. Emergeva una positività per p-ANCA tipo MPO ad alto dosaggio associata a glomerulonefrite proliferativa diffusa extracapillare (senza immunocomplessi) in fase di evoluzione cicatriziale delle lesioni, compatibile con localizzazione renale di vasculite microscopica. Iniziava terapia steroidea ad alte dosi, quindi si inviava la paziente in centro di II livello specialistico reumatologico per la terapia immunosoppressiva con micofenolato. La paziente ha beneficiato della terapia con risoluzione clinica e miglioramento della funzionalità renale.
Conclusioni: Individuare una patologia rara con una diagnosi precoce in un reparto di Medicina Interna consente di migliorare la prognosi anche per una più rapida presa in carico e adeguato follow up.

A rare infection: a case of spinal subdural empyema

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Background: Spinal subdural empyema (SSE) is a rare condition, commonly presenting with fever, back/neck pain and radicular pain, with various degrees of neurologic deficits.
Case report: We describe the case of a 81-years-old man who came to our attention for abdominal pain, dysuria, low-back pain and fever. His past history was characterized by diabetes, ischemic heart disease, chronic heart failure, atrial fibrillation, minor thalassemia. Exams revealed increased inflammation markers. Antibiotic empiric treatment with piperacillin/tazobactam was started. Blood culture were positive for Enterococcus Faecalis and urinary culture for Streptococco agaliactae. Heart ultrasound excluded valve vegetations. Due to the persistence of low back pain with functional limitation, suggestive for lumbar radicolopathy, we performed a MRI of the spinal cord which revealed a subdural empyema extended from L4 to S1. Patient was thus evaluated by neurosurgeon who excluded due to the age and comorbidity surgical treatment. According to infectious disease specialist treatment with ampicillin (12 gr/die) for at least 8-12 weeks was started. He was discharged to a rehabilitation centre where he completed antibiotic therapy. After one and three months MRI showed improvement and reduction of the empyema. Patient regained complete motility. After six months MRI was unvaried.
Conclusions: SSE is rare, with less than 100 case reported in adults. Treatment comprises surgical evacuation and antibiotics. In this case conservative treatment with antibiotic (ampicillin) was effective to reduce the empyema.

Il diabete mellito e le complicanze microvascolari: report di una giornata di screening effettuata presso l'Ospedale del Mare -ASL Napoli 1 centro- in occasione della giornata mondiale del diabete nel novembre 2022

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Premesse e Scopo dello studio: Il diabete mellito ed il suo scarso controllo nel corso del tempo determina complicanze macro e microvascolari. Lo scopo del nostro studio è stato quello di valutare l'incidenza di retinopatia e neuropatia diabetica.
Materiali e Metodi: Per lo screening effettuato durante la "giornata mondiale del diabete" nel Novembre 2022 presso

l'Ospedale del Mare – ASL NAPOLI 1centro, sono afferiti 38 pazienti, sottoposti a: • visita diabetologica, con anamnesi circa la malattia diabetica e la sua durata (DMT1 oppure DMT2); • visita oculistica con fondo oculare; • prove di neuropatia mediante utilizzo di biotesiometro.
Risultati: Il 26% dei pazienti è risultato affetto da neuropatia periferica e tra questi l'80% era affetto da DMT2 e il 20% da DMT1. Alla valutazione del fondo oculare, il 15% è risultato affetto da retinopatia diabetica non proliferante e tra questi l'83% era affetto da DMT2 ed il 17% da DMT1. Il 5% dei pazienti è risultato affetto da retinopatia proliferante e di questi il 50% era affetto da DMT2 e il 50% da DMT1. In un paziente affetto da DMT1 da circa 20 anni è stata riscontrata retinopatia diabetica proliferante già sottoposta a terapia con argon laser e neuropatia diabetica.
Conclusioni: Le complicanze microvascolari del diabete mellito sono molto frequenti. La concomitanza di retinopatia diabetica proliferante e neuropatia era data nello specifico da un paziente affetto da diabete tipo 1 di lunga durata, con scarso controllo. Le giornate di screening sono un importante strumento di sensibilizzazione per praticare regolari controlli.

Lo strano caso dello Stafilococco aureo... a cui la soda caustica aveva aperto la porta... e la valvola mitrale dato ospitalità

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Premesse: Uomo, 54 anni in PS per febbre (39°C), cefalea da 3 giorni, dolore mano sx, recente ustione da soda caustica V dito. Anamnesi: ipert. arteriosa, diabete mellito II. In PS: stato confusionale, deficit forza arto sup. dx, sincope con rilascio sfinterico. TC cranio: focolai emorragici intraparenchimali edema peri lesionale, petecchie emorragiche corticali; ematochimici: neutrofilia, PLT 44.000 µl, PCR 31 (<0.5) PCT 10 (<0,5), D-Dimero ++, Fibrinogeno 552 (200-400). Ricovero in Medicina Interna alta intensità di cura.
Descrizione del caso: In Med. Int: EO invariato, lesioni necrotiche dolenti mano sinistra, noduli cutanei eritematosi dolenti mano e caviglia di dx. Esami colturali quindi: ter. antib. ragionata con Ceftriaxone, Pip/Tazo e Vancomicina, trasfusione PLT, O2, Levetiracetam, Desametasone. Ecocardio TT negativo. RMN encefalo: emboli a evoluzione emorragica. Consulenze infettivologiche, cardiologiche e neurologiche non dirimenti. Si sollecita Ecocardio TE: plurime vegetazioni endocarditiche valvola mitralica, piccola perforazione lembo posteriore, IM lieve-moderata. Esami colturali + per Stafilococco aureo Meticillino sensibile. Rimodulata ter. antib. con Oxacillina, Daptomicina, Meropenem: progressivo miglioramento delle CG, del quadro neurologico e dei valori ematochimici.
Conclusioni: Presentazione molto variegata, condizioni cliniche in rapido deterioramento, dati anamnestici in parte confondenti (ustione) o mancanti (prolasso mitralico), hanno evidenziato come solo la metodologia clinica dell'Internista ha consentito una diagnosi corretta e tempestiva.

A clinical case of worsening dysphagia revealed an unrecognized coeliac disease

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Background: Tipically, patients with Coeliac Disease (CD) present with abdominal pain, diarrhea, steatorrhea, weight loss, growth failure, anemia, fatigue. Dysphagia is a known but an uncommon symptom for CD. In patients with dysphagia, CD should be considered in the differential diagnosis despite negative celiac serologies.
Case Report: A 58-year-old woman was admitted to our Dept for worsening dysphagia. At laboratory tests: complete blood count, metabolic and thyroid panel, erythrocyte sedimentation rate, celiac serology, Helicobacter pylori test were normal. Esophagogastroduodenoscopy (EGDS) no showed any alteration. Esophageal manometry revealed a normal low esophageal sphincter pressure, but she had an incomplete clearance of her fluid bolus. Her dysphagia continued to worsen with solid and soft foods and prolonged gurgling in her chest. Three months later, a new EGDS with duodenal biopsies showed villous blunting and focally increased intraepithelial lymphocytes in the duodenum as in CD, while serologies remained negative and celiac genetics showed DQ2 positive/DQ8 negative. The patient started a strict gluten-free diet (GFD) and bethanechol obtaining the complete resolution of her esophageal dysmotility and "gurgling."
Conclusions: Association of esophageal dysmotility has been reported in adult celiac patients. In subjects with esophageal symptoms and histological changes suspicious for CD, GFD is recommended. In serology-negative patients, repeat interval endoscopy on a GFD should be performed to assess for a histologic resolution to confirm the diagnosis of CD.

Ischemia mesenterica cronica: dimagrire mangiando correndo un rischio fatale

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Premesse: L'ischemia mesenterica cronica (CMI) è una condizione clinica sotto diagnosticata che comprende la stenosi o l'occlusione cronica del tronco celiaco, dell'arteria mesenterica superiore (MSA) e inferiore. È caratterizzata da dolore postprandiale e perdita di peso con appetito conservato. La causa più comune è l'aterosclerosi, seguita da vasculite e displasia fibromuscolare.
Caso clinico: Paziente di anni 64, giunto alla nostra osservazione per dimagrimento involontario di 25 kg in tre mesi. Fattori di rischio: ipertensione arteriosa. Praticati markers oncologici, EGDS e colonscopia, autoimmunità, profilo tiroideo e dislipidemico con esito negativo; eterozigosi del gene MTHFR. In base al quadro clinico, si pone il sospetto di CMI e si pratica AngioTC addome, con riscontro di stenosi maggiore del 90% del tronco celiaco e del 75% della MSA, seguita da aortografia addominale con inserimento di stent nella MSA e conseguente aumento del peso corporeo. Successivamente sottoposto a Cardio-TC e coronarografia con riscontro di occlusione totale del tratto distale della coronaria destra e del 70% dell'IVA media trattate con PTCA+stent.
Conclusioni: La CMI sintomatica è rara mentre la forma asintomatica colpisce il 14% degli adulti con possibili ripercussioni anche fatali. Il presente caso clinico dimostra quanto questa entità patologica, seppur grave, risulti sotto diagnosticata e quanto sia fondamentale la valutazione clinica dell'internista dal cui occhio critico è nato il sospetto di CMI, confermata dall'appropriato iter diagnostico terapeutico immediatamente attivato.

Insufficienza respiratoria: ciò che vedi dipende da come lo guardi

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Premesse: L'insufficienza respiratoria (IR) è una sindrome. Bisogna guardare oltre i sintomi per carpirne la causa.
Caso clinico: I.V., ♀, 17 anni, non fumatrice, inviatoci dalla

TI dopo trattamento con VMI + O2 per polmonite e IR tipo I in grave obesa (BMI 59.8). In follow-up presso centro pediatrico ad alta specializzazione per ritardo psicomotorio dalla nascita, bassa statura, ipotonia muscolare, ginocchio valgo, grave scoliosi trattata con artrodesi. Ci siamo chiesti: perché una polmonite a 17 anni è stata complicata da una così grave IR da richiedere la VMI e O2-terapia? È possibile riportare il tutto a una malattia più complessa? Le nostre indagini rilevano: difficoltà alla suzione e pianto debole neonatale, fame insaziabile, ipogonadismo, ipotiroidismo centrale, deficit di GH, adrenarca precoce, piedi piccoli e piatti, mani piccole e strette a margine ulnare rettilineo, ipopigmentazione cutanea, strabismo e diplopia transitoria, testardaggine, umore labile, autolesionismo indolore, ritardo d'apprendimento, disventilazione polmonare restrittiva con segni di debolezza dei muscoli respiratori, apnee da sonno con IR notturna. Infine, è risultata positiva ai criteri di Holm-Cassidy per Sindrome di Prader-Willi (PWS) confermata dal rilievo genetico di anomalia della regione del braccio lungo del cromosoma 15 (15q11-q13).
Conclusioni: L'IR è una sindrome non una malattia. PWS è una malattia genetica rara. La diagnosi precoce e la gestione multidisciplinare migliorano la qualità di vita e la grave obesità che, oltre alla disfunzione talamica, determina complicanze polmonari.

Non una semplice cefalea

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L'arterite gigantocellulare (GCA), altresì detta arterite di Horton, è la più comune delle vasculiti sistemiche, con incidenza maggiore a partire dai 50 anni d'età e picco nella VII decade. Uomo, 87 anni, ipertensione arteriosa, DM, glaucoma, CKD, pregressa TURP per IPB. Accedeva in PS per comparsa, da 7 gg, di febbre (38°C), cefalea fronto-orbitaria bilaterale, disestesia cuoio capelluto, disuria, trattate a domicilio senza beneficio con antibioticoterapia e antipiretici. EEC: PCR 12 mg/dl, VES 101 mm/h,creatinina 1.6 mg/dl, ferritina 530 ng/mL, EC positive per S. capitis e S. epidermidis. Somministrato ceftriaxone ev. Dopo defervescenza di febbre, emocolture ed esami strumentali negativi (Rx torace, eco addome, TC cranio), per persistenza di cefalea e incremento VES (110 mm/h) si eseguivano visite neurologica, ORL e reumatologica (tumefazione cordoniforme temporale) con ECD aa temporali (flogosi bilaterale), dirimente il sospetto diagnostico di GCA. Nella stessa giornata, per improvviso calo del visus, si effettuava visita oculistica con riscontro di papillite bilaterale e neuropatia ottica ischemica su base arteritica. L'AngioTC evidenziava: a. toracica allungata tortuosa ed ectasia di a. ascendente sottoistmica e vasi epiaortici. Si intraprendeva, quindi, terapia corticosteroidea, antiaggregante e anticoagulante. Alla luce del buon controllo clinico e laboratoristico della flogosi, con la terapia in atto, e del prevalente danno ischemico, si procedeva a decalage del corticosteroide in assenza di indicazioni per terapia steroido-risparmiatrice.

Hypereosinophilia: a challenge for physician and patient

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Background: Eosinophilic granulomatosis with polyangiitis (EGPA) is a rare small vessel vasculitis with multi-organ manifestations.
Case Report: A 49-year-old man with a history of asthma and nasal polyposis was admitted to hospital suffering from fever, fatigue, skin lesions on the scalp and the limbs, numbness and tingling of the feet. Laboratory tests revealed hypereosinophilia (max 5170/mmc), elevation of PCR (6,71mg/dl), TroponinT (263 ng/L), NTproBNP (428pg/ml). Systemic vasculitis was suspected. ANCA testing resulted negative. Parasitic infections, allergic diseases, solid and haematological malignancies and hypereosinophilic syndromes were ruled out with detailed medical history, microbiology tests, whole body CT scan and molecular genetic studies. Electromyography revealed multiplex mononeuritis. Chest CT scan showed pulmonary infiltrates. Skin lesions biopsy revealed a small vessel vasculitis with neutrophils and eosinophils infiltrates. ANCA-negative EGPA with cutaneous, neurological, pulmonary and cardiac involvement was diagnosed. Treatment with corticosteroids and intravenous immunoglobulins was started, followed by rituximab.
Conclusions: The diagnosis of EGPA represents a challenge. ANCA negativity is reported in almost 60% of patients. Initial symptoms are common to other medical conditions and required lot of effort to make a definite diagnosis.

Friends won't always be friends: a complex case of a port-a-cath infection

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Premises: Stable vascular accesses, such as port-a-cath (PAC), are necessary for long-term therapies. However, these devices are not free from complication, especially in frail patients.
Clinical case: A 53-year-old woman with breast cancer in active CT, PAC carrier, was admitted for respiratory failure and fever. Blood cultures from PAC were positive for MSSA, the device was removed and oxacillin started. At admission, echocardiography was negative for endocarditis; repeated after 10 days for an episode of pulmonary oedema, it revealed severe aortic insufficiency and valvular vegetation, this required replacement with biological prosthesis. Hospitalization was complicated by AF, refractory VF, Stevens-Johnson syndrome, terminal AKI, HIT and need for invasive ventilation. Echocardiographic control showed periprosthetic leak with threadlike formations. Considering literature's data on endocarditis recurrence's risk (up to 6% per year) and the patient's condition, no further treatment, except for ultrasound monitoring, was indicated. Oncologist suspended CT, suggesting to re-stage the disease and to consider surgical treatment.
Conclusions: Catheter-related blood stream infection is a common and particularly fearsome complication for haematological and oncological patients, burdened by an increase in hospital stay length and mortality rates. Repeating echocardiography is crucial when imaging results negative but there's persistence of clinical doubt. However, it is also of paramount importance to ponder over the results and to weight the risk-benefit ratio of each treatment.

The clue: it was my X-oma, in the left atrium, with a prolapsing appendage

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Introduction: Cardiac myxomas are the most common primary cardiac tumors. Clinical presentation consists of a triad of symptoms due to embolism, intracardiac obstruction and constitutional manifestations depending on tumor size, location and mobility.
Case descriprion: A 60-year-old man with a silent anamnestic history presented to the ED, complaining of ver-

tigo and postural instability. Physical examination was characterized by left sided hemiparesis and fluent speech. CT scan of the brain revealed low-density lesion in the right frontal horn and in the anterior limb of the right internal capsule. SAPT was started and Carotid color Doppler ultrasound showed bilateral common and internal carotid artery disease, without hemodynamic relevance. Transthoracic echocardiography disclosed an iso-hyperechoic mass in the left atrium, pedunculated and attached to the interatrial septum, mobile and floating, with partial prolapse and protrusion toward the left ventricle, but no obstruction of the mitral valve inflow during diastole. Brain ischemia of cardioembolic origin due to left atrial myxoma was the likely diagnosis. The patient underwent excision of the left atrial mass and reconstruction of inter-atrial septum. Histopathological analysis confirmed the diagnosis of atrial myxoma.
Conclusions: Myxomas may be soft and fragile, and, due to high blood flow dynamics, can produce tumor fragments able to travel through the bloodstream and to cause embolism to various parts of the body. Surgical resection in the indicated therapy.

The T-Cells menace

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Premises: Cutaneous T-cells lymphoma consist of a heterogeneous group of diseases with eterogeneous presentation pattern.
Clinical case: Man 75 yo, hospitalized for fever, asthenia, sweating, right upper limb edema occurred in the previous month. He also reported weight loss and hyporexia. Anamnesis: ischemic cardiomyopathy, cardiac amyloidosis, previous prostatectomy for cancer, hypertension, chronic kidney disease, gout, left knee and right hip prosthesis. Laboratory: severe pancytopenia, increase of LDH, PCR and ferritine; no signs of hemolysis. Physical examination: TA 39.2°C, skin lesions with dermis infiltration (left cheek, retronuchal, upper limbs). Periorbital and right upper limb edema. Persistent night fever (max 39 °C) despite antibiotical therapy with Piperacillina-Tazobactam. It was performed: bone marrow biopsy with findings of dysmyelopoiesis and hemophagocytosis. Multiple punch biopsy diagnostic for cutaneous T-cells lymphoma. Despite a high-dose corticosteroid therapy + ev immunoglobulins followed by etoposide, rapid deterioration of the clinical and laboratoristic conditions with appearance of findings compatible with Macrophage Activation Syndrome (MAS). 27 days after hospitalization death was pronounced.
Conclusions: Cutaneous T-cells lymphoma is a rare group of diseases which can occur with severe clinical presentation and high mortality. The outset with MAS is suggestive of a poor prognosis; it is necessary to carry out the diagnostic-therapeutic procedure as quickly as possible.

Scedosporium apiospermum pulmonary infection in a patient with severe COVID-19: a case report

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Introduction: Scedosporium apiospermum is an emerging opportunistic pathogen causing invasive fungal diseases, particularly in immunocompromised patients.
Case Report: A 76-year-old man with COPD and permanent tracheostomy for history of pharyngeal cancer was admitted for severe COVID-19 pneumonia in Internal Medicine Unit. We started high-flow oxygen, dexamethasone, remdesivir, and antibiotic therapy, with progressive clinical improvement. After SARS-CoV-2 negativization, a chest CT scan was done for the patient's worsening, which showed diffuse and bilateral consolidations. Bronchoscopy found tracheobronchial full-layer involvement by disseminated necrotic pseudomembranes adherent to the bronchial mucosa. Empirical therapy with liposomal amphotericin B (L-AMB) was initiated for suspected fungal pneumonia. BAL was positive for Scedosporium apiospermum, and the antifungal drug was changed to voriconazole (VCZ) as the first-line therapy. Due to the absence of improvement, with the persistence of dyspnea and blackish bronchial material, we enhanced the treatment by adding L-AMB to VCZ. He was discharged with VCZ. At the 2-month follow-up visit was asymptomatic.
Conclusions: Scedosporium infection is rare but should be considered a possible superinfection in patients with severe COVID-19. Fungus isolation is important because of the variable susceptibility to antifungal agents. Optimal choice and duration of therapy are controversial; combining antifungal agents to treat biofilm-based invasive infections could be a promising strategy for increasing antifungal efficacy.

Screening for rare diseases in Internal Medicine: the HRT Project

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Background: Rare disease patients "are rare but not few", they make up 5% of the population, about 300,000,000 in the world. The Internal Medicine, are almost ubiquitous in all Italian Hospitals, and representing the specialty with the greatest number of admissions. Such premises identify the internist as the specialist capable of intercepting patients with rare diseases.
Objectives: The HRT project aims to promote and disseminate rare disease screening methods, focusing on Pompe Disease, in order to identify patients as soon as possible in order to set up a multidisciplinary management. Pompe disease, also called glycogenosis type II, is a rare genetic disease that affects 1 person per 10,000 infants and adults. The deficiency of an enzyme, the acidic alpha-glucosidase (GAA), leads to an accumulation of glycogen within the cells, mainly damaging the muscle cells of the heart, the muscles of the legs and arms and those of breathing. Late Onset Pump Disease (LOPD) is characterized by progressive muscle weakness in the upper and/or lower limbs and/or respiratory failure. Screening participants will use the Dried Blood Spot (DBS) diagnostic algorithm in subjects with elevated CPK or clinical signs suggestive of disease. The collected samples will be sent to the central laboratory of the CNR in Palermo. 1085 consecutive subjects have been screened in the Unit of Internal Medicine since November 2021. 25 DBS was performed. The study was expanded in two other Unit of Internal Medicine to screen about 3000 patients.

PICC ed esecuzione del lavaggio post-terapia o periodico: gli infermieri si attengono alle *best-practice*? Studio osservazionale *cross-sectional*

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Premesse e Scopo dello studio: Il Peripherally Inserted Central Catheter (PICC) è un presidio molto utilizzato per la gestione delle terapie farmacologiche sia nelle realtà intra che extra-ospedaliere, nel paziente ematologico; una sua

ostruzione o rimozione possono causare ritardo nella somministrazione della terapia. Ancora oggi vengono commessi errori nella gestione del PICC come la mancata o non corretta esecuzione del lavaggio con tecnica pulsata. Scopo dello studio è verificare se la procedura di lavaggio risponde a criteri di buona pratica assistenziale e comprendere le metodologie impiegate in situazioni di occlusione.
Materiali e Metodi: Durante lo studio cross-sectional sono stati osservati gli infermieri della SOD Clinica Ematologica dell'Azienda Ospedaliera-Universitaria delle Marche assistevano pazienti portatori di PICC. Le valutazioni sono state effettuate tramite l'impiego di check-list strutturate secondo LG INS 2021 e 2016; LG CVAA 2019.
Risultati: Dalle 100 osservazioni è emerso che il 98,6% dei controlli pre-procedurali alle fasi di lavaggio sono stati eseguiti correttamente. I controlli delle fasi di lavaggio e l'effettuazione dello stesso sono stati praticati correttamente da parte degli infermieri per il 94,5% dei casi. È stata rilevata una sola disostruzione.
Conclusioni: Lo studio ha dimostrato che gli infermieri del reparto di Ematologia di Ancona, riescono a gestire gli accessi venosi centrali in maniera corretta, attenendosi alle linee guida di riferimento, contribuendo quindi a ridurre le possibili complicanze legate a questo device.

Un caso atipico di micobatteriosi non tubercolare

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Premessa: L'incidenza di infezioni da micobatteri non tubercolari (NTM) è in aumento. Il polmone è l'organo più interessato con possibile coinvolgimento di siti extra-polmonari.
Descrizione del caso clinico: Uomo di 68 anni, fumatore, abuso di alcol, affetto da ipertensione arteriosa e diabete mellito 2. A settembre 2022 accedeva in pronto soccorso per febbricola, calo ponderale e lombosciatalgia refrattaria a FANS e glucocorticoidi. Veniva sottoposto ad angioTC polmonare che evidenziava micronoduli polmonari centrolobulari con aspetto ad albero in fiore con piccole aree di escavazione, linfoadenomegalie mediastiniche ed osteolisi del soma L2. Nel sospetto di tubercolosi si eseguivano: BAL per esame citologico, microbiologico, PCR e colturale per BK, emocolture, quantiferon e test HIV. Per comparsa di esoftalmo monolaterale e calo del visus si eseguiva RM cerebrale con m.d.c. che evidenziava un quadro infiammatorio retrobulare. La lesione in L2 veniva studiata con RM lombosacrale con m.d.c. e agobiopsia ecoguidata. Il paziente veniva sottoposto a trattamento con Piperacillina/Tazobactam, Levofloxacina e Desametasone con progressivo miglioramento delle condizioni generali. Gli esami effettuati sono risultati tutti negativi ad eccezione dell'esame colturale su BAL positivo a 50 giorni per M. Avium.
Conclusioni: La diagnosi di infezione da NTM si basa su criteri clinici, radiografici e microbiologici e in genere è tardiva per l'aspecificità delle manifestazioni cliniche e i lunghi tempi degli esami colturali.

Uno studio in rosso: ematuria e scompenso cardiaco come presentazioni atipiche di lesioni occulte

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Premesse: L'ematuria può talora essere espressione di patologie di non immediata diagnosi, in particolare in un contesto di pluripatologia come nei pazienti ricoverati in Medicina Interna.
Descrizione del caso clinico: Un uomo di 84 anni con storia di ematuria persistente da alcuni mesi e sottoposto a numerose cistoscopie, tutte non dirimenti, viene ricoverato per dispnea a riposo. Effettuata una ecografia addominale in PS che risultava negativa. Il quadro clinico iniziale e i valori elevati di NT-pro BNP erano suggestivi per scompenso cardiaco in anemizzazione (Hb ridotta fino a 7.6 g/dl). Il paziente veniva trattato con terapia diuretica ed emotrasfusione, poi con terapia marziale, con risoluzione della sintomatologia. È stata quindi eseguita una TC addominale con mdc che ha evidenziato una massa renale sinistra con associato ispessimento del tessuto periureterale. La lesione è stata sottoposta ad agobiopsia ed all'esame istologico è risultata essere un carcinoma renale a cellule chiare. L'esame TC, esteso al torace, ha altresì evidenziato la presenza di multiple nodularità polmonari e di una linfoadenopatia multipla sovraclaveare associata a disfonia per compressione del nervo ricorrente sinistro.
Conclusioni: Uno scompenso cardiaco può essere una condizione di presentazione di patologie neoplastiche non frequente, inoltre una peculiarità del caso presentato è che la lesione renale, per quanto voluminosa, è risultata silente all'esame ecotomografico.

Atipia clinica della sepsi nei pazienti anziani

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Premesse e scopo dello studio: Negli anziani aumenta l'incidenza di sepsi, con presentazione clinica spesso atipica e conseguente ritardo diagnostico, sebbene si tratti di una patologia "tempo-dipendente". Abbiamo, quindi, ricercato la prevalenza di criteri diagnostici di sepsi tra pazienti anziani.
Materiali e Metodi: Abbiamo studiato retrospettivamente una coorte di 94 pazienti di età >65 anni (media 81,6±7,3), consecutivamente dimessi da reparto ospedaliero di degenza medica per acuti con diagnosi di sepsi secondo i criteri ICD-9-CM (codici 038._, 112.5, 995.9_ e 785.52); la sepsi era definita dalla presenza di due dei 4 criteri diagnostici di SIRS (Bone RC e Al, Chest 1992) escludendo i casi da patologie non infettive.
Risultati: Il criterio SIRS più frequente è la tachicardia (n=84; 89%), seguito da leucocitosi o leucopenia (n=78; 83%), febbre o ipotermia (n=56; 59%) e tachipnea (n=24; 25%). Il 50% dei pazienti (n=47) presentavano solo 2 criteri SIRS, il 42% (n=40) 3, il 7% (n=7) 4. La mortalità nel campione era del 35%.
Conclusioni: Nei pazienti anziani con sepsi le alterazioni della temperatura corporea (febbre >38° o ipotermia <36°) erano presenti in poco più di metà dei casi, mentre le alterazioni della conta leucocitaria erano assenti in quasi il 20%; inoltre, il criterio più frequente, la tachicardia, è di per sé poco specifico. Questi rilievi suggeriscono di mantenere bassa la soglia di sospetto della sepsi negli anziani (p.es. in presenza di delirium) ampliando i possibili criteri diagnostici (p.es. dosaggio procalcitonina, lattati; esami microbiologici).

Observational study to assess sex differences in developing anxiety and depression during hospitalization for COVID-19

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Background: The COVID-19 pandemic has spread all

over the world, representing a great global public health concern. It's known that hospitalization is associated with the onset of symptoms of anxiety or depression; same psychological disorders have also been reported in patients with SARS-CoV-2 infection associated with isolation and quarantine. In the general population it is reported that women seem to be more vulnerable to experiencing high levels of anxiety and depression. In this context, we conducted an observational study to assess sex differences in developing anxiety and depression during hospitalization for COVID-19.
Methods: Patients with confirmed COVID-19 and hospitalized for respiratory insufficiency, with or without non-invasive ventilatory support, were enrolled. All patients filled out an anonymous survey about general information and fulfilled two specific questionaries for detecting depression and anxiety: PHQ-9 and GAD-7.
Results: From May 2020 to February 2022, 74 patients, 42 men and 32 women, were enrolled in the study. Overall, 50% of patients presented a PHQ-9 positivity and 32.4% GAD-7 positivity. There was not any difference in the incidence of depression according to sex, but women were more likely to have a moderate result than men.
Conclusions: Our results suggest that half of the patients hospitalized for COVID-19 presented symptoms of depression and about one-third presented symptoms of anxiety. There was not any statistically significant difference in the in incidence of depression or anxiety disorders according to sex.

Sindrome di Chilaiditi e perforazione intestinale: un caso insolito

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Premesse: L'iterposizione epatodiaframmatica del colon descritta nel 1910 da Chilaiditi come interposizione destra è dovuta a malposizione per malrotazione/malfissazione intestinale. Se asintomatica è detta segno di Chilaiditi (SC) mentre se sintomatica è una sindrome (ChS) molto rara.
Caso: Paziente (pz), di 81 aa, autosufficiente con anamnesi (ST) di ipertensione e ateromasia carotidea (in trattamento (tto) orale giornaliero con Ramipril, ASA e pantoprazolo) ci arriva per dolore addominale (add.). Questo era prevalente ai quadranti superiori con alvo chiuso a feci e gas da 48 h. Nella ST, recente trauma con fratture costali. La pz era emodinamicamente stabile, alla visita non erano presenti anomalie significative tranne lieve distensione add. e dolore alla palpazione all'epigastrio-ipocondrio destro. Non segni di peritonismo. Gli ematochimici con lieve ipomagnesiemia da attribuire al tto con IPP. L'Rx add. mostrava falce aerea sottodiaframmatica suggestiva di perforazione di viscere cavo. Il reperto, tuttavia, era in contrastro con la clinica e si poneva in differenziale, anche se di raro riscontro, la ChS. Si eseguiva una TC add. che escludeva perforazione intestinale e mostrava il SC dimostrando l'interposizione del colon disteso. Si decideva il ricovero con tto conservativo. Dopo idratazione, reintegro elettrolitico e clisteri regrediva il quadro d'ingresso con normalizzazione dell'alvo.
Conclusioni: Anche se rara, la ChS deve essere considerata nella diagnosi differenziale della perforazione addominale, quando è presente discrepanza clinica-radiologica in anziani.

Cianocobalamina e infezione da HIV: un interessante caso

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Premesse: L'incremento di vitamina B12 (CBL) non è comunemente considerato marker patologico. Nel caso descritto non solo è stato fattore dirimente ma ha portato ad una diagnosi inattesa.
Caso: Paziente (pz) caucasica, di 50 anni (aa), autosufficiente, con anamnesi (ST) di Diabete tipo 2 in ottimo controllo da aa con metformina 2 g die. Nell'ultimi 2 aa aveva seguito terapia (tp) con CBL per deficit attribuito alla tp ipoglicemizzante. Giunge per elevati livelli di CBL in incremento progressivo, nonostante la sospensione dell'integrazione, da oltre 4 mesi. Nella ST recente: 3 episodi di infezione delle vie urinarie. Alla visita nessun rilievo patologico. Agli esami ematochimici leucopenia, lievi linfopenia ed ipogammaglobulinemia e aumento di PCR, miceti all'esame urine e candida albicans all'urinocoltura. Rx Torace ed ecoaddome erano normali mentre TC TB mostrava linfomegalia centimetrica bilaterale diffusa in sede addomino-mediastinica-cervicale. Per tale reperto si richiedeva BOM, nel frattempo, veniva comunicata la positivita antigenica per HIV. Seguiva iter in ambiente infettivologico.
Conclusioni: La presenza di elevati valori di CBL è da considerare sempre un rilievo patologico e da non sottovalutare. Numerose sono le cause associate a questo reperto e dipendono da quale transcobalamina è iperattivata. L'associazione con infezione da HIV/AIDS è già stata descritta in letteratura ma è un rilievo alquanto raro e nella nostra pz è stata la manifestazione di esordio e il dato che ha portato alla diagnosi.

Gestione in gravidanza della trombosi intracardiaca nella sindrome da anticorpi antifosfolipidi

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La sindrome da anticorpi antifosfolipidi (APS) è una malattia autoimmune caratterizzata da positività laboratoristica per anticorpi antifosfolipidi, trombosi vascolare e/o patologie della gravidanza. L'interessamento cardiaco (valvulopatia, cardiopatia ischemica, trombosi intracardiaca) è raro e non incluso nei criteri di classificazione. Una donna di 38 anni, a 21 settimane di gestazione, veniva ricoverata per rilevazione, all'ecocardiografia transtoracica, di immagine mobile e ipodensa nel ventricolo destro suggestiva di trombosi, a livello del margine libero del lembo posteriore della tricuspide. In una precedente gravidanza riferiva IUGR e MEF a 17 settimane, seguita da pericardite. Gli esami di laboratorio mostravano PT normale, aPTT prolungato, non corretto al test di miscela, positività per aCL IgG (63 UI/ml) e aβ2GPI IgG (200 UI/ml) e LA positivo (ratio 2,36), con ANA ed ENA SSa positivi (403 UA/ml), che, anche in considerazione della anamnesi, indicavano probabile APS secondaria a LES. Iniziava enoxaparina 100 UI/ kg ogni 12 ore e ASA 100 mg, con indicazione a intervento cardiochirurgico, praticato quindi in corso della 23° settimana di gestazione, con preservazione del feto. Confermata istologicamente la natura trombotica della massa intracardiaca, continuava terapia antitrombotica, dopo il parto embricata con warfarin (INR 2-3), programmata a lungo termine. I controlli ambulatoriali successivi confermavano la diagnosi. La particolarità del caso è legata alla localizzazione atipica della trombosi, ma anche alla sfida di intervenire chirurgicamente in gravidanza.

Rielaborazione narrativa del corso regionale infermiere di famiglia e comunità: nuove consapevolezze al servizio del futuro delle cure primarie

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Premesse e Scopo: Promotori di un nuovo modello di presa in carico, gli infermieri formati nell'ambito del corso regionale IFeC, sono testimoni di un'identità professionale nuova attraverso la quale l'infermieristica può consapevolmente dirigersi verso ambiti di prevenzione e capacitazione nei

confronti delle comunità, delle famiglie, degli individui.
La formazione ha avuto un ruolo fondamentale nel dismettere un habitus di passività per rivestirsi in un'ottica di proattività ed entusiasmo. L'esperienza presentata ha l'obiettivo di mettere in luce quanto il cambiamento culturale di una comunità di professionisti possa essere considerato la vera risorsa su cui fondare il futuro.
Materiali e Metodi: Il corso ha previsto un momento finale di rielaborazione con l'esplicitazione, attraverso un momento narrativo, condotto da un'infermiera esperta in metodologie narrative, della nuova identità professionale.
Risultati: I professionisti hanno ordinato in una narrazione cooperativa le riflessioni che hanno toccato temi quali la fragilità, movimento delicato tra la propria agilità e l'incapacità di agire dell'altro, la rete, protezione e continuità dei servizi, la formazione come bisogno di dare forma all'agire quotidiano, la capacitazione come concetto emergente di un welfare educativo.
Conclusioni: La metodologia narrativa ha il potere di far emergere fatiche e bellezze intimamente radicate nel sentire professionale; offre la possibilità di condividere pensieri e contaminare l'intera comunità con il cambiamento culturale utile a ridisegnare il futuro delle cure primarie.

Metodologie narrative al servizio della salute: infermieri di famiglia e comunità promotori di un nuovo modo di pensare e agire l'infermieristica

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Premesse e Scopo: Nell'ambito della prevenzione primaria, gli infermieri di famiglia e comunità, rivestiti di una nuova responsabilità nei confronti del bene salute, hanno ideato e agito, attraverso la favola e il gioco, un progetto a favore dei bambini della scuola dell'infanzia e delle prime due classi della scuola primaria atto a evidenziare il ruolo prioritario dell'igiene delle mani e dei corretti stili di vita per preservare salute e felicità.
Materiali e Metodi: I bambini, tramite strategie pedagogiche adatte all'età, hanno sperimentato attraverso il gioco, la favola e un'esercitazione pratica, il lavaggio sociale delle mani. Al momento informativo è susseguito uno spazio narrativo durante il quale i bambini hanno prodotto un cartellone, elaborazione estetica dei concetti e delle emozioni vissute.
Risultati: I momenti ludico-informativi e la rielaborazione narrativa hanno fatto emergere riflessioni e collegamenti di più ampio respiro. La cura della terra, la gentilezza, il girotondo intorno a chi è malato.
Conclusioni: Il gioco, il racconto, la rielaborazione sono il pre-testo per costruire un con-testo di benessere fisico ed emotivo di cui gli infermieri di famiglia e comunità si sentono custodi. Attivatori di potenzialità di care, lavorare con i giovani cittadini, in un'ottica multiprofessionale e multidisciplinare è la sfida del futuro per educare all'autonomia e alla consapevolezza individui e comunità in una visione di unità con l'ambiente e tutti gli esseri viventi.

Un modello del *case management* infermieristico del paziente con scompenso cardiaco

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Premesse e Scopo dello studio: Lo scompenso cardiaco è causa di disabilità soprattutto nell'anziano. Un'alta percentuale di pazienti torna in ospedale entro il 1° anno dal ricovero per mancata compliance ai consigli educativi e terapeutici forniti alla dimissione. Scopo dello studio è valutare le riospedalizzazioni, aumentare l'aderenza terapeutica, migliorare la qualità di vita e fornire un'adeguata educazione sanitaria al paziente e al caregiver.
Materiali e Metodi: Sono stati arruolati nello studio i pazienti con scompenso cardiaco dimessi dall'U.O.C. Medicina Interna del presidio C.Urbani -Jesi AST Ancona. Alla dimissione sono stati forniti i seguenti strumenti: brochuere informativa, lettera di dimissione, diario rilevazione quotidiana parametri vitali. I contatti sono avvenuti telefonicamente a 30, 15 e 7 giorni in base alla stratificazione del rischio clinico di riospedalizzazione.
Risultati: Su 94 pazienti arruolati, durante il monitoraggio, solo il 4% sono stati ricoverati, il 71,3% ha ottimizzato l'aderenza alla terapia medica mentre solo il 33,8% ha eseguito l'automonitoraggio dei parametri vitali e migliorato lo stile di vita.
Conclusioni: Il followw-up e il counseling telefonico sono metodi efficaci di presa in carico del paziente con scompenso cardiaco in grado di limitare le riospedalizzazioni e migliorare la qualità di vita.

Infections, not the only enemy

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Backgrounds: Infectious diseases are diagnostic/therapeutic challenges in oncohematological/immunocompromised patients, but other associated conditions should be considered in the etiologic differenential diagnosis.
Case Report: Female 73yo, entered our Internal Medicine department with fever and dispnea. Blood tests showed high increased flogosis markers (RCP, PCT) with severe anemia, severe thrombocitopenia, mild neutropenia, due to chronic myeloid leukemia. Chest CT showed bilateral pneumonia focuses. We administered empiric antibiotic therapy, awaiting blood cultures (meropenem+tygegicline+caspofungine); platelets transfusions. After 6 days, despite decreased flogosis markers, fever appears with dispnea again. Antibiotic therapy was changed, starting ceftazidime/avibactam+fosfomycin, continuing caspafungin, blood cultures oriented (Klebsiella p ESBL+, Citrobacter). Peripheral smear showed >50% of blasts, because venetoclax was previously suspended, due to the appearance of diarrhea (likely side effect of the drug). Since two episodes of pulmonary edema occurred after platelets transfusions, associated with increased pressure values, antihypertensive treatment was started, transfusions was suspended.
Conclusions: In oncohematological/immunocompromised patients lung complications are frequent, not only related to infections but also directly caused by leukemia cells (*i.e.* growth in the blood vessels and tissues of lung). It's therefore essential consider all possible causes of lung damage, to guide best tailored therapeutic approach, not only reserved for infectious disease.

Like Dr. Jekyll and Mr. Hyde: a safe but not harmless drug

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Backgrounds: Paracetamol (also called acetaminophen)poisoning leads to severe centrolobular hepatic and renal cortical necrosis, chiefly due to elevated levels of N-acetyl-pbenzoquinone imine (NAPQI).
Case description: Woman 51 yo, entered ED with sclerocutaneous icterus, fever, abdominal pain. Recent medical history of fever and cough treated with nontherapeutic doses of paracetamol (about 6 grams/die for 4 days). At blood tests: metabolic acidosis, anemia, thrombocytopenia, severe impairment of renal and hepatic function parameters; decreased Na+, increased K+ and flogosis markers

(RCP and PCT). Viral and autoimmune markers, blood and urine culture were all negative, except for ASMA positivity and increased IgM and tumor marker. Total body CT scan showed pleural, bilateral and symmetric effusion; mild periportal edema to the hepatic hilum; walls edema of gallbladder and tubular necrosis of kidneys. CholangioRM is negative. We administered high doses of N-acetylcysteine, hydration, ursodeoxycholic acid and meropenem (suspended due to an allergic reaction, treated with therapeutic doses of steroids) obtaining clinical and laboratory remission within 30 days.
Conclusions: Paracetamol toxicity is one of most common causes of poisoning worldwide (mortality <2% if treated prompty, 1-3% cases with severe liver failure need a liver transplant). It's important consider differential diagnoses (pancreatitis, viral hepatitis) and increase awereness and understanding of general population, also about this drug is in combination with other medications (i.e oppioids, dyphenydramine).

La demenza dimenticata: la malattia di Creutzfeldt-Jakob

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Premesse: I prioni sono proteine con capacità di trasmettere la propria forma mal ripiegata alle proteine normali determinando la formazione di placche, gliosi e degenerazione spongiforme responsabili di patologie neurodegenerative a lunga latenza e mortali. Tra queste la più frequente è la Creutzfeldt-Jakob nella forma sporadica (90% dei casi). Il rapido decadimento cognitivo e il mioclono sono i sintomi d'esordio.
Descrizione del caso clinico: Nel nostro reparto giungeva per sopore e tremore un uomo di 89 anni in abs fino a 3 giorni prima. Gli esami ematici routinari, gli esami colturali, la sierologia per virus/batteri/miceti e TC-cranio risultavano negativi. Si eseguiva così una RM-encefalo documentando la sofferenza delle regioni cerebellare e calcarina ed un EEG con riscontro di PSWC in sede temporale sinistra. Collateralmente, una rachicentesi evidenziava valori elevati di proteina TAU. Prendendo forza l'ipotesi di una malattia da prioni abbiamo inviato all'ISS campioni di siero e liquor: negativa la mutazione di PRNP; positiva la RT-QuIC ad elevata sensibilità/specificità. Si concludeva così per la forma sporadica di Creutzfeldt-Jakob.
Conclusioni: La patologia da prioni risulta spesso misconosciuta e sotto diagnosticata. La diagnosi è probabile quando sono presenti sintomi neurologici con test RT-QuIC positivo. Elementi di supporto sono: EEG con PSWC; markers CSF quali RT-QuIC, proteine 14-3-3 e TAU; RM con iperintensità nel caudato/putamen/corteccia, assenza di diagnosi alternative. La diagnosi definitiva è istopatologica.

Fattibilità ed efficacia di una procedura assistenziale di telemedicina per il paziente internistico dopo la dimissione

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Premesse e Scopo dello studio: L'ospedalizzazione prolungata è un problema emergente per ragioni economico-organizzative e per i possibili rischi per la salute del paziente. Una rete integrata di Telemedicina che coinvolga gli specialisti di Medicina Interna e le realtà extraospedaliere potrebbe trasferire competenze specialistiche sul territorio permettendo un monitoraggio specialistico del paziente fragile, riducendo i tempi di ospedalizzazione.
Materiali e Metodi: Abbiamo valutato i pazienti ricoverati presso il reparto di Medicina Interna e selezionato i soggetti o i care-giver in grado di utilizzare i device elettronici previsti per le attività di Telemedicina. Ad ogni soggetto è stato fornito un kit di strumenti da portare al domicilio. I pazienti si sono sottoposti al monitoraggio quotidiano dei parametri vitali e sottoposti a Televisita per massimo 10 giorni. I dati sono stati gestiti mediante piattaforma informatica 2care.
Risultati: Attualmente lo studio risulta ancora in corso.
I risultati saranno pubblicati in termini di fattibilità (pazienti arruolati/pazienti arruolabili per patologie) ed in termini di esito clinico, numeri di re-ricovero. Sarà effettuata solo l'analisi descrittiva dei dati.
Conclusioni: La Telemedicina rappresenta una realtà innovativa per la gestione del paziente complesso in ambiente extraospedaliero, i risultati di questo studio si propongono di valutare l'effettiva utilità di questo strumento nell'integrare le medicine territoriali e ospedaliere al fine di ridurre la durata delle degenze.

Leishmaniosi, la nuova epidemia

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Premesse: La febbre di origine sconosciuta è di frequente riscontro nei reparti di medicina, nel 10% dei casi non si identifica una causa. Diversi fattori confondenti possono portare a ritardi diagnostico-terapeutici. Due casi di Leishmaniosi.
Descrizione del caso clinico: Uomo, 76 anni. APR: Valvola aortica meccanica in TAO; IPB con IVU ricorrenti. Accede per febbre remittente con brividi e sudorazione da circa 20 giorni. Ad Eco clinica: splenomegalia e ispessimento sospetto per endocardite su valvola meccanica. Ad EE: pancitopenia, PCR e PCT elevati. In attesa di emocolture ed ETE risultati poi negativi intrapresa terapia antibiotica ad ampio spettro senza miglioramento. Eseguita TC con evidenza di noduli polmonari, BAL negativo. Inviate quindi sierologie e PCR per patogeni con riscontro di positività per Leishmania trattata con Amfotericina B con risoluzione del quadro. Uomo, 68 anni. APR: pregresso ETP prostata; IRC; MGUS IgG kappa. Accede per febbre serotina e perdita di peso da circa un mese. Ad Eco clinica: splenomegalia con multiple nodularità, epatomegalia. Ad EE: leucopenia, anemia e aumento della creatinina. Sospettata inizialmente malattia ematologica o recidiva neoplastica. Effettuata TC total body negativa. Esclusa malattia autoimmunitaria renale. Espletate in parallelo indagini microbiologiche con diagnosi di Leishmaniosi viscerale e suo trattamento.
Conclusioni: I pazienti con FUO meritano un inquadramento diagnostico mirato e tempestivo tramite anamnesi ed esami obiettivi attenti e ripetuti al fine di evitare trattamenti inutili e ridurre i tempi di malattia.

Sholein henoch purpura post *Achrobactrum anthrophi* bacteraemia in a child with cerebral ependymoma: a case report

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Ochtrobactrum Anthropi is an opportunistic, nosocomial pathogen that causes bacteraemia in immunocompromised patients with central venous catheters. It shows widespread resistance to penicillins and other antibiotics. A 5-year-old boy with recurrence of anaplastic ependymoma of the fourth cerebral ventricle and right ponto-cerebellar angle in VEC chemotherapy, was hospedalizated on 18 August 2022 to the neuro-oncology unit of the Santobono hospital in Naples for fever, increased inflammation indices and neutrophilia. Cen-

tral catheter blood culture on August 22,2022 was positive for Ochrobactrum Anthropi: among the antibiotics tested, it was sensitive to Amikacin. He removed the central venous catheter and started therapy with Meropenem and Amikacin, with subsequent normalization of the inflammation indices and remission of the feverish symptoms. On August 30, he developed a itchy macupapular rash on both arms, legs and buttocks and conjunctivitis; C-reactive protein further increased while procalcitonin was normal. Laboratory investigations have shown an increase in IgA. A diagnosis of Sholein Henoch purpura was made and cortisone therapy was started, with consequent resolution of the clinical laboratory picture. Sholein Henoch purpura is a form of systemic IgA vasculitis that can follow an infectious episode. Although the actual etiology and triggering factors of IgA vasculitis remain unclear, in children the disease tends to resolve itself and therapy, when necessary, is predominantly symptomatic with cortisone.

A case report of cerebral edema in a young female infected from omicron BA.5 SARS-CoV-2 variant

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The SARS-CoV-2 infection results in a syndrome of various systemic and respiratory symptoms. In addition to that, it is well documented that SARS-CoV-2 infection can affect the nervous system causing a wide range of neurological symptoms. A young 35-year-old woman was hospitalized at the Unit of Emerging Infectious Diseases and Highly Contagious of Cotugno hospital on 5 November 2022 for fever and intense headache, in the absence of neurological deficits and meningeal signs. She was infected from BA.5.2.1 variant SARS-CoV-2. She haven't pneumonia and brain CT showed cerebral edema. No lumbar puncture was performed due to the contraindication of the presence of cerebral edema. She started therapy with dexamethasone, mannitol and acetazolamide. The patient was vaccinated with three doses for COVID-19. The main viruses responsible for encephalitis tested in the blood were negative. On November 8, 2022 he underwent cerebral CT angiography with evidence of a slight reduction in cerebral edema and absence of alteration of the encephalic vessels and of ischemic and/or haemorrhagic events. The electroencephalogram performed showed a nonspecific slowing down of the brain's electrical activity. On 9 November he was practicing therapy with Tixagevimab 300 mg / cilgavimab 300 mg in single administration. After 11 days the nasopharyngeal swab for COVID-19 was negative and the resolution of the cerebral edema was highlighted by the RM of the brain contrast medium. In our case, cerebral edema was the only manifestation of SARS-CoV-2 infection.

Comorbidity in lipoprotein apheresis: their role in the era of new lipid-lowering therapies

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Introduction: In the era of new lipid-lowering therapy Lipoprotein Apheresis (LA), decreasing the plasma pools of lipoproteins, preserve a role in the management of severe hypercholesterolemia especially in presence of comorbidities.
Methods: Aim of this study was to retrospective evaluate Charlson Comorbidity Index (CCI), presence of major comorbidity and/or concomitant polypharmacy (5+ drugs/daily) in patients with inherited dyslipidemias on chronic LA.
Results: Since 1994 a total of 83 patients (mean age 55±12 years, male 75%) was treated. In these subjects we recorded a progressive increase in the time-course of CCI/number-of-patient-ratio (from 4.00 to 5.00), consistent with a progressive increase in the care burden. In subjects with more than 5 years of LA treatment (38 patients, mean age 52±12 years, male 66%), we evaluated comorbidity and concomitant polypharmacy: at the end of observation time, they had a statistically significant higher CCI (3.5±1.6 *vs* 6.0±2.4), polypharmacy (18 *vs* 53), anemia (0 *vs* 11), heart failure (0 *vs* 7), peptic ulcer disease (6 *vs* 16) and benign prostatic hyperplasia (1 *vs* 10).
Conclusions: The LA treatment established itself as a safe and lifesaving intervention. Patients on chronic LA require a multidisciplinary approach to face their comorbidities and the apheresis unit's medical staff play a pivotal role in creating a bridge with general practitioner and other specialists to overcome the clinical issues management.

Effetto matrioska: caso clinico

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Premesse: I pazienti anziani presentano una maggiore incidenza di comorbidità, anche di natura infettiva.
Descrizione del caso clinico: Uomo di 72 anni, contadino, ricoverato per febbre e tosse secca da 7 giorni e riferito episodio sincopale. In PS anemia con piastrinopenia, neutropenia con conta leucociti normale, procalcitonina 1,2 ng/ml, PCR 134 mg/l. In reparto febbre intermittente-remittente con picchi 40°C, moderata splenomegalia (15 cm), rilievo clinico-radiologico di polmonite interstiziale, positività IgM per Mycoplasma pneumoniae, emocolture positive per Candida glabrata, progressivo aggravamento della piastrinopenia e dell'anemia (richiedente trasfusione di emazie), iperferritinemia. La terapia praticata ha compreso: fondaparinux, claritromicina, fluconazolo, caspofungina, amfotericina B liposomiale. Ai fini della diagnosi differenziale tra citopenia da farmaci o contestuale Leishmaniosi viscerale viene eseguita ricerca di anticorpi anti-Leishmania (metodo ELISA) e di amastigoti di Leishmania su aspirato midollare, ambedue con esito positivo. Il paziente è andato incontro ad exitus.
Conclusioni: La presenza di più patologie in un anziano può determinare il cosiddetto "effetto Matrioska" ossia l'evidenza di una patologia correttamente diagnosticata comprendente un'altra patologia mascherata dalla prima, per sovrapposizione di presentazione clinica: in questo caso, la corretta diagnosi di polmonite interstiziale da M. pneumoniae sottendeva la Leishmaniosi viscerale, con cui veniva condiviso il quadro di SIRS.

A rare case of pulmonary embolism due to idiopathic internal jugular vein thrombosis

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Introduction: IJVT is a rare but potentially fatal disease. It is usually caused by catheterization history of central venous catheter (CVC), malignancy, thrombophilia or local infection. We describe a rare case of idiopathic IJVT complicated with PE.
Clinical case: A 80-year-old women was admitted to our department for syncope. On admission she was a bit confused, but the neurological examination and brain CT were negative. D-Dimer was very high (4999 ng/ml) and thransthoracic echocardiography showed dilatation of the right chambers, so a chest CT was performed and it confirmed acute bilateral PE. The CUS was negative, but the patient showed a neck swelling, so a neck ultrasound was

performed and it was diagnostic to detect the presence of IJVT. We excluded all causes of IJVT: neck infections, thrombophilia and coagulation disorders, malignancies. After 7 days of LMWH the patient started DOAC therapy.
Conclusions: IJVT is a rare but also an underestimated clinical problem, so a neck ultrasound can be a quick, economic and noninvasive diagnostic method to detect this problem and to prevent potentially fatal complications.

Multiple "effects" of a complex antibiotic regimen in a difficult case of acute bacterial skin and skin structure infections

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Introduction: Acute bacterial skin and skin structure infections (ABSSSI), formally referred to as complicated skin and soft tissue infections, include infections with resistance to previously effective antimicrobials.
Case presentation: A 81 years old man suffering from CKD IV KDOQI stage was admitted to our department after recovering from a serious sepsis associated to acute colecistitis and a worsening of renal disease treated with a couple of hemodialysis procedures. Due to persistance of septic state linked probably to the presence of an infected sacral pressure ulcer, we treated the patient with surgical courettage, antibiotcs regimen ceftazidime+avibactam, trimethoprim-sulfamethoxazole directed against an isolated Klebsiella Pneumoniae carbapenem-resistant, followed by dalbavancin and Vac therapy. During the treatment the patient developed a severe thrombocytopenia that improved with trimethoprim-sulfamethoxazole discontinuation. Inflammatory indexes normalized and septic state resolved.
Conclusions: these findings suggest that physicians who care frail patients should be more aware of infectious complications due to pressure ulcers and go ahead and overcome multiple "side effects" due to prolonged and complex antibiotics regimens, thus reducing progression of nephropathy as in our case and mortality.

Propensione alla vaccinazione anti-COVID-19 in gravidanza e allattamento

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Premesse e Scopo dello studio: Le donne in gravidanza e allattamento/puerperio sono considerate vulnerabili alle malattie infettive. L'esitazione vaccinale potrebbe ridurre la copertura vaccinale, soprattutto in situazioni di incertezza come il COVID-19. L'obiettivo dello studio è valutare la propensione alla vaccinazione anti SARS-CoV-2 nelle donne in gravidanza/allattamento.
Materiali e Metodi: È stato condotto uno studio trasversale monocentrico (gennaio - febbraio 2022), somministrando un questionario strutturato, sulle attitudini alla vaccinazione anti SARS-CoV-2 e la valutazione dei livelli di ansia delle pazienti in gravidanza o allattamento/puerperio afferenti al Policlinico di Bari.
Risultati: 234 donne hanno completato la survey. Il 16.7% (n=39) ha dichiarato di non aver ricevuto il vaccino mentre l'83.3% (n=195) ha ricevuto la prima dose durante la gravidanza/allattamento. La principale ragione di rifiuto del vaccino (51.3%) è stata la preoccupazione per i possibili effetti collaterali sul feto. Il punteggio medio più alto della scala VAX (attitudine) ha riguardato le "preoccupazioni per gli effetti futuri imprevisti" (5.16±1.26), mentre la scala SAS (ansia) ha mostrato un valore medio di 1.46 (SD=0.86, mediana=1, min=1, max=4).
Conclusioni: La maggior parte delle partecipanti ha mostrato un atteggiamento positivo nei confronti del vaccino anti SARS-CoV-2 e ha presentato un basso livello di ansia associato. Tuttavia, la preoccupazione per gli effetti collaterali ha influito sull'esitazione in maniera determinante.

Anti IL-1 treatment as steroid-sparing agents in patients with systemic autoinflammatory diseases

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Introduction: Systemic autoinflammatory diseases (SAIDs) are caused by dysregulated activation of innate immunity. Interleukin 1 (IL-1), overexpressed in SAIDs, is responsible for promoting inflammatory response. Anakinra and Canakinumab are the most used anti IL-1 biological drugs in the treatment of SAIDs. This study investigated the steroid-sparing effect of anti IL-1 in SAIDs.
Methods: We recruited 5 patients with SAIDs (2 Still Disease, 1 Behcet Disease, 1 Schnitzler syndrome, 1 Blau syndrome) treated with anti IL-1 as "add-on" to steroid and methotrexate therapy. For each patient, we assessed the tapering of systemic corticosteroids (SC) during the first 32 weeks of treatment with anti IL-1. C reactive protein (CRP) and erythrocyte sedimentation rate (ESR) were evaluated every 4 weeks as indicators of disease stability.
Results: Anti IL-1 allowed corticosteroid reduction in 4/5 subjects (responders). The steroid-sparing effect was faster with the higher initial prednisone dosage. At 32 weeks 2 patients discontinued SC while in 1 patient the dose was reduced by 90% and in 1 patient by 75%. CRP and ESR were increased in all responders at baseline. CRP normalized after 20 weeks whereas ESR normalized after 24 weeks. The non-responder patient was the only one to have normal CRP and ESR values all the time.
Conclusions: Anti IL-1 therapy has a rapid steroid-sparing effect in patients with SAIDs. High baseline values of CRP and ESR are good predictors of effective and fast steroid sparing effect. Normalization of CRP is faster than ESR during treatment with anti IL-1.

Una rara endocardite infettiva

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Premesse: L'endocardite infettiva è un'infezione con una significativa mortalità intraospedaliera. Il principale agente eziologico è lo S. aureus; meno frequenti Streptococchi, Enterococchi e i microrganismi del gruppo HACEK. Lo S. agalactiae è un batterio Gram-positivo, che causa gravi infezioni nei neonati e nelle donne in gravidanza. Può portare all'insorgenza di infezioni, anche molto gravi, in pazienti immunodepressi.
Descrizione del caso clinico: Donna, 54 anni, giunta in PS per febbre e astenia. In anamnesi, tossicodipendenza e parassitosi delirante. All'esame obiettivo: soffi su focolaio tricuspidalico e polmonare, epatosplenomegalia e ulcere agli arti inferiori. Agli esami di laboratorio: severa anemia, trombocitopenia e aumento degli indici di flogosi. Venivano praticate emocolture seriate e tamponi su lesioni cutanee, che risultavano positivi per S. agalctiae. Veniva eseguito un ecocardiogramma transtoracico con riscontro di vegetazioni en-

docarditiche su valvole aortica, polmonare e tricuspide, e un ecocardiogramma transesofageo, che confermava l'endocardite ed escludeva ulteriori complicanze. Si praticava dunque terapia antibiotica mirata e veniva pianificato intervento cardiochirurgico.
Conclusioni: Il caso clinico richiama l'attenzione su una rara causa di EI, con un tasso di mortalità superiore rispetto ad altre endocarditi da streptococchi, caratterizzata da esordio acuto, presenza di grandi vegetazioni, rapida distruzione valvolare e frequenti complicanze. La terapia medica può essere insufficiente, pertanto risulta indispensabile un intervento chirurgico tempestivo.

Atypical venous thromboembolism in elderly

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Case Report: A 88-yo man was admitted to the ED for the onset of dyspnea, tachycardia and hypotension. His medical history was characterized by arterial hypertension treated with calcium channel blockers, COPD and smoking. Physical examination revealed a reduction of vesicular murmur and rare expiratory wheezes. Low blood pressure (90/60 mmHg) and high heart rate (110 bpm) were measured. A sinus tachycardia was detected on ECG; echocardiogram showed a concentric hypertrophy with diastolic dysfunction and mild atrial dilatation. TAPSE was slightly reduced. Chest RX showed ribs flattening with increased transparency. BNP and troponins were normal. Blood gas analysis showed type 2 respiratory failure. US of the lower limbs showed left common and superficial femoral vein thrombosis. Given the clinical suspicion of PE, CT angiography was performed and revealed multiple segmental filling defects, thus novel oral anticoagulant therapy (NOAC) was prescribed.
Conclusions: Diagnosis of VTE is crucial, especially in elderly, where symptoms are atypical or absent. Older patients have more VTE events and less chest pain if compared to younger subjects and often the unique presentation can be shock, syncope or cardiopulmonary collapse. CT angiography is gold standard, but execution can be difficult for renal failure. Although NOACs represent the main therapy, they must be used with caution in elderly who are at high risk of bleeding.

Gestione della trombosi intracardiaca destra nel paziente oncologico

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Il rischio di trombosi, sia venose che arteriose, è aumentato nel paziente oncologico fino a 7 volte. I fattori di rischio includono il trattamento attivo, le caratteristiche del singolo pz, lo stadio e il tipo di tumore e il ricorso a CVC e/o PICC, chirurgia o manovre invasive. Una donna di 50 anni, senza storia familiare/personale di TEV, con diagnosi di carcinoma della mammella sinistra, veniva sottoposta a mastectomia + linfadenectomia e poi a chemioterapia con epirubicina e ciclofosfamide ogni 2 settimane, e taxolo settimanale. In occasione di un controllo cardiologico per la prevenzione della cardiotossicità, all'ecocardiogramma transtoracico veniva evidenziata una massa ipoecogena, compatibile con formazione trombotica, adesa alla parete laterale dell'atrio destro, in presenza di PICC, apparentemente ben posizionato, per cui veniva iniziato Fondaparinux 7.5 mg 1 fl/die sc, il PICC lasciato in sede e in uso. Al successivo esame ecocardiografico trans-esofageo persisteva il trombo, seppur parzialmente ridotto e, dato il completamento dei cicli chemioterapici, si decideva di passare a terapia con farmaci antivitamina K (AVK) (INR 2-3), per almeno 3 mesi o sino a risoluzione della trombosi. La trombosi intracardiaca, seppur rara, può complicare il decorso della malattia oncologica, ed è favorita dalla presenza/malposizionamento di PICC/CVC. Nonostante i DOAC siano attualmente indicati anche nelle trombosi in oncologia, il trattamento di scelta nella trombosi intracardiaca restano gli AVK, non essendoci allo stato attuale dati specifici sull'uso dei DOAC in questo ambito.

Compromissione ingravescente della forza muscolare: segno clinico per diverse diagnosi

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Premesse: La dermatomiosite è una patologia sistemica, si manifesta come miopatia infiammatoria ed esordisce con ipostenia muscolare (inizialmente prossimale) progressiva e spesso simmetrica, associata ad eruzione cutanea ed edema delle palpebre superiori, viso e parte superiore del tronco. Tutte le miopatie infiammatorie possono essere casualmente associate a patologie maligne, ma l'incidenza di neoplasie sembra essere specificamente aumentata solo nei pazienti affetti da dermatomiosite.
Descrizione caso clinico: Uomo di 49 anni, presenta mialgie ed impotenza funzionale (prevalente alle masse muscolari prossimali dei 4 arti), associato a rash eliotropo. Riferita, inoltre, vaga sintomatologia dolorosa al fianco sinistro. Alla TC addome evidenza di idro-ureteronefrosi sinistra, uretere dilatato con formazione solida distale. Sottoposto ad intervento di ureterectomia distale per carcinoma uroteliale di alto grado. Agli esami incremento degli enzimi di necrosi muscolare (mioglobina 1430 ng/ml e CPK 6760 U/L) e all'EMG evidenza di alterazioni miopatiche diffuse. La biopsia muscolare, presentando infiltrati linfocitari con prevalente espressione di CD4, confermava il quadro di miopatia infiammatoria, compatibile con dermatomiosite. Iniziava terapia steroidea ad alte dosi (metilprednisolone 1 mg/kg/die) con scarsa e lenta risposta sulla sintomatologia. Veniva pertanto associata terapia con Ig vena (0,4 gr/kg/die per 5 giorni) con progressivo miglioramento clinico e laboratoristico.
Conclusioni: La dermatomiosite può essere la prima manifestazione di un carcinoma misconosciuto.

An unsolved case

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We present a case of a 73 years old man who has been hospitalized for the definition of polyneuropathy developed in the last months. He had worked as vet. His past medical history revealed an episode of meningoencephalitis due to Leptospira and Varicella and a recent SARS-CoV-2 infection. Three months earlier he was hospitalized for sepsis without an evident source of infection; a CT scan demonstrated a lesion located at the root of the mesentery, with watery density. After three weeks of antimicrobial therapy he was discharged in good conditions. An abdominal MRI performed in the follow up, found a dimensional reduction of the lesion. After admission the patient developed hypotension and shock. A broad spectrum antibiotic therapy and crystalloid infusion was started. CT scan found multiple abdominal, chest collections and periaortic cuff. Microbiological and serological tests on blood, abdominal and pleural samples were negative. Other diagnostic investigations such as endoscopy, bone marrow biopsy and autoimmunity tests were negative. PET scan was not informative. In the hypothesis of atypical mycobacteriosis specifical antimicrobial therapy was introduced. After an initial clinical-laboratoristic improvement, he deteriorated and was transferred to Intensive Care Unit. Two days later he died. Preserved samples were analyzed post mortem for atypical agents and rare zonosis pathogens, however nothing was found. No clear diagnosis was made. The autopsy could have given us more information but it was not carried out. We could have done more for the patient!

Immunoglobulin A vasculitis following COVID-19: a case report

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Background: Immunoglobulin A vasculitis (IgAV) is an immune complex vasculitis that mainly affects small vessels. It usually occurs following bacterial or viral infections. We describe a case of a patient who developed IgAV following SARS-CoV-2 infection.
Case Report: 84-year-old woman, with a medical history of hypertension, chronic ischemic heart disease, type 2 diabetes mellitus, chronic kidney disease, venous leg ulcers, was hospitalized for bacterial pneumonia, heart failure, atrial fibrillation. During hospitalization she had a paucysimptomatic SARS-CoV-2 infection. The first manifestations of IgAV were vascular purpura of the upper and lower limbs and abdomen. The C-reactive protein (CRP) at initial management was 8,35 mg/dl, with creatinine 1,40 mg/dl, microscopic hematuria and proteinuria evaluated at 4860 mg/24h and an elevated IgA level of 1040 mg/dl. The time between COVID-19 onset and the first IgAV symptoms was 15 days. Due to comorbidities kidney biopsy was not performed. A treatment of prednisone at 1 mg/kg/day was started. Initial response was favorable with resolution of purpura and reduction of PCR (1,92 mg/dl) but proteinuria with microscopic hematuria remained unchanged.
Conclusions: COVID-19 infection has been found to trigger numerous autoimmune conditions. To our knowledge, 19 cases of IgAV following COVID-19 have been reported so far. This case series srengthens the hypotesis that SARS-CoV-2 infection may be a trigger of this pathology.

Percorso di presa in carico e gestione del paziente con trombosi venosa profonda ed embolia polmonare in terapia con anticoagulanti diretti

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Il Percorso Aziendale ha l'obiettivo di rendere attuabili le indicazioni delle Linee Guida e rendere fruibili e disponibili le nostre risorse nella gestione del tromboembolismo venoso (TEV). L'introduzione degli Anticoagulanti Orali Diretti ha migliorato la qualità di vita del paziente per la maggior sicurezza, semplicità d'uso e non inferiorità rispetto agli anticoagulanti dicumarolici. Appare necessaria la rapida presa in carico dei pazienti e fornire follow-up in fase acuta ed estesa. Modalità di accesso al percorso e presa in carico: Medici ospedalieri, MMG/Specialista Ambulatoriale. Presa in carico e gestione del paziente: L'Angiologo avrà il compito di: • eseguire anamnesi, esame obiettivo ed esami strumentali (eco-colordoppler); • valutare il rischio emorragico; • definire la terapia anticoagulante; • prescrivere esami ematochimici, clinici, strumentali e prescrizione per visite di controllo; • compilare il Piano Terapeutico; • condividere con il paziente e il MMG la strategia terapeutica. Follow-up: • Controlli: 1, 3, 6 mesi, salvo diversa indicazione clinica; • Contatto diretto del paziente con lo specialista per la valutazione degli esami emato-chimici e l'andamento della terapia o per problematiche cliniche intercorrenti. Attualmente in follow-up 466 p di cui presenteremo i risultati. Il nostro data base è inserito nel Registro START 2. Circa il 40% dei pazienti attualmente seguiti dal nostro Centro provengono da realtà Ospedaliere e Territoriali al di fuori del nostro usuale bacino di utenza.

Diarrea ed ipokaliemia associate ad insufficienza renale acuta e grave acidosi metabolica dopo chirurgia ortopedica: quali ipotesi diagnostiche?

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Premesse: Le cause più comuni di diarrea nei Paese occidentali sono: infettive (batteriche, virali, da parassiti), iatrogena, intolleranze alimentari, IBD, neoplasie del tratto GI.
Case Report: Un uomo di 63 anni con recente frattura della diafisi tibiale e del perone sinistri veniva ricoverato presso il reparto di Medicina per diarrea acquosa,ipokaliemia, insufficienza renale acuta ed acidosi metabolica (k 2.3 mmol/l, creatinina 5 mg/dl, ph 7.2) comparse dopo l'intervento chirurgico ortopedico. In APR si riportava: pregressa TBC, DM in terapia insulinica complicato da neuropatia e nefropatia (IRC III stadio), obesità, IPA. Le indagini microbiologiche (coprocolture, ricerca Clostridium Difficile, film array su feci) erano negative mentre la colonscopia rilevava tre polipi (risultati adenomi all'esame istologico). La tc toraco-addominale mostrava lesione solida di 43x49x42 mm tra l'ilo splenico e la coda del pancreas. Per il riscontro di elevati valori di cromogranina(1103 ng/mL, vn 0-108) e di VIP (390 ng/L, vn 18-100) veniva eseguita PET 68ga-DOTA TOC che mostrava captazione a livello della neoformazione della coda pancreatica. L'ecoendoscopia con biopsia deponeva per NET con Ki 67<1%. Si avviava quindi terapia con Octreotide 0.1 mg sc bid e valutazione chirurgica per intervento di splenopancreasectomia sinistra.
Conclusioni: La sindrome di Verner Morrison è una patologia rara caratterizzata da diarrea acquosa, ipokaliemia, ipomagnesemia, talora tetania che richiede un'attenta diagnosi differenziale ed una gestione multidisciplinare tra internista, chirurgo generale, oncologo.

Malattia invasiva da community acquired MRSA

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Caso: M 55 aa anamnesi: cefalea cronica ipertensione. Ricovero per febbre e dolore rachide CD. Intervento odontoiatrico prima dell'esordio. EO: non meningismo, non deficit neurologici. TC torace encefalo rachide cmdc: addensamenti polmonari bilat, aspetti degenerativi rachide, non lesioni encefaliche, imbibizione edemigena muscoli paravertebrali. Lab: WBC 7.570 N93%, PCR 21, PCT 16, resto NN. Tamponi influenza SarsCoV2 neg. Iniziata tp: beta lattamina e macrolide, non miglioramento. Emocolture pos in 2a giornata: MRSA. Modificata tp (dapto, clinda). Comparsa di ipostenia AASS. Ripeteva TC: ascessi paravertebrali, estensione a spazio epidurale. RMN: impregnazione pachimeningea, compressione sacco durale. Quarta giornata intervento NCH: laminectomia C3-C6 + decompressione e bonifica.
Discussione: Infezioni da MRSA: inizialmente correlate a ospedalizzazione, tp antibiotica, int chirurgici procedure (HA-MRSA) successivamente riscontrate in comunità associate ad altri FdR (community acquired CA-MRSA). CA-MRSA: geneticamente diversi da HA-MRSA, più virulenti, malattia più invasiva e rapida. Infezioni si verificano in giovani e sani, tex molli, polmone, meningi, faringe laringe; CA-MRSA è presente in cavo orale di sani, riportati casi di ascessi tessuti molli collo e epidurali. Ipotizzabile che il paziente fosse portatore di CA-MRSA nel cavo orale, la procedura odontoiatrica favoriva batteriemia e sepsi con localizzazione d'organo. Il riconoscimento precoce è fondamentale per instaurare subito trattamento più adeguato che può essere anche chirurgico per bonifica del sito se necessario.

A case of neurotoxicity from COVID-19

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Context: 37 years old female patient, caucasian, affected by Turner Syndrome with regular psychomotor development, Hashimoto's thyroiditis; hospitalized in Emergency Department for seizures preceded by visual disturbances and vomiting, fever and SARS-CoV-2 infection.
Description of the clinical case: On arrival the patient was highly agitated, unresponsive to simple commands, absence of meningeal signs; brain CT excluded acute events. After a few hours, sudden worsening of the state of consciousness with episodes of severe psychomotor agitation that required sedation with continuous infusion of benzodiazepines. Haematochemical tests reported an increase in inflammation indices. In clinical suspicion of viral encephalitis she performed brain MRI, compatible with inflammation, and subsequent lumbar puncture with CSF analysis which showed pleocytosis, increased protidorrachia, normal glycorrachia. While awaiting CSF and blood culture tests (subsequently negative results for viruses, bacteria and fungi), empirical antibiotic and antiviral therapy was started with rapid resolution of the clinical picture.
Conclusions: The cytokine storm sustained by SARS-CoV-2 infection could be responsible for the acute neurological damage through an indirect mechanism.

Use of steroids in a melanoma patient with sarcoidosis

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Background: Sarcoidosis is a systemic inflammatory disease characterized by the development of granulomas in several organ systems. Sarcoidosis has been described in patient with hematological and solid tumors. In addition, it has been observed in melanoma patients treated with BRAF and MEK inhibitors.
Case Presentation: Here we present the case of a 41-year-old man with cutaneous malignant melanoma of the left thigh who repeatedly relapsed in treatment with vemurafenib. In April 2021 a PET/CT scan showed a possible progression of the disease in the patient; there was fluorodeoxyglucose avid lymphadenopathy throughout the mediastinum, submandibular bilateral and axillary nodes, and periaortic, porta hepatis nodes. In January 2022, a PET/CT scan showed less uptake of the PET tracer. In May 2022 the patient was referred to the Department of Internal Medicine for the appearance of fever, asthenia and arthralgias. Physical examination revealed a 2 cm diameter left axillary lymphadenopathy while laboratory analyses showed an increase in inflammatory indices and beta2 microglobulins. An axillary lymph node biopsy was conducted, and histological examination revealed non-necrotizing sarcoid-type epithelioid cell granulomas. ACE value was elevated. The patient was treated with prednisone and vemurafenib. After 4 months the patient was asymptomatic and PET/CT scan showed a substantial reduction in tracer uptake without melanoma progression.
Conclusions: This case demonstrates that treatment of sarcoidosis with steroids and BRAF inhibitors does not affect the progression of melanoma.

TRoponina - brAin natriuretic Peptide-taPse-millEr score-pulmonary embolism indeX correlation. "TREPIND" Study: correlative analysis in 30 patients with venous thromboembolism. Three-year experience (2020-2022)

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Background and Purpose of the study: The "TREPIND" study, acrostic from "TRoponina - brAin natriuretic Peptide-taPse-millEr score-pulmonary embolism indeX", enrolled 30 patients with venous thromboembolism in the three-year period 2020-2022. the pre-lysis values of Troponin I, the Pulmonary Embolism Index (PEI), the values of Brain Natriuretic Peptide (BNP), the values of Tricuspidal Annular Plane Excursion (TAPSE), the values of Miller Score. The "TREPIND" study the objectives are: to verify existing relationships between the pre-lysis Troponin I values and the pre-lysis PEIndex, BNP, TAPSE and Miller Score values; verify its statistical significance with the Student "t" test.
Materials and Methods: The test calculates the relative value (VR) of the t index according to the formula: t=(M1-M2) / √DS12 / N1 + DS22 /N2. The value of "t" obtained with Degrees of Freedom (DF)=29 is 14.45. Since the Critical Value (VC) of "t" 3.659 with GL=29 for p=0.001, the Relative Value (VR) of "t" equal to 15.01 expresses a concordance between the values of the variables.
Results: Student's "t" test shows a significant correlation (p <0.001) of the variables examined (values of Troponin I with those of BNP, PEIndex, TAPSE, Miller Score pre-lysis). The value of "t" obtained is of 4.76 (PEIndex), 8.31 (BNP), 10.96 (TAPSE), 28.48 (MILLER SCORE) with VC (critical value) of "t" for p=0.001 is 3.659 with GL=29.
Conclusions: The "TREPIND" study demonstrated a highly significant correlation between the variables considered: Troponin I, PEIndex, BNP, TAPSE, Miller Score pre-lysis

L'ipoglicemia nel paziente non-diabetico: una malattia rara?

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Premesse: L'ipoglicemia è un riscontro poco frequente nei pazienti non-diabetici. La diagnosi è talvolta complessa e può riconoscere cause multifattoriali o malattie rare.
Descrizione del caso clinico: Un uomo di 71 anni giunge alla nostra osservazione per la comparsa di intensa astenia, vertigini soggettive, riscontro a domicilio confermato in Pronto Soccorso di severe ipoglicemie (>40 mg/dl). Il paziente ha una storia clinica di scompenso cardiaco cronico a frazione preservata, fibrillazione atriale cronica in trattamento anticoagulante. Non sono presenti in anamnesi farmaci che possano determinare ipoglicemia, riferita assunzione recente di imprecisati integratori. Gli accertamenti hanno escluso la presenza di neoformazioni a livello gastroenterico, non sono stati evidenziati deficit ormonali: cortisolemia ed ACTH nella norma. La correzione delle glicemie con soluzioni glucosate è rimasta parziale. Si è pertanto deciso di dosare gli Anticorpi anti-insulina con risultato positivo, per tale motivo è stata impostata terapia cortisonica con risoluzione dell'ipoglicemia.
Conclusioni: L'ipoglicemia può rappresentare un'emergenza medica. Nei pazienti non diabetici vanno escluse le cause iatrogene, le infezioni gravi, le malattie neoplastiche e le malattie rare. Talvolta questi quadri clinici possono essere sovrapposti ed è necessario un approccio multidisciplinare.

Il paziente in Medicina Interna pre e post COVID-19 nella realtà novarese: uno studio retrospettivo

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Background: Il paziente nei reparti di Medicina Interna è un paziente complesso. La pandemia COVID-19 ha colpito la popolazione di pazienti fragili e complessi. Lo stato pandemico ha impedito ai cittadini di avere accesso alle cure a causa della chiusura dei servizi, andando a modificare il numero di ricoveri ospedalieri nelle specialità e le caratteristiche dei pazienti no Covid nel corso del 2020 e 2021.
Obiettivo: Valutare le differenze nel paziente dei reparti di Medicina Interna dell'AOU di Novara, nel periodo pre e post pandemia.
Materiali e Metodi: Analizzati i ricoveri presso Medicina

Interna 1 e 2 dell'AOU di Novara dal 2018 al 2021, finestra temporale 01/05 -30/09. Osservate le variabili sesso, età media, degenza media, motivo di ingresso e dimissione.
Risultati: Il numero di ricoveri riporta una flessione tra il periodo pre e post pandemico. L'età media presenta una variazione significativa da 75.3[±14.6] anni nel 2018 e 77.1 [±14.1] nel 2021. Netta diminuzione della degenza media, dai 15.9 ai 9.8 nel 2021). La distribuzione delle diagnosi si è mantenuta simile. Variano le modalità di dimissione con una diminuzione delle dimissioni a domicilio nel 2021 rispetto al 2019 ed un aumento presso Altri Ospedali, Ist. Riabilitativi e strutture sul territorio nel periodo post pandemico in maniera significativa.
Conclusioni: Le caratteristiche del paziente internistico sono rimaste simili nonostante la pandemia da SARS-CoV-2 abbia colpito maggiormente la popolazione fragile. A modificare sono state le modalità di risposta dell'organizzazione sanitaria aziendale novarese.

Efficacia dei trattamenti non farmacologici nell' incidenza da episodi di delirium nei pazienti over 65 ospedalizzati: overview

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Background: Il delirium è una sindrome caratterizzata da un cambiamento acuto dell'attenzione, della consapevolezza e della cognizione. È considerata una sindrome multifattoriale che ha un esordio acuto e termina dopo pochi giorni. Il delirium si distingue in tre forme: iperattivo, ipoattivo e forma mista. I fattori di rischio dell'insorgenza di delirium si suddividono in fattori predisponenti, cioè le caratteristiche di fondo del paziente, e fattori scatenanti, cioè patologie acute o farmaci. Il trattamento è volto unicamente a gestire l'agitazione e il disorientamento che questa sindrome provoca. Esso può essere prevenuto o attenuato quando vengono utilizzate strategie multicomponenti, migliorando così la prognosi dei pazienti.
Obiettivo: Indagare attraverso una overview della letteratura l'efficacia dei trattamenti non farmacologici sull'incidenza degli episodi di delirium nei pazienti intenistici over 65.
Materiali e Metodi: L'overview ha preso in considerazione un arco temporale degli ultimi 5 anni; la ricerca è stata effettuata tramite le banche dati PubMed e TripDatabase. Per interrogare le banche dati sono state utilizzate le seguenti parole chiave: delirium, eldery, aged over 65, non-pharmacological intervention, prevention, pharmacological treatment, hospitalized, Internal Medicine.
Conclusioni: Gli studi reperiti hanno fornito evidenze su come l'utilizzo di interventi di natura non farmacologica possano ridurre sensibilmente l'incidenza del delirium nella popolazione anziana over 65 ospedalizzata.

Complexity in Internal Medicine at any age: a challenging case of acute necrotizing pancreatitis in a young man

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Introduction: Necrotic-hemorrhagic pancreatitis (NHP) accounts for 10-25% of acute pancreatitis cases, with high mortality and morbidity due to either multiple organ failure or necrosis superinfection and sepsis.
Description: A 35-year-old male presented to the Emergency Room of another hospital for intense abdominal pain, jaundice, and acute renal failure. A CT scan showed acute NHP and he was transferred to the Intensive Care Unit (ICU) of our hospital. Clinical history included obesity, type 2 diabetes mellitus, cholelithiasis. On day 3 he was transferred to the Internal Medicine (IM) ward with clinical and biochemical improvement. MRI-cholangiogram was negative for biliary stones. Two weeks later, he developed fever up to 40°C, vomiting and abdominal pain. Blood cultures were sterile. A CT scan showed a large peripancreatic abscess which was drained percutaneously: drainage fluid culture was positive for MRSA. Vancomycin i.v. was begun but fever persisted. A further abscess culture showed four different germs and specific antibiotic therapy was initiated. Patient's condition continued to deteriorate with redevelopment of jaundice and persistence of fever. Surgical consultation did not indicate operative debridement. On the 38th hospital day the patient was transferred to a tertiary hospital and an interventional endoscopic procedure was performed.
Conclusions: Even in younger patients, NHP infection can be life-threatening. In this high-risk case, after conservative therapeutic measures were unsuccessful, endoscopic rather than surgical intervention was chosen.

An uncommon finding during diagnostic testing for right heart failure: double inferior vena cava

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Case Report: A 64-year-old male came to our ED for worsening dyspnea. In his medical history he reported chronic obstructive pulmonary disease, obesity, previous ischemic stroke and patent foramen ovale surgery. Laboratory tests revealed an increase of NT-proBnp and of transaminases values. The clinical and echocardiographic exams guided for a diagnosis of a right-sided heart failure. CT exam detected a perihepatic effusion and a double inferior vena cava, with drainage of the left into azygos vein and of the right into the right atrium. The patient felt better after medical management (NIV and diuretics) with the normalization of the hepatological picture and he was discharged.
Discussion: Duplication of the inferior vena cava (DIVC) is a rare anomaly with a prevalence of 0.2-3%. DIVC is classified into 5 subtypes based on how the interiliac communications are formed. DIVC is generally asymptomatic with an incidental diagnosis during surgical or radiological procedures and may be sometimes associated with congenital heart disease. These anomalies may lead to clinical complications during abdominal surgery and predispose to venous thrombosis. In our case the difficult drainage of the inferior vena cava in a chronic pulmonary heart could be a contributing cause of the hepatic congestion.
Conclusions: Knowledge of DIVC is important for pre-operative planning and post-operative follow-up of abdominal surgery. However, although random, its prompt recognition results in a good clinical outcomes if recognized before invasive procedures, otherwise, complications can be fatal.

Unstoppable diarrhea

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Introduction: Carcinoid syndrome occurs in 30% of patients with small intestine/cecum cancer, in 7.6% of those with lung cancer.
Case Report: A 59-year-old woman was admitted to medical ward for diarrhea. She had a past medical history of hypertension, hypothyroidism and rheumatoid arthritis treated with steroids, Etanercept and Leflunomide. The last had been discontinued as possible cause of diarrhea. The esophagogastroduodenoscopy showed lesions compatible with celiac disease (CD). CD antibodies resulted positive.

Colonoscopy revealed lymphocytic colitis. She was discharged but she acceded again to the ED for severe diarrhea associated with acute renal failure despite gluten-free diet. She was treated with budesonide. She then developed a sepsis. She underwent a chest and abdomen CT scan to search for localization of infection. A lung nodule of 12 mm was detected. The lesion showed increased uptake at PET scan. Clostridium difficile test was positive. The patient was treated with oral vancomycin with clinical improvement. Lung nodule biopsy showed histology compatible with lung carcinoid. The patient was transferred to Thoracic Surgery Unit for surgery. Histology of surgical specimens confirmed the diagnosis of lung carcinoid/neuroendocrine tumor (pT1b, pN0, pM, GR0). The diarrhea resolved and patient experienced clinical wellness.
Conclusions: The diagnoses are often a composition of different piece. In our case the diarrhea was initially thought to be caused by CD. The persistence of symptoms and the identification of the lung nodule allowed the correct diagnosis.

Cateterismo vescicale: una rara complicanza

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Premesse: Il cateterismo vescicale rappresenta una procedura routinaria utilizzata in una molteplicità di situazioni cliniche sia in acuto che in cronico.
Descrizione del caso clinico: Riportiamo il caso di una Paziente ultranovantenne portatrice da tempo di catetere vescicale (CV) a dimora giunta alla nostra attenzione per la comparsa di lombalgia destra (NRS 8/10) e macroematuria insorte qualche ora dopo aver effettuato la periodica sostituzione del CV al domicilio. E' stata pertanto effettuata la valutazione clinica, impostata terapia analgesica e, per il rilievo ecografico bedside di idronefrosi destra, è stata sottoposta a TAC addome senza mezzo di contrasto che ha documentato la presenza dell'estremo distale del CV a livello del meato ureterale destro con secondaria idronefrosi omolaterale di III grado. Il CV è stato quindi riposizionato con progressiva risoluzione della clinica.
Conclusioni: Come tutte le procedure mediche, il cateterismo vescicale non è esente da possibili complicanze, la più frequente delle quali è rappresentata dallo sviluppo di infezioni. Il nostro caso documenta una assai più rara complicanza che, se non prontamente riconosciuta e trattata, oltre a essere causa di dolore, avrebbe potuto condurre a severe conseguenze in termini di deterioramento della funzione renale e compromissione dell'organo.

Angioedema during inhalation therapy with ICS-LABA-LAMA

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Angioedema is a condition that can occur in predisposed individuals, sometimes induced by drugs that can trigger the event. Very rare is presentation during inhalation therapy with ICS-LABA-LAMA. We describe a case of angioedema while taking Trimbow, each dose contains Each dose delivered (the dose that comes out of the mouthpiece) contains 87 micrograms of beclomethasone dipropionate, 5 micrograms formoterol fumarate dihydrate and 9 micrograms glycopyrronium (as 11 micrograms of glycopyrronium bromide). In over 4 years of outpatient prescription of ilatatory therapy with trimbow we have, albeit rarely, adverse effects, even serious ones. In particular we have highlighted: 2 cases of arterial hypertension, 1 case of headache, and 1 case of angioedema. We describe the case of a 54-year-old man with COPD who was prescribed closed inhalation therapy with trimbow. After the first 4 weeks of benefit, the patient experienced angioedema of the lip. After the trimbow was suspended and therapy with oral steroids and antihistamines was started, the edema regressed within 4 days. After 4 weeks, a single intake of a single spray of trimbow brought back the patient to show a picture of angioedema, albeit nuanced, which this time regressed without therapy by simply suspending its intake

Non-septic cholangitis lenta

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Background: Cholangitis lenta is a very rare condition, characterized by a histopathologic pattern of cholangitis that has been described primarily in septic patients or orthotic liver transplanted patients. The prognosis is generically poor.
Description: Was admitted to E.R. Mr V.N., a 60yo man, reporting marked abdominal pain and jaundice of skin and mucosas lasting for 5 days. Medical records and clinical history were negative for any disease, excepting smoking and alcoholic habit (6 glasses of wine a day at the time of main meals). He did not report any ongoing therapy or allergies to environmental agents or medications. Vitals were within normal limits, excepting jaundice of skin and mucosas. After excluding surgical emergencies patient was admitted at Department of Internal Medicine for further diagnostic and blood tests; the most significant were the following: total bilirubin 25 mg/dL direct bilirubin 18.20 mg/dL indirect bilirubin 7.2 mg/dL AST 910 U/L ALT 2017 U/L. Procalcitonin and WBC were always negative, and he never had fever. He could not undergo to cholangio-MRI because of orthopedic surgery with positioning of metal hardware, so he had a liver biopsy that reported diagnosis of acute ascending cholangitis with cholangitis lenta.
Conclusions: Among poor and rare description of Cholangitis lenta in the international medical literature, this case captured our attention for the atypical presentation without any sign of sepsis in a patient who did not have a liver transplant.

An insidious anemia in elderly patient: a case report

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Introduction: The source of important diseases such as anemia in the elderly patient can be difficult because due to the presence of atypical symptoms, polypathologies and polytherapy. We describe a case of elderly patient with melena and in therapy with warfarin and ferrous sulfate.
Case clinic: A 85 year-old white female with anemia (Hb 5 gr/dl) and melena arrived at the DEA. She reported medical history of hypertension and atrial fibrillation (AF). At the entrance the patient was lucid, oriented and cooperative and fully autonomous in Activities Daily Living (ADL) and Instrumental ADL. The B.P. was 110/55 mmHg with AF with frequency of 70 bpm, apyretic, SpO2 98% on air ambient. The physical examination of chest and abdomen were normal. She was submitted to therapy based on pantoprazole I.V., blood transfusion. The EGDS and colonscopy were negative. Before proceeding to Small Bowel Capsule Endoscopy (SBCE) we decided to resume warfarin. The SBCE showed an active bleeding angiodyplasia of the cecum.
Conclusions: Obscure gastrointestinal bleeding is responsible for 5% of all gastrointestinal hemorrhages. A significant association between anticoagulant use and increased likelihood of finding a potentially bleeding lesion in the intestine exists. The SBCE is able to highlight a number of obscure lesions at upper and lower of bowel, above all if used

mainly for elderly patients who have intermittent or low-grade bleeding. This suggests that others processes not yet defined are involved therefore the risk/benefit ratio for bleeding provocation must be assessed in elderly patient.

COVID-19: a trigger for mucormycosis?

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Context: 70 years old male patient, caucasian, suffering from T2DM and arterial hypertension; hospitalized in Emergency Department for severe hyperglycemia with metabolic acidosis and SARS-CoV-2 infection.
Description of the clinical case: On arrival the patient presented drowsiness and confusion; due to capillary glycemia 700 mg/dl with metabolic acidosis (pH 7.13) an intravenous therapy was started with saline solution, insulin and potassium until complete resolution of the clinical-laboratory picture. In the following days, hyperpyrexia appeared (TC 39 C), along with productive cough and partial respiratory insufficiency treated with high-flow oxygen therapy. Haematochemical tests reported neutrophilic leukocytosis and progressive increase in inflammation indices, HIV was excluded. CT of the chest with contrast highlighted the presence of two thrombotic formations in the context of the left pulmonary vein, evidence of pathological tissue with continuous solution of the left bronchus and associated pneumomediastinum. Therefore fibrobronchoscopy with BAL was performed to look for BK and Beta-D-glucan and collection of multiple samples for histological examination and culture with detection of fungal hyphae compatible with zygomycete infection. Infectious disease consultancy was performed with advice to start therapy with liposomal amphotericin B and surgical evaluation for possible operation.
Conclusions: SARS-CoV-2 infection was a likely cause of severe glyco-metabolic decompensation and worsened the consequent state of immunodeficiency which favoured the onset of mucormycosis.

Un caso di apparente eccesso di mineralcorticoidi

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L'ipokaliemia è frequente in ambito internistico, con inquadramento non sempre così immediato in Pz polipatologici, in polifarmacoterapia e con anamnesi spesso lacunosa. Riportiamo il caso di un uomo di 59 anni con nota patologia vertebre-midollare ricoverato per astenia agli arti inferiori con perdita della residua autonomia nella deambulazione. Il ricovero era stato preceduto da iperpiressia, pollachiuria, vomito e qualche episodio diarroico. L'urocoltura confermava il sospetto di infezione delle vie urinarie che veniva trattata con terapia antibiotica con risoluzione del quadro infettivo. Dagli esami ematochimici emergeva ipokaliemia di grado severo trattata con sali di K senza l'atteso beneficio: l'ipokaliemia e l'astenia agli arti inferiori persistevano. La consultazione di esami degli ultimi anni rivelava una costante tendenza all' ipokaliemia di grado lieve-moderato. Si attenzionava poliuria e ipertensione arteriosa non controllata in modo soddisfacente da mesi. Emergeva una costante alcalosi metabolica, aldosteronemia soppressa, cortisolemia ai limiti superioriori. Un approfondimento anamnestico slatentizzava una costante assunzione di liquirizia. Se ne prescriveva l'immediata sospensione con progressiva normalizzazione della kaliemia, risoluzione della poliuria e controllo della PA. La cronica ipokaliemia di grado lieve-moderato sostenuta dalla persistente assunzione di glicirizzina si è acutizzata in occasione dell'infezione slatentizzandola clinicamente. Si conclude per quadro di pseudoaldosteronismo da glicirizzina.

L'ascite che non ti aspetti

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Premesse: L'ascite si dice chilosa quando ha aspetto lattescente con trigliceridi >200 mg/dl. È un riscontro raro e di difficile inquadramento.
Descrizione del caso clinico: Paziente maschio di 73 anni giunto in PS per distensione addominale e aumento degli edemi. In anamnesi: pregresso IMA e stenosi aortica (triplice bypass e sostituzione valvolare); portatore di ICD per ridotta FE; BPCO; ipertensione arteriosa; dislipidemia; IRC. Obiettivamente stabile, eupnoico, apiretico. Presenza di edemi declivi e addome disteso. Rx torace: aspetti congestizi con aumento dell'ombra cardiaca. Agli esami ematici BNP 704 pg/ml, emocromo e PCR nn.ss. All'ecografia bedside versamento pleurico destro, pattern B bilaterale; abbondante liquido ascitico. Alla paracentesi il liquido ascitico appare torbido. Sui campioni si eseguivano: conta cellulare (GR 6000/mmc, GB 283/mmc, GN 25%); esame chimico-fisico: proteine 4.1 g/dL, Glucosio 126 mg/dL, LDH 156 U/L, Trigliceridi 357 mg/dL, Albumina 24.5 g/L. Esame microbiologico negativo. Citologia negativa. Assenza di neoplasie a EGDS, colonscopia e TC torace/addome con. Escluse ipertrigliceridemia e cirrosi epatica.
Conclusioni: L'ascite chilosa è un'evenienza rara e non è semplice capirne l'eziologia. Escluse le cause più comuni (quali malattia neoplastica, peritonite batterica, cirrosi epatica, ipertrigliceridemia), l'orientamento diagnostico proposto è quello di stato anasarcatico con ascite chilosa da scompenso cardiaco con meccanismo di rallentato deflusso linfatico e aumentata produzione da stasi epatica.

Anticoagulation strategies in COVID-19: a joint analysis of two randomized controlled trials

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Background: The aim of this joint analysis of two randomized-controlled trials, COVID-19 HD (NCT044082359) and EMOS-COVID (NCT04646655), was to assess the safety and efficacy of different intensities of anticoagulation in COVID-19 patients.
Methods: Patients with COVID-19-associated respiratory compromise and/or coagulopathy were randomly assigned to enoxaparin at standard prophylactic or therapeutic dose (70 IU/Kg every 12 h). The primary efficacy endpoint was clinical worsening, defined as the occurrence of at least one among: in-hospital death; symptomatic arterial/venous thromboembolism; acute myocardial infarction; need of Continuous positive airway pressure (Cpap), Non-Invasive Ventilation (NIV) or Invasive Mechanical Ventilation. The primary outcome was assessed as time-to-event, described with hazard ratio (HR) and Kaplan-Meier survival estimate. The primary safety endpoint was major bleeding.
Results: Among 283 patients included in the study (73.1% males, mean age 61.1 years±10.7), 115 (40.6%) were on NIV or Cpap at randomization, with no significant difference between the study groups. 21/139 people in the high-dose group reached the primary endpoint compared to

32/144 in the prophylactic group (HR 0.63, 95%CI 0.36 to 1.10). No major bleeding was observed.
Conclusions: No significant differences were found in the clinical course of hospitalized COVID-19 patients treated with prophylactic *vs* therapeutic enoxaparin.

Alcohol and prejudice: when culture can delay diagnosis

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Background: Alcohol use disorder (AUD) is a chronic, relapsing disease. The lack of knowledge of the disease by the scientific community can often delay its diagnosis.
Clinical case description: We present the case of a 60-year-old self-employed graduated, diabetic and with stable primary hyperaldosteronism at follow-up. In his medical history, remote hypertensive crisis complicated by cerebral haemorrhage, resulting in memory deficiency, which made him stop working. For balance disorders, headache and syncopal episodes over ten years numerous specialist investigations were performed with only evidence of ischaemic vascular cerebropathy on neuroimaging leukoplakia. During the last year there were 2 admissions to the Emergency Department (ED) for syncope with a fall to the ground and concussive head trauma with evidence of minimal cerebral haemorrhages on brain CT scan. Subsequently new admission to the ED for asthenia and episode of absence without clonus or morsus. On clinical, biohumoral and instrumental assessment (brain CT scan and EEG) nothing pathological was detected. At his wife's insistence, an urgent alcohol blood test was carried out, which was negative, while the urinary Ethylglucuronide assay was 34 962 ng/L (cut off <500). The alcohological interview revealed criteria compatible with alcohol use disorder according to DSM V, which has been present for at least 15 years.
Conclusions: The case shows how the high socio-cultural level can sometimes contributes to missed diagnosis of AUD, resulting in inadequate access to treatment and worsening quality of life.

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Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. In: Vogelstein B, Kinzler KW, eds. The genetic basis of human cancer. New York, NY: McGraw-Hill; 2002. pp 93-113.

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