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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)

Editor in Chief
Giorgio Vescovo

XXV Congresso Nazionale della Società Scientifica FADOI

26-29 settembre 2020

Presidente: D. Manfellotto

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ORAL COMMUNICATIONS

Morbid obesity and mortality in patients with venous thromboembolism. Findings from real life clinical practice

A. Abenante[1], G. Conte[1], C. Dedionigi[1], P. Sterpone[1], F. Zuretti[1], M. Giorgi Pierfranceschi[2], C. Cattabiani[3], C. Lodigiani[4], P. Di Micco[5], F. Toffolon[2], F. Milanetti[2], F. Dentali[1]

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Background: The influence of morbid obesity on mortality in patients receiving anticoagulant therapy for venous thromboembolism (VTE) has not been evaluated.

Methods: We used the data from RIETE registry to compare the mortality risk during anticoagulation in VTE patients with morbid obesity (body mass index [BMI] ≥40) *vs* those with normal weight (BMI 18.5-24.9). Patients with or without active cancer were analyzed separately.

Results: By September 2018, there were 4443 VTE patients with morbid obesity and 12047 with normal weight in RIETE. Of these, 245 (5.5%) and 1397 (11.6%) respectively had cancer. Median duration of anticoagulant therapy was longer in the obese, with (185 *vs* 114 days) or without cancer (203 *vs* 177 days). Among cancer patients, 44 (18%) morbidly obese and 1377 (32.8%) patients with normal weight died during anticoagulation. Among those without cancer, 44 (3.1%) and 601 (5.6%) respectively died. On bivariate analysis, morbid obesity was associated with a lower mortality rate, both in patients with cancer (hazard ratio [HR]: 0.34; 95%CI: 0.25-0.45) and in those without cancer (HR: 0.43; 95%CI: 0.32-0.58). Multivariable analysis confirmed a lower hazard of death in morbidly obese patients with (HR: 0.53; 95%CI: 0.37-0.74) or without cancer (HR: 0.53; 95%CI: 0.35-0.81). The risk for VTE recurrences or major bleeding did not differ in patients with or without morbid obesity.

Conclusions: In patients with VTE, the risk for death during anticoagulation was half in morbidly obese patients than in those with normal weight, independently of the presence of cancer.

NEWS as strong predictor of clinical outcomes to improve management in Acute Medical Admission Unit

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Background and Aim: National Early Warning Score (NEWS) is recommended to track patients' status in acute hospital setting and to provide early warning of deterioration and trigger for escalation of care. Our aim is to analyse the relationship between NEWS, in-hospital mortality and urgent need of transfer to intensive care setting in an unselected cohort of acute medical patients admitted from Emergency Department.

Materials and Methods: A total of 2177 consecutive patients admitted to Acute Medical Unit (AMU) over a period of two years (Dec 17-Nov 19) have been included. Data regarding NEWS on admission, main diagnosis, destination wards, time of stay and in-hospital mortality were recorded. Two sub-groups of patients differentiated by the NEWS, respectively group A ≥ 5 (424, 19.5%) and B <5 (1753, 80.5%), were compared.

Results: Group A had higher rate of sepsis (18.2% *vs* 7.6%) and respiratory failure due to pneumonia or re-activated COPD (31.8% *vs* 13.6%) compared to group B. The time of stay in AMU was similar in the two groups. Rate of transfer to intensive care areas was 10.1% in group A and 3.6% in group B. Overall in-hospital mortality was 7.7%, respectively 20.7% in group A and 4.5% in group B. Higher scores were related to earlier events (transfer or mortality).

Conclusions: NEWS is a useful tool to determine clinical instability and to predict in-hospital mortality. It is a valid support to clinical judgment for managing patients at the right time in the more suitable place, according to their clinical needs and reducing clinical risk.

Sepsis in Apulia Internal Medicine Units: the SEMINA study

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Background and purpose of the study: Sepsis is an increasingly common problem among patients admitted to Internal Medicine Units. Several epidemiological studies on sepsis were conducted in Intensive Care Units (ICU) using different definitions. Few data are available on this issue in Internal Medicine. The aim of SEMINA (SEpsis Management in INternal medicine Apulia) study is to evaluate the prevalence and the characteristics of patients with sepsis admitted to Internal Medicine Units in Apulia.

Materials and Methods: This is a prospective multicenter observational cohort study conducted in 14 Internal Medicine Units from November 15, 2018 to May 15, 2019. Consecutive patients diagnosed with Sepsis-3 criteria in each department were included. According to the Third International Consensus Definitions for Sepsis (Sepsis-3), sepsis was defined as clinically suspected infection present on admission (nonspecific SIRS criteria such as pyrexia or neutrophilia) plus a change in baseline of the total Sepsis-related Organ failure Assessment (SOFA) score of 2 points or more to indicate organ dysfunction.

Results: A total of 359 patients (4.72% of all admissions), were included in the study period. The mean age was 78.14 years. 117 patients (32.5%) died during hospitalization and 19 (5.3%) were transferred to the ICU. The mean length of hospital stay was 14.95 days.

Conclusions: Our study provides evidence that sepsis has a high prevalence among old patients admitted to Apulia Internal Medicine Units and is associated with a high mortality and prolonged hospital stay.

Optimizing antibiotic prescriptions and costs: the ASCHI project (Antimicrobial Stewardship and Control of Hospital Infections)

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Background and Aim: Complicated infections by multi-drug re-

sistant bacteria are a health global threat, leading to increased morbidity and mortality in developed countries. Accordingly, an excessive, unmotivated use of large-spectrum antibiotic treatment has been observed in the clinical practice also for treating not resistant bacteria. Health measures became mandatory to optimize antibiotics use in health care facilities.

Materials and Methods: A corporate working group with infectiousologist, pharmacist and microbiologist was implemented. An accurate control of antibiotic prescriptions and expenditure, 8 training courses for clinicians and 6 audits in medical and surgical departments were performed in 2019. Moreover, a limitation in the prescriptions of colistin, intravenous phosphomycin, daptomycin, ceftazidime/avibactam, ceftolozane/tazobactam and tygeciclin was put in place. A comparison of antibiotics DDD (defined daily dose) /100 days of hospedalization (DDD/DH) and costs between 2018 and 2019 was then performed.

Results: A global, corporate, significant reduction of DDD/DH was observed, from 84.9 in 2018 to 66.59 in 2019 (-21.56%); reduction was comparable in both medical and surgical departments. These findings leaded to saving 76542 Euros in 2019 for antibiotic expenditures (from 683477 in 2018 to 606935 Euros in 2019).

Conclusions: The implementation of antimicrobial stewardship programs provides the optimization of antibiotic treatments, leading to a significant reduction of useless prescriptions and costs.

Orthogeriatric prototype in Legnano Hospital – Preliminary Study

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As is well known, by the term "Orthogeriatric" is meant an integrated clinical care development that deals with the complexity of an elderly patient with a femur fracture and it guarantees a multidimensional taking-over. The patient is at the centre of the assistance and sets the competencies of the professionals involved in a coordinated project which cares for him from the entrance to the discharge. The hospitalized elderly patient's femur fractures (due to the high risk of adverse events) represent one of the main mortality and disability causes. Projections indicate that the number of fractures that will occur worldwide each year, will rise from 1.66 million in 1990 to 6.26 million in 2050. This is mainly linked to the population ageing with the increase of healthcare costs. Nowadays, there are several Italian studies that are actionable in Orthogeriatrics, the available resources are fundamental. Thinking that the Geriatric would enhance the work in Orthopaedics is wrong. Several studies demonstrated how the multidisciplinary orthogeriatric management is efficient to optimize health and functional results of the patient. The aim of our study is to demonstrate how the figure of the Geriatric is fundamental to improve the outcomes of over 75-years-old patients that are hospitalized in Orthopaedics because of femur fracture from 1st November 2019 till nowadays and coming from Legnano Hospital First Aid.

Challenges and opportunities of an antimicrobial stewardship program in a tertiary care community hospital

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Introduction: Antimicrobial stewardship programs (ASP) aim to optimize therapeutic outcomes, and reduce antimicrobial resistance. Recent reviews of stewardship programs offer encouragement that some interventions reduce antimicrobial selective pressure and, if associated with infection control interventions, impact resistance rates.

Methods: The activity of our CC-ICA is characterized by staff training, diffusion of local guidelines, application of ASP and infection control. We assessed the impact of our program on health-care-related infections and antibiotic resistance in 2018-2019.

Results: The analysis of data from over 7000 consultations carried out at San Giovanni Hospital in Rome has shown as most relevant data a significant reduction of surgical site infections and nosocomial sepsis. Hospital acquired C. difficile infections decreased from 2018 to 2019 (49.5% *vs* 59.3%). Analysis of antibiotics consumption showed a reduction of quinolones consumption compared to 2018 (4.4 *vs* 8 DDD/100 days hospitalization). Compared to national data, consumption of III generation cephalosporins remains high (17.2 *vs* 14.1 DDD/100 days hospitalization), especially in medical wards. At the same time, antimicrobial resistance data showed that MRSA was 7.8% of isolates, Klebsiella KPC strains were 11% and E. coli strains resistant to III generation cephalosporins and quinolones were 41% and 48%, respectively.

Conclusions: Our data confirm the importance of application of ASP and infection control programs to achieve reduction of healthcare related infections and antibiotic resistance.

Misdiagnosed severe osteoporosis: prevalence in inpatients of an Internal Medicine Unit

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Background: Osteoporosis (OP) in inpatients is often misdiagnosed and underestimated: only few data are available in hospitalized subjects. Our study aimed to evaluate the prevalence of a misdiagnosed OP in inpatients admitted to an Internal Medicine Unit for diseases other than OP.

Methods: We enrolled all patients in our Medicine Unit between January and December 2019, having a spinal imaging. Demographic data, OP treatment and spinal imaging for each of them were collected. Descriptive data were presented by medians (interquartile range) for continuous data or as numbers (percentages) for categorical data. Differences between groups were analyzed with a chi-square test. P values 0.05 were considered statistically significant.

Results: On 793 subjects admitted in our Internal Medicine Unit, 239 patients (138 females, median of age 76 years) had a spinal imaging: 166 had an X-ray, 44 a CT and 45 a MRI. We found at least 1 vertebral fracture (VF) in 73; almost half of them (35/73) had at least 2 VF. OP was already diagnosed in 17/73 patients with a VF, while 7 patients without VF had a previous diagnosis of OP. The prevalence of single VF was higher in patients with previous diagnosis of OP than in those without (6/17 *vs* 32/56 p=0.1).

Conclusions: Most of inpatients of an Internal Medicine Unit had misdiagnosed VF. We found that 87% of inpatients with VF didn't know to have OP. More attention should be given to OP, known to be an additional factor of disability and mortality.

Eight-year efficacy and safety of azathioprine treatment in the maintenance 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 eight year after the institution of treatment.

Methods: Data from consecutive IBD outpatients referred in our

Institution, between 1985-2017, were reviewed and all patients treated with AZA were included.

Results: Out of 2992 consecutive IBD, AZA was prescribed to 446 patients, 245 (54.9%) were affected by Crohn's disease (CD) and 201 (45.1%) by ulcerative colitis (UC). One hundred and ninety-six patients with a follow-up <96 months were excluded from the study. Two hundred and fifty patients were evaluated, 140 (56%) with CD and 110 (44%) with UC. One hundred and thirty-eight (55.2%) were male. Eight year after the institution of treatment, 123 (49.2%) patients still were in steroid-free remission (82 CD *vs* 41 UC, 58.6% and 37.3%, p=0.0009), 71 (28.4%) had a relapse requiring retreatment with steroids (29 CD *vs* 42 UC, 20.7% and 38.2%, p=0.0030), 56 (22.4%) discontinued the treatment due to side effects (29 CD *vs* 27 UC, 20.7% and 24.5%). Loss of response from 1st to 8th year of follow-up was low, about 21%.

Conclusions: Eight 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.

Decorso dell'embolia polmonare subsegmentaria isolata sintomatica nel mondo reale. Lo studio ISSPE

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Premesse e Scopo dello studio: L'evoluzione delle metodiche angio-TC permette una valutazione anatomica dell'albero vascolare polmonare più definita, portando ad un aumento delle diagnosi di embolia polmonare sub-segmentaria isolata (EPSSI). Tuttavia, non è chiaro quale sia la miglior strategia di management e approccio terapeutico nel paziente con EPSSI. Abbiamo pertanto effettuato un'osservazione della popolazione afferente presso l'Azienda Ospedaliera di Padova (AOPD) con EPSSI sintomatica per rilevarne l'incidenza e la strategia terapeutica adottata.

Materiali e Metodi: Sono stati selezionati in modo consecutivo pazienti giunti da Gennaio 2016 a maggio 2019 sottoposti ad angio-TC poi diagnostica per una EPSSI. Sono state raccolte le caratteristiche della coorte, degli eventi tromboembolici (TEV) ed il tipo di trattamento adottato. Sono stati raccolti i dati di follow up fino al 6° mese: recidivante di TEV, complicanze emorragiche e la mortalità per tutte le cause.

Risultati: 4052 pazienti con sospetta EP, 92 le diagnosi di EPSSI, con una incidenza cumulativa pari a 11.8%/anno. 82 pazienti (89%) hanno ricevuto un trattamento anticoagulante ed il 47% ha proseguito la terapia per almeno 6 mesi. Non abbiamo osservato l'insorgenza di recidive mentre sono stati registrati 6 sanguinamenti maggiori (2 fatali) nella coorte dei pazienti trattati.

Conclusioni: L'incidenza di EPSSI è in aumento e nella maggior parte dei casi i pazienti ricevono un trattamento anticoagulante per almeno 6 mesi. Risulta fondamentale stabilire il rischio emorragico dei pazienti con EPSSI.

Unusual case of Parsonage-Turner syndrome

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Background: Neuralgic amyotrophy (NA), or Parsonage-Turner syndrome, is an acute and painful unique or multiple motoneuropathy in the upper extremity, characterized by rapid multifocal motor weakness, amyotrophy and sensory loss. We report the case of immunocompetent man with diagnosis of NA secondary to HEV infection.

Case Report: A 60 year-old, previously healthy man was referred from Emergency Department with fever, dyspepsia, general malaise with asthenia, myalgias paresthesias and diffuse arthralgias, mostly affecting the shoulder girdle and left hemisome, with functional impotence, lasting more than a week. Initial tests revealed a picture of acute hepatitis. Emergency abdominal ultrasound was negative. Tests for major hepatotropic viruses (HBV, HCV, HAV, CMV, EBV, HIV), autoantibody patterns and blood culture were negative. However, the search for HEV was found to be positive, with identification of the genotype 3. At the same time brain TC was negative for focal alterations of the cerebral parenchyma while CPK values were in the normal range. Therefore, after evaluation by the neurologist specialist, specific therapy of the dysaesthetic symptomatology, cortisone and pregabalin, was set, with a slow and mild resolution of the above symptoms. In light of the investigations carried out and the clinical evolution of the symptoms, a diagnostic hypothesis of neuralgic amyotrophy was posed and subsequently confirmed by electromyography.

Conclusions: In patients with acute viral hepatitis and unexplained neurologic symptoms NA should be considered and investigated.

Hospitalization and mortality for acute exacerbation of chronic obstructive pulmonary disease: an Italian population based study

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Background: Patients with exacerbation of Chronic Obstructive Pulmonary Disease (COPD) have a significant mortality and morbidity. Previous studies have identified a number of independent prognostic factors. Information on hospital admission databases is limited and data regarding short-term prognosis of these patients in Italian hospitals are lacking. We performed an epidemiological study on hospital admission for COPD exacerbation in Italy.

Methods: Patients were identified using clinical modification (ICD-9-CM) codes. Information was collected on baseline characteristics, vital status at discharge, duration of hospitalization, and up to 5 secondary discharge diagnoses. Comorbidity was evaluated using the Charlson comorbidity index (CCI).

Results: During the observation period (2013-2014), 170.684 patients with COPD exacerbation (corresponding to the 4.1% of all hospitalizations) were hospitalized. Mean length of hospitalization (LOH) was 9.95±8.69 days and mean in-hospital mortality was 5.3% (from 3.13 to 7.59% and from 8.22 to 11.28 days respectively). Old age, male gender, low discharge volume, previous hospitalization for COPD exacerbation and CCI resulted as significantly associated with higher in-hospital mortality.

Conclusions: COPD exacerbation is common in contemporary Italian population. It is clinically demanding with a not negligible short-term mortality rate and a mean LOH approaching 10 days. These latter findings were quite variable in different regions, but should be further analyzed to set up appropriate health-care policies on COPD patients.

Outcome and prognostic factors for acute pancreatitis: a retrospective study

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Introduction: Over the past two decades the number of hospital admissions for acute pancreatitis (AP) has doubled. Stratifying patients according to prognosis is essential to establish right therapy and care setting. The aim of our study was to evaluate prognostic factors and outcome of patients with AP hospitalized in internal medicine wards. We also evaluated the efficacy of the various prognostic scores for AP.

Materials and Methods: We conducted a retrospective study enrolling all patients diagnosed with AP admitted to an internal medicine ward between January 2013 and May 2019. We divided patients in two groups: those with positive outcome (discharged) and those with negative outcomes (died or transferred to an intensive care unit due to pancreatitis). We therefore compared laboratory tests, comorbidity, home therapy and therapy performed

during hospitalization. We also assessed the ability of the various prognostic scores for pancreatitis to predict negative outcome.
Results and Conclusions: We enrolled 146 patients with AP (137 with positive outcome and 9 with negative outcome) in our study. CPR, Creatinin, Sodium and Troponin I after 48 hours were significantly increased (p<0,05) in patients with negative outcome. In patients with negative outcome more aggressive fluid therapy was administered compared to patients with a positive outcome (p <0.001). In our study SOFA Score was the best to predict adverse outcome with O.R. 32 (p<0.001) for value of Sofa >5 using ROC analysis. With O.R. 16,6, q-Sofa score showed a good correlation with negative outcome for value >1.

Fecal calprotectin overexpression is effective to predict recurrent abdominal pain in symptomatic uncomplicated diverticular disease after acute diverticulitis attack

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Background and Aim: Fecal calprotectin (FC) is a cytoplasmic antimicrobial compound prominent in granulocytes, monocytes, and macrophages. It is released from cells during cell activation or death, and it is stable in feces for several days after excretion. This has been shown to be a sensitive marker of activity in IBD and aim of this study is to establish if is a marker predictor of recurrent abdominal pain in patients after acute diverticulitis attack.
Methods: A quantitative dosage on FC was preliminary obtained during recovery and at the onset of abdominal pain in 150 patients admitted to acute diverticulitis and followed-up for a period of one year.
Results: Median FC was significantly increased in acute diverticulitis (201 microg/g, SD 110-353 microg/g), whereas normal values were found in patients after (24 microg/g, SD 9-35 microg/g). The 22 patients with recurrence of symptoms showed higher calprotectin levels than those observed in patients at hospital discharge (175 microg/g, SD 100-210 microg/g *vs* 24 microg/g, SD 9-36 microg/g, p<0.001).
Conclusions: FC may be a useful tool in detecting persistence inflammation in the colon harboring diverticula, helping in the prediction of symptoms recurrence.

Three-month mortality in permanently bedridden medical non-oncologic patients. The BECLAP study (permanently BEdridden, creatinine CLearance, Albumin, Previous hospital admissions study)

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Introduction and Objectives: Short term prognosis of frail patients is relevant to plan the priorities. Aim of the study was to predict 3-months mortality in permanently bedridden non-oncologic inpatients.
Patients and Methods: This is a prospective study performed in 5 Italian Internal Medicine Units. 2788 consecutive patients admitted from Jan 2016 to Jan 2017 were screened; 644 oncologic patients were excluded; 2144 non-oncologic patients were followed-up for 6-months. Main outcome was 3-months mortality in permanently bedridden (BE) inpatients with at least 2 of: creatinine clearance (CL) <35 ml/min; albumin (A) <2.5 g/dl; at least 2 hospital admissions in the previous 6 months (P). Advanced dementia and dysphagia were also recorded.
Results: 374 (17%) of the 2144 patients were BE, 435 (20%) had a CL <35 ml/min, 217 (10%) A <2,5 g/dl, 112 (5%) P. 77 (4%) patients were BE with at least 2 of the abovementioned items, and 48 of them died within 3 months (62%) (*p* <0.001;95%CI 51–73%). Regression coefficients of the variables of interest in multivariate analysis in a training cohort were used to create a score predictive of the probability of death at 3 months.
Conclusions: About 2 out of 3 non-oncologic permanently bedridden patients having 2 of the abovementioned items are dead 3 months after index admission; a score including bedridden status, CL, A, dysphagia, age and sex may help to discuss priorities (https://www.fadoi.org/beclap-d/).

A rare case of syndrome of Inappropriate antidiuresis successfully treated with tolvaptan

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Background: Syndrome of Inappropriate Antidiuresis (SIAD) is a common and multifactorial cause of euvolemic hyponatremia that is often overlooked, so an accurate diagnosis is mandatory in order to optimize the therapeutic approach.
Case Report: Here we report a case of severe hyponatremia due to a rare cause of SIAD. A 78-year-old woman admitted to the Emergency Department of Legnano Hospital for confusion, lethargy and severe hyponatremia (119 mEq/l). A month before the patient developed psychiatric symptoms and seizures. Thyroid and adrenal function were normal and clinical and laboratory elements were compatible with SIAD. Hypertonic saline infusion and fluid restriction were started with poor effect, so tolvaptan was prescribed at the initially dose of15mg daily. Close monitoring of electrolytes and water balance was performed. Sodium level normalize within few days with simultaneous neurological improvement. Whole body CT, FDG-PET, liquor analysis and EEG were negative. Finally, cerebral PET and MRN-brain led to the diagnosis of limbic encephalitis. High dose of glucocorticoids i.v. made possible the withdrawal of tolvaptan and led to a complete recovery.
Conclusions: Hyponatremia due to SIAD can be associated with every kind of neurological disorders, included limbic encephalitis a rare autoimmune disease of paraneoplastic origin. In presence of severe persistent SIAD, tolvaptan, a vasopressin antagonist that acts on V2 vasopressin receptor, can be safely used till the diagnosis and treatment of the underlying disease is completed.

Updates and disputes on the management of sepsis and septic shock

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Background: In addition to the SIRS criteria, Sepsis-3 has redefined sepsis "a life-threatening organ failure caused by an unregulated response of the organism to infection" and septic shock "a hypotension refractory to fluid resuscitation". Prognostic stratification: SOFA, APACHE III and MEDS.
Clinical Case: A 71-year-old arrives in the emergency room with cough, dyspnea and fever; it is tachycardic, tachypnoic, hypotensive and hypoxemic. CBC: 26.800 WBC (>neutrophils). Physical examination: rales and wheezing in the right lung base. Chest x-ray: pneumonia of the lower right lobe. In Internal Medicine: antibiotics (amoxicillin/clavulanic acid and levofloxacin), crystalloids, bronchodilators and antipyretics. Improved, he is discharged after 12 days.
Conclusions: Timeliness is needed for diagnosis and therapy! Diagnosis: medical history, physical examination, complete blood count, kidney function, electrolyte imbalances, acid/base balance, blood cultures, PCR, procalcitonin and imaging. Therapy: stabilization of vital signs; empirical antibiotic therapy; recovery of volume with crystalloids (no hemotransfusion if Hb >7 g/dl); prophylaxis

of consumer coagulopathy (heparin); vasoactive drugs (norepinephrine, vasopressin, adrenaline, dobutamine) for the control of the circulation; antifungals to prevent candida superinfection; no corticosteroids in patients whose hemodynamic stability can be obtained with vasopressors; L-carnitine can reduce organ failure in septic shock; vitamin C and thiamine reduce mortality in septic patients; immunostimulants (IL-7) are being studied.

Nursing sensitive outcomes: a study on pressure injuries in hospitalized patients

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Background and Objective: Pressure injuries are one of nursing sensitive outcome. They are a frequent, but potentially preventable condition. Their appearance can cause complications of different nature and prolong the days of hospitalization. They are an unfavorable prognostic factor associated with increased morbidity and mortality. The aim of the study is start a surveillance to monitor the incidence and prevalence of pressure injuries in one year.
Methods: A study was carried out on the medical care areas of a Turin Hospital. Patients >18 years old were included. The injuries were staged according to the NPUAP-EPUAP classification. A computer program built for this purpose was used for surveillance.
Results: Of a total of 8600 hospitalizations performed, 234 patients had an injury (2.7%) and of these 83 (1%) already had an LDP at the hospitalization. During the observation period, 266 pressure injuries were reported, of which 172 (64.7%) occurred during hospitalization.
Conclusions: From the results of the surveillance, the incidence for pressure injuries is overall lower than the data in the literature. Among the wards with the highest incidence, this is probably linked to the characteristics of hospitalized patients: debilitated, elderly population with little autonomous mobility. The presence of a procedure and training over the years have favored the early application of preventive measures and the activation of early treatment interventions. The study suggests that structured surveillance is a good method to check this sensitive nursing outcome.

Does smoking status change VTE patients' prognosis? An analysis of the RIETE registry

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Background: The prognostic influence of smoking status in patients receiving anticoagulant therapy for venous thromboembolism (VTE) has not been consistently evaluated.
Methods: We used data from RIETE registry to compare mortality, VTE recurrence and major bleeding risk during anticoagulation in VTE smoking *vs* non-smoking patients
Results: By September 2018, there were 32000 VTE non-smoking and 5713 smoking patients in RIETE registry. Of these, 14689 (45.9%) and 3872 (67.8%) were male (p <0.0001), 18053 (56.4%) and 3118 (54.6%) had symptomatic pulmonary embolism (PE) with or without deep vein thrombosis (DVT) (p=0.01) and 7746 (24.2%) and 1111 (19.4%) had cancer (p <0.0001) respectively. At multivariate analysis, smoking status was associated with higher hazard of death, both in all sample analysis (HR: 1.26; 95% CI: 1.15-1.39) and in EP patients (HR: 1.32; 95% CI: 1.17-1.49). The risk of VTE recurrence or major bleeding did not differ in smoking *vs* non-smoking patients. Cancer (HR: 6.97; 95% CI: 5.70-6.48), immobility (HR: 1.91; 95% CI: 1.79-2.03), chronic heart failure (HR: 1.41; 95% CI: 1.29-1.54), chronic lung disease (HR: 1.30; 95% CI: 1.21-1.41) and diabetes (HR: 1.25; 95% CI: 1.16-1.34) were associated with higher hazard of death in all sample patients, in EP and DVT patients. Smoking status was not associated with a worse prognosis in the subgroup of non-cancer patients.
Conclusions: The risk for death during anticoagulation was higher in smoking *vs* non-smoking patients in VTE patients and in particular in patients presenting with PE.

La ventilazione non invasiva nel reparto di Medicina Interna ad alta intensità: l'esperienza della Medicina Interna di Pescia

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Premesse: L'insufficienza respiratoria (IR) è frequente causa di ricovero in Medicina Interna. La ventilazione non invasiva (NIV) è uno strumento fondamentale nei reparti ad alta intensità assistenziale.
Metodi: Abbiamo arruolato 101 pazienti ricoverati presso la Medicina Interna Pescia (PT) con IR per riacutizzazione di BPCO o polmonite con lo scopo di descrivere le loro caratteristiche e valutare l'efficacia della NIV. Sono stati raccolti dati anamnestici, autonomia funzionale, parametri clinico-laboratoristici (EGA ingresso-dimissione, esami ematici, terapia prima e durante il ricovero) e necessità di NIV. In base a questo i pazienti sono stati divisi in due gruppi (A-B). È stato effettuato follow-up a 1 mese valutando mortalità, autonomia funzionale e la dispnea (CAT).
Risultati: 80% dei pazienti aveva BPCO e 20% polmonite (età media 78 aa, M 43%); alto tasso di comorbilità (CCI 6,3±2,3). Il 60% ha eseguito NIV (gruppo A). Sono state registrate differenze statisticamente significative nella terapia inalatoria domiciliare (eseguita in minor percentuale nel gr. A), nell' EGA (>ipossia, ipercapnia e acidosi respiratoria nel gruppo A), nella degenza media (>Gr.A). L'80% è rientrato a domicilio, i decessi sono stati 8, tutti nel gruppo A; al follow up si sono verificati 3 decessi.
Conclusioni: Nei pazienti internistici con IR si conferma l'elevato tasso di comorbilità e ridotta autonomia funzionale con l'aumento dell'impegno assistenziale e della degenza media. La NIV ha permesso di ottenere nell'IR grave risultati sovrapponibili ai quadri meno gravi.

Laser Ablation *vs* Radiofrequency Ablation for benign non-functioning thyroid nodules: Six-month results of a randomized, parallel, open-label, trial (LARA trial)

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Background: No direct prospective studies comparing laser ablation (LA) and radiofrequency ablation (RFA) for debulking benign non-functioning thyroid nodules (BNTNs) exist. We compared the efficacy and safety of both techniques in patients with solid or predominantly solid BNTN.
Methods: This six-month, single-use, randomized open label parallel trial compared the following primary endpoints between the RFA and LA groups: (1) nodule volume reduction; (2) proportion of nodules with more than 50% reduction (successful rate). We enrolled subjects with a solitary BNTN. Nodules underwent core needle biopsy (CNB) for diagnosis. Sixty patients were randomly assigned (1:1) to receive LA or RFA. Safety was assessed in all randomly assigned participants.
Results: At six months, the nodule volume reduction was 64.3% in the RFA group and 53.2% in the LA group (p=0.02). This effect was also confirmed in the linear regression model adjusted for age, baseline volume, and proportion of cellular component (LA

vs RFA percent change Delta=-12.8, p=0.02). No significant difference was observed in success rate 6-month after treatment (RFA *vs* LA: 86.7% *vs* 66.7%, p=0.13) or in thyrotropin level between the groups. Although improved, no significant difference was observed between RFA and LA for compressive symptoms and cosmetic score (p=NS). The adverse event rates for RFA and LA, respectively, did not require hospitalization.

Conclusions: While the success rate was similar in the RFA and LA groups, RFA achieved a significantly larger nodule volume reduction at six months.

The prevalence of peripheral artery disease in hospitalized patients with heart failure

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Background: Peripheral artery disease (PAD) and heart failure (HF) share the same risk factors and pathophysiological process. Patients with PAD have 2-fold higher risk of develop HF and the prevalence of PAD in these patients varies from 12-19%. However, most of these data are based on the prevalence of symptoms suggestive for PAD with scarce evidence from diagnostic specific tests.

Aim: The aim of this study was to describe the prevalence of PAD diagnosed with ankle-brachial index (ABI) in hospitalized patients with acute HF and to evaluate the prevalence of symptomatic PAD assessed with the "San Diego Claudication Questionnaire" (SDCQ).

Methods: We conducted a multicentre prospective study in 5 Italian Internal Medicine Units. Hospitalized patients were evaluated with the ABI test and the SDCQ. PAD was confirmed when ABI was ≤ 0.9. Patients with ABI >1.4 were excluded from the analysis. We collected information about cardiovascular risk factors, comorbidities and the last echocardiogram.

Results: We consecutively enrolled 206 patients; 90 patients (43.7%) had ABI index ≤ 0,9 (95% CI 37-51%); in this group, 12 patients only were aware of the disease. The results of the SDCQ showed that 53.3% of the population with ABI ≤ 0.9 had no symptoms suggestive for PAD. Compared with patients with normal or borderline ABI index, patients with ABI ≤ 0,9 more frequently suffer from chronic renal impairment (51.1% and 32.8%, p 0.007) and presented with cardio-cerebrovascular events in the past (55.6% and 37.1%, p 0.008).

Conclusions: PAD is a frequent comorbidity in patients with HF, however this condition is widely under-diagnosed.

An unusual case of hepatitis

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Case Report: A 56-year-old white woman was admitted to our unit with fever, fatigue and arthralgia. His past medical history was unremarkable, except for hypertension. Serum testing revealed a mild elevation of AST, ALT and LDH, together with relative lymphocytosis. On admission, viral serological screening was performed, confirming an active CMV infection (CMV IgM positive, CMV IgG negative, CMV RNA positive) as the cause of hepatitis. The CT of the abdomen showed portal vein thrombosis (PVT) of the right branch. Screening for thrombophilia was requested, showing low free protein S values and increased factor VIII levels; in addition, serum immunofixation showed monoclonal component IgG lambda. Anticoagulation therapy was started with low molecular weight heparin, subsequently imbricated with warfarin. The patient recovered in few weeks. Two months later seroconversion of CMV IgM to IgG was observed and monoclonal component was no longer detectable. In conclusion acute CMV infection can be considered a risk factor for PVT. Usually CMV develops in immunosuppressed patients and it is asymptomatic and self-limiting.

Conclusions: We described a rare case of vascular complication of CMV infection in immunocompetent woman. According with the few case reported in literature we confirmed the relationship between acute CMV infection, PVT and transient MGUS.

Immune-related adverse events (IrAEs) in cohort of patients receiving PD-1/PD-L1 inhibitors

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Background: Introduction of PD-1/PD-L1 inhibitors revolutionized oncological guidelines. The purpose of this study is to establish incidence and characteristics of immune checkpoint inhibitor-related adverse events (irAEs) in a real-world setting and improve clinical management of patients treated with PD-1/PD-L1 inhibitors.

Materials and Methods: From Jan 2019, we enrolled a cohort of patients receiving anti- PD-1/PDL1 drugs. We created a clinical pathway with recommendations for evaluation and diagnosis of IrAEs, specific treatments and rules for drug discontinuation, basing on ASCO guidelines and with multidisciplinary panel. IrAEs have been graded according to CTCAE *vs* 5.0.

Results: Fifty-two patients (F/M: 17/35, mean age 67) have been enrolled. Twelve patients had melanoma, nine renal cell carcinoma, twenty-nine Non-small-cell lung carcinoma, one Hodgkin lymphoma and one head-neck cancer. Twelve patients developed IrAEs (23%). In ten cases, severity were mild-moderate (G1-2): hepatitis, hypothyroidism, III-V-VII cranial nerve palsy, PMR-like, psoriasis and type-1 diabetes mellitus. In four patients were severe (G3): bullous dermatitis, Lichen Planus-Like, interstitial pneumonia and myositis. One patient developed three different IrAEs. Thirty-two are still under treatment (61%). Four patients stopped therapy due to IrAEs and eleven for disease progression. Five patients died.

Conclusions: Innovative tools are required in order to manage IrAEs, prevent their potential relapse and to avoid useless interruption of therapy, in order to improve patients outcome.

Differences in oral anticoagulant therapy for non-valvular atrial fibrillation between Italian and Western Europe Countries. The GLORIA-AF Phase III experience

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Background: Despite the association of atrial fibrillation (AF) with thrombo-embolic events, oral anticoagulation (OAC) use is still unsatisfactory. The aim of this study was to compare the baseline characteristics of patients receiving oral anticoagulants (OAC) between Italy and the other Western European Countries (OWE), with emphasis on the role of age (<and ≥75 years).

Methods: GLORIA-AF is a three-phase, prospective, observational study of patients with newly diagnosed non-valvular AF at risk for stroke. In this analysis, the consecutive subjects of the GLORIA-AF Phase III were included. Baseline characteristics of patients were compared with standardized differences (SDs; unbalanced distributions for values >0.10).

Results: Between 2014 and 2016, 1378 and 7757 eligible pa-

tients were enrolled from Italy and OWE, respectively. No differences existed in age, gender and CHA_2DS_2-VASc score (3.3±1.5 *vs* 3.3±1.5; SD=-0.014). OAC (84.0 *vs* 90.6%, SD=-0.20) and NOACs (54.9 *vs* 65.8%, SD=-0.22) were less used in Italy than in OWE countries. Among NOACs users, age (74.4±9.3 *vs* 72.0±9.7 years; SD=0.25) was higher in Italy. Low doses of NOACs were more often prescribed to elderly Italian patients than to their OWE counterparts. The use of beta-blockers and statins were higher in OWE, and that of PPI in Italy.

Conclusions: GLORIA-AF Phase III results show relevant differences in OAC use between Italy and OWE. Older Italian NOACs users more often receive the lower dosages of the drugs; moreover, the prevalence of those not taking OAC is still high.

Application of SIAARTI criteria for the identification of eligible PEG candidate: a retrospective study

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Background and Aim: Percutaneous Endoscopic Gastrostomy (PEG) is a common intervention in dysphagic patient. However, mortality in PEG's patients is reported 22% one month after the procedure and 54% after one year. Probably reason could be the poor capacity of current guidelines to exclude patients who would not benefit from the procedure, given their limited life expectancy. The Italian Society of Anesthesia, Analgesia, Resuscitation and Intensive Care (SIAARTI) developed 4 criteria to identify patients with less than one-year life expectancy. There are 3 objective criteria (General health criteria; Palliative Performance Scale; Specific criteria related to Heart, Lung, Liver and Renal failure, COPD, Stroke, Parkinson, Amyotrophic lateral sclerosis, Multiple sclerosis, Dementia). In this study, SIAART objective criteria were retrospectively applied to all patients who underwent PEG placement in our Hospital between January 2013 and December 2017.

Results: We enrolled 137 patients (65% male), median age of 75 years. Causes of PEG placement were: otolaryngology cancer (24%), stroke (15%), dementia (35%), other neurological syndromes (17%), wasting (4%), heart attack (5%).

One-month (17%), six-month (38%), and one-year mortality (53%) were evaluated and cox proportional hazards model was performed to assess the prognostic influence of age, sex and positivity for 3 objective SIAARTI criteria ($p<0.0001$, HR 2.4).

Conclusions: We suggest that positivity for three objective SIAARTI criteria can reliably identify PEG patients with high short-term mortality and could therefore be used as a selection tool for PEG placement.

Finding the needle in the Autoimmune Haystack: anti-MDA5 antibody positive Clinically Amyopathic Dermatomyositis parallels a fatal case of rapidly progressive interstitial lung disease

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Background: Clinically amyopathic dermatomyositis (CADM) is a rare entity, presenting with classic dermatomyositis cutaneous manifestations, with neither muscle weakness nor abnormal muscle enzymes. A patients' subset with CADM harbor a specific antibody known as melanoma differentiation-associated gene 5 (anti-MDA5). These patients are characterized by an aggressive course with distinct skin features, pulmonary involvement and early death.

Clinical case: A 56-y-o man was admitted to our ward for cough, dyspnea and fatigue. He developed cutaneous erythematous lesions in 120 days, Gottron's papules and low-grade fever. A total body CT showed no malignancies, however ground-glass areas in the lower lung lobes with interstitial lung disease (ILD) were found. Muscle biopsy was suggestive of myositis, despite unremarkable muscle enzymes levels. Anti- MDA-5 positivity was detected. Therapy with methylprednisolone 80 mg, cyclophosphamide 50 mg daily and intravenous immunoglobulin were administrated. After two weeks the patient developed worsening dyspnea: mycophenolate and rituximab were also employed. After few days the NSIP progressed to acute lung failure and the patient was moved to the Intensive Care where he was intubated and a high dose immunosuppressive therapy with tacrolimus, cyclophosphamide and rituximab were started. Regrettably, a septic shock occurred and the patient passed away after two months from the admission.

Conclusions: Despite early detection and intensive management, the prognosis of anti-MDA5 positive CADM patients with rapidly progressive ILD remains poor.

Relazione tra sindrome delle apnee ostruttive nel sonno e steatosi epatica non alcolica (NAFLD): studio osservazionale di prevalenza

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Premesse e Scopo dello studio: Valutare rischio e prevalenza di NAFLD nei pazienti OSA e la correlazione tra la severità dei disturbi ipossici notturni ed il grado di steatosi.

Materiali e Metodi: Studio in due fasi. Nella prima, analisi retrospettiva di un gruppo di 294 pazienti con sintomatologia suggestiva di OSAS, sottoposti a poligrafia basale. I pazienti sono stati suddivisi in OSAS e non-OSAS a seconda del valore dell'Indice Apnea/Ipopnea. Per ogni paziente è stato calcolato il Fatty Liver Index (FLI). Nella seconda fase arruolati 17 pazienti, afferenti consecutivamente al Day Service di Geriatria del Policlinico Umberto I dal Gennaio 2019. Sono stati esclusi i pazienti con storia di abuso alcolico, uso corrente di farmaci epatotossici, epatiti virali ed altre epatopatie croniche. Tra i criteri di inclusione: positività al questionario sulla sonnolenza diurna, presenza di almeno un fattore di rischio metabolico. Tutti i pazienti sono stati sottoposti a esame poligrafico ed ecografia epatica. La valutazione della NAFLD è stata effettuata mediante lo score ecografico di Hamaguchi.

Risultati: Negli OSAS più elevata prevalenza di sindrome metabolica ed una percentuale di pazienti con valori di FLI fortemente indicativi della presenza di steatosi rispetto ai non OSAS, una correlazione diretta e statisticamente significativa tra alcuni parametri polisonnografici e il grado di steatosi.

Conclusioni: L'OSAS è un FR indipendente per lo sviluppo e la progressione di NAFLD. L'ipossia cronica intermittente è il principale meccanismo alla base della correlazione tra queste due patologie.

Improvement of HbA1c in rheumatoid arthritis treated with bDMARDs. A case series

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Background: Type II diabetes mellitus (T2DM) is associated with inflammatory response. Indeed, inflammatory markers such C-reactive protein are independent risk factors for T2DM. The influence of anti-tumor necrosis factor (antiTNF), anti-IL-1 and anti-IL-6 treatments on glucose homoeostasis has been reported.

Results: We report that HbA1c values decreased parallel to those of DAS28-CRP in diabetic patients with rheumatoid arthritis (RA) who were treated with bDMARDs. Thirty-one patients with active RA despite the treatment with MTX and T2DM were followed up for 6 months. Nine were treated with adalimumab, 8 with etanercept, 5 with golimumab, 3 with sarilumab and 6 with tocilizumab. The daily prednisone dosage was stable in all patients during the observation period (mean 6.25mg/die). DAS28-CRP and HbA1c at baseline was 5.24 and 48.5mmol/l respectively. After the treatment has been started, a drop in DAS28-CRP and HbA1c was observed (figure 1 and 2) at 3-

months and 6 months. The ANOVA test not showed a significant difference between delta values of DAS28-CRP and HbA1c. It only showed a statistical trend towards treatment with tocilizumab and sarilumab *vs* anti TNF (p=0.047).

Conclusions: Our data confirm the role of inflammation in both diseases. Further studies will be required to show the exact mechanism of this relationship, but a good clinical response in RA may have beneficial in glycemic balance in patients with concomitant T2DM.

Is it really an ordinary MGUS? A case of persistent immunodepression

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Background: Heavy chain diseases (HCD), classified as α, or μ-HCD depending on involved subtype, are B-cell neoplasms due to production of a mutated immunoglobulin heavy chain unable to bind light chains. This leads to an uncontrolled growth of neoplastic cells.

Case Report: A 82 years old man was admitted for gastroenteritis and sepsis by Enterococcus faecalis in pancytopenia and splenomegaly confirmed by ecography and CT-scan. Bone marrow biopsy (BMB) showed hypercellularity with plasmocytoid lymphocytes as in monoclonal gammopathy of undetermined significance and expansion of cytotoxic T lymphocytes, likely secondary to underlying illness. No JAK2 mutation was found. After antibiotic therapy the patient was discharged and hematologic follow-up was programmed. PET-scan showed axillary, skeletal and splenic hypercaptation. Soon after he developed herpes zoster and gradual weight loss. Therefore he was hospitalized and Streptococcus bovis endocarditis was diagnosed. He also developed acute pulmonary distress with pleural effusion. BMB and clonality testing led to the diagnosis of -HCD associated to T-cell large granular lymphocyte leukemia (T-LGL). We suggest a splenic marginal zone lymphoma underlying -HCD. As antibiotic therapy ended, cyclophosphamide was chosen for its efficacy on both T-LGL and -HCD with early clinical improvement.

Conclusions: Diagnosis of -HCD can be difficult. Fewer than 150 cases have been described. Its clinical pattern is ambiguous and immunodepression is the main feature. Prognosis is variable and no standardized treatment are available.

The evocative words: the experience of a nurse team

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The evocative words, proposed by Assagioli's Psychosynthesis are "symbols" that designate psychic objects and have the power to arouse the action unconsciously. The project was born from the need of contrasting negative solicitations and complaints that resound in the ward, feeding discontent which affects nursing negatively. The experience took place in the Internal Medicine and Respiratory Department of A.O. Mauriziano in Turin, involving nurse staff, applying this tool on daily professional and personal behavior. The project started with a theoretical meeting, led by a psychotherapist, afterwards an experiential phase that was followed by a closing meeting. During the experiential phase the evocative words have been extracted twice a week, then they were creatively transcribed several times and posted up in the ward and each nurse filled his feelings into a personal and a team diary. All nurses were involved both in meetings with psycotherapist and in the final sharing. The Words evoked many different sensations about: the role of nurse, personal experiences, relations in the group and towards the patients. Despite initial confusion, some pratical difficulties and the discomfort of sharing inner feelings in the group that experience was able to promote sharing and dialogue between nurses and all that could facilitate the relationship of care and cooperation. The positive feedback from the group created the conditions for a possible use of evocatives words. Qualitative research project is needed to evaluate the effects on the relationship with the patient and the group.

Burden of thrombolysis of stroke mimics; an observational study

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Background: Diagnosis of stroke mimic (SM) is a real challenge during the evaluation of pts with presumed acute ischemic stroke (AIS). The need to perform thrombolysis treatment (TT) as soon as possible makes the diagnosis of SM even more difficult with a high risk of inappropriate treatment. We sought to evaluate the clinical features and the outcome of pts we SM treated with TT in a hospital with high rate of TT.

Methods: We performed an observational study from January 2018 to November 2019 on pts with acute neurologic symptoms admitted to our Stroke Area. SM was defined as the absence of ischemic neurologic lesions on radiological imaging and the presence of an alternative diagnosis. For all pts were assessed NIH Stroke Scale (NIHSS) on admission, 90-day modified Rankin score (mRS) and in-hospital hemorrhagic complication.

Results: A total of 266 pts were enrolled. Of these, 226 (84,9%) presented an AIS and 42 (15,1%) a SM. Thrombolysis was performed in 109 (40.9%) pts. Of these 16 (14.7%) were SM. Median NIHSS was 7±3 in AIS and 3±2 in SM (p=0,121). Thrombolysis was performed in 39,1% of pts with SM suggestive for symptoms of anterior circle and in 36,1% of pts with suggestive symptoms of posterior circle (p=0,872). Haemorragic complications were present in 5,4% of strokes and 0% in mimics. On average, 90-day mRS was 3 ±1 in stroke and 1±1 in mimics (p<0.001).

Conclusions: A high rate of TT increase the risk of inappropriate administration in patients with SM. However, in our study, inappropriate thrombolysis was not associated with haemorrhagic complications.

Thrombotic thrombocytopenic purpura or scleroderma renal crisis?

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Background: Thrombotic thrombocytopenic purpura (TTP) is a life-threatening thrombotic microangiopathy, with associated organ dysfunction, including neurologic and renal involvement, and is confirmed by a severe deficiency (<10%) of ADAMTS-13 activity. Current treatment consists of daily plasma exchange and immunosuppressive therapy (glucocorticoids and rituximab).

Case Report: A 70-year-old woman with systemic sclerosis was admitted after a loss of consciousness. Anemia, thrombocytopenia, hemolysis, and schistocytes on blood smear were detected. Low levels of ADAMTS-13 and high titer anti-ADAMTS-13 antibodies were diagnostic for acquired TTP. Plasma-exchange, steroids, and then rituximab were administered, with response to treatment. However, a month later, the course of the disease was complicated by a scleroderma renal crisis (SRC) evidenced by elevated blood pressure, deteriorating kidney function, hemolysis and thrombocytopenia. The level of ADAMTS-13 activity was normal, and excluded the diagnosis of a relapse of TTP. The patient was appropriately treated with ACE inhibitors and rapid reduction of steroid doses. This was followed by correction of hemolysis and thrombocytopenia.

Conclusions: Given the similarities between the clinical signs/symptoms of SRC and TTP (thrombocytopenia, microvascular thrombosis, renal failure), these conditions can easily be mis-

taken for each another and potentially treated inappropriately. The finding of mild hypertension in our patient, in addition to her history of systemic sclerosis, helped us to support the correct diagnosis of SRC.

Clinical burden of multidrug-resistant rectal colonization: a new challenge era has begun

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Background: Multidrug-resistant (MDR) pathogens are being isolated with increasing frequency in Internal Medicine wards and infections caused by these resistant pathogens are difficult to treat and are associated with increased morbidity, length of hospital stay, mortality and costs.
Methods: We enrolled 560 consecutive patients hospitalized in our Internal Medicine ward from January 1st 2019 to June 30st 2019. We acquired data about comorbidities, clinical and laboratoristic signs of sepsis, in-hospital mortality, 30-days mortality.
Results: 422 patients performed a rectal swab and 47 of them had a rectal swab positive for MDR bacteria. The most frequent bacteria isolated were Vancomicin-Resistant-Enterococccus (VRE) and Klebsiella Pneumoniae Carbapenem-Resistant. At multivariate analysis having an urinary catheter at home, hospitalizations in the previous three months or antibiotic therapy in the previous three months were significatively associated with a positive rectal swab for MDR bacteria (respectively OR 11,6, p<0,001; OR 9,7, p=0,01; OR 6,2, p=0,02). Having a positive rectal swab for MDR bacteria was significatively associated at multivariate analysis with a ten-fold increase of in-hospital mortality (OR 10,3, p=0,01). Furthermore, patients with a positive rectal swab for MDR bacteria had an increased risk of sepsis during hospitalization and an increased 30-days mortality.
Conclusions: Some characteristics increase the risk of rectal colonization with MDR and this condition could influence in-hospital mortality and 30-days outcome.

Medical and surgical co-management:are times ripe? An observational study

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Background: With the increase of rates of chronic diseases and ageing population, clinical risk of surgical patients is likely to become significant. Internists should be included into a model of medical and surgical co-management to provide continuity of multidisciplinary care.
Material and Methods: We analyzed a period of six months (March 1st 2019 to August 31st 2019) for a total of 524 patients hospitalized in Emergency Surgery Ward. In the first quarter there was a co-management between surgeon and internist, while in the second period the internist was not present in the ward. We acquired data about comorbidities and evaluated internal complications, the intra-hospital outcome (intended both as in-hospital mortality than as an increase in setting) and the 30-day re-hospitalization rate.
Results: Populations was homogeneous in age and distribution of comorbidity. In the 3 months without internists, medical complications were significantly higher (OR 2.89, CI 1.68-4.96, p<0.001). The most frequently complications were appearance of dyspnea, dysionias and hypo/hyperglycaemias. In the period with internists there were more physiotherapy consultations; this's fundamental in the discharge process. Furthermore, with worse outcomes with a greater transfer in settings with higher intensity of care (OR 2.72, CI 1.01-7.76, p=0.05).
Conclusions: The holistic vision of the internist could have a role in reducing complications during hospitalization and promoting a better outcome. In addition, the hospitalist consultant could be crucial in the discharge process.

Ultrasound and bioimpedentiometry evaluation of body fluid redistribution in conditions of controlled volume depletion

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Background and Aim of the study: Evaluation of volume status is crucial to optimize hemodialysis procedures and reduce the risks of over- or under-treatment. This study evaluates the dynamic distribution of body fluids with a multicompartmental approach: total body water with bio impedance analysis (BIA), the intravascular compartment by inferior vena cava ultrasound (US) and interstitial fluid by pulmonary US.
Materials and Methods: 23 patients in chronic hemodialysis were enrolled and were assessed at four times: pre-dialysis (T0), immediately post-dialysis (T1) 1 hour (T2) and 3 hours later (T3). At all times we performed, in order: BIA, US study of the short and longitudinal caval index (CI) by standard and a semi-automated approach, assessment of pulmonary US B lines.
Results: Between T0-T1 the following parameters indicated a statistically significant volume depletion: BIA resistance and reactance, short and longitudinal CI by both standard end semiautomatic methods, and pulmonary B lines. Between T1-T3 no technique detected significant changes. Overall, between T0-T3 statistically significant changes were observed by traditional short and longitudinal CI, semiautomatic longitudinal CI and B lines.
Conclusions: At the end of dialysis, all techniques showed variations of fluid distribution in all compartments studied and were useful to evaluate dialysis efficacy. In post-dialysis, a balance of fluid redistribution was observed in all compartments. Combined use of these three techniques may be useful to customize dialysis and achieve ideal target dry weight.

Rischio cardiovascolare e secrezione di cortisolo negli incidentalomi surrenalici

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Introduzione: Oltre il 20% degli incidentalomi surrenalici (AI) presentano eccessiva produzione di cortisolo, condizione definita "ipercortisolismo subclinico" (SH). Nel SH sembrerebbe esserci un maggiore rischio cardiovascolare e aumentata incidenza di eventi cardiovascolari (CVE).
Materiali e Metodi: Abbiamo arruolato consecutivamente 628 pazienti (253 F, 321 M; età media 60.2+12.2 anni) con AI, da Gennaio 2000 a Dicembre 2018, distinti in due gruppi: adenomi surrenalici non funzionanti (NFA) (471 pazienti) e SH (157 pazienti). In tutti i pazienti sono stati valutati parametri ematochimici, metabolici, e danno vascolare mediante lo spessore mio-intimale carotideo e l'ankle brachial Index. Dopo un significativo follow-up di almeno 12 anni, mediante visite cliniche e questionari telefonici, abbiamo valutato l'insorgenza di CVE (infarto del miocardio, posizionamento di stent e bypass coronarici, ictus cerebri). I pazienti con SH sono stati trattati mediante surrenectomia (gruppo SSH) (29 pazienti, 10 M, 19 F) o ottimizzazione della terapia medica (144 pazienti, 60M, 84 F) (gruppo MSH).
Risultati: Il gruppo MSH in confronto agli NFA ed agli SSH hanno mostrato un significativo incremento degli CVE; mentre nel gruppo SSH è stata osservata una significativa riduzione dei numeri dei farmaci antiipertensivi necessari a raggiungere target pressori adeguati.

Conclusioni: La surrenectomia è opzione sicura e valida per trattare l'ipercortisolismo subclinico, al fine di ridurre le anormalità cardiometaboliche e ricorrenza di CVE, complicanze rilevanti in questi pazienti.

The technological challenge of continuous wireless monitoring in Internal Medicine Unit to improve management of complex patients: Green Line H-T Study preliminary results

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Background: In Internal Medicine Unit (IMU) are increasing patients with serious illness, under acute exacerbation of previous diseases needing high intensity care and evaluation of clinical deterioration risk. Literature reported different results (3.5-15.1%) about major complications (MC) in patients discharged at home, no Telemedicine randomized trials.

Materials and Methods: Prospective, randomized, controlled, open-label, multi-center study with the objective to evaluate the effectiveness on clinical outcomes of a wireless monitoring of clinical conditions *vs* a traditional clinical monitoring, in critically ill patients admitted to IMU and subsequently referred to subacute care unit or to early discharge. Continuous wireless vital parameters and blood glucose monitoring are assured by WIN@Hospital and Dexcom G6 devices. The overall planned sample size is 300 patients.

Preliminary results: The study started in September 2019 and 40 patients were enrolled with the following baseline characteristics: mean age 76.8; Cumulative Illness Rating Scale CIRS-CI: 4, CIRS SI: 1.8; BRASS (Blaylock Risk Assessment Screening Score) ≥20 in about 30% of patients; Barthel mean value 63,2; Exton-Smith scale 15,7; Charlson Index 3,8. Fadoi Complimed score results are being processed. Overall MC were 15% at 5 and 30 days of follow-up. A trend towards reduction of MC in experimental group appears to be seen.

Conclusions: Integrating hospital and territory is a new challenge of telemedicine allowing to improve patients' management, both during hospital stay and after discharge.

Hemorrhagic or thrombophilic diathesis? Pulmonary thromboembolism during acute Dengue fever: a case report

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Background: Dengue fever is an infective clinical entity wich may be completely asymptomatic or may cause manifestations going from mild fever to severe hemorragic events since hypovolemic shock. Despite not completely known, pathophysiological changes in hemostatic balance seem to be related to inflammation and immune response leading to endothelial and platelet dysfunction. Really few data are present in literature about thrombotic complications in these patients.

Case Report: A 54 years old man presented to ED for right chest pain, dyspnea, left leg pain and redness. Few days before he had fever and fatigue and he was found to have a light form of Dengue fever after coming back from Haiti. He had no other anamnestic comorbidities and physical examination wasn't significant except for left calf that was bigger and erythematous than right one. We performed chest CT Angiography and Doppler US of the legs showing right subsegmentary pulmonary embolism and left gemellary veins DVT. He was then treated with DOAC and laboratory routine tests, abdominal US and echocardiography were not significant while thrombophilic screening showed an increased FVIII activity and fibrinogen.

Conclusions: Thromboembolic features and not only hemorragic events are possible complications of Dengue fever. Inflammatory and immune response may be the cause of both imbalance in haemostatic equilibrium thus confirming the complexity of the process.

A case of tako-tsubo cardiomyopathy associated with hyperthyroidism

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Background: Thyrotoxicosis is a rare cause of tako-tsubo cardiomyopathy related to its direct and indirect effects on the heart.

Case Report: A 59-year-old woman was hospitalized because of the sudden onset of angina-like chest pain, dyspnea and palpitations. The electrocardiogram showed sinus tachycardia. Troponin I was 0.948 ng/ml (V: less than 0.045 ng/ml). Echocardiography showed substantial apical and midsegments dysfunction (EF 30%), hypercontraction of the basal wall. Thyroid function tests suggested the presence of thyrotoxicosis, with fT4 of 7.43 ng/dL (reference range, 0.89-1.76 ng/dL), and TSH of 0.01 mUI/L (reference range, 0.55-4.78 mUI/L). A coronary angiogram did not show any coronary artery stenosis. A thyroid ultrasound showed mild enlargement of the thyroid gland, without nodules. Thyroid-stimulating immunoglobulin was highly positive (26 UI/L. VN: less than 2.9 UI/L), indicating autoimmune hyperthyroidism (Graves' disease). Beta blockers, ACE inhibitors, and methimazole were started, with rapid benefit. Two weeks later, the patient remained asymptomatic and showed normalization of the fT4 serum levels and echocardiographic abnormalities.

Conclusions: Several hypotheses may explain the relationship between tako-tsubo cardiomyopathy and Graves' disease. The thyroid and the adrenergic axes are closely related: elevated levels of thyroid hormones cause exaggerated inotropic and chronotropic responses to catecholamines; indeed, over-regulation of beta-adrenergic receptors by thyroid hormones involves many tissues, including the heart.

Narrare e narrarsi. Metodo di esplorazione delle emozioni. Nuovo strumento per un'assistenza infermieristica consapevole

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Premesse e Scopo dello studio: Il paradigma nel quale è inserita l'infermieristica, prevede, per indagare il fenomeno di cui si occupa, il prendersi cura della persona, l'associazione di metodologie di tipo quantitativo e qualitativo. L'obiettivo è quello di supportare e accompagnare il singolo e il gruppo di infermieri all'esplorazione di concetti legati alla compassione, all'empatia, alla fatica legata alla pratica professionale con lo scopo di produrre nuove conoscenze sul fenomeno indagato.

Metodi: La condivisione in gruppo, in un contesto di accoglimento e non giudizio del proprio sentire, del racconto di un'esperienza autentica di cura. Ricerca nel testo di undici parole significative che ha permesso agli infermieri, attraverso la produzione di una poesia per ogni partecipante, di riflettere su tematiche profonde, presenti all'interno del proprio mondo interiore e riconducibili alla vita professionale. Gli infermieri, incoraggiati a identificare i propri valori personali e professionali, possono aumentare la consapevolezza di loro stessi e della loro postura nella relazione di cura.

Conclusioni: La narrazione e lo spazio riflessivo migliorano la capacità dell'infermiere di identificare il bisogno di assistenza infermieristica. Aprire spazi di narrazione offre opportunità per arricchire e rendere più completo l'accertamento dei problemi assistenziali della persona, con il conseguente soddisfacimento dei bisogni, possibile attraverso lo sviluppo di una relazione positiva, empatica, compassionevole, di supporto con la persona curata e la famiglia.

Advantages in applying IV insulin protocols in hospitalized patients in Internal Medicine by using a nurse-managed computerized algorithm

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Background: IV insulin is the therapy of choice in critically ill hospitalized patients but the implementation and management of insulin IV administration protocols requires a high absorption of nurse resources as like as an adequate nurse staff training. This happens due to the need to carefully monitor the patient's glycemic values and to adjust the insulin infusion rate as required by the main internationals protocols and leads to a wide underutilization of IV insulin algorithms especially in non-intensive area, such as internal medicine, mainly due to limited nursing resources and high nurse staff turnover. In our experience the use of a computerized nurse managed system in an Internal Medicine ward showed to simplify and to speed up the management of IV insulin algorithms potentially allowing a wider application of these protocols.

Materials and Methods: We implemented a nurse managed computerized system based on a modified Yale protocol for the management of hyperglycemia in critically ill patients hospitalized in our ward over a period of almost two years (80 consecutive patients).

Results: The use of the computerized system showed to be effective and safe in achieving the desired glucose target value and a net average 30-min nursing time saving per day per patient was observed.

Conclusions: In our experience computerizing the IV insulin therapy administration is effective, safe and allows a significant net nurse-time saving therefore it is recommended with the aim to obtain a wider application of the IV insulin therapy algorithms in wards with limited nursing resource.

Improving the prediction of EHMRG adopting echocardiography

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Introduction: Emergency Heart failure Mortality Risk Grade (EHMRG) predicts the 7-days mortality risk for acute heart failure (AHF) in an Emergency Department(ED). Subjects in EHMRG class 4,5,6 are often managed as inpatients.

Aims: To evaluate if echocardiographic markers can improve the prediction of in-hospital death in patients at moderate-to-high risk according to EHMRG.

Materials and Methods: From 01/01/2018 to 30/12/2019 we enrolled all the patients admitted to our Internal Medicine Department from ED for AHF. EHMRG and NYHA were calculated in the ED. Bedside echocardiography was performed in the first 12 hours of admission. We evaluated days of admission in internal medicine and in-hospital mortality. Cutoffs were assessed with ROC curve analysis. Survival was assessed with Kaplan-Meier and Cox regression analysis.

Results: 440 consecutive patients, mean age 84,6±7,72 years, 10,3% undergoing to in-hospital death. Multivariate analysis underlined that, among patients with EHMRG class 4-6, TAPSE/PAPs (HR:11,83;95%CI:1,54-91,17;p<0,0001) and NYHA (HR:2,55;95%CI:1,29-5,02;p<0,0001) resulted independently associated with in-hospital death. The best cutoff for TAPSE/PAPs was <0,325. Patients with normal TAPSE/PAPs in EHMRG class 4,5,6 had high survival (100%, 100% and 97,5%, respectively), subjects with pathologic TAPSE/PAPs in EHMRG class 4,5,6 had low survival and a fast time-to-event (88,2%, 81,3% and 52,3%, respectively)(p<0,0001, log-rank test).

Conclusions: Among echocardiographic markers, TAPSE/PAPs seems to be able to further stratify the risk of in-hospital death.

Evaluation of EHMRG risk model in a population of elderly patients with acute heart failure

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Introduction: Incidence of acute heart failure (AHF) is increasing among elderly patients. Emergency Heart failure Mortality Risk Grade (EHMRG) has been validated to assess the 7-days mortality risk and guide the AHF management but has never been tested in Italy nor among elderly patients.

Aims: To evaluate EHMRG performance in a cohort of elderly patients admitted to a geriatric ED.

Materials and Methods: from 01/01/2018 to 30/12/2019 we enrolled all the patients conducted to the ED and then admitted to Internal Medicine. History and vital signs were gathered in the ED. For each patient we collected: age, modality of transport, systolic blood pressure, heart rate, oxygen saturation, serum creatinine, serum potassium, serum troponin, presence of active cancer and metolazone use at home. We calculated EHMRG and subdivided patients in 6 classes of risk. Last, we evaluated in-hospital mortality. Categorical variables were synthesized as number and percentage and compared with chi-squared test. Accuracy of EHMRG was evaluated with ROC curve analysis.

Results: 440 patients, mean age 84,6±7,72 years, 45 in-hospital deaths (10,3%). We observed a significant increase of in-hospital death along with the EHMRG class increase: Class 1(0%),Class 2(0,3%),Class 3(0,3%),Class 4(1,0%),Class 5(1,3%),Class 6(8,3%)(p<0,00001). EHMRG shown a fair accuracy in predicting in-hospital death (AUC:0,75;95%CI:0,70-0,79; p<0,0001).

Conclusions: EHMRG can be useful also for the Italian emergency medicine system to predict the risk of in-hospital death of elderly patients arriving at the ED for AHF.

A rare case of severe bleeding diathesis due to acquired factor VII deficiency, related to AL-lambda systemic amyloidosis, managed with recombinant factor VIIa

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Background: Hemorrhagic diathesis in AL amyloidosis is frequent and typically due to factor X deficiency. Very rare are deficits of others clotting factors. Hemorrhagic risk, especially in case of invasive maneuvers, can be managed with prohemostatic agents.

Case Report: 78 yo man presented massive back hematoma. Past medical history: recent unexplained hepatosplenomegaly, severe bleeding after gastric polypectomy 2 mos. earlier. Physical examination was normal except for hepatosplenomegaly. At serum tests mild thrombocytopenia, normal aPTT, INR 1.34, corrected after mixing study; slight deficiency of clotting factors II, X and, to a greater extent, of factor VII (25%, n.v. 60-140%); creatinine and hepatic profile were normal, except for cholestasis indices; no M-pike at SPE, no BJ proteinuria, but altered sFLC ratio was found (k 21.4 mg/l, λ 102.4 mg/l, k/λ 0.21); altered Nt-pro-BNP and TnT. At echocardiogram mild hypertrophy and type I diastolic disfunction. In suspect of AL amyloidosis, abdominal fat and bone marrow biopsy were negative, but laparoscopic hepatic biopsy confirmed systemic AL-lambda amyloidosis. Procedure was preceded by rFVIIa administration, which was able to correct INR while 3 factors PCC did not. No hemorragic complications were observed. He was treated with bortezomib based regimen, with clinical and bioumoral response, but he died 4 monts later for heart failure.

Conclusions: Factor VII deficiency due to AL amyloidosis is very rare, and pathophysiology is unknown. Hemorrhagic risk related to liver biopsy has been effectively managed with rFVIIa.

Recurrence of VTE in the long-term period: a perspective study

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Background and Aim: Venous thromboembolism, including deep vein thrombosis (DVT), pulmonary embolism (PE) or both, is the third most frequent cardiovascular disease, accounting from 70 to 120 cases every 100.000 people/year. Most of recurrences occur in the first months after an acute event, then decrease progressively. Our primary endpoint was to assess the risk of recurrence in the long term (beyond 5 years) and whether other factors (presence/discontinuation of therapy, sex, age) could be implicated.
Methods: We consecutively enrolled 270 patients referring to our center and then followed in a period of 10 years (from 2006 to 2016); exclusion criteria were age <18 years, provoked VTE, VTE at unusual sites, thrombophilia, end stage kidney or liver disease.
Results: 88 patients (32.6%) had a recurrence (15.2% within 5 years, 17.4% beyond 5 years; p=0.49). Among 182 patients with no recurrence, 37 were continuing anticoagulant drugs, while among the 88 patients with a new event, 26 were still under treatment (RR=0.73, p=0.09). Among the recurrences after treatment, 20 occurred after 5 years (22.7%, p=0.003).
Conclusions: In our population we sought recurrence in 1/3 of the cases, with no difference considering the timing of recurrence; moreover, we observed that the presence of anticoagulant treatment was able to delay the onset of recurrence. In conclusion, we could not assess whether the anticoagulant therapy was able to modify the risk of recurrence.

Impact of an antibiotic stewardship program in managing community-acquired pneumonia in Emergency Department

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Background: Antibiotic stewardship refers to a set of coordinated strategies to improve the use of antimicrobial medications with the goal of optimizing patient clinical outcomes, reducing the emergence of resistance and decreasing unnecessary costs. The aim of this study is to evaluate the impact of an Antibiotic Stewardship Program in managing Community-Acquired Pneumonia among Emergency Department.
Methods: Medical records of patients with community-acquired pneumonia admitted to Emergency Department of a Sicilian Hospital were retrospectively abstracted. Based on this data, local microbiological reports and international clinical guidelines, a local Antibiotic Stewardship Program for the management of pneumonia was drawn-up. Through a simulation model, the antibiotic stewardship program was applied to collect data to predict its performance in the real world.
Results: The application of this antibiotic stewardship program reduced rate of hospitalization (-40%), length of stay in Emergency Department (from 8 to 1 day), prescription of corticosteroids (-10%) and antibiotics (-9.6%) in particularly carbapenems (-96%) and quinolone (-87,5%). Finally, the overall cost of antibiotic therapy significantly decreased (-89,7%).
Conclusions: Based on these results, an antibiotic stewardship program, if implemented in an Emergency Department, will improve hospital performance, reduce prescription of corticosteroids and antibiotics with consequent reduction of cost. Prospective and multicentric studies are needed to confirm these preliminary data.

How an hospitalist can save your blood

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Aim of the study: We want to demonstrate that the presence of an Internal Medicine doctor in an Orthopedic Department can improve the prescriptive appropriateness of blood transfusion only attending guidelines and using iron infusion and erythropoietin.
Materials and Methods: We check each patient with hip fracture or prothesis elective surgery for iron balance and hemoglobin the first day of the delivery. We use iron carboxy maltose infusion and erythropoietin in all the patients before major surgery. During the delivery we applied new restrictive criteria for blood transfusion.
Results: We examined all the patients in the Orthopedic Department and we used iron supplementation in the 70% of the candidates to major surgery.
We used erythropoietin in the 45% of the patients with Hip fracture. Using erythropoietin (max 40.000 u two doses) and iron carboxi maltose 1000 mg one time we reduced the blood transfusion of 30% respect the year before.
Conclusions: The hospitalist can improve the prescriptive appropriateness in Surgical Department reducing clinical risk and reducing cost. A correct blood management is compulsory and can be made when an internal medical doctor is regularly active in orthopedic team.

Recurrence and neurological outcome in patients with cerebral vein thrombosis: gender equality?

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Background: Cerebral vein thrombosis (CVT) is an uncommon form of venous thromboembolism (VTE) with a higher known prevalence in women. Little information is available on whether factors associated with a higher risk of VTE recurrence and with neurological outcome have gender difference.
Methods: In an international and large retrospective cohort of patients with CVT, we assessed and stratified by gender potential risk factors for recurrent VTE and good functional neurological outcome (modified Rankin Score of 0-1).
Results: 706 patients were included, 520 females and 186 males. At multivariate analysis stratified by gender, for females, thrombosis of the straight sinus (OR 0.30; 95% CI 0.11-0.8), smoke (OR 3.82; 95% CI 1.69-8.64) and personal history of VTE (OR 4.3; 95% CI 1.86-9.95) resulted significantly associated with a higher recurrence risk, whereas for males thrombosis of the superior sagittal sinus (OR 3.78; 95% CI 1.44-9.93) and trauma (OR 8.96; 95% CI 2.19-36.60). As for neurological outcome, in females age (OR 0.97; 95% CI 0.95-0.99), left lateral sinus thrombosis (OR 2.35; 95% CI 1.17-4.71), cancer/myeloproliferative disorders (MPD) (OR 0.37; 95% CI 0.15-0.89) and personal history of VTE (OR 0.24; 95% CI 0.10-0.62) resulted as being statistically associated with a worse outcome whereas in males cancer/MPD (OR 0.19; 95% CI 0.06-0.66).
Conclusions: CVT not only has a gender prevalence but also presents gender disequality in factors associated with recurrence and neurological outcome.

POSTERS

Medical litigation against company and correlation with the perception of injustice

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Background and Aim: To evaluate the risk of physiological and psychological damage in doctors exposed to bullying behaviour or to shifts and treatments that are too demanding by the administration and therefore reduce the risk of litigation between the facility and the health care professional.
Materials and Methods: 20 doctors practicing in different structures, both public and private, were taken into consideration. The level of stress from bullying and/or dissatisfaction and the level of perception of being treated unfairly was assessed through interviews and the administration of specific tests. The age of the subjects ranged from 38 to 60.
Results: After participating in the interview and / or answering the tests, the results were as follows: 66% feel isolated, 70% feel diminished and undervalued, 80% do not feel protected or protected and the 30% claim to be the target of bullying or aggressive behaviour by nurses and / or superiors.
Conclusions: Exposure to behaviour perceived as bullying or aggressive has a close correlation with perceived dissatisfaction and therefore the increased risk of burn-out. Isolation, direct attacks or negative behaviours towards the healthcare professional result in lower job satisfaction and a lesser willingness to protect the company. The dedication to the work seems not to be affected.

Beneficial effects of I-line rituximab on skin manifestations in a woman affected by mixed crioglobulinemic vasculitis

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Background: Anti-CD20 monoclonal antibody Rituximab is considered as II-line treatment in essential mixed cryoglobulinaemia, according to current guidelines.
Case Report: A 79-years-old female patient presented to Emergency Department for acute left limb ischemia conditioning admission to Vascular Surgery Unit and amputation. Medical history was characterized by uncontrolled hypertension and diabetes, justifying the initial diagnostic orientation for peripheral artery disease. However, vascular ultrasound excluded atherosclerotic plaques while skin manifestations at opposite leg quickly evolved from coarse ulcerated erythemato-purpuric lesions over acronecrosis. Therefore, Internal Medicine consultancy was requested. Diagnosis of cryoglobulinaemic vasculitis, in the absence of HCV-infection and primitive lymphoproliferative or autoimmune disorders, was obtained. Prednisone 1mg/Kg/day, azathioprine 50mg bid and – given the clinical severity – rituximab 1000 mg every 15 days were started with considerable improvement of skin manifestations and significant reduction of cryoglobulins levels, without particular side effects.
Conclusions: Our data confirm efficacy and safety of rituximab in essential mixed cryoglobulinaemic vasculitis, also in a I-line manner guided by clinical judgment.

Arteriovenous malformation and Kasabach-Merritt syndrome

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Background: The Kasabach-Merritt phenomenon (KMP) is a life-threatening coagulopathy with thrombocytopenia, microangiopathic hemolytic anemia, consumptive coagulopathy in the setting of large vascular tumors.
Case Report: A male, aged 62 was admitted to our Unit complaining epigastric pain, followed by intestinal bleeding. He had suffered pulmonary embolism at young age. Laboratory examinations: thrombocytopenia (PLT31000/uL), hemolytic anemia (Hb7,4g/dL), elevated D-dimer and fibrin degradation products, normal prothrombin and activated partial thromboplastin time, normal liver and renal function. Physical examination showed high blood pressure(BP 180/90mmHg). No signs of sepsis or cutaneous hemorrhages. The patient was treated with red blood cells, platelet and fresh frozen plasma transfusions, cryoprecipitate for hypofibrinogenemia, tranexamic acid, steroid therapy and ramipril, amlodipine, propranolol for high BP. Gastrointestinal endoscopy didn't shown any bleeding source, only digiunal hypertrophic lesion. Abdominal CT showed bowel wall thickness, inferior vena cava thrombosis. Inferior deep vein thrombosis was detected at ultrasound examination. Angiographic evaluation was normal. After stabilization he underwent an exploratory laparotomy: a large digiunal arteriovenous malformation was found and surgically excised. After few days improvement of laboratory exams and clinical conditions was observed. Antithrombotic therapy with warfarin was started. The patient was discharged in good health without any sign of bleeding.
Conclusions: To our knowledge this is the first clinical case of KMP in adult arising from arteriovenous malformation

Rosai-Dorfman disease: a rare cause of lymphadenopathy

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Background: The diagnosis of lymphadenopathy is often challenging in Internal Medicine. We describe a case of Rosai-Dorfman disease (RDD), a rare benign non-Langerhans cell histiocytosis characterized by the proliferation of histiocytes in the lymph nodes (LN). The cause is unknown. The most frequent symptoms are fever and painless lymphadenopathy, an extra-lymph node involvement with osteolytic lesions, nocturnal hyperhidrosis and rashes.
Case Report: A 62-year-old man was admitted to our department for fever, rash and bilateral laterocarvical lymphadenopathy. Laboratory revealed leukocytosis, polyclonal hypergammaglobulinemia, elevated VES. Blood and urine cultures as well as serologic Chlamydia, Mycoplasma, CMV, EBV, HSV1-2, HIV, HBV, HCV, Brucella and Rickettsia tests were negative. Tests for autoimmune diseases and echocardiography were normal. Total body CT showed laterocervical lymphadenopathy. Excisional biopsy of LN was performed. No therapy was administered waiting hystology, with spontaneous normalization after a month of laboratory tests and reduction of the LN volume. The histological examination showed

a picture of lymphadenitis in a macrophage footprint referable to a RDD.

Conclusions: RDD is a rare benign proliferation of S100 positive histiocytic cells within the LN and lymphatic vessels of the internal organs whose diagnosis is based on the discovery of typical lesions on histological examination. The prognosis is favorable and the disease generally resolves without treatment. In patients with progressive disease steroid therapy is practiced.

Lymphoma-associated calcitriol production leading to bone resorption and severe hypercalcemia

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Background: Malignancy-related hypercalcemia may be caused by excessive cancer production of PTHrP, osteolytic bone lesions or ectopic production of calcitriol.

Case report: A 69-year-old man, with unremarkable medical history, was admitted to our Department for night sweats, weight loss and mild confusion. Blood tests showed severe hypercalcemia associated with low-normal PTH levels, normal serum and urinary phosphate levels, hypercalciuria and increased bone turnover markers. He was treated with high dose of IV saline with no benefit. Considering the evidence of elevated bone resorption, a single IV dose of zoledronic acid was administered, resulting in calcium levels normalization; in parallel we observed a reduction in serum phosphate, who needed firstly IV and then oral supplementation. Then a PET/CT scan was performed, revealing splenomegaly, left cervical and axillary lymphadenopathy, the latter being biopsied and thus leading to the diagnosis of diffuse large B-cell lymphoma. A subsequent dosage of the calcitriol confirmed very high levels.

Conclusions: This case shows that calcitriol-induced hypercalcemia may be due not only to increased intestinal calcium absorption but also to higher osteoclast activity, as demonstrated by the elevation of bone turnover markers, thus explaining the efficacy of bisphosphonates. The same meaning may be attributable to the development of the observed hypophosphatemia, probably due to the shift of phosphate from serum to bone compartment, in the context of a hungry-bone disease appearance after the reduction of osteoclast activity.

Percorso di miglioramento della gestione ospedaliera multi e intra professionale della donna vittima di violenza

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Premesse e Obiettivi: L'AOU San Luigi Gonzaga di Orbassano ha istituito un'*équipe* per la gestione della donna vittima di violenza, poiché essendo gli operatori sanitari gli unici soggetti esterni alla famiglia che, spesso, vengono a conoscenza della violenza, se la riconoscono, possono offrire alla vittima un valido supporto.

Definizione obiettivi: · standardizzare le procedure del percorso delle vittime di violenza in ospedale; · offrire un percorso dedicato; · sensibilizzare e formare il personale sanitario al problema; · ottemperare agli obblighi di legge.

Materiali e Metodi: Tutto il personale ospedaliero è stato coinvolto in un programma di formazione. L'*équipe* ha partecipato ai tavoli di lavoro in Regione. E' stata pianificata una formazione ospedaliera e i membri dell'*équipe* del DEA hanno istituito un servizio di reperibilità per supportare i colleghi nella gestione del percorso.

Risultati: Si è osservato un aumento dell'incidenza delle segnalazioni all'Autorità giudiziaria, delle richieste di consulenza e degli accessi agli sportelli della *onlus*. Si è assistito ad un incremento della sensibilità nell'attivazione del percorso codice rosa da parte degli infermieri.

Conclusioni: La formazione proattiva è risultata proficua per l'apprendimento andragogico. Occorre migliorare la consapevolezza degli operatori sull'incidenza del fenomeno e sugli obblighi deontologici e legali correlati.

Lameness and limb numbness: what diagnosis could be hidden by common symptoms

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Introduction: A 53-year-old man comes to our hospital for paresthesias, burning pain of the lower limbs and lameness.

Materials and Methods: On admission, he presented paresthesia and leg weakness; his vital signs were normal. Cutaneous examination showed vasculitis in the lower limbs. A complete blood count showed WBC 18080/mm^3 (Neu 44.1%, Eo 40%), Hb 12.4 g/dL and Plt 280000/mm^3, CRP was 52.2 mg/dL. He had relapsing rhinosinutitis with polips. Autoimmunity showed negativity of ANA, ENA, RF, cANCA and positivity of pANCA 134 IU/ml. Finally, electromyography shows a picture of sensory motor polyneuropathy. It was diagnosed eosinophilic granulomatosis with polyangiitis (EGPA). He responded to prednisone 1 gr/day for three day and was discharged with prednisone 62.5 mg/day, azathioprine 100 mg/day and pregabalin 225 mg/day.

Results: EGPA is a systemic vasculitis characterized by bronchial asthma, hypereosinophilia and systemic vasculitis. History of asthma with blood eosinophilia and multiorgan involvement are the important clues to suspect EGPA. The pattern of neurological involvement may be mononeuritis multiplex, symmetrical or asymmetrical polyneuropathy. Glucocorticosteroids and immunosuppressants, especially cyclophosphamide, have considerably improved the prognosis and overall survival rates in patients with systemic vasculitis, including EGPA.

Conclusions: We present a clinical case of EGPA with severe mononeuritis multiplex. The case reflects the successful application of a glucocorticosteroids and azathioprine regime as a remission inducer.

A unique case of Scombroid poisoning

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Background: Scombroid poisoning is a type of food poisoning with symptoms similar to those associated with seafood allergies. Scombroid occurs from eating fish high in histamine due to inappropriate storage or processing.

Case Report: We report the case of 67-year-old woman, with history of hypertension and smoke, presented to the ED. She reports wheezing after consuming a mackerel sandwich and collapsy. In the ED, she had a heart rate of 150 beats per minute, blood pressure of 90/50 mmHg, respiratory rate of 26 breaths per minute, and intermittent oxygen saturations of 88% on 4 liters by nasal cannula. She had an erythematous rash over her face, neck, and torso, decreased breath sounds bilaterally with expiratory wheezes, and increased work of breathing. Successively, she developed abdominal pain, diarrhea, and progressive hypotension, reaching a nadir of 80/50 mmHg. Her syndrome was treated with normal saline, intravenous methylprednisolone, diphenhydramine and adrenaline nebulized. After, she had a chest pain persistent and violent, without electrocardiogram modifications. The patient was transferred for coronary angio, which did not show any sign of coronary atherosclerosis. A transient coronary spasm was therefore hypothesized and the final diagnosis was Kounis syndrome (KS).

Conclusions: The diagnosis of scombroid poisoning is based on the circumstances in which the clinical signs appeared and on the signs themselves. Anaphylaxis rarely manifests as a vasospastic acute coronary syndrome. Although typically a benign syndrome we describe a case unique in its severity.

Dal fare al pensare per fare meglio: l'implementazione del Primary Nursing nel Dipartimento di Area Medica dell'Ospedale San Giovanni Bosco

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Premesse e Scopo dello studio: Si è innanzitutto avviato il progetto di implementazione di 12 piani assistenziali standard con l'obiettivo di pianificare l'assistenza con attività basate sulle evidenze scientifiche, arrivando ad un livello di *cure sicure*. L' implementazione del Primary Nursing si pone l'obiettivo di fare un ulteriore passo in avanti con l'identificazione del bisogno di assistenza infermieristica da parte dell'infermiere *primary*. Il progetto, partito nel 2018, ha previsto la formazione universitaria di tre infermieri con un corso di perfezionamento in formatori Primary Nursing.
Materiali e Metodi: Partecipazione al corso specifico (Aprile – Giugno) e formazione sul campo (Settembre –Dicembre), entrambi accreditati ECM. Elaborazione della documentazione di sostegno al modello organizzativo: scheda di presa in carico, lettera di dimissione infermieristica, locandina esplicativa sul ruolo dell'infermiere primary da consegnare ai pazienti o ai familiari, opuscoli informativi da consegnare prima della dimissione.
Risultati: Aumento della soddisfazione lavorativa dei professionisti e della soddisfazione degli assistiti, con l'ottimizzazione del flusso di informazioni all'interno dell'equipe. Il risultato finale è stato l'implementazione del *primary nursing* nella mic 2 e area critica da Gennaio 2020.
Conclusioni: Il monitoraggio dello stato di avanzamento del progetto è avvenuto con l'analisi sia delle *schede di presa in carico*, sia degli aspetti problematici/positivi legati al cambiamento, attraverso il metodo dei focus group con il sostegno del servizio di psicologia dell'ASL.

Episodi di tromboembolismo venoso inattesi in corso di profilassi con inhixa: una casistica clinica

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Premesse e Scopo: Con l'introduzione in Italia dei biosimilari di enoxaparina, la regione Emilia Romagna ha indicato il biosimilare inhixa come farmaco di prima scelta in tutte le condizioni in cui sia richiesta una profilassi o una terapia con EBPM. Dall'introduzione di inhixa, nel nostro centro abbiamo registrato alcuni eventi di tromboembolismo venoso (TEV), inattesi in corso di profilassi eparinica regolarmente condotta, che vogliamo sottoporre alla comunità scientifica come spunto di riflessione.
Materiali e Metodi: Registrazione degli episodi di TEV sintomatico in corso di profilassi con inhixa 40 mg/die nel secondo semestre del 2019
Risultati: Sono stati registrati 8 eventi così riassumibili: - età media dei pazienti (pz): 49.37 anni (range 20-70); - 3 pz femmine e 5 maschi; - motivo della tromboprofilassi: isteroannessiectomia, intervento per frattura di femore, distorsione di caviglia/ uso di tutore, gesso in frattura di perone (2 pz), gesso in frattura tibio-tarsica, parto cesareo, intervento artroscopico (rottura legamento crociato); - durata media della profilassi prima del TEV: 23.37 giorni (range 7-63); - complicanze tromboemboliche: embolia polmonare isolata (2 pz), embolia polmonare/TVP prossimale (1 pz), embolia polmonare/TVP distale (1 pz), TVP prossimale (2 pz), TVP distale (2 pz).
Conclusioni: Nel breve periodo di osservazione, la profilassi con inhixa in dosi e per tempi adeguati, non ha evitato eventi tromboembolici in 8 pazienti giovani a basso rischio trombotico. E'-quindi auspicabile una attenta e meticolosa farmacovigilanza in questo contesto clinico.

Un raro caso di Lue Terziaria

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Premesse: L'osteoartropatia luetica è una rara manifestazione di lue terziaria caratterizzata da una progressiva distruzione articolare, spesso ad andamento rapido ed in assenza di sintomi. Il progressivo riassorbimento osseo dell'articolazione associato a una marcata deformità richiede nei casi più gravi il ricorso a interventi chirurgici correttivi o una amputazione. La patogenesi è legata a qualsiasi condizione con ridotta sensibilità periferica dolorifica.
Caso Clinico: Nel nostro caso un uomo di 69 anni in buone condizioni generali accede in PS per comparsa di gonfiore al ginocchio destro da circa 1 settimana in assenza di febbre, algie e traumi. Il ginocchio risulta di dimensioni notevolmente aumentate con cute calda ma non arrossata. In anamnesi riferita orchite circa 6 mesi prima e pregresso intervento di fistola anale; nessuna terapia domiciliare. Ricoverato in reparto di Medicina Interna il paziente esegue plurimi accertamenti sierologici e colturali. Le indagini radiologiche e la biopsia ossea confermano grave riassorbimento osteo articolare. Sono state eseguite valutazioni multidisciplinari: ortopedica, infettivologica, reumatologica e neurologica. All'EMG ridotte le ampiezze dei potenziali d'azione motori e sensitivi.
Conclusioni: La ricerca su sangue di anticorpi anti treponema pallidum è risultata positiva con conferma anche al TPPA e RPR. L'RMN rachide ha escluso tabe dorsale. L'esame del liquor ha diagnosticato neuro sifilide, per cui è stata iniziata una terapia antibiotica mirata e programmato un successivo intervento di protesi di ginocchio.

Atraumatic adrenal hemorrhage: a case series

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Background: Atraumatic adrenal hemorrhage (AH) is a rare condition with different clinical presentations and evolutions. Treatment strategies are not standardized.
Materials and Methods: We recorded all cases of AH observed in our Endocrinological Department from 2010 to 2018.
Results: 5 cases of AH (4 F and 1 M) out of 220 adrenal masses (AMs) were observed; 4 cases were left-sided, 1 was right-sided. Average pts age was 67.6 yrs (range 47-82). No pt presented hormonal activity. Average adrenal size was 47.2 mm (range 36-55). Average adrenal density on TC scan was 48.6 HU (range 35-60); 4 pts complained of abdominal/lumbar pain and 1 pt referred no specific symptoms; 2 pts were on platelet-inhibiting therapy and 1 on warfarin; 4 pts were hospitalized. Adrenal bleeding was immediately recognized in 4 pts. No pt presented hemodynamic instability or required blood transfusions; 1 pt required endovascular embolization (EE) for contrast blushing on TC. Delayed laparoscopic adrenalectomy was performed in 2 pts. No pt died for causes related to the AM. Definitive diagnoses were: 1) hemorrhagic pseudocyst (histological diagnosis); 2) hemorrhagic adenoma (histological diagnosis); 3) hemorrhagic adenoma; 4) and 5) hemorrhagic undefined AM decreasing in size during the follow-up.
Conclusions: AH is more frequent in pts on antiplatelet or anticoagulant therapies. AH can be misdiagnosed in less severe cases. EE should be considered in acute setting. Adrenalectomy is required in many pts for a definitive diagnosis. In some pts a follow-up by imaging can be used to rule out malignancy.

The safety of care: which contribution from computerized therapy? A quantitative research from the S.C. Medicina Interna Carle

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Background and Purpose of the study: The safety of care is related to the quality of care. In order to reduce clinical risk, numerous therapy management systems have been developed: the study examines computerized therapy, implemented in the S.C. Internal

Medicine. The research aims to identify any critical issues found in the computerized drug management process.

Materials and Methods: Quantitative-observational research was conducted, using the FMECA method of analysis. The research included a non-participatory observational study and the application of the FMECA method to the different phases that make up the process, assigning different statistical scores to probability, severity and detectability.

Results: The entire therapy process has been deepened, described and analyzed. The Risk Priority Index (IPR) was calculated for each critical issue, multiplying the severity, probability and detectability values. The IPRs that emerged highlighted the link between the computerized therapy system and the impact in terms of safety.

Conclusions: Research has shown a reduction in clinical risk, compared to almost all areas taken into consideration; this lowering of risk is reasonably due to the computerized system. However, new critical issues also emerge. BUT They could be linked to the technical characteristics of the system rather than to the administration process itself.

Appropriateness of prescription and choice of device in PICC and Midline Catheter in Azienda Sanitaria Locale Biella (ASL BI): an observational prospective cohort study

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Background and Aim: Peripheral Inserted Central Catheters (PICC) and Midline catheter are devices whose use has been increasing in hospital. Aim of this study is evaluating appropriateness about requests of positioning and choice of device.

Methods: We conducted a prospective observational cohort study on adult patients with PICC or Midline catheter in 2019. Authors estimated mean duration of catheters maintenance, for each catheter maintained for shorter duration, we examined reason for removal.

Results: Our cohort included 571 patients. In the sample there are 363 PICC and 208 Midline. Mean duration of PICC is 58d (st. d. 71.94), for Midline is 22d (st. d. 37.07). We have registered total day duration less than 58d in 209 PICC (57% of global PICC): in this cluster the higher type are PICC Power (68.47%) followed by Groshong (46.66%); main cause of early removal of PICC Power are end of use (55.84%), followed by patient death (26.39%), mechanical complications (9.14%), displacement (5.58%) and infection (3.55%). For Groshong early removal was due to end of use (42.86%), death of patient (21.43%), mechanical complications and displacement (7.14%). We registered 89.63% of Midline in which total day duration are less than 22d; higher cause of early removal are end of use or death (76%) and mechanical complications are the main cause for Midline Power catheters (16.36%).

Conclusions: We can consider this report to monitor appropriateness of requests. In qualitative analysis of this study, the reporting and attrition bias to suppression of information it's to be considered.

Yield and clinical impact of blood cultures in patients admitted to an Internal Medicine ward

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Background and Purpose of the study: The purpose of this prospective observational study was to evaluate the yield and clinical impact of blood cultures (BCs) in a 78-bed Internal Medicine ward of a medium-sized Italian acute care hospital.

Methods: In patients hospitalized during a 2-month study period, the rate of positive BCs and the changes in antibiotic therapy induced by BCs results were evaluated.

Results: 154 (75.2±12.2 years; 94 M) of 620 (24.8%) hospitalized patients underwent 174 blood cultures and were enrolled in the study. The rate of true-positive BCs was 11.5% (20/174) and the rate of false-positive (contaminants) was 5.7% (10/174). Twenty-three microorganisms (5 multidrug resistant strains) were isolated, most frequently Escherichia coli (n=10), Klebsiella pneumoniae (n=3) and Staphylococcus aureus (n=3). The positivity rate was significantly higher in patients with urinary tract infection (31%) and abdomen infection (26.1%) than in patients with pneumonia (4.9%; p<0.01). The positivity rate in patients exposed to antibiotics was lower than in the non-exposed ones, but the difference was not statistically significant. Therapeutic changes due to BC positivity were overall recorded in 7.1% of patients. In-hospital death was observed in 9 of 136 patients with negative BCs (6.6%) and in none of the 18 patients with positive BCs.

Conclusions: these results indicate that the yield and clinical impact of blood cultures is quite low in patients admitted to an Internal Medicine ward and suggest the need to improve the adequacy of the indications to perform the test.

L'inserimento dei piani assistenziali standard nel Dipartimento di Medicina dell'ASL Città di Torino: cosa ne pensano gli infermieri?

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Premesse e scopo dello studio: L'uso dei piani standard permette al professionista di "liberare uno spazio mentale", ossia a fare riferimento a standard pianificati a monte, che siano basati sulle migliori evidenze scientifiche e che consentano all'infermiere di dedicare uno spazio maggiore agli aspetti relazionali e relativi alla personalizzazione dell'assistenza. A distanza di 6 mesi dall'elaborazione e l'inserimento nella cartella informatizzata dei piani di assistenza standard per la pianificazione assistenziale, si è deciso d'indagare la percezione del personale infermieristico in merito all'utilizzo ed al conseguente impatto sull'assistenza.

Materiali e Metodi: L'indagine è stata svolta attraverso la somministrazione di un questionario già validato nella prima fase di valutazione dei piani assistenziali ed è stato sottoposto a tutti gli infermieri dei quattro presidi dell'ASL Città di Torino, in particolare, ne sono stati scelti uno per ogni Presidio Ospedaliero.

Risultati: La compilazione delle schede è avvenuta da parte di 55 su 57 infermieri (95,6%). Nonostante le fisiologiche resistenze al cambiamento, gli infermieri di queste unità operative sembrano essere d'accordo nel considerare la potenziale utilità dei piani standard nella pratica clinica sebbene la maggioranza (76,3%) percepisce un impegno elevato di tempo per la compilazione di questi.

Conclusioni: La strategia che consentirebbe il superamento delle resistenze al cambiamento ancora presenti potrebbe consistere, a nostro parere, nella promozione di ulteriori processi di formazione degli operatori.

Come muoiono i pazienti in Ospedale: indagine sulle cure del fine vita in Medicina Interna

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Premesse e Scopo dello studio: La gran parte dei pazienti muore oggi in ospedale, per lo più ricoverata in reparti per acuti dove si

mantengono standard di procedure terapeutiche e diagnostiche non sempre appropriate e di non dimostrato beneficio quanto a sopravvivenza. Lo studio descrive la gestione del fine vita in un campione di pazienti adulti, confrontando le cure e i trattamenti erogati ai pazienti il cui decesso era un evento molto atteso oppure poco/per nulla.

Materiali e Metodi: Studio osservazionale prospettico con arruolamento consecutivo. Sono stati inclusi tutti i pazienti deceduti dopo almeno 48 ore di degenza presso le Unità Operative di area medica della Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico nel periodo compreso dal 1° Luglio al 31 Dicembre 2019.

Risultati: Il campione include 187 pazienti deceduti, prevalentemente ricoverati nelle Unità Operative di Medicina Interna (74.3%). Per il 56.8% di questi pazienti la morte è stato un evento molto atteso. La maggior parte è stata sottoposta ad esami ematochimici di routine (70.5%) e in alcuni casi i sintomi della fase terminale (dolore, agitazione) non erano adeguatamente controllati. Tuttavia, le procedure assistenziali per garantire il comfort e la dignità sono state complessivamente attuate per oltre il 75% dei pazienti.

Conclusioni: Malgrado prevalga una cultura interventistica e mirata al trattamento della patologia acuta, il controllo della sintomatologia e la tutela degli aspetti emozionali del paziente sembrano migliorati rispetto ai dati riportati dalla letteratura del decennio scorso.

Angio-Tc in the inflammatory aortitis: analysis of a single center clinical records

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Background and Purpose of the study: Inflammatory aortitis are rare but often severe diseases that involve aorta and include: Giant cell arteritis, Takayasu arteritis, idiopathic aortitis and periaortitis. Angio-TC is the basic test for the diagnosis and follow-up of the complications. The aim of this study is to describe the radiographic pattern of aortitis in order to establish the most important radiological features for diagnosis and follow-up.

Materials and Methods: We enrolled 21 patients affected by aortitis from January 2002 to November 2019. Our population was composed by: 14 idiopathic aortitis, 1 giant cell aortitis, 3 periaortitis and 3 Takayasu arteritis. For every patient history, physical examination, bloody tests and angio-TC with contrast enhancement were available at diagnosis and after 6, 12 and 18 months. Furthermore, we analyzed wall thickening, longitudinal extension of inflammation, distribution of thickening, wall contrast enhancement and perivascular inflammation.

Results: All patients had symptoms at the diagnosis, but only 3 out of 18 had symptoms after 6 months of therapy. After 6 months, 7 patients had high CRP levels while, after 12 months of therapy, only 1. We demonstrated reduction of wall thickening on CT after 6 months, although not a complete resolution, as well as reduced contrast enhancement. CRP and wall thickening do not show a statistically significant correlation.

Conclusions: Wall thickening for diagnosis, and wall contrast enhancement for follow up, appear to be the most useful CT features in the evaluation of patients with aortitis.

Dementia and alcohol: retrospective study

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Background and Purpose of the study: The ISTAT data on alcohol consumption in the Italian population show that the most at risk group, after the youth one, is that of young elderly people, considered consumers at risk for pathologies and alcohol related problems. Chronic alcohol consumption causes multiple peripheral and central nervous system dysfunctions.

Materials and Methods: In this study we have described the various neurological consequences of alcohol such as toxic and deficient neuropathy, Gayet-Wernicke syndrome, Korsakoff syndrome, alcoholic dementia, Marchiafava-Bignami syndrome, hepatic encephalopathy, alcoholic epilepsy and alcohol withdrawal symptoms. Through a retrospective study of the clinical cases observed in the two years 2018-2019 of the UOC of General Medicine of the Hospital of the Sea, we analyzed the individual clinical cases and the differential clinical forms of alcoholic dementia.

Results: From our study we observed that the most frequently observed form in our hospitalizations is the subacute or chronic form associated with demyelinating lesions with prevalence of frontal signs (apathy, indifference, executive disorders).

Conclusions: The loneliness of the elderly and cognitive impairment are responsible for alcohol abuse in this age group and alcohol-induced brain damage leads to varied clinical manifestations that can make it difficult to correctly diagnose the internist, who tends to misunderstand alcohol abuse in a patient with possible senile dementia.

Combined antibiotic treatment in elderly patients with complicated infections due to carbapenemase-producing Klebsiella pneumoniae

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Background and Purpose of the study: Carbapenemase-producing Klebsiella pneumoniae (KPC CPE+) complicated infections (CI) are associated with a high risk of morbidity and mortality. The optimal antibiotic strategy to treat these infections is still controversial.

Materials and Methods: Case series including 19 elderly (>70 years) patients (pts) with KPC CPE+ CI followed in an Internal Medicine Unit.

Results: 19 pts had KPC CPE+ CI: 9 bloodstream infections, 6 urinary tract infections and 4 pneumonia; median age was 79 years (70-86). They have been hospitalized for ≥2 weeks and had already received unsuccessful large spectrum antibiotic treatment before being diagnosed with KPC CPE+ CI. All pts had fever and increase of CRP at the time of diagnosis; 16 had increase of procalcitonin; 12 hypotension, 11 renal and 7 hepatic failure. Antimicrobial treatment including intravenous fosfomicin (4 g 4 times/daily), colistin (loading + maintenance dose according to renal function) and double carbapenem (meropenem – 2 g 3/daily- and ertapenem 1 g/daily) was started. The treatment duration was 5-21 days. Rectal swab got negative after 1 week in 13/19 patients. 14/19 pts fully recovery at the end of treatment and 5 died (2 for heart failure after 7 and 11 days respectively, 2 for worsening of renal failure after 5 and 8 days and 1 for multiorgan failure). 2/19 pts stopped treatment prematurely both for renal failure and both died.

Conclusions: A combined antibiotic treatment is mandatory for KPC CPE+ CI. Our antibiotic strategy was effective and well tolerated also in elderly pts.

Observational multicenter study on effectiveness and tolerability of aliROcumab in real world, the OMERO study: rationale, design and objectives

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Background and Aim: Despite the extensive information collected in the ODYSSEY Phase 3 trial, long-term experience with alirocumab in real life setting is still limited. The OMERO study is

aimed to assess the long term effectiveness, tolerability and safety of the proprotein convertase subtilisin/kexin type 9 inhibitor (PCSK9-i) alirocumab in the real life in Italy, in patients with hypercholesterolemia at high and very high risk of cardiovascular (CV) events who are unable to achieve their LDL-C goal despite therapy with high intensity statin and ezetimibe.

Materials and Methods: This study will also assess the use of electronic Informed Consent as a pilot project and the patient perception of use and acceptance of subcutaneous self- administration, in order to support clinicians in the daily use of this new drug (I-TAQ questionnaire).

OMERO is a national, multicenter, observational study planned to include 800 patients, in 40 Italian sites, treated with alirocumab (Praluent®) on top of standard lipid lowering therapy and fully according to indications for reimbursement provided by the Agenzia Italiana del Farmaco (AIFA). The whole duration of the study is assumed to be approximately 5 years in order to ensure an adequate observation period (at least 2.5 years for all patients).

Conclusions: The OMERO study is expected to collect relevant insights on the use of alirocumab and background therapy in daily clinical practice. Moreover, the long-term follow-up will better clarify the journey in real life condition of hypercholesterolemic patients at high and very high CV risk.

Fibrinolisi intrapleurica: management in Medicina Interna

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Premesse: Nel 40-50% le polmoniti si associano ad un versamento pleurico che nel 5% dei casi può essere complicato. I versamenti di cospicue dimensioni necessitano di drenaggio caratterizzato da toracentesi evacuativa diagnostica semplice o dall'inserzione di un drenaggio pleurico in caso di empiema.

Caso clinico: Un uomo di 46 anni si ricovera per polmonite complicata da versamento pleurico. La TAC del torace conferma il versamento pleurico mentre l'ecografia, oltre al versamento, riscontra anche la presenza di tralci di fibrina. Pertanto nel sospetto di un empiema pleurico il paziente viene sottoposto a toracentesi ed esecuzione di EGA analisi con riscontro di pH acido e glucosio inferiore a 60 mg/dl che confermano il sospetto diagnostico. Abbiamo quindi proceduto dall'inserzione di un drenaggio eco-assisitito con evacuazione di 1000 ml di liquido purulento senza ulteriore possibilità di evacuazione nonostante il rilievo ecografico di abbondante versamento residuo. Il paziente è stato sottoposto a fibrinolisi intrapleurica con alteplase e DNAsi ottenendo un ulteriore drenato di 1800 cc.

Conclusioni: L'ecografia toracica bedside presenta una maggiore sensibilità nel rilevare pleuriti complicate da infezione e permette di effettuare la procedura di drenaggio tempestivamente e in sicurezza. Il riscontro di tralci e l'assenza di ulteriore drenato pleurico in ecografia ha permesso di effettuare la fibrinolisi intrapleurica ottenendo buoni risultati strumentali e clinici ed evitando così di sottoporre il paziente ad un intervento chirurgico toracico di VATS

Efficacy and tolerability about ustekinumab in patients with psoriatic arthritis after 24 months of treatment

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Background and Aim: Ustekinumab is an human monoclonal IgG antibody produced using the recombinant DNA technique. It is the first biological drug capable of inhibiting the activity of IL-12 and IL-23, preventing the reactions of the inflammatory process, relevant for the pathogenesis of psoriasis. The drug has demonstrated in several randomized controlled trials its efficacy on all manifestations of psoriatic disease: skin lesions, arthritis, enthesitis, dactylitis, blockage of radiographic progression. Aim of the study is to evaluate the efficacy and tolerability of Ustekinumab in a series of patients with psoriatic arthritis followed for 24 months.

Materials and Methods: The observational study was conducted on 60 patients (38 M and 22 F) with the diagnosis of psoriatic arthritis who started therapy with Ustekinumab. The effectiveness of the drug was assessed with: the Disease Activity in Psoriatic Score (DAPSA); the Leed Enthesitis Index (LEI); dactylitis (yes / no) and with Patient-Reported Outcomes (PROs): pain VAS, patient VAS, average VAS, BASDAI, HAQ. The achievement of the 75% reduction in the Psoriasis Area Index (PASI 75) and the Minimal Disease Activity (MDA) was assessed. Patients were evaluated at time 0 and every 6 months for two years.

Conclusions: The results of our study have shown how ustekinumab in "real life" has been able to determine a significant improvement of all indices of disease activity in patients with psoriatic arthritis, starting from the first months of treatment and that the result obtained has been maintained for the entire duration of the study (24 months).

Inibitori del cotrasportatore sodio-glucosio SGLT2: correlazione tra entità della glicosuria e compenso glicometabolico nel diabete mellito di tipo 2

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Premesse e scopo dello studio: L'efficacia metabolica e la sicurezza cardiorenale dei farmaci SGLT2 inibitori è ampiamente dimostrata in letteratura. Al contrario non è stata approfondita l'influenza dell'entità della glicosuria iatrogena sull'effetto terapeutico, oggetto del nostro studio.

Materiali e Metodi: La coorte era costituita da 189 pazienti affetti da DMT2 in trattamento con SGLT2-inibitori. E'stata valutata la relazione tra incremento della glicosuria e riduzione dell'HbA1c durante i primi 12 mesi di terapia e l'andamento del parametro HbA1c nella popolazione in esame, suddivisa in quartili in base alla variazione dell'escrezione urinaria di glucosio.

Risultati: Il DHbA1c mostrava una correlazione positiva statisticamente significativa con il DGlicosuria, ovvero maggiori incrementi dell'escrezione urinaria di glucosio non correlavano ad una più ampia riduzione dell'HbA1c. Similmente il miglioramento dell'HbA1c risultava già evidente e più marcato nel primo quartile di glicosuria, per altro caratterizzato da un'escrezione urinaria di glucosio giornaliera inferiore a quella prevista dalle schede tecniche, in assenza di significative differenze in termini di HbA1c ed eGFR basali tra i vari quartili.

Conclusioni: Un valore di glicosuria iatrogena di modesta entità non identifica necessariamente un soggetto *non responder* alla terapia con SGLT2-inibitori, rendendo razionale l'impiego di gliflozine anche in pazienti con funzione renale non ottimale con verosimile mantenimento dell'effetto terapeutico sul versante glicemico.

Acute eosinophilic pneumonia: a rare disease

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Background: Acute eosinophilic pneumonia (AEP) is a rare disease. Patients can develop hypoxemic respiratory failure and sometimes require mechanical ventilation.

Case report: Woman 20 years old with frequent episodes of hyperpyrexia and dry cough mostly nocturnal which improved with spray bronchodilators. The patient went to the pulmonologist who found whistles, hisses and blood sputum. The spirometry showed positive bronchodilatation. The Physician diagnosed asthma and prescribed steroid and bronchodilators. Because of symptoms worsening, the patient went to the hospital and she was admitted to our department. The chest ultrasound and x-ray showed diffuse bilateral infiltrates and interstitial syndrome. Laboratory tests revealed eosinophils 16500, IgE 7953 IU / ml, PCR slightly increased. We started with steroid, antibiotic and antifungal therapy. On second day the symptoms and the laboratory test improve. After one week the patient was discharged.

Conclusions: Diagnosis of AEP is based on clinical criteria, ipere-

osinophilia in the blood and at bronchoalveolar lavage, the exclusion of other causes of pulmonary eosinophilia. Lung biopsy is rarely necessary. Differential diagnosis with cases detected in China of coronarovirus infection (2019-nCoV) has recently been very interesting. Initial management includes supportive care, empiric antibiotics and systemic glucocorticoid therapy. If the patient does not respond to steroid or there is contraindication to its use, he could be treated with immunosuppressive or biological drugs.

Alfabetizzazione sanitaria e aderenza terapeutica nel paziente diabetico di tipo 2: studio trasversale correlazionale

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Premesse e Scopo dello studio: La letteratura riporta un'aderenza terapeutica molto bassa tra i pazienti diabetici (50-60%). L'alfabetizzazione sanitaria (*health literacy, HL)*, sta assumendo sempre maggiore rilevanza come mediatore della capacità delle persone di prendersi cura di sé. I risultati degli studi che associano le due variabili sono contraddittori, pertanto si è ritenuto utile indagare la relazione fra HL e compliance al trattamento nel paziente diabetico di tipo 2 in terapia orale. Inoltre, sono stati esplorati i fattori che influenzano singolarmente la HL e l'aderenza terapeutica.
Materiali e Metodi: Disegno di studio: studio trasversale correlazionale con campionamento di convenienza. Campione: soggetti affetti da diabete mellito di tipo 2, in trattamento con farmaci antidiabetici orali, in carico alla Diabetologia dell'ospedale di Livorno. I soggetti sono stati arruolati in occasione dei controlli programmati nel periodo giugno settembre 2019. Strumenti: scala Morisky per l'aderenza terapeutica (MMAS-8); l'HLS- EU-Q16, per l'HL; scheda socio-demografica.
Risultati: Dei 210 soggetti coinvolti il 65% risulta molto aderente al trattamento e il 47% ha un livello di HL problematico. Non è emersa alcuna differenza statisticamente significativa nel livello di compliance tra coloro che presentavano HL sufficiente e HL inadeguata (p=0,519). L'unico predittore di scarsa aderenza è risultata la gestione della terapia con aiuto (p<0,001).
Conclusioni: Nei pazienti diabetici di tipo 2, in terapia con antidiabetici orali, il livello di HL non influenza l'aderenza al trattamento.

Valutazione di un programma multi-intervento per la riduzione delle interruzioni durante la somministrazione della terapia farmacologica in un setting di area medica: studio before-after

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Premesse e scopo dello studio: I processi di somministrazione della terapia sono soggetti a interruzioni con una percentuale tra il 25% e il 55%. Ciascuna interruzione è stata associata ad un aumento del 12% di errori procedurali e clinici. Le evidenze disponibili circa l'efficacia degli interventi di riduzione delle interruzioni sono limitate. Lo studio è volto a valutare l'efficacia di un programma multi-intervento per la riduzione delle interruzioni durante i giri terapia.
Materiali e Metodi: Studio quasi sperimentale before-after. Setting: Area Medica Ospedale Cecina. Tramite checklist sono state registrate caratteristiche e durata delle interruzioni di 24 giri terapia in condizioni standard, a giugno 2018 (T0), e dopo 3 mesi (T1) dall'implementazione di un programma multi-intervento. Il bundle era costituito da: a. evento formativo per gli operatori; b. casacche segnaletiche "Terapia in corso. Non interrompere"; c. materiale informativo per utenti e caregiver.
Risultati: Sono stati osservati in totale 1107 processi di somministrazione. Si evidenzia una riduzione statisticamente significativa delle interruzioni fra T0 (42,4%) e T1 (21,1%) (χ^2 57,533; p <0,0001). Le interruzioni che hanno come fonte un operatore sanitario si sono ridotte da 140/582 (22,3%) al T0 a 34/525 (6,5%) al T1. Nessuna differenza è emersa nella durata media delle interruzioni così come nella durata dei giri terapia.
Conclusioni: Il bundle di interventi è risultato efficace nel ridurre le interruzioni durante i giri terapia prevenendo in maniera rilevante quelle causate dagli operatori sanitari.

Venous thromboembolism: a real-world analysis

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Background and Aim of study: DOACs represent together with AVK the standard of care for venous thromboembolism (VTE) primary treatment. Real-world studies are necessary to complement the findings from RCTs. Aim of our study was to analyze a real-world population of VTE patients admitted to our Internal Medicine Unit from May 2018 till Oct 2019 and to follow them over time
Material and Methods: We retrospectively analyzed VTE patients admitted to our Unit. We collected data about age, sex, etiology, thrombophilia, therapy at discharge (T0) and at 12-months follow-up (T12), complications during treatment (3-6-12-months)
Results: Among 104 patients studied (67.3% men, mean-age 65) 68% had an idiopathic event. 29.8% showed a thrombophilic substrate, 77.4% among idiopathic VTE. At T0 76% received DOACs, 12.5% AVK, 11.5% LMWH. At T12 29% discontinued therapy (medical decision), 66.6% among provoked events. 69.3% still took DOACs (27.9% low-dose), 6.5% AVK, 6.5% LMWH, 11.3% had switched from AVK to DOACs, 3.2% from LMWH to DOACs and 3.2% from DOACs to LMWH. Bleedings were mainly mild (5.1% with DOACs, 16.7% with LMWH), 2.5% experienced a major bleeding under DOACs.Thrombotic events concerned 5.1% of DOACs patients (3.8% of them showing APS) and 7.7% of AVKs (low INR)
Conclusions: In our reality DOACs represent the main treatment compared to AVK in VTE patients showing a good efficacy and safety profile in line with RCTs. AVK remain treatment of choice for APS patients. VTE patients require a strict follow up in order to tailor therapies over time and to identify subjects at high-risk of therapy complications development

La disreflessia autonomica: un'emergenza ipertensiva "atipica"

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Premesse: Un paziente di 45 anni, affetto da tetraplegia completa post-traumatica a livello di C4 per frattura vertebrale C6-C7 e danno midollare, sottoposto a intervento decompressivo e di stabilizzazione C4-T2, è stato ricoverato nell'Unità Spinale del nostro Ospedale per riabilitazione.
Caso clinico: Si tratta di un paziente con tetraplegia completa "alta", ASIA A, portatore di catetere vescicale a permanenza, con valori pressori abituali medi 80/50 mmHg, funzione renale, elettroliti ed emocromo nei limiti; in un periodo di degenza di 63 giorni ha lamentato per 52 volte sintomatologia "stereotipata" caratterizzata da malessere, ansia marcata, cefalea, pelle d'oca, miosi, flushing al volto, tachicardia e moderato incremento dei valori pressori (valori max 140/85 mmHg, FC 130/min). In tutte le occasioni il quadro clinico, ascrivibile a disreflessia autonomica, è stato risolto, prevalentemente con manovre infermieristiche (lavaggio vescicale, svuotamento dell'ampolla rettale, cambiamento della postura) o mediche (analgesici, ansiolitici, antiipertensivi short-acting).
Conclusioni: La disreflessia autonomica è presente nel 60-90% dei pazienti con tetraplegia completa superiore a T6, ed è determinata da uno sbilanciamento della scarica simpatica dovuto all'interruzione delle vie midollari. E'caratterizzata da un rialzo pressorio che, pur spesso di moderata entità, rappresenta una emergenza medica che va immediatamente sospettata, riconosciuta e trattata in pazienti con lesione midollare alta (>T6) al fine di prevenire complicanze gravi e potenzialmente fatali.

Infectious endocarditis after transcatheter aortic valve replacement in a patient on oral therapy with glucocorticoids

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Background: The transcatheter aortic valve replacement (TAVR) represents a less invasive procedure performed especially in elderly patient at high risk for open surgery. The infectious endocarditis (IE) post-TAVR is a rare and life- threatening complication. A recent research has highlighted an increasing risk of the hospitalized infections in patients with Rheumatoid Arthritis (RA) on oral therapy with glucocorticoids.
Case Report: A 78 years old female was admitted for dyspnoea associated to intermittent fever. She performed TAVR five months ago and she had a medical history of RA on oral therapy with prednisone. The transthoracic echocardiogram (TTE) and transesophageal echocardiogram showed a mobile vegetation attached to the transcatheter prosthetic valve. The blood cultures revealed a bacteraemia caused by Enterococcous faecalis and she was treated with ceftriaxone and ampicillin. After 10 days, the blood cultures were sterile, but the TTE reveal no modifications compared to the previous exam. The patient was scheduled for the surgical evaluation, but she died for sudden cardiac arrest.
Conclusions: The glucocorticoids therapy in patient with RA has shown to increase the risk of postoperative infections. These patients have a high incidence of valvular heart disease and almost 30% has valvulopathy and assumes glucocorticoids. Patients with RA and on oral therapy with glucocorticoids could have an increasing risk of developing IE post TAVR. Minimizing the use of glucocorticoids before and after TAVR, could also reduce the rate of IE.

Un raro caso di Malattia IgG4 correlata

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Premessa: La malattia legata all'immunoglobulinaG4(IgG4-RD) è una patologia fibroinfiammatoria immunomediata ad istopatologia caratteristica coinvolgente vari organi. È una malattia rara a fisiopatologia sconosciuta.
Caso clinico: Uomo di 78 anni si ricovera per dolore addominale, ittero e anemia grave. Gli esami di laboratorio mostrano iperbilirubinemia, iperamilasemia, ANA con titolo 1:160, pattern Spekled, Ig sieriche, in particolare IgG4, aumentate e plasmablasti. La TC total-body con mdc e l'angioRMN con colangiografia evidenziano versamento pleurico, calcolosi colecistica e dilatazione vie biliari, pancreas di volume aumentato. Linfoadenomegalia e moderato liquido ascitico. La biopsia osteomidollare mostra iperplasia eritroide con atrofia stromale e plasmocitosi reattiva IgG+, mentre la biopsia di linfonodo epatico evidenzia un quadro variabile con centri germinativi progressivamente trasformati. All' immunoistochimica risultano presenti centri germinativi ed aree interfollicolari ricchi di plasmacellule con reazione politropa per catene leggere k e λ, alta reattività per IgG. Rapporto IgG4/IgG:40%. Si pone diagnosi di IgG4-RD e si intraprende terapia steroidea. Alla 4 settimana il paziente viene nuovamente ricoverato per recidiva. Si inizia terapia con RITUXIMAB secondo protocollo con risposta inefficace e decesso del paziente.
Conclusioni: La diagnosi di IgG4-RD richiede un'attenta interpretazione dei risultati diagnostici e delle manifestazioni cliniche; si ricercano nuovi biomarcatori per garantirne una diagnosi precoce e una tempestiva terapia.

Utilità del monitoraggio POCUS del paziente acuto polipatologico

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Premesse: La gestione del paziente pluiripatologico a prescindere dal motivo di ricovero solleva interrogativi sulla esaustività dell'approccio clinico tradizionale (esame clinico + laboratorio).

Caso clinico: Un uomo di 70 anni veniva ricoverato per emidisindrome dx e riduzione dello stato di coscienza (fattori di rischio: ipertensione arteriosa, dislipidemia, e obesità). Posta diagnosi di ictus, si inizia ASA 100 mg e enoxaparina a scopo profilattico per TVP (0.4 ml die). Per l'evidenza alla TAC a 72 ore di lesione ischemica sin con petecchie emorragiche, la dose di enoxaparina veniva ridotta a 0.2 ml die, instaurandosi mobilizzazione passiva delle gambe. A 6 g dall'ingresso, durante un turno festivo, si assisteva a desaturazione, febbre, e coma. Agli esami leucocitosi, incremento della PCR, troponina, e dei lattati. All'ECG tachicardia sinusale. Alla TAC encefalo quadro stabile, all' RX torace non franchi focolai. Non veniva eseguita, per mancanza di expertise, ecografia clinica (POCUS) per insufficienza respiratoria. Si concludeva per broncopolmonite ab ingestis e si iniziava piperacillina/tazobactam. Il giorno seguente, a POCUS cardiaca e venosa, cuore polmonare acuto con trombo flottante in atrio dx, e TVP polpitea dx. A causa dell'ischemia recente con emorragia, non si procedeva a trombolisi. Veniva iniziata eparina sodica a dosaggio anticoagulante, ma il paziente deceva per shock.
Conclusioni: nel paziente pluripatologico a elevata complessità, la possibilità di effettuare POCUS si conferma una risorsa estremamente utile.

A strange respiratory failure

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A 75 yrs woman was found has having multiple bone lytic lesions (whole body CT scan). She complained of back pain, lasting 5 days, and astenia. Her medications comprised venlafaxine, alprazolam, valsartan/hct. In triage, EGA in room air: PaO2 41, PCO2 29, pH 7.5, on a stretcher. Her chest X ray, ECG were unremarkable. Blood tests showed elevated d dimer (350 with cut off 250 ng/ml). A cardiologist consultation excluded cardiac failure or coronaropathy. During nightshift, the patient was admitted in Oncology. The next morning, respiratory failure was confirmed, a CT scan ruled out pulmonary embolism. An internist consultation was called for. Breathing oxygen at an FIO2 of 0.4, the patient had SO2 97%. We performed a multidistrict echo scan: CUS of lower limbs: no DVT bilaterally; Echo lung: no B lines, pleural thickening, or consolidation; no pleural effusion; Cardiac echoscan: normal biventricular systolic function. Abnormal motion of intraatrial septum (atrial aneurysm or interatrial communication). The patient was invited to stand up, and SO2 decreased to 88% . We then performed, an echocardiogram during injection of agitated saline. The test showed the rapid extension of smoke from interatrial septum to left atrium and left ventricle. A diagnosis of platipnea orthodexia was made. The patient was scheduled for work up of percutaneous closure of interatrial defect, during therapeutic work up for metastatic breast cancer. This case underscore the invaluable role of POCUS in the evaluation of respiratory insufficiency, even when facing rare diagnosis.

Never, never underestimate a *Staphylococcus aureus* bacteremia: a case report

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Background: *Staphylococcus aureus* bacteremia is a complex clinical condition that could lead to a wide number of complications, most of which potentially life-threating.
Case report: Here we present the case of a middle-aged woman recently discharged from another hospital with a diagnosis of *S. aureus* urosepsis treated with two different cephalosporin for a total of 15 days. She was admitted in our ward because of the persistence of fever, confusion and low back pain. Blood cultures turned out to be positive for oxacillin-sensitive S. aureus, so an appropriate antibiotic therapy was started. We carried out a series of imaging studies that highlighted the presence of a L2-L3 spondylodiscitis with bilateral psoas abscesses, a native mitral valve endocarditis,

an abdominal aortic pseudoaneurysm and a right kidney septic embolization. All these complications needed multidisciplinary complex medical and surgical interventions with a high mortality rate. Finally, the patient was transferred to the Cardiac Surgery Department and successfully underwent a mitral valve substitution. Unfortunately, one month after the discharge the clinical picture suddenly worsen, the patient was admitted to the Intensive Care Unit of our hospital where she died one month later.

Conclusions: This case report is a demonstration that the S. aureus bacteremia, if not rapidly and thoroughly investigated, could be of very difficult management. Consequently, it's important to not underestimate this condition.

Unexpected diagnosis of visceral leishmaniasis in an immunocompetent patient: a case report

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Background: Visceral leishmaniasis (VL) is one of the most severe zoonotic diseases caused by different species of Leishmania, which leads to death in 95% of cases if not treated. Usually, Leishmania infection is asymptomatic a consequence of the ability of the immune system to control parasitic replication. We report the case of VL with atypical presentations.

Case Report: On July 2019 a previously health 60-year-old Italian woman, presented to our Hospital complaining a periodic fever since two months. She reported almost five episodes of nocturnal fever each lasting one week. Each episode presented with shaking chills, profuse night sweats, general malaise, and dry cough. The patient lived in an urban area of Friuli. On October 2018 she has visited Iran. We considered an autoimmune genesis, a neoplastic origin and infectious disease, leading to second and third level fever of unknown origin investigations, all negatives except bone marrow aspiration where Leishmania DNA was detected by nested PCR, with culture and direct research negative. Given the self-limiting symptomatology, the good immunitary status, and the absence of culture-based confirmation, no specific treatment was proposed. Strict follow up was carried, which documented complete resolution of the febrile episodes in six months.

Conclusions: our case suggests that VL should be also considered in differential diagnosis of fever of unknown origin in immunocompetent patients, returning from endemic areas. Given the toxicity and expensiveness of currently available treatments, VL requires diagnostic tools with high sensitivity and specificity.

Influenza infection and pulmonary embolism: a clinical case

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Background: Influenza is a common infection of winter season. Cases of concomitant pulmonary embolism (PE) and Influenza infection have been reported, with almost complete prevalence of Influenza-type A H1N1, although correlation was not verified. Pathogenesis is likely to be related to inflammatory response.

Case Report: We present the case of a 26-years-old man with negative remote pathological history and negative familiar thrombotic disease. In the last few days he developed fever, cough and dyspnea and underwent chest x-ray at another hospital, showing shaded lung thickening. Then he went to Emergency Department and was admitted to our ward with diagnosis of pneumonia. Arterial blood gas analysis showed mild corrected-by-age hypoxemia and mild hypocapnia. Nasal swab resulted positive for Influenza B. As x-ray images were not so clearly evident for bilateral pneumonia and d-dimer was positive, lung CT was performed and subsegment bilateral PE with concomitant tree-in-bud bronchiolitis was proved. Therapy with oseltamivir and LMWH was started. We observed clinical improvement in the few next days.

Conslusions: Unlike most of the cases reported in literature, in this case PE was associated with Influenza type B, instead of type A H1N1. This may support a pathogenic process related to inflammatory response to viral infection of the respiratory tract, such as Influenza virus. Considering mortality is still concerning Influenza infection, we underline the importance of finding out complications, among which PE.

Percutaneous ablation techniques of liver cancer in Internal Medicine

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Background and Purpose of the study: Percutaneous ablation techniques (PAT), including microwave ablation (MWA) and radiofrequency ablation (RFA), have become important minimally invasive treatment options for liver cancer. Generally, previous studies have shown similar efficacy and safety between these modalities, with some benefit in the local tumor progression for MWA in larger hepatic tumors. The surgical strategy is often burdened by complications given the increasingly advanced age and associated comorbidities. In our study we intend to show the results of a case series of 12 percutaneous ablations performed in our Internal Medicine Department.

Materials and Methods: We performed thermal-ablation of 12 nodules in 8 patients in the last 3 years. Median age was 74,5 years (53-87), predominantly female (F/M 5/3), 6 of 8 patients had HCC, 2 patients had metastases from colorectal cancer. Of 12 ablations, 7 were RFA and 5 were MWA. Median of follow up period was 21 months.

Results: Of the 8 patients treated, none reported complications related to treatment. 2 patients had a recurrence, including 1 patient with HCC treated with RFA and 1 with metastases treated with MWA. Both of these patients underwent further percutaneous ablation. 1 patient died during follow up period due to cancers disease progression.

Conclusions: Percutaneous ablation techniques should be considered as the treatment of choice in elderly or comorbid patients with liver cancer (HCC or metastasis) due to the high success rate and relatively low complications of the procedure.

Use of direct oral anticoagulants in people living with HIV: a single-center experience

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Background and Aim: Direct oral anticoagulants (DOACs) have changed the way we prevent stroke and thromboembolic events. More than 70% of patients requiring anticoagulant therapy are actually treated with these drugs. Here we evaluate the use of DOACs in HIV-infected patients from our Clinic.

Materials and Methods: The database of our Clinic was investigated in search for HIV+ patients starting antithrombotic therapy after June 2013 or starting therapy on any date but suspending it after 2013 (when first DOAC was released in Italy). The risk of drug to drug interactions (DDIs) between antiretroviral and antithrombotic therapies was scored using the "Liverpool HIV Drug Interactions checker". We subsequently proposed a scenario in which patients were ideally shifted to DOACs by checking their DDIs with the actual antiretroviral regimens.

Results: We enrolled 50 patients with a median age of 66 ±13 years. 14% were taking DOACs (1 Apixaban, 2 dabigatran, 4 rivaroxaban) while 86% were treated with heparin (4%) or vitamin K inhibitors (66% warfarin and 16% acenocumarol). DDIs were considered potential (orange flag) in 58% of cases, while the other 42% were considered free of potential DDIs (green flag). In our DOAC based scenario orange flag were lower (20%) with an increase of green flags to 80%. No side effects (anemia, renal and liver toxicity) from anticoagulant therapy were noted in our patients.

Conclusions: In HIV+ patients DOACs are still underused probably because of an unjustified fear for DDIs. An accurate selection of the best antithrombotic agent for each antiretroviral therapy could improve management of these patients.

The patient admitted to Internal Medicine with a diagnosis of syncope can be included in the current guidelines?

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Background: Syncope is a frequent cause of emergency room access. Guidelines suggest hospitalization only in a small percentage of cases but in the daily clinical practice many patients are allocated in Internal Medicine because they are elderly and with several comorbidities. For this reason the results of tests are not always easily interpretable and it isn't always possible to obtain an etiological diagnosis of syncope. Although ECG-Holter it is not considered the first choice exam in the diagnostic algorithms, we decided to use it in every patients with syncope in our department because it is not invasive and easily applicable.

Materials and Methods: We describe our experience on 109 consecutive patients, admitted to our department, with the diagnosis of syncope, over a period of 26 months.

Results: We performed ECG-Holter to all patients: in 7 cases (6,4%) the examination was positive for pathological pauses and the patients underwent PM implantation. In 2 cases we found drug-related bradycardia (1,8%). In 1 case (0,9%) ventricular tachycardia episodes occurred; in 3 cases (2,7%) a paroxysmal supraventricular tachycardia, in 3 cases (2,7%) a paroxysmal atrial fibrillation. Overall on 16 patients (14,6%) the ECG-Holter gave us indications to change our therapeutic attitude.

Conclusions: In conclusion, we found in our little experience, that a simple and inexpensive ECG-Holter could give useful information in the diagnostic work up of syncope. However, we need a larger cohort of patients to find pre-test features in clinical practice in order to perform ECG-Holter only in selected patients.

Il rischio di tromboembolismo venoso in donne con sindrome dell'ovaio policistico: dati preliminari dello studio TEMPO (Thrombo-EMbolism and Polycistic Ovarian syndrome study)

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Premesse e Scopo dello studio: Donne affette da sindrome dell'ovaio policistico (PCOS), a causa del loro assetto metabolico-ormonale, i fattori di rischio cardiovascolare (CV) e l'assunzione di terapia estro-progestinica (TEP) potrebbero avere un aumentato rischio di eventi trombo-embolici venosi (TEV). Dati presenti in letteratura, provenienti da registri di vendita, descrivono un rischio di TEV triplicato in pazienti affette da policistosi ovarica. Abbiamo pertanto effettuato uno studio prospettico-osservazionale per valutare l'incidenza di TEV nella donna con PCOS e gli eventuali fattori di rischio.

Materiali e Metodi: Studio multicentrico italiano di coorte; sono state selezionate in modo consecutivo pazienti con diagnosi documentata di PCOS. Dal momento della diagnosi è stata effettuata una rivalutazione clinica ad almeno 6 mesi con raccolta degli eventi di TEV ed eventuali fattori di rischio.

Risultati: Al momento sono state reclutate 1497 pazienti. Il 78% della popolazione ha assunto almeno 3 mesi di TEP ed il 30% presenta almeno un fattore di rischio CV. 28 gli episodi di TEV, con incidenza annua pari a 1.26/1000/anno (IC 95% 0.9-1.9).

Conclusioni: Dati preliminari mostrano che le donne affette da PCOS, che assumono TEP, non sembrano avere un rischio aumentato di sviluppare eventi trombo-embolici venosi rispetto alla popolazione generale.

A rare case of late onset of Three A syndrome

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Premesse: Allgrove syndrome or triple A (TAS), is characterized by adrenocorticotropic hormone resistant insufficiency, achalasia and alacrimia; the occurrence of 2 on 3 signs is suspected for TAS, the presence of all of them is pathognomonic. When autonomic and peripheral neuropathies or dermatological abnormalities coexists, it was termed 4A syndrome. The autosomal recessive disorder is usually caused by a mutation in a nuclear pore protein named ALADIN.

Caso clinico: A 45-year-old man was admitted for worsening asthenia and weight loss. A physical Examination revealed marked skin pigmentation and orthostatic hypotension; a blood exam showed hypoglycemia and hyperkalemia. The suspicion of adrenal insufficiency was confirmed by a typical hormonal profile with high level of ACTH and low level of plasmatic and urinary cortisol. The Renin Angiotensin Aldosterone system was involved too. A dry eye condition was documented by Shirmer's test. Gluco-mineral sostitutive therapy and eyes lubricant ware prescribed with benefit in general well-being. Two years later the patient began to suffer from dysphagia with frequent regurgitation. Barium esophagogram and manometry revealed the diagnosis of achalasia. The balloon dilation was successful. The genetic testing for AAAS gene was negative for mutation.

Conclusions: This case is unique because of late onset of symptoms and because rarely the RAAS system is involved. TAS is a phenotypic variable multisystem disorder, which may be life-threatening; it is necessary a multidisciplinary approach to avoid late diagnosis.

Mottling score and SOFA score:"MOSCO" study. Correlative analysis of nominal variables in 30 patients with septic shock

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Background and Purpose of the study: The Authors present the "MOSCO" study, acrostic deriving "MOttling score and sofa SCOre", which enrolled 30 patients, aged between 44 and 85 years, with septic shock. In all patients the Mottling Score and SOFA Score were evaluated at the entrance to the ward. The "MOSCO" study proposes the following objectives: check if there is a relationship between the Mottling and SOFA score; check if the relation reaches statistical significance according to the Q Cochran Test.

Materials and Methods: The SOFA score and Mottling score values were compared with Cochran Q test For the calculation of $\chi 2$ the following formula is applied: $\chi 2=(k-1)\ [(k\ x)\ -y2]\ /\ (k\ y)\ -z$. With "k" we indicate the 3 variables considered, with "x" we indicate the total of the squares of the 3 variables considered. "Y" indicates the total of clinical conditions. With "y2" we indicate the square of the total climatic conditions. With "z" is indicated the total of the squares of the clinical conditions.

Results: The Cochran Q test shows how the clinical situation "S3-4 / M4-5" highlighted in all patients is not attributable to the case but assumes a high statistical significance since the relative value (VR) of the obtained is 60 and the critical value (VC) of $\chi 2$ for $p=0.001$ is of 13.816. The differences of choice are, therefore, highly significant with $p<0.001$.

Conclusions: The authors have shown that in the 30 patients enrolled in the "MOSCO" study there is a statistically significant correlation between the values of Mottling score and those of SOFA score.

Mottling score and PES Index: "MOPESI" study. Comparative analysis for continuous variables in 30 patients with unstable pulmonary embolism

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Background and Purpose of the study: The authors present the

"MOPESI" study, an acrostic study that derives from the "MOttling score and Pulmonary Embolism Severity Index", which enrolled 30 patients between the ages of 48 and 85, with pulmonary embolism and haemodynamic instability. In all patients the Mottling score and PES Index were evaluated at the entrance in the ward. The study "MOPESI" proposes the following objectives: check if there is a relationship between the Mottling score and PES Index; check if the relationship reaches statistical significance according to the Parametric Student's T test for comparative analysis of the variables considered.

Materials and Methods: In the 30 patients enrolled in the "MOPESI" study, the Mottling score and PES Index were evaluated whose values were compared with Student's T Test. The test calculates the relative value (VR) of the index t to be associated with the difference found according to the following formula: t=(M1-M2) / √DS12 / N1 + DS22 / N2.

Results: The Student's "t" test applied to the 30 patients shows a highly significant correlation (p <0.001) of the two variables examined (Mottling Score and PES Index pre-lysis values) and, therefore, not attributable to the case. In fact, the value of "t" obtained is 15.01 and the VC (critical value) of "t" for p=0.001 is 3.659 with DF=29.

Conclusions: The authors have shown that in the 30 patients enrolled in the "MOSCO" study with unstable pulmonary embolism there is a statistically significant correlation between the Mottling Score values and those of PES Index.

Management of DOACs in an Internal Medicine Unit: experience on 117 patients

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Background and Aim: Several guidelines suggest direct oral anticoagulants (DOACs) for non valvular atrial fibrillation (NVAF) and venous thromboembolism (VTE). We report the experience of an Internal Medicine Unit in DOACs management.

Materials and Methods: From January 2014 to December 2019 we have collected 117 pts using AIFA register for prescription and data organization. For a better management, in 2018 we have organized a DOACs Clinic to check clinical, laboratory (complete blood count, creatinine, AST, ALT, PT INR and aPTT, D-dimer, urine analysis) and instrumental data. We have reported bleeding, comorbidities and new drugs assumption. Pts have been evaluated at month 1 and then according to clinical judgement.

Results: 69 pts had NVAF (38M, 31F), mean age 78±8.9, mean CHADSVASc 4.4±1.5, HASBLED 2.2±1. 48 pts had VTE (30M, 18F), age 64.5±17.8. 89/117 were ≥65 ys (42 pts >80ys), 14 had neoplasia, 4 had eGFR <50ml/min and 1 had weight ≤60kg. Two pts had gastrointestinal and 1 urinary tract bleeding without treatment discontinuation: 11 needed dose reduction. Since the DOACs clinic has started, pts on therapy have increased and pts lost on follow-up have decreased: 29,8% of 57 pts were lost on follow-up in 2014-2017; 6,7% of 60 pts were lost in 2018-2019.

Conclusions: Frequently, patients in Internal Medicine Unit need DOACs therapy. Management of these patients requires a follow-up to check and treat bleeding loss, kidney and liver diseases, drug-drug interaction etc. A DOAC clinic improve compliance to follow-up and reduce complications related to this therapy.

La comunicazione in Medicina Interna: è un problema di genere?

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Premesse e scopo dello studio: In ospedale comprendere le reazioni del paziente, saperle interpretare e stabilire una comunicazione ottimale, rappresenta un punto di partenza per evitare situazioni di disagio. Analizzare l'esperienza vissuta e la qualità percepita dagli assistiti nel Reparto di Medicina Interna dell'Ospedale di Marcianise (ASL CE), indagando gli items inerenti il processo di comunicazione.

Materiali e Metodi: Abbiamo arruolato 498 pazienti che si ricoveravano presso il nostro Reparto nel periodo-giugno 2019. I pazienti avevano simile CIRS e simile livello socio-culturale. L'età media era pari a 65±6 anni; il 55% dei pazienti era rappresentato dal sesso maschile ed il 78% aveva un'età superiore ai 65 anni. Tutti i pazienti sono stati sottoposti al CAT-T Modificato per la valutazione dell'efficacia della comunicazione medico paziente.

Risultati: Il 40% dei pazienti hanno mostrato una risposta di gradimento pari a 4 (range 3.65-4.31). In particolare, gli over 65 anni mostravano una risposta di gradimento significativamente superiore agli uomini (4.5 *vs* 3.1; p<0.001). Inoltre, tra gli over 65, le donne presentavano una risposta di gradimento significativamente superiore agli uomini (4.3 *vs* 3.4; p<0.001).

Conclusioni: Il paziente anziano si affida maggiormente al medico perché mostra un atteggiamento più umile, meno irrequieto e remissivo verso la salute e la malattia, così come il sesso femminile che presenta una capacità di osservazione diversa. Pertanto, la comunicazione deve essere indirizzata a creare un clima di fiducia, affidabilità e serenità.

Pay attention to dementia in a middle-age man

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Case Report: We present a case of a 57-years old man that came to our observation for confusion, memory disorders, walking instability and recent trauma; a brain angio-CT scan showed a front-basal hypodense area and left carotid kinking. The Stroke Unit neurologist prescribed an MRI that showed area of subcortical gliosis in right frontal region and multiple gliosis areas in periventricular white matter. Since the patient had an unclear clinical course characterized by hallucinations/agitation a cerebral infectious disease was considered. In suspicion of encephalitis a lumbar puncture (LP) was performed and an increase in protein content has been highlighted in CRF. HIV serology tested negative but VDRL and TPHA were positive and the diagnosis of neurosyphilis (NS) remained the most likely. The diagnosis was confirmed by microbiological tests performed in "L. Spallanzani" H. The patient was treated by the infectious disease doctor with i.v. G-penicillin 24.000.000 UI for 14 days; on day 10 the patient has recovered short and long-term memory. The patient refused the LP check after therapy. NS was an important cause of dementia until the first half of the 20th century and antibiotic therapy has solved this health emergency.

Conclusions: However, over the past 20 years there has been a worrying increase in syphilis cases and the diagnosis is often late due to a low sensitivity of the population but also of the doctors. NS is a curable form of dementia if early diagnosed and we must remember that psychotic disorders, ataxia and focal neurological symptoms could be suggestive of NS.

Weak Walker

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Background: It's well known that statins provoke a direct toxic effect on the muscle. An autoimmune myopathy has been also described.

Case Report: A 72-years-old woman with chronic kidney disease due to poststreptococcal glomerulonephritis, hypothyroidism, arterial hypertension, dyslipidemia, diabetes mellitus type 2 and chronic ischemic cardiomyopathy was hospitalized for asthenia, diffuse muscle pain, weakness and mobility limitation with diffi-

culties in walking and staying upright. Creatine kinase was >8000 U/L and transaminases was elevated (AST >900 U/L and ALT >600 U/L). Despite statin discontinuation, CK and transaminases' levels still arise. Viral serology (HBV, HCV, HAV, toxoplasmosis, CMV, EBV, HIV, Coxackie virus), auto-antibody panel (ANA, ENA, anti-dsDNA, ASMA, AMA, LKM, myositis antibody profile) and abdomen TC scan were negative. Statin-associated autoimmune myopathy was suspected, and prednisone 1 mg/kg was started with a rapid decrease of CK and transaminase values. The level of anti-HMG COA reductase antibodies was tested during immunosuppressive therapy (7.7, normal value <20). Three months later ezetimibe was introduced without any adverse event.

Conclusions: In patients on statin treatment, the elevation of CK may be also due to an autoimmune mechanism. A prompt diagnosis and treatment with steroid is critical to rapidly solve patient's symptoms. Rechallenge with statin is unsuccessful in most cases.

Comorbidities as predisposing factors for the development of cognitive disorders in an institutionalized elderly population

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Background and Aim of the study: Various can be the causes in elderly's patients cognitive and disorders recognize. We have researched the most frequent factors and comorbidities attributable to the cognitive development and behavioral disorders in institutionalized elderly people.

Patients and Methods: Studied guests were 135 (2013-2019 years) in high maintenance assisted healthcare residence (RSA), all female, average 77.7 years (range 58-102) affected by various pathologies. Patients passed through a long-term medical/post-acute period (MPAP) were 487 of both genders [average age 70.4 (range 64-100 years)]. RSA and MPAP guests had more or less serious cognitive disorders associated with various comorbidities. All patients were submitted to the cumulative illness rating scale test (CIRS) and they were assessed both by the Severity index (SI vn <2.0) and by the Comorbidity index (CI vn <3.0). Statistical analysis by Student's test was applied and it was found significant with $p < 0.05$.

Results: SI average value of the guests in RSA was on 2.3 (range 1.7-3.0), the CI was >3.0 for all the guests. In MPAP the SI was on average 1.8 (range 1.4-3.8) and the CI of 2.8 (range 2.1-4.1). Between the two cases studied (RSA and MPAP) the difference was not statistically significant for the severity index ($p > 0.05$) while the differences were statistically differences for comorbidity index ($p < 0.02$).

Conclusions: It is considerable the importance of CI associated with SI test because this appears to be related to the presence of cognitive disorders and comorbidity.

Prevenzione delle Medical Adhesive Related Skin Injuries nei pazienti portatori di Peripherally Inserted Central Catheter, una revisione sistematica della letteratura

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Premesse e Scopo dello studio: Le Medical Adhesive Related Skin Injuries (MARSI) sono lesioni cutanee che si manifestano come erosione, eritema, macerazione, follicolite o dermatite in soggetti a rischio dopo 30 minuti dalla rimozione di un dispositivo adesivo. Obiettivo dello studio è indagare quale medicazione dell'*exit site* previene lo sviluppo di MARSI nei pazienti adulti portatori di Peripherally Inserted Central Catheter (PICC).

Materiali e Metodi: E' stata condotta una revisione sistematica della letteratura consultando le banche dati Cochrane, Cinahl e Medline (PubMed), selezionando gli articoli originali e completi degli ultimi 10 anni che indagano il tipo di medicazione dell'*exit site* del PICC da adottare per prevenire l'insorgenza di MARSI. Sono stati inclusi 8 articoli.

Risultati: In 5 casi (fra cui 2 linee guida) si raccomanda l'applicazione di sistemi di fissaggio *suturless* con adesivo siliconato che eviti il contatto diretto fra la medicazione trasparente semipermeabile in poliuretano e la cute così da assicurare un adeguato ancoraggio del dispositivo e permettere una rimozione atraumatica che minimizzi il dolore percepito.

Conclusioni: Ispezionare quotidianamente la cute, scegliere dispositivi e medicazioni adeguati, effettuare correttamente le manovre di posizionamento e rimozione permettono di ridurre l'insorgenza di nuovi episodi di MARSI, il dolore percepito e consentono un ancoraggio sicuro dell'accesso vascolare.

Clinical discussions in antithrombotic therapy management in patients with atrial fibrillation: a Delphi consensus panel

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Background: Direct-acting oral anticoagulants (DOACs) have entered the clinical practice for stroke prevention in non-valvular atrial fibrillation (NVAF) or prevention and treatment of venous thromboembolism (VTE). However, there is uncertainty on DOAC use in some clinical scenarios not fully explored by clinical trials, but commonly encountered in the real world.

Methods: We report a Delphi Consensus on DOAC use in NVAF patients. The consensus dealt with 9 main topics: (1) DOACs *vs* vitamin K antagonists (VKAs) in AF patients; (2) Therapeutic options for patients with stable total time in range (TTR) treated with VKA; (3) Therapeutic options for patients aged more than 85 years; (4) Therapeutic management of hyperfiltering patients; (5) Pharmacological interactions; (6) Therapeutic options in the long-term treatment (prevention) of patients with AF and ACS after the triple therapy; (7) Low doses of DOACs in AF patients; (8) Ischemic stroke in patients inappropriately treated with low doses of DOACs; (9) Management of patients taking DOACs with left atrial appendage thrombosis.

Results and Conclusions: 101 physicians (cardiologists, internists, geriatricians and hematologists) expressed their level of agreement on each statement by using a 5-point Likert scale (1: strongly disagree, 2: disagree, 3: somewhat agree, 4: agree, 5: strongly agree). Namely, votes 1-2 were considered as disagreement while votes 3-5 as agreement. Agreement among the respondents of ≥66% for each statement was considered consensus. A brief discussion about the results for each topic is also reported.

Superior vein cava syndrome after pacemaker implantation

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Background: Superior Vein Cava (SVC) syndrome is an extremely rare but serious complication after pacemaker lead implantation; most patients are asymptomatic due to the development of an adequate venous collateral circulation; symptoms include headache, upper limb edema, cyanosis and facial swelling.

Clinical case: A 77-year-old woman was admitted because of headache and progressive cyanosis and swelling of the face, neck, and bilateral upper extremities and these symptoms worsened gradually. Clinical examination revealed prominent engorged vasculature in the neck and anterior chest wall. Thoracic CT angiography and superior cavography showed the SVC obstruction around indwelling leads with increased flow through the collateral circulation. Balloon angioplasty was considered but the patient refused and a treatment with edoxaban 60 md die was started; gradually a complete resolution of the symptoms was obtained. The patient was discharged in a stable condition.

Conclusions: SVC syndrome results from the obstruction of blood flow through the SVC into the right atrium. Generally, malignancy is considered to be the most common etiology of SVC syndrome, but benign iatrogenic causes, mainly intravascular devices (catheters, cardiac defibrillators and pacemaker wires), are be-

coming increasingly common. Procedures performed on venous vasculature, causing a possible intimal injury or vein stenosis provoked by transvenous leads seems to be the most reasonable explanation for the observed complication.

Increased mortality for cardiovascular, metabolic diseases in residents near fluoropolymers plants in Italy. Review of published studies and report on Italian gray literature not submitted to peer-reviewed medical journals

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Poly- Perfluoroalkyl Substances (PFAS) are a class of 4700 organic highly fluorinated molecules with endocrine disruption properties. Perfluorooctanoic acid (PFOA) and Perfluoro–octanesulfonate (PFOS), are the most representative and the most studied among these compounds. PFOA was graded as a possible carcinogenic agent (2B) to humans by the International Agency for Research on Cancer (IARC). PFAS are also classified as non biodegradable, very Persistent, very Bioaccumulating and Toxic (vPvBT) substances, with detectable levels all over the world in blood and human tissues even in populations not exposed for occupational reasons. In a population polluted for decades by PFAS in drinking-water and food living in the Veneto Region, Italy, we have previously demonstrated a significative increased risk for all causes, myocardial infarction and cardiovascular disease (CD) in both sexes and for diabetes and Alzheimer's disease in male and for kidney and breast cancer too. Similar results were replicated in another ecological study with a near identical design by the epidemiological service (SER) of the Veneto Region never submitted for peer-reviewing. Recently, an excess of mortality for CD and other diseases was observed in residents near a fluoropolymer plant in the Piedmont Region, we performed a review of the international published and Italian gray literature on the clinical risk associated with CD in the general and working populations exposed to PFAS. We have reviewed the literature on the pathophysiological mechanism conferring a biological plausibility on such a risk.

Severe hemolytic anemia in adults with mycoplasma pneumoniae pneumonia: case report

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Background: The association between mycoplasma pneumoniae pneumonia (MPP) and hemolytic anemia due to cold agglutinins is known. Anemia and respiratory failure can represent a medical emergency.
Clinical case: A 50 years old man presented with fever, dyspnea and severe anemia. Blood tests showed: Hb 5.1 g/dl, MCV 90 fl, reticulocyte 6.5%, LDH 663 UI/ml, haptoglobin 8 mg/dl, positive direct and indirect Coombs test, high titer cold agglutinins. IgM antibodies for Mycoplasma were positive. Blood and urine culture tests, serology for active viral infections (EBV, CMV, HIV, HCV, HBV), immunological screening and neoplastic markers were negative or normal. Blood gas analysis revealed respiratory failure type I. Chest x-ray indicated right basal parenchymal consolidation. Therapy with azithromycin + piperacillin/tazobactam, oxygen support, infusion of heated electrolyte solutions were started. Prednisone 100 mg /day orally and folic acid were associated. The patient's room heating was kept at 30°C. Gradual defervescence and improvement of the blood gas parameters were obtained. Hemolysis indexes progressively decreased and hemoglobin values increased without need of transfusions; Coombs test turned negative.
Discussion: The specific antibiotic treatment, the correction of hypoxemia, supportive measures such as room heating and intravenous infusion of heated liquids led to the resolution of the pulmonary inflammation and interruption of the autoimmune process; a negative Coombs test was obtained on the twenty-second day.

Mesalazine is effective in the treatment of symptomatic uncomplicated diverticular disease of the colon and for prevention of diverticulitis relapses

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Background and Aim: Diverticulosis of the colon is the most common condition and the most common anatomic alteration of the human colon. Recurrent abdominal pain is experienced by about 20% of patients with diverticulosis, but the pathophysiologic mechanisms of its occurrence are not completely understood.
Methods: After acute diverticulitis attack, 180 patients was treated with mesalazine and 172 with antispastics agents. The percentage of symptoms remission and the rate of relapse are successively observed in the two groups into a period of one-year follow-up.
Results: Remission of pain was achieved in 144/180 (80%) patients in the mesalazine group and in 105/172 (61%) patients in the antispastic group (OR 2.5; 95% CI 1.58-4.11; p=0.0001 in favor of the mesalazine group). Occurrence of diverticulitis during follow-up is of 22/180 (19.3%) patients in the mesalazine group and in 84/172 (33.3%) patients in the antispastic group (OR 0.145; 95% CI 0.08-0.24; p=0.0001 in favor of the mesalazine group).
Conclusions: Persistent low-grade inflammation of the colon may also explain clinical symptom persistence following Acute Diverticulitis. Mesalazine are effective in reducing symptoms and in primary prevention of acute diverticulitis, further supporting the possibility that chronic inflammation occurrence during the course of diverticular disease plays a role in its pathogenesis.

Headache and acute myocardial infarction: have we thought of everything?

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Introduction: A 50-year-old man, current smoker, affected by dyslipidemia and hypertension, presented to the emergency department with a one-month history of headache and constant fever (up to 38°C). A cycle of antibiotics was ineffective.
Case: He was admitted to our Medical Ward with the diagnosis of "normocytic anemia, fever of unknown origin, headache". Blood tests showed a normochromic-normocytic anemia, leukocytosis, elevated index of inflammation. Screening for autoimmunity and coagulation disorders was negative. Searching for HCV, HBV, HIV and Leishmaniasis was negative as were the Widal-Wright test, quantiferon, liquor examination, bone biopsy, urine and blood cultures. Abdominal echo scan, chest X-ray and echocardiography didn't show any pathological patterns. A TC scan showed a "light homogenous concentric thickening of both the carotid arteries, over the entire length of the aorta and especially in the infrarenal tract, up to 6 mm of thickness, of the iliac and, to a lesser extent, of the femoral arteries". A temporal artery biopsy was non-diagnostic. The hospital stay was complicated by an ST elevated myocardial infarction with unscathed coronaries in the angiography. We decided to perform a PET scan that showed a strong uptake of the same thickened arteries. Steroid therapy was started with clinical and laboratory improvement
Conclusions: Diagnosis of vasculitis can be very challenging due to variability of vessels and organs involved. Our patient showed headache and fever. Awareness and high suspicion may allow early recognition and treatment.

A strange headache

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Case report: A 57 year-old healthy male presented to our observation for persistent headache. His GCS was 15, the neurological physical examination was normal. A CT brain scan was performed, with the evidence of right transverse sinus, Herophilus torcular and sagittal sinus hyperdensity suspected of venous thrombosis. Brain MRI angiography confirmed transverse sinus, sigmoid sinus and right jugular thrombosis. Laboratory tests, total body contrast CT and cardiovascular investigations were normal, except for heterozygous MTHFR mutation. The patient was treated with LMWH, followed by warfarin on the fifth day until therapeutic INR range and he was discharged asymptomatic and with the indication for close follow-up.

Discussion: Cerebral venous sinus thrombosis (CVST) is a relatively rare but clinically significant disease, with a variable clinical picture and headache as onset symptom in 70-90% of cases. It is more common in women and it counts transient (oral contraceptives, puerperium, pregnancy, paranasal sinus infections) or permanent risk factors (thrombophilic disorders, myeloproliferative diseases and cancer). No risk factors were identified in approximately 13% of adults with CVST.

Conclusions: In our patient we didn't found risk factors for the development of CVST and therefore it ranks in cases of idiopathic CVST. The clinical suspicion, supported by neuro-imaging data, with the quick performance of MRI and the timeliness of medical therapy, allowed a favorable prognosis in our case.

Hyposplenism, bacterial translocation and sepsis, what's the link?

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Background: Hyposplenism predisposes to encapsulated-bacteria infections, autoimmunity and thromboembolism.

Case Report: A 72-years-old woman affected by diabetes, total pancreatectomy and splenectomy (due to pancreatic IPMN) diverticulosis, polymyalgia rheumatica (chronic oral steroid therapy), and drugs polyallergies. In subsequent years, the patient has been hospitalized several times and more often. Diagnoses were all similar: sepsis due to urinary infection and/or pneumonia. Independently to the bacteria identification, limitations due to polyallergies left meropenem as the only antibiotic choice. In September 2019, during last hospitalization we noted a slightly clinical response and not a fully healing. No valvular lesions at echocardiogram. Chest HR-CT scan excluded neoplasms. Urinocolture was positive to *Klebsiella pneumoniae* MDR (not fully sensibility to meropenem, never seen before). We had antibiotic benefits not earlier than 21 days and not at 10th day as the other circumstances. As the last chance, we administered monthly polymethylsiloxane polyhydrate. Results seem to be positive, better blood sugar levels and fewer fever episodes.

Conclusions: Few weeks has been passed from last discharge, so we can't ascribe clinical improvement only to polymethylsiloxane polyhydrate but we consider it as a factors which are postponing the next hospitalization.

Abdominal surgery, chronic PPI- and steroid- therapy, diverticulosis, cholecystectomy and constipation are factors for bacterial translocation. Polyallergies, splenectomy and diabetes hamper and get worsen care attempts.

A rare case of severe hypoglycaemia due to adult-onset nesidioblastosis

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Hyperinsulinemic hypoglycaemia may be caused either by a solitary tumour secreting insulin (insulinoma) and, very rarely, by nesidioblastosis, a diffuse proliferation of beta cells through the pancreas, clinically and biochemically indistinguishable from insulinoma. We report a rare case of life-threatening hypoglycaemia due to nesidioblastosis. A 63-year-old man was brought to Emergency Department of Legnano Hospital by his wife, who found him sweaty and unresponsive. Blood glucose level was 38 mg/dl and after iv glucose he regained consciousness. Kidney and hepatic function were normal; cortisol and IGF-I in range. A 72-h-fasting test resulted positive for hyperinsulinemic (insulin>1000mcU/ml, C-peptide 6.8 ng/ml) hypoglycaemia (43mg/dl). Anti-insulin antibodies and screening for type 1 MEN were negative. Abdominal US, MRI and CT scan showed no pathological findings. Endoscopic-US revealed five millimetrical hypoechoic lesions in pancreatic tail. Patient was treated with diazoxide and then underwent distal pancreatectomy, with hystopathologically findings compatible with nesidioblastosis. DOTATOC-PET showed no pathological finding. After a month hypoglycaemic symptoms reappeared and Flash Glucose Monitoring revealed mild hypoglycaemia after hyperglycaemic peak, successfully treated with diet and acarbose. Nesidioblastosis is an extremely rare cause of hypoglycaemia in adults and needs surgical treatment. Because of the diffuse lesions, diagnosis and post-surgery follow up is often challenging.

An unusual ischemic stroke

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Case Report: A 60-year-old healthy female was hospitalized for confusional state, ataxia and vertical gaze palsy. The laboratory tests were normal. The brain CT showed a hyperdensity in the left thalamic area suspected of a bleeding, without neurosurgical indications. Two days later we performed a contrast brain MRI, resulting in a thalamic infarct in the territory of the solitary Percheron artery (AOP) with minimal bleeding and mass effect on the 3rd ventricle, and in the absence of P1 segment of the right posterior cerebral artery (PCA). No embolism sources were found. A close follow-up highlighted a persistence of neurological defects. The patient was discharged with indication to prolonged ECG holter.

Discussion: AOP is a rare anatomical variant, in which a single trunk from the PCA supplies medial parts of the thalamus and ventral parts of the mesencephalon bilaterally. Acute occlusion of AOP is a rare event, which is often secondary to cardio-embolism. Bilateral thalamic infarct accounts for 0.1-0.2% of all ischemic strokes. It can begin with dramatic symptoms such as coma, more frequently the classic triad of hypersomnolence, ocular disturbances and neuropsychological deficits has been described. Early diagnosis is challenging and brain MRI is often performed outside the therapeutic window for thrombolysis.

Conclusions: The diagnosis of infarct in the territory of the Percheron artery is difficult and it is often delayed. The awareness of AOP infarcts and the MRI availability in the emergency department could allow early diagnosis and better clinical outcome.

Intestinal intussusception as an atypical and misunderstood presentation of celiac disease

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Case Report: A 42-year-old diabetic female was admitted with diarrhea, abdominal pain and weight loss. The laboratory tests revealed hypokalemia, hyposideremic anemia, positivity of anti-transglutaminase antibodies and of HLA DQ2-DQ8. The EGD with biopses of the duodenum was perfomed, getting a diagnosis of celiac disease (CD). For the persistence of deep abdominal pain, the patient underwent abdomen CT, with evidence of intussusception of two distal ileal tracts. The Gastrografin administration induced resolution of the clinical-radiological picture, and subsequently she has been discharged with indication to gluten-free diet.

Discussion: Intussusception in adults is rare, with 90% of cases due to organic lesions or cancer by which lead points. In the minority of cases without a lead point an inflammatory or "idiopathic" cause is often invoked. Theories for its development include flaccid, dilated small bowel, fold abnormalities, lymphadenopathy and fluid excess. The knowledge of the link between CD and intussusception is important for several reasons: - it avoids unnecessary surgery; - furthermore transient intussusception may be the only clinical manifestation of CD, particularly in cases with atypical clinical symptoms. The increasing use of abdominal CT may allow more frequent diagnoses of transient intussusception without apparent structural disease.
Conclusions: Intussusception without a lead point in the adult patient should prompt an investigation for celiac disease, which represents a common treatable condition with avoidance of surgery.

GIST: raro tumore stromale gastrico

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Premessa: I tumori stromali gastro-intestinali (GIST) si sviluppano principalmente nello stomaco; nel tenue, raramente nel retto, colon o esofago, di solito sporadici con incidenza di 15 casi/1.000.000 pz./anno; età media alla diagnosi 60 aa; di solito asintomatici fino al raggiungimento di 6 cm.
Descrizione del caso clinico: Uomo di 65 anni con dolore epigastrico presente da 15 giorni. EGDS: neoformazione del corpo gastrico di 4 cm aggettante nel lume ricoperta da mucosa normale (biopsia non diagnostica). TC: conferma la lesione della parete gastrica in assenza di lesioni focali di fegato, milza, pancreas; non linfonodi di dimensioni patologiche delle catene retroperitoneali, iliache e pelviche. L'ecoendoscopia: nel corpo distale gastrico, versante grande curva conferma lesione ipoecogena con margini regolari, 38 mm di diametro che appare originare dalla tonaca muscolare; da riferire a GIST del corpo gastrico; l'agoaspirato non permette però la diagnosi istologica. Il paziente viene sottoposto ad intervento chirurgico per via laparoscopica ed il quadro istopatologico è di GIST, prevalentemente a cellule epitelioidi della parete gastrica (CD117+, Dog1+) quota proliferante Ki76<10%, Very low risk sec. Miettinem.
Conclusioni: La biopsia con FNA sotto guida EUS può essere diagnostica ed eseguita in sicurezza ma nel nostro caso non ha permesso la diagnosi istologica; lo standard nei tumori ≥ 2 cm è la biopsia / escissione, perché associati a rischio più elevato di progressione se confermati come GIST; l'asportazione laparoscopica ha raggiunto il duplice obiettivo di diagnosi e terapia.

Use of IL-6-blockade in a case of scleroderma

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Introduction: Scleroderma is a complex rheumatological disease, frequently refractory to conventional therapy.
Clinical case: Female. 67. History: arterial hypertension and, since 2007, diagnosis of multiple sclerosis, treated with Interferon-beta. Familiarity for rheumatoid arthritis. Onset of symptoms in 2017, with Raynaud's phenomenon and subsequent skin sclerosis. She underwent rheumatological evaluation with high ANA and AMA positivity and complement consumption. Diagnosis: systemic sclerosis, limited skin variant. Prostacycline and calcium channel blocker therapy was started, with initial benefit. After one year, however, progressive worsening of skin symptoms, with ulcers, despite therapy. Therapy with endothelin antagonists (bosentan) and 5PDE antagonists (sildenafil) was added, without any results: lack of regression of ulcers, spontaneous amputation of 3 fingers and appearance of further ulcers. Therefore, given the immunological effect of interleukin 6 (IL-6) as an amplifier of fibrosis in the patient with scleroderma, the refractoriness of the symptoms to conventional therapy and the progressive pathology worsening, off-label request was made for the use of Tocilizumab, therapy practiced starting from May 2019. Since then: regression of ulcers, no appearance of new lesions and improvement of the patient's quality of life.
Conclusions: Systemic sclerosis is an insidious pathology, with multi-organ involvement. Sometimes it is necessary to use alternative strategies. In our case, the use of an experimental therapy has led to a flattering result.

New oral hypoglycemic drugs and heart failure: state of the art on possible pharmacological synergies

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Background: Cardiovascular disease is the leading cause of death in type 2 diabetics. Various studies with new hypoglycemic drugs, in particular sodium/glucose-2 cotransporter inhibitors, have shown a positive effect on mortality and cardiovascular risk in type 2 diabetics.
Clinical Case: A 61-year-old man suffering from metabolic syndrome with type 2 diabetes mellitus and chronic ischemic heart disease, hospitalizes Internal Medicine for dyspnoea, swelling edema and glycemic failure. Start insulin (basal-bolus), diuretics, empagliflozin and sacubitril/valsartan. ICD plant planned. Discharged with: insulin lispro and degludec, empagliflozin, carvedilol, acetylsalicylic acid, polyunsaturated fatty acids, allopurinol, ezetimibe/simvastatin, sacubitril/valsartan, furosemide, canrenone. At control, there was an improvement in glycemic compensation and ventricular performance.
Conclusions: Empagliflozin is used to obtain an improvement in the glycemic profile, weight loss and reduced insulin requirement. Sacubitril/valsartan has been approved for reduced ejection fraction heart failure. With empagliflozin and sacubitril/valsartan, weight loss concomitant with good diuretic response was observed. Is this linked to the synergy of the two drugs or is it the result of the physiological return to a state of compensation? However, according to data provided by cardiovascular safety sudies, sodium/glucose-2 cotransporter inhibitors significantly reduce the risk of major cardiovascular events, mortality and hospitalization for heart failure in type 2 diabetics.

Assessment of the adherence to best practices relating to vascular access in the medical care area: an observational study

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Background and Objective: About 10% of hospital infections are related to intravascular catheters. Surveillance, aimed at reducing both bacteremic and other preventable complications, should be systematic and routine. The assessment of adherence to best practices is essential to reduce related venous catheter complications. The aim of the work is to measure the level of adherence to best practices, highlighting non-conformities and planning improvement actions.
Methods: An investigation was conducted using direct observation led by experienced nurses. 11 checklists have been developed. The survey was conducted in 7 hospitalization wards of a Turin university hospital, in split periods for a total of 42 hours of observation. The observer has always maintained the abstention of judgment. The investigation was authorized by the Health Department.
Results: 425 observations were conducted (130 patients). The

most critical areas are related to the appropriateness of the device, the management of infusion lines and daily surveillance.
Conclusions: Despite a possible Hawthorne effect, the observation made it possible to identify the areas on which to initiate corrective actions. Reinforcing the knowledge and motivation of professionals with the aim of reducing complications, can improve care outcomes, also influencing the reduction of costs where there is an unsuitable management and waste of material.

An unusual abdominal pain: a case report of disseminated blastomycosis

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Background: Blastomycosis is a rare disease caused by the dimorphic fungus B. dermatitidis, endemic in North America. Although blastomycosis is usually localized in the lung, 25–40% of patients will develop a disseminated form characterized by cutaneous, osteoarticular or CNS disease. Diagnostic delays are not uncommon and often result in increased mortality.
Case Report: A 38-year-old African man, with recent anamnestic tuberculosis, was admitted to our department for abdominal pain, fever, cough, hemoptysis and elevated inflammatory indices. An abdominal CT showed abscesses in the iliopsoas muscles and multiple bone lesions (vertebrae and pelvis). Common blood cultures, BK research, bone marrow biopsy and the bronchoscopy were negative. Suspecting brucellosis, empirical antibiotic therapy was started but resulted ineffective and the patient continued to deteriorate. Granulomatous inflammation was confirmed thorough the analysis of the surgically evacuated abscesses. These cultures were incubated longer and became positive for fungi. The PCR analysis confirmed the presence of B. dermatitidis, therefore a therapy with itraconazole was started in association with de-escalation of the antibiotics. Three months after the start of this therapy, the abdominal CT showed an almost complete resolution of the previous lesions.
Conclusions: The incidence of blastomycosis is increasing, specially in regions where it is not endemic, such as Africa. It should be considered whenever a patient who has compatible clinical manifestations does not respond to conventional antimicrobial treatments.

Stroke ed emofilia: associazione possibile?

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Premessa: L'emofilia acquisita (EA) è una patologia relativamente rara (1-2 casi per milione/anno), spesso sottodiagnosticata. Può essere secondaria (patologie autoimmuni, neoplasie, dermopatie) ma in più del 50% dei casi rimane idiopatica. La terapia è duplice: antiemorragica (agenti by-passanti, ABA) e immunosoppressiva.
Caso clinico: Donna di 74 anni ricoverata per stroke lacunare e melena con severa anemizzazione (Hb 4g/dL). Sottoposta a emotrasfusione (4 U) e a EGDS con rilievo di ulcera pilorica (emostasi iniettiva e meccanica). Durante la riabilitazione in corso di enoxaparina 2000 U e clopidogrel 75 mg, progressiva anemizzazione da ematomi profondi (ileopsoas bilaterale) apparentemente spontanei. Già nella fase acuta prolungamento isolato dell'aPTT su più campioni (aPTT 1.6->2.5->2.2) sostenuto da un deficit severo di VIII con inibitore ad alto titolo (VIII 1.9% e 31.09 BU/mL). Visto il recente stroke si è preferito evitare gli ABA potenzialmente protrombotici, ottenendo lo stop emorragico attraverso antifibrinolitici ev e trasfusioni. Ad ora l'EA rimane idiopatica e la paziente è in terapia steroidea (1 mg/Kg/die). Non abbiamo ancora introdotto l'ASA visto l'alto rischio emorragico.
Conclusioni: Le criticità di gestione della EA nell'anziano sono molteplici sia nella fase diagnostica (uso di antiaggreganti/anticoagulanti) che terapeutica. In particolare gli ABA sono gravati da un alto potenziale protrombotico e pertanto difficilmente utilizzabili in caso di stroke acuto. L'uso del susoctocog alfa potrebbe rappresentare una valida alternativa in questo setting.

Un caso di sindrome DRESS da atorvastatina

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Premesse: La sindrome DRESS (Drug Rash with Eosinophilia and Systemic Symptoms) è una reazione da ipersensibilità, caratterizzata da rash cutaneo generalizzato, febbre, eosinofilia, linfocitosi, e coinvolgimento viscerale secondaria a farmaci.
Caso clinico: Paziente di 61 anni, accedeva in PS per febbre con brivido in assenza di altri sintomi. In anamnesi: recente ricovero per STEMI infero-posteriore trattato con PTCA, ipertensione e dislipidemia. In terapia da 20 giorni con atorvastatina 80mg, ASA, ticagrelor, bisoprololo, ramipril. Gli esami ematici mostravano GB 18.470, N 15.060, eosinofilia (1000/uL), PCR 153 mg/l, AST 180, ALT 228, GGt 956, FA 644UI/ml. Inviate emo ed urocolture, avviati piperacillina/tazobactam e daptomicina nel sospetto di sepsi. La TAC torace addome e l'ecocardiografia risultavano negative per foci infettivi ma vi era evidenza di linfonodi toracici lievemente ingranditi. Tre giorni dopo il paziente sviluppava rash cutaneo eritematoso pruriginoso, per cui veniva sospesa la terapia antibiotica. Per il progressivo peggioramento degli indici epatici, sospesa anche l'atorvastatina. Nei giorni successivi risoluzione del quadro clinico e laboratoristico. Dato il recente STEMI è stata riavviata la statina, a basso dosaggio, osservando un nuovo aumento degli eosinofili e delle transaminasi. Abbiamo concluso per DRESS indotta da atorvastatina.
Conclusioni: Il caso è peculiare in quanto la sindrome DRESS è descritta in letteratura secondaria a farmaci come antiepilettici, allopurinolo, sulfonamidi mentre è raro il caso di DRESS scatenata da atorvastatina.

Well hidden pneumonia: Pneumocystis jirovecii infection in a ruxolitinib treated woman with primary myelofibrosis

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Background: Ruxolitinib, inhibitor of JAK 1-2, has been approved for the treatment of primary myelofibrosis (PMF), since it significantly reduces splenomegaly and relieves constitutional symptoms. Pneumocystosis is known to occur frequently in immunocompromised hosts, expecially those receiving therapies which suppress cell-mediated immunity. However, there are only a few reports of pneumocystis pneumonia in patients treated with JAK-inhibitors.
Case presentation: A 69-year old woman diagnosed with PMF who had been treated for 6 months with ruxolitinib presented with a 4-months history of dyspnea, cough, intermittent fever and progressive weakness. At first, chest Xray and sputum cultures resulted negative, so empirical antibiotic therapy was administered, without clinical improvement. As inpatient, CT scans showed multiple pulmonary nodules while blood cultures and BAL testing resulted negative. Further antibiotic and antimycotic therapy did not show any response. The administration of ruxolitinib was therefore discontinued, as well as antimicrobial therapy. Eventually, PCR testing of BAL returned positive for pneumocystis jirovecii. Cotrimoxazole plus steroid resulted in clinical and radiological improvement.
Conclusions: Although ruxolitinib is an active treatment option for PMF, it exposes the patients at risk for various opportunistic infections. Therefore respiratory symptoms should not be underestimated as they can be the warning sign. Furthermore treatment of pneumocystis pneumonia with concomitant JAK inhibitor administration may result in poor treatment efficacy.

Hodgkin's lymphoma and autoimmune disorders: a case report

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Background: Lymphoproliferative diseases are known to be associated with autoimmune disorders and conversely are recognized in increased frequency in patients with preexisting autoimmune diseases.

Case Report: The patient was a 59-year-old man, who had been diagnosed Hodgkin lymphoma (HL) treated with adriamycin, bleomycin, vinblastine, and dacarbazine which induced a complete remission. Two year later, he developed a sudden Coombs-positive hemolytic anemia and immune thrombocytopenia treated with prednisolone and intravenous immunoglobulin. The patient was referred to Internal Medicine Department for the appearance of fever, asthenia and cough and he was not responsive to antibiotic treatment. Physical examination revealed pale skin, tachypnea, abnormal crackles at the bases of his lungs, however no peripheral lymphadenopathy was observed. Laboratory analyses showed anemia, thrombocytopenia, increase of inflammatory indices, negative cultures were found in urine, blood and sputum samples. A total body CT did not show widespread lymphadenopathy and/or hepato-splenomegaly whereas a HRCT showed ground-glass opacities and consolidations. A BOM did not show involvement of bone marrow by HL; autoimmune tests revealed ANA, anti-Sm and anti-RNP. These findings led to a diagnosis of mixed connective tissue disease (MCTD) treated with corticosteroids which had effect on the symptoms of disease.

Conclusions: This case show that the immune dysregulation and/or the clonal production of autoantibodies is involved in the pathophysiological mechanism of autoimmune disorders associated to HL.

When sickle hits red blood cells: a case of splenic infarction

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Introduction: Splenic infarction is a rare cause of acute abdomen of variable etiology, generally associated with pain in the left upper quadrant/left hypochondriac region.

Clinical case: We present a case of a 57-year-old male, who came to our ward with left upper quadrant abdominal pain for 3 days without fever, nausea or vomiting. Nothing remarkable in the past medical history. Physical examination: slight pain upon palpation in the left upper quadrant. Lab works shows macrocytic anaemia and leukopenia, high reticulocyte count, within range ferritin, B12 vitamin and folic acid, seric LDH 1029 UI/L. Negative ECG and chest X-Ray; total body CT scan showed a cuneiform hypodense area of the splenic parenchyma compatible splenic infarction, with pervious blood vessels. Negative screening for thrombophilia, HBV-HCV-HIV, autoimmune diseases, tumor markers and lymphocyte typing; a cardiology evaluation did not show any valve vegetation and interatrial shunts. Chromatographic separation showed the haemoglobin spike in the S/C position (37.3%), followed by genetic analysis with evidence of heterozygosis for HbS.

Conclusions: Usually patients with sickle cell trait are asymptomatic, but predisposing conditions such as dehydration, fever, altitude, intense physical activity and infections can cause splenic infarction, which in the case of our patient, a bricklayer exposed to physical and thermic stress, worked together in provoking the sickling of red blood cells with subsequent splenic thrombosis.

Implementazione del NEWS nelle degenze di un Dipartimento medico provinciale: adesione e capacità di stratificazione del rischio di aggravamento clinico a breve termine

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Introduzione e Scopo dello studio: L'87% dei ricoveri urgenti in provincia di Trento sono effettuati in degenza internistico geriatrica. L'uso del National Early Warning Score (NEWS) è di ausilio nella stratificazione della gravità clinica dei pazienti. Lo scopo dello studio è stato valutare l'adesione all'uso del NEWS in 9 UO del Dipartimento medico e di valutare la relazione tra score ed aggravamento clinico.

Metodi: Nel Dipartimento medico provinciale del Trentino è in uso il NEWS come triage di ricovero. E' stata valutata l'adesione nelle 9 degenze all'uso dello score e la relazione tra score ed aggravamento clinico entro le 48 ore dall'ingresso: mortalità o trasferimento urgente per aggravamento, anno 2018. La relazione è stata valutata utilizzando un modello categorizzato in tre classi di rischio di instabilità clinica in base allo score: basso NEWS 0-4 (B), medio 5-6 (M) e alto >6 (A).

Risultati: Il NEWS è stato rilevato in 10.223 dei 11.463 pazienti (89% dei ricoverati), età media 76 anni. Nel 69% dei casi lo score è risultato B, nel 16% M e nel 15% A. È stata rilevata una relazione tra incremento della classe di rischio ed esito clinico sia per mortalità precoce (da 0.6 a 8.1%, p <0.01) che per trasferimento (da 2.2 a 3.3%, p <0.01).

Conclusioni: I dati indicano che è stato possibile rendere diffuso con ottima adesione l'uso del NEWS in tutte le UO del Dipartimento. L'utilizzo del NEWS come triage nei reparti è risultato valido strumento di stratificazione della prognosi in termini di rischio di aggravamento entro le 48 ore in setting ospedalieri diversi.

Patient's outcome in SEMINA (SEpsis Management in INternal medicine Apulia) study

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Background and Purpose of the study: Sepsis is an increasingly common problem among patients admitted to Internal Medicine Units. The aim of SEMINA (SEpsis Management in INternal medicine Apulia) study is to evaluate the prevalence and the characteristics of patients with sepsis admitted to Internal Medicine Units in Apulia and patients' outcome.

Materials and Methods: A multicenter, prospective, observational cohort study was conducted in 14 Internal Medicine Units from November 2018 to May 2019. Consecutive patients diagnosed with Sepsis-3 criteria and SOFA (Sepsis-related Organ failure Assessment) ≥2 were included.

Results: 359 patients (4,72% of all admissions) were included in the study. The mean age was 78±13 years and 55.7% were females. 112 patients (31.2%) died during hospitalization and 19 were transferred to resuscitation (not-improved). Patients not-improved were older, more frequently admitted from nursing home, with high prevalence of dementia, had higher altered mental status (Glasgow Coma Scale) and SOFA scores. Acinetobacter baumannii was the most

prevalent bacterial agent significantly more frequent in non-improved than improved (6.6% *vs* 1.4%; p=0.012) as well as carbapenemi for antimicrobial resistence (5.7% *vs* 0.0%; p=0.028).

Conclusions: Analyses of subgroups by outcome demostring that older patients with dementia and altered mental status are those at higher risk for dead or transferring to resuscitation. Moreover, among bacterial agents, Acinetobacter baumannii remain the most prevalent in patients not-improving during hospitalization.

Prevalence of comorbidities and gender disparities in patients from the SEMINA (SEpsis Management in INternal medicine Apulia) study

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Background and Purpose of the study: Chronic comorbid conditions are common in septic patients admitted to Internal Medicine Units. In the SEMINA (SEpsis Management in INternal medicine Apulia) study, we quantified the prevalence of comorbidities in patients with sepsis along with gender disparities.

Materials and Methods: A total of 159 males and 200 females with Sepsis-3 criteria and Sepsis-related Organ Failure Assessment score ≥2 points were enrolled in 14 Internal Medicine Units of Puglia region during the period from November 2018 to May 2019 (4.7% of admissions).

Results: In the overall population, the order of most frequent comorbidities was renal insufficiency, heart failure, diabetes, dementia, COPD, coronary artery disease, and history of cancer. Females were older (80±12 *vs* 76±14 years; p <0.001) with higher prevalence of heart failure and dementia; males showed a higher coronary artery disease history and a less frequent altered mental status. Both genders had a comparable SOFA score with a non-different hospital mortality (30.5% in females *vs* 32.1% in males; p=0.75).

Conclusions: Chronic comorbidies are very common in septic patients. Males and females have differences in prevalence of comorbid conditions with similar hospital mortality.

Aspergillosi polmonare: l'importanza dell'anamnesi farmacologica

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Premesse: L'aspergillosi polmonare invasiva è un'infezione micotica opportunistica, che si realizza in condizioni di compromissione del sistema immunitario o come conseguenza dell'utilizzo di farmaci in grado di indurre neutropenia.

Caso clinico: Paziente di 83 anni, giunta alla nostra osservazione per febbre ed emottisi. In anamnesi ipertensione arteriosa e sindrome vertiginosa. All'ingresso condizioni cliniche scadute, con murmure vescicolare ridotto in toto e crepitii polmonari bibasali. Severa pancitopenia agli esami ematochimici. Presenza di multipli addensamenti polmonari bilaterali alla TC torace. Negativo il risultato della biopsia ostemidollare eseguita nel sospetto di una patologia ematologica. In assenza di un chiaro orientamento diagnostico, veniva eseguita broncoscopia con biopsie multiple, evidenzianti la presenza di aree necrotiche e spore ed ife fungine, compatibili con la diagnosi di Aspergillosi. Solo dopo alcuni giorni di degenza la paziente riferiva l'uso cronico ed autonomo di acetossietilcefuroxima, erroneamente considerato un farmaco anti-vertiginoso.

Conclusioni: Una dettagliata anamnesi farmacologica è fondamentale per poter realizzare un iter diagnostico più corretto e meno invasivo per i nostri pazienti. È importante non sottovalutare gli effetti collaterali anche di farmaci meno noti, come l'acetossietilcefuroxima. Inoltre è necessario sottolineare l'importanza di una corretta educazione farmacologica nel paziente anziano, così da evitare un uso improprio dei farmaci.

Accuracy of bedside abdominal ultrasound in evaluating the nasogastric tube placement: a multicenter, prospective, cohort study

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Background: Chest X-Ray (CXR) is universally accepted as the method of choice to confirm correct positioning of nasogastric tube (NGT). However, bedside abdominal ultrasound (BAU) could be a potentially useful alternative to CXR in the management of NGT. We evaluated in a prospective, multicenter cohort study, the diagnostic accuracy of BAU in the control of correct NGT placement.

Methods: We evaluated 606 consecutive inpatients with new NGT insertion. All patients were also subjected to a whoosh test and to a CXR. Every involved operator was blind to each other. Inter-observer agreement and accuracy analysis were calculated using CXR as the reference test.

Results: Eighty patients were excluded for protocol violation or incomplete exams and 526 were analyzed. BAU was positive, negative and inconclusive in 415 (78.9%), 71 (13.5%) and 40 (7.6%) respectively. The agreement between BAU and CXR was excellent (Cohen's k was 0.94; 95% CI: 0.91 to 0.96). Excluding inconclusive results, BAU had a sensitivity of 99.8% (99.3-100%), a specificity of 91.0% (88.5-93.6%), a positive predictive value of 98.3% (97.2-99.5%) and a negative predictive value of 98.6% (97.6-99.7%).

Conclusions: Our results suggest that BAU, even if performed by operators with a limited training, maintained a good positive predictive value and accurately confirmed correct placement of NGT when compared with CXR. Due to its sub-optimal specificity, caution is necessary before implementing this technique in clinical practice.

Correlation between BMI and cognitive performance in a diabetic type 2 cohort

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Background: Association between diabetes (DM) and cognitive impairment is already well known. In primis DM affects working memory and executive functions. The Montreal Cognitive Assessment (MoCA) is a neuropsychological test defined the best tool evaluating mild cognitive impairment (MCI) in DM. Our study aimed to find out a correlation between anthropometric variables and MoCA scores in DM.

Methods: We recruited 40 over 60 (75 ± 6.06 yrs) DM type II subjects from Internal Medicine clinic between 2018 and 2019. We collected their anthropometric, clinical and laboratory data and then they underwent MoCA testing, which result was corrected by school grade.

Participants had a MoCA average score of 21.6 (±4.7) over 30. In order to exclude MCI, minimum score was of 26. Recall memory resulted the most affected cognitive domain (average 32%), while space-time orientation the least (average 96.7%).

Conclusions: Although our cohort was small, a statistic significative correlation between BMI and MoCA score emerged (r 0.329). We registered a progressive MoCA score increase with increasing BMI dividing our population in tertiles by cognitive score, biologically significative according to the obesity paradox.

Ancora febbre

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Caso clinico: Paziente di 37 anni. Ottobre 2018: febbre persistente, faringodinia e artromialgie. Nessuna patologia in anamnesi. Agli esami neutrofilia, anemia normocitica, PCR 125, ferritina 8900. Nessuna risposta alla terapia antibiotica. Escluse le cause infettive, negativo il pannello autoimmunità. Alla TC epatomegalia e multiple linfoadenopatie. Alla PET elevato metabolismo nelle sedi linfonodali e splenica, in sede scheletrico-midollare moderata diffusa attivita' metabolica. Successiva evoluzione clinica con comparsa di rash maculopapulare al tronco ed insorgenza di sindrome d'attivazione macrofagica. Alla BOM quadro di emofagocitosi per cui è stato impostato trattamento secondo schema HLH 2004 con beneficio clinico. Funzionalità NK nei limiti, escluse HLH ereditarie. A gennaio 2020 ricomparsa di febbre, faringodinia, artromialgie, rash maculopapulare evanescente al tronco non pruriginoso. Agli esami neutrofilia, anemia, ferritina 6500, PCR VES elevate. Inizia corticosteroide ad alte dosi e anakinra con miglioramento clinico.
Conclusioni: La malattia di Still dell'adulto è una patologia infiammatoria sistemica caratterizzata da febbre, artrite sieronegativa e rash maculo papulare color salmone evanescente. Spesso si associano mialgie, faringodinia, linfoadenopatie e splenomegalia. Più rare sierositi ed epatomegalia. Complicanza grave è la MAS. Agli esami presenza di leucocitosi neutrofila, anemia, iperferritinemia, VES PCR elevate. La diagnosi è clinica secondo i criteri di Yamaguchi. La terapia si avvale di corticosteroidi, colchicina e anakinra.

Diagnostic appropriateness of acute pancreatitis: an observational study

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Introduction: Acute pancreatitis (AP) is a diagnosis frequently found in Internal wards and sometimes not all the criteria set out in the guidelines are applied for diagnosis.
Aim of the study: By evaluating the medical records of patients discharged from the Internal Medicine and Gastroenterology Units in 2018 with the main diagnosis of AP, we wanted to verify the etiology of the disease and the alignment of diagnostic criteria with international guidelines.
Material and Methods: An observational and retrospective study was conducted on 56 patients (32 M, 24 F, average age 62.6 years) discharged from the Internal Medicine and Gastroenterology Units from 1.1.2018 to 31.12.2018, with the first diagnosis of AP. For each patient discharged, the following parameters were assessed, in relation to the diagnostic criteria of the international guidelines: - typical pain; - amylase and / or lipase 3 ULN; - CT or typical magnetic resonance imaging. At least 2 of the above parameters must be present for diagnosis.
Results: Etiology was attributable in 41% of cases to cholelithiasis and/or lithiasis of the biliary tract, to alcohol abuse in 14%, to other causes in 5.4%: in 35.7% of cases the etiology remained unknown. In 34% of patients the diagnosis was correct, that is, it respected all the diagnostic criteria established by the guidelines.
Conclusions: Our preliminary study showed a cultural gap in the Internal Medicine and Gastroenterology Units. A therapeutic diagnostic protocol is necessary to reduce these distortions and allow to achieve a high degree of adequacy in diagnoses and therapies.

Amiloidosi: la studi ma non la riconosci

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Introduzione: Amiloidosi TTR correlata è legata ad accumulo della Transtiretina, proteina prodotta dal fegato. Tale forma si associa ad un coinvolgimento prevalentemente cardiaco. Il gold standard diagnostico è istologia e la colorazione rosso Congo delle biopsie. Il sospetto diagnostico dell'amiloidosi può essere ottenuto con elevata attendibilità analizzando le caratteristiche cliniche e strumentali. L'unico trattamento possibile è il trapianto di fegato.
Materiali e Metodi: Un uomo di 81 anni viene ricoverato per dispnea associata ad incremento degli edemi declivi ed incremento ponderale. Alla radiografia del torace è stato riscontrato versamento pleurico bilaterale e cardiomegalia. Durante la degenza è stata eseguita un'ecocardiografia con rilievo di ipertrofia ventricolare sinistra con FE nei limiti, severa disfunzione diastolica ed il caratteristico "granular sparkling" da infiltrazione amiloidosica. Nel sospetto di patologia infiltrativa è stata effettuata una biopsia del grasso periombelicale, risultata positiva. Il paziente è stato trattato con terapia diuretica con miglioramento della sintomatologia.
Risultati: L'associazione di clinica, ecocuore con analisi istologica e genetica su grasso periombelicale, ha permesso una diagnosi di amiloidosi TTR correlata.
Conclusioni: Questo caso clinico ha permesso di descrivere una malattia rara, mortale eppur sottodiagnosticata. Mediante il sospetto clinico e strumentale è stato possibile diagnosticare tale malattia e di indirizzare il paziente verso un adeguato e precoce iter terapeutico presso gli specialisti dell'amiloidosi.

A rare case of hypothermia

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Introduction: Prader-Willi syndrome (PWS) is a rare multisystem genetic disorder including cognitive, behavioural and endocrine abnormalities as the result of absence of expression of paternal genes from chromosome 15. Prevalence ranges between 1/20000 and 1/30000 born. Lack of satiety led to hyperphagia and obesity, and to subsequent comorbidities. Common features are also hypogonadism, short stature and psychiatric disturbance. Morbidity and early mortality are often due to cardiovascular disorders; thermal dysregulation is a potentially fatal complication.
Clinical case: A 50 years old man was admitted to our Hospital for acute altered mental status. He was affected by PWS, hypertension and OSAS. He was recently hospitalized for postural instability and diplopia but investigation (cerebral RMN/CT, EEG) excluded organic causes. At admission we found severe hypothermia (BT 31,6°C) and sinus bradycardia (30-35 bpm). EEG was negative. TSH level was normal. A chest-X ray revealed a suspected right lower lobe pneumonia. We stabilized the patient administering antibiotics, hot liquids, steroids and a higher dose of thyroid hormone (ex-adiuvantibus). After few days we transferred the patient to a specialistic center, where endocrinological disorders were excluded. The patient improved and was then discharged. Hypothermia was related to autonomic disfunction that occur during a stressor (pneumonia).
Conclusions: Thermal dysregulation is a recognized complication of PWS. Infection, hypothyroidism and iatrogenic causes must be promptly ruled out to prevent serious consequences.

An ultra-rare non-genetic cause of bleeding

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Introduction: Acquired haemophilia A is a rare autoimmune disease with high risk for morbidity and mortality resulting from autoantibodies against endogenous factor VIII that leads to bleeding, which is often spontaneous and severe.
Case Report: An 81 year old man went to the emergency department for inguinal pain irradiated to the right lumbar region associated with an extensive hematoma of the abdominal and lumbar wall. The patient had not suffered trauma. Abdomen TC revealed a hematoma of the right ileopsoas muscle. The first blood tests

showed no anemia, normal platelet count but a prolonged aptt ratio. Coagulation factors tests showed that the VIII factor was decreased. The patient was not known carrier of haemophilia. The diagnosis of acquired haemophilia was established with demonstration of anti-factor VIII antibodies. When the patient developed anemia he was treated with plasma and blood transfusions and then with recombinant FVIIa and Prednisone. PET TC revealed a new hemoragic spot in the ileopsoas region thus the patient was treated with higher doses of prednisone for a couple of day until coagulation tests normalized. Moreover PET TC didn't show tumors and autoimmunity tests were negative. Titration of anti Factor VIII was repeated and the concentration of these antibodies was strongly decreased.

Conclusions: AHA is predominantly a disease of the elderly but can be associated with pregnancy and autoimmune disease even tough most of the cases are idiopathic such as in this case. Mortality is high so making early diagnosis and appropriate therapy is mandatory.

Intra-patient variability of videocapillaroscopic pictures in systemic sclerosis

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Introduction: Modern periungual videocapillaroscopy (VCP) has been officially among the diagnostic criteria of systemic sclerosis (SSc).

Purpose of the study: Assess the variability of the VCP frames in the individual patient with SSc.

Materials and Methods: The VCP pictures of 36 SSc patients (2 M and 34 F; average age 52 years, range 31-72) were analyzed. A Videocap 3 instrumentation was used for the evaluation. The VCP panels have been classified as: normal, with non-specific anomalies, scleroderma pattern, in the three stages: "early", "active" and "late". The periungual bed of all the fingers of each hand was examined. The "t-test" was used for the statistical analysis.

Results: In 72% of patients we observed a lack of homogeneity of the VCP results between the different fingers. The most frequent combinations of VCP frames were: "active" + normal and/or non-specific frame (n=7), "early" + "active" (n=6); "active" + "late" (n=5); "early" + "active" + normal and/or non-specific framework (n=4). The simultaneous presence of a normal and / or non-specific and "late" picture was observed only in one case.

Conclusions: Our study shows that it is possible to observe the association of different "scleroderma pattern". Several factors could be the basis of the "intra-individual variability", such as the duration, digital ulcers, the Raynaud phenomenon and any therapeutic interventions. This "mosaic" model should remind doctors that the VCP examination must be performed at the level of all the fingers of the hands, bilaterally to allow for maximum diagnostic accuracy.

Effects of therapy with sacubitril/valsartan: "Inverse remodeling"

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Introduction: ACE inhibitors and the β-blockers attenuate or reverse the remodeling process in heart failure with reduced ejection fraction (HFrEF). It is starting to appear studies in which patients with HFrEF are treated with the angiotensin-neprilisine receptor inhibitor (ARNI) sacubitril/valsartan (S/V). A recent meta-analysis found that ARNI therapy was associated with an increase in left ventricular FE greater than placebo and ACE inhibitors. In post hoc analyzes, S/V was associated with an increase in FE of 5.2% at 6 months and 9.4% at 12 months.

Clinical case: 64 year old woman suffering from arterial hypertension, DM2, smoker for 40 years and hypothyroidism. In December 1997, development of heart failure with hypokinetic DCM (FE: 40-44%), treated pharmacologically with recovery of FE, up to 55% (Echocardiogram of July 2012). Subsequent onset of episodes of TSVP responsive to vagal maneuver or administration of verapamil, whereby the patient starts therapy with verapamil 240 1 table/day. In February 2016, the appearance of dyspnea and echocardiographic evidence of dilated heart disease with FE 32%. Control October 2018 (FE 35%; LVDd 6.9 cm; increase in left atrial volume: LAD 4.2 cm; vol ind: 35 ml/m2). Start S/V therapy (49/51 mg x 2/day). January 2019, increase in dosage S/V 97/103 mg x 2/day. ECO control (3.12.2019): LVDd: 5.6 cm; FE 51.6%; LA: vol ind: 25 ml/m2.

Conclusions: The use of S/V drives to a significant increase in FE with another manifestation of the "reverse remodeling", such as the reduction of the left atrial volume.

The level of memory-switched B cells is an indicator of response to rituximab in systemic sclerosis and rheumatoid arthritis patients

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Background: Anti-CD20 rituximab (RTX) is used to treat autoimmune diseases. Phenotypic indicators were developed to measure the immunosuppression, memory/naïve and IgG memory switched B-Cells.

Methods: Peripheral B-Cell subsets (Precursors, Naïve, IgG+, IgM+, IgM-IgG- Memory B-Cells and Plasmacells) T cells (CD3+CD4+, CD3+CD8+) and NK cells were measured by high-resolution cytometry and a 8-color/10-marker panel (CD3+IgM, CD4, CD8+IgG, CD19, CD20, CD27, CD38 and CD45). 13 rheumatoid arthritis (RA) and 6 systemic sclerosis (SS) RTX-treated patients were studied, with 15 normal controls (NC).

Results: 6 AR and 2 SS patients were responders after 18 months (mo.) (2-36 mo.) from the last RTX dose and 5 AR and 4 SS patients were non responders at 20 mo. (6-30 mo.). In the responders CD27+IgG+ memory switched B-Cells were lower than in non responders (12.9% *vs* 33% p=0.07) and than in NC (27% p=0.04). The responders had lower CD27+IgG-IgM- memory B-Cells than NC (27% *vs* 37% p=0.04). Non responders and NC had similar% levels. In both responders and non responders B-Cells and CD27+B-Cells absolute values were lower than in NC (p=0.01). Non responders had lower CD3+CD8+ T cells than NC (17.5% *vs* 30.3% p=0.04).

Conclusions: Increased memory-switched B-Cells correlate with active/progressing AR and SS in patients treated with RTX mo. before. Relapsing RA patients show a relative expansion of CD27+B-Cells in the repopulation phase. The measurement of memory-switched B-Cells improves the clinical predictive value of the CD27+B-Cell level in patients treated with RTX >12 mo. before.

A case of Wernicke's encefalopathy in a middle-aged male initially presenting with gallstone pancreatitis

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Introduction: Wernicke encephalopathy (WE) is an acute neurologic condition caused by lack intake or utilization of thiamine. WE is a diagnosis of exclusion but nutritional deficiency is commonly associated. The classic triad includes mental confusion, ophthalmoplegia and ataxia and brain MRI may confirm the diagnosis with a specificity of 93%. MRI shows typical lesions in paraventricular regions due to vasogenic and cytotoxic edema.

Case presentation: A 55-year-old man presented with recurrent acute pancreatitis with gallstones, weight loss of more than 45 lbs, BMI of 18.5. In the seventh day of observation, he developed visual impairment, visual hallucinations, dysarthria and reduced level of consciousness up to coma (GCS 9), therefore was transferred in ICU. Rachicentesis was not diagnostic while brain MRI

was suggestive for WE. After high dose of intramuscular thiamine therapy, the patient showed improvement in mental status, confirmed at control brain MRI. Enteral nutrition was started as soon as possible. Hospital stay was complicated with Candida parapsilosis and Acinectobacter baumanii/haemolyticus sepsis with subsequent multi-organ failure and patient death.

Conclusions: WE is potentially fatal and often overlooked. Neurological damage can be reversible with early diagnosis and administration of vitamin B1. Malnutrition prevention is fundamental and encephalic damage due to vitamin deficiency in undernourished patients with mental confusion or reduced level of consciousness must be taken in to account, even in non-alcoholic subjects.

Renal hemodynamics and 10-years risk of cardiovascular disease predicted by Framingham risk models and Pooled Cohort Equations: an observational study in essential hypertension

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Background: Renal resistive index (RRI) has widely proved to be related with subclinical vascular damage in subjects with essential hypertension. However, few data exist about the association between RRI and cardiovascular events in hypertensive subjects, and it is not known if 10-years risk of cardiovascular disease predicted by validated score equations is associated with impaired intrarenal hemodynamics.

Materials and Methods: A total of 742 subjects with essential hypertension (40-75 years) were enrolled. Renal resistive index was assessed through Duplex-Doppler ultrasonography and 10-years risk of cardiovascular disease was calculated using both Framingham and Atherosclerotic CardioVascular Disease (ASCVD) Risk Scores through validated equations.

Results: Higher RRI values were observed in patients with calculated cardiovascular risk ≥ 20% than in those with lower risk (all p<0.001). RRI was closely associated with both Framingham and ASCVD risk scores in overall study population (all p<0.001), with no significantly differences between groups with glomerular filtration rate ≥ or <60 ml/min. At multivariate analyses, these associations held also after correction for traditional factors included in the Framingham and ASCVD score equations (respectively p=0.007 and p=0.047). Moreover, RRI values >0.67 and >0.65 were associated with high cardiovascular risk respectively calculated through Framingham and ASCVD equations.

Conclusions: Renal resistive index can be considered as a marker of overall cardiovascular risk in hypertensive patients, regardless of renal function.

A new anthropometric index of adiposity and left ventricular hypertrophy as assessed by electrocardiography in essential hypertension

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Background: Adiposity has widely proved to be related with left ventricular hypertrophy. Although many index, as Body Mass Index (BMI) and Waist Circumference (WC) has been related with hypertrophy there are still few data about the association between left ventricular hypertrophy and a new anthropometric index like A Body Shape Index (ABSI). The aim of our study is to assess the relation between this new index and left ventricular hypertrophy as assessed ECG in hypertensive subjects.

Materials and Methods: A total of 274 subjects with essential hypertension were enrolled. Both traditional (BMI and WV) and new anthropometric (ABSI) parameters were assessed. Left ventricular hypertrophy was calculated using electrocardiography through Sokolow-Lyon Index (SLI).

Results: The hypertrophic subjects had significant higher values of ABSI than non-hypertrophic subjects whereas BMI and WC values were similar in the two groups. A significant correlation between ABSI values and SLI was present [r=-0.235 ; p=<0.001], and this correlation was significantly stronger than the relationships between SLI and BMI or WC. At multivariate analyses, the association between ABSI and left ventricular hypertrophy held also after correction for confusing factors.

Conclusions: A Body Shape Index has proven to be more tightly related whit left ventricular hypertrophy than traditional indices of adiposity as BMI or WC.

Applicazione eco-guidata di drenaggi pleurici di piccolo calibro in Reparti di Medicina Interna: a single-center experience

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Premesse e Scopo dello studio: La toracentesi, anche ripetuta, è la prassi gestionale in caso di versamento pleurico; l'applicazione di drenaggi viene effettuata da specialisti non internisti e riservata a casi particolari. L'ecografia del torace inoltre non è una pratica di routine. Abbiamo valutato la sicurezza e l'efficacia dell'applicazione eco-guidata di drenaggi pleurici di piccolo calibro, da parte di Internisti, in un case-mix di pazienti anziani, fragili, polipatologici.

Materiali e Metodi: Dal 2013 al 2020 sono stati arruolati 86 pazienti con versamento pleurico di varia etiologia; 87% dei pazienti erano in terapia anticoagulante o antiaggregante; età media 80 anni. I pazienti sono stati sottoposti ad applicazione eco-guidata di drenaggi toracici di calibro variabile a seconda delle caratteristiche ecografiche del versamento (asonico omogeneo *vs* complesso).

Risultati: Idropneumotorace 1/86; emotorace 1/86; edema polmonare da riespansione 1/86; infezione del drenaggio 2/86. Quantità media drenata per paziente 2.8 L; tempo medio di permanenza 72h. La stima ecografica pre-procedurale del versamento correlava con il quantitativo drenato.

Conclusioni: 1) L'applicazione eco-guidata di drenaggi pleurici da parte di Internisti è sicura ed efficace; 2) permette una riduzione dei costi; 3) la scelta del calibro del drenaggio in base alle caratteristiche ecografiche del versamento è ragionevole; 4) la stima ecografica della quantità di versamento correla con il volume drenato.

Can insulin therapy condition short-term body mass loss in diabetic patients undergoing intensive nutritional rehabilitation treatment?

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Background: Intensive residential rehabilitation is known to be an effective weight loss strategy. We have evaluated whether an insulin therapy can interfere with the efficacy of the nutritional treatment in patients with Type 2 Diabetes Mellitus (DM2).

Materials and Methods: The biochemical and anthropometric characteristics of 42 Caucasian patients with DM2 were analyzed sequentially retrospectively and longitudinally. All patients underwent a multidisciplinary management that provided for nutritional and psychological rehabilitation.

Results: The 42 patients (18 males and 24 female) have a median age of 62 years, a median BMI of 46,3 kg/m^2 and a median HbA1c of 7,8%. After a 60 day hospitalization period, BMI decreased by 11,6% (p<0,001) and HbA1c values by 19,5%

(p<0,001). In 57% of cases, it was advisable to reduce antidiabetic therapy (AT), in 43% it was suspended; while the daily insulin requirement decreases by 40% (p<0,001). The patients were divided into three groups, based on the AT practiced during the course: G1=oral AT; G2=discontinuation of insulin therapy; G3=continuation of insulin therapy. The groups are comparable by age, basal BMI and hospitalization period; they differ for baseline HbA1c values, respectively 7,2%, 8% and 8,56% (p=0,00). The three groups were comparable for variation of HbA1c; while the change in BMI was 13,5%, 7,9% and 8,5% respectively (p=0,01).
Conclusions: During nutritional rehabilitation short-term body mass reduction is limited by current or recently discontinued insulin therapy.

Cryptococcal neoformans meningitis in a patient with pulmonary sarcoidosis: the faster you are, the better

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Background: Cryptococcal meningitis (CNM) is an opportunistic infection caused by Cryptococcus neoformans (CN). Sarcoidosis predisposes to CNM in HIV-negative patients because of the impairment of cell-mediated immunity or for the chronic corticosteroid use. The diagnosis of CNM in patients with sarcoidosis is often delayed due to unusual clinical, laboratory or cerebrospinal fluid (CSF) findings.
Clinical Case: A 77-years old man with chronic pulmonary sarcoidosis never taking corticosteroid came to our attention for a progressive cognitive impairment in the last 6 months, with sudden lack of response to verbal stimulus and left deviation of the eyes. Brain MRI showed cortical atrophy, without focal lesions. Electroencephalogram excluded epilepsy. Lumbar puncture showed 151 leucocytes/mm^3, high CSF proteins (135 mg/dL, normal range 20-40) and CSF lactic acid (6,2 mmol/L, normal range 1,1-2,4), low CSF glucose (27 mg/dL, blood glucose 102 mg/dL). CSF was analyzed using the BioFire®FilmArray®Meningitis-Encephalitis Panel, a rapid and accurate automated test for pathogens causing central nervous system infections as viruses, bacteria and yeast. Test resulted positive in 2 hours for CN, and treatment with liposomial amphoterycin B was promptly started; patient recovered at his prior neurological status after 48 hours of therapy.
Conclusions: CNM is a serious but difficult to diagnose infection in patients with sarcoidosis; our CSF test allows both a rapid diagnose and therapy, increasing the probability of clinical recovery and reducing neurological complications.

La procalcitonina marcatore surrogato di Ca neuroendocrino

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Introduzione: La procalcitonina (PCT) è una proteina plasmatica solubile prodotta dalle cellule C della tiroidee e dalle cellule neuroendocrine extratiroidee; prodotta in risposta ad infezioni batteriche e in corso di MOF. Non aumenta, se non in modo poco significativo, nelle infezioni virali, fungine, malattie autoimmuni e neoplasie.
Caso clinico: Maschio di 70 anni, BPCO in OLT. A marzo 2019 intervento di artroprotesi anca destra complicato da deiscenza della ferita chirurgica sottoposta a VAC-therapy sino luglio. Il post-operatorio richiedeva un ricovero in Medicina per riacutizzazione di BPCO. Nel mese di ottobre comparsa di dolore nella deambulazione: gli ematochimici evidenziano incremento degli indici di infezione, all'ecografia, raccolta corpuscolata periprotesica, pertanto inizia antibioticoterapia per 15 giorni. Per la persistenza della clinica e per sospetta infezione protesica, si ricovera. Esegue una Scintigrafia con leucociti marcati che risulta priva di aspetti riferibili a processi settici leucocito mediati. La PCR si normalizza ma la PCT aumenta costantemente malgrado una clinica muta. Richiediamo una TC total-body con mdc, dei marcatori tumorali e un'ecografia fegato con a seguire una biopsia. Localizzazione epatica di carcinoma neuroendocrino a partenza polmonare, con le caratteristiche del carcinoma a piccole cellule.
Conclusioni: Spesso la biochimica dei marcatori ci distoglie da quella che la clinica da sola potrebbe dire. Contestualizziamo le indagini ematochimiche. Da una sospetta infezione protesica il paziente ora è in trattamento chemioterapico.

Towards one-week therapy to eradicate HCV infection?

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From 2015, 303 HCV positive patients completed treatment with direct antiviral agents (DAA) and 12 weeks post treatment follow up. Sustained virological response (SVR) was obtained in 297 patients (98%). Five patients (4 males and 1 female, mean age 60.5 years, range 52-72) prematurely suspended treatment for side effects (3 cases of itching, 1 depression and 1 pneumonia). In these patients fibrosis was F1 (2 cases), F2 (1 case) or F3 (2 cases). Four patients received the combination glecaprevir/pibrentasvir, for 3-5-6 and 10 days respectively, and one ombitasvir/paritaprevir/ritonavir/dasabuvir+ribavirin, with duration of treatment of 20 days. Despite premature interruption of therapy, 3 out of four patients treated with glecaprevir/pibrentasvir resulted SVR and one was HCV RNA negative at the end of treatment, but relapsed 12 weeks after.
Comments: There is general agreement about the fact that at least 8 weeks of therapy are necessary to achieve definitive HCV eradication. In this tiny series of patients, HCV eradication was obtained with extremely reduced duration of treatment (3-10 days only) with G/P. Nowadays, probably, the real impact of DAA in HCV replication is not yet completely known. More studies about this topic would be important to eventually permit ultra-short scheduled of treatment to eradicate HCV infection: this could have paramount impact in the WHO program to eliminate HCV infection within 2030.

L'ipertensione arteriosa vista da un nefrologo: case report

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Case Report: Nei pazienti diabetici si tende ad attribuire al diabete ogni sintomo o segno, la proteinuria viene sempre considerata espressione della nefropatia diabetica. Donna di 57 anni giunge in Ambulatorio di ipertensione arteriosa inviata dal MMG con il quesito diagnostico: "nefropatia diabetica o nefroangiosclerosi ipertensiva?". Paziente ipertesa da 5 anni e da 3 diabetica in terapia ipoglicemizzante orale. PA 180-170/75-80 mmHg in terapia con amlodipina 10 mg e atorvastatina 10 mg, metformina 500 mg 1 cp BID. Esami ematici: crea 1,4 mg/dl Urea 75 mg/dl Na 142 mEq/l, K4,5 mEq/l, Hb 14 g/dl. Colesterolo 155 mg/dl -HDL 65 mg/dl e TGR 90 mg/dl. Bicarbonato venoso 24 mmol/l. Albuminuria/creatinuria che risulta 885 mg/g, quindi macro-albuminuria (maggiore di 300 mg/g). Ecografia renale: lieve riduzione dello spessore parenchima. Si calcola il filtrato glomerulare 55ml/min/1,73m2. La paziente si inquadra in un livello NKF-KDQI di III stadio (FG 30-59ml/min). La domanda restava nefropatia diabetica o nefroangiosclerosi? Essendo un'albuminuria <1 g/24 h più probabile nefroangiosclerosi ipertensiva. Si decide di associare una terapia con ACE-inibitore e di ricontrollare la proteinuria e sedimento urine a 4 settimane. Si prescrive ACE-inibitore, studio fundus oculi e valutazione della proteinuria a 1 mese, che risulta Alb/crea è <300

mg/g-La PA 130/75 mmHg. Nulla da segnalare nel sedimento urine. Non ci sono indicazioni alla biopsia renale. In questo caso quindi si tratta di una nefroangiosclerosi ipertensiva e la proteinuria ha valore prognostico di danno vascolare.

Listeriosis in Internal Medicine: our experience

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Introduction and Aim: Listeriosis is a serious infection usually caused by eating food contaminated. Our aim is to define cases of listeriosis considering clinical pictures, treatment and mortality.
Materials and Methods: Between January 1, 2018 and December 31, 2019, patients admitted in our Hospital for listeriosis with positivity for blood cultures and/or CSF cultures were retrospectively identified.
Results: We registered 7 patients (3 females, 4 males) with listeriosis. Median age was 74. In one patient blood and CSF cultures were positive both. Blood samples positivity was detected in 5 patients while CSF culture positivity was proved in one case. Lumbar puncture was performed in 3 patients and meninigitis was confirmed in 2. Subjects with bacteraemia presented with a febrile illness and no signs of focal infections (arthritis, endocarditis). In 2 patients, the food contaminated was identified. Comorbidity were liver cirrhosis, malignancies, heart disease and immunosuppression. Listeria monocytogenes toti-S grew in all 7 cultures. Ampicillin was the drug of choice for the treatment while the association with quinolones was used in case of neurolisteriosis. Median value of WBC was 9918/mmc while PCR was 7 mg/dl. Death was registered in 3 patients: a 60 year old female kidney transplanted with bacteriemic meningitis, a 90 year old female with bacteraemia and severe heart disease and a 74 year old man with bacteraemia and multiple myeloma on dialysis.
Conclusions: In our experience, patients affected by listeriosis are usually "frail" and mortality can be high.

Trends in use of Non-Invasive Ventilation among patients hospitalized in Urgent Care Medicine of Azienda Sanitaria Locale Biella (ASL BI): a retrospective observational cohort study

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Background and Aim: Non-Invasive Ventilation (NIV) is a widespread method of treatment a broad spectrum of respiratory failure and included: bilevel-PAP with ventilatory support (bi-PAP), continuous positive airways pressure (CPAP) with or without ventilator and high-flow nasal cannula oxygen ventilation (HFNC). This study aims to describe patient's diagnosis and age, numbers and rate of type of ventilation, rate of mortality and length of stay.
Methods: We conducted a retrospective observational cohort study on adult patients admitted in our setting during 2019. Authors examined specific data collection instrument.
Results: The sample consisted of 525 patients. Rate of respiratory failure was 48.95%. Global number of treatments was 198 (37.7% of patients), mean age of this cluster was 75y (st.d. 12); the number of bi-PAP treatment was 142 with mean age 75y (st.d. 11.17); we admistered 52 CPAP with mean age 76y (st.d. 11.08) and number of patients treated with HFNC was 36 with mean age 72y (st.d. 12.45). Global death rate in sample was 12.4%; prevalence was higher in CPAP cluster (24.5%), followed by bi-PAP patients (22.5%) and HFNC treatment (16.7%). Lenghts of stay in acute setting was 14.05d for HFNC patients, 12.8d for CPAP and 12.1d bi-PAP.
Conclusions: retrospective observational cohort study in non-invasive ventilation served as a tool to improve internal procedures about best practice in open issues of guidelines (*e.g.* niv weaning). In this study we can't excluded an high exposition of Neyman/selection bias and reporting bias caused by loss of informations.

An 86-year-old woman presenting with a curious and above all rare bloodstream infection due to an even more surprising way of infection

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We report a case of an 86 year-old woman arrived in the emergency room for a chronic gastrointestinal bleeding due to an erosive gastropathy determinating a very low level of hemoglobin that required an urgent blood transfusion. The next day, transferred in our department, she featured chills, high fever and a rapid growth of white blood cells. But the first surprising thing was to find a rare gram-negative bacterium through blood colture: Pantoea Agglomerans. Only few cases are reported in literature regarding bacteriemia due to this bacterium; but the second surprising thing was to find that one of this cases was just about a septic shock starting from a blood bag colonized by Erwinia Herbicola. According with the infectious disease specialist we excluded all the possible causes of this infection, including HIV test resulted negative. However we treated the infection starting from the antibiogram, in particular with a complete cycle of piperacillin-tazobactam, with a complete resolution of the infection.

To be or not to be a MEN? This is the problem

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Introduction: Multiple endocrine neoplasia (MEN) are rare autosomal dominant syndromes characterized by adenomatous hyperplasia and malignant tumors of different endocrine glands, with high degree of penetrance and variable expression of typical features.
Case Report: A 29-year-old man was referred to our Day Hospital for recent finding of hypertension; he underwent surgical removal of left pheochromocytoma (PHEO) at the age of 15. Physical examination was normal. In order to rule out a new adrenal mass/paraganglioma and upon suspicion of MEN2A, since specific plasma and urinary tests were negative, we performed ultrasound of thyroid and parathyroid which revealed no abnormalities. MRI of the abdomen only showed a newfound pancreatic nodule, related to chronic pancreatitis as then demonstrated by echoendoscopy. However, due to his past medical history and the inability to get family history (the patient was adopted), genetic counseling was proposed, which found 3149 G>A mutation of the RET gene defined as variant of uncertain meaning, therefore its role in the etiopathogenesis of MEN2 cannot be excluded. These results led us to intensify clinical and instrumental screening for medullary thyroid carcinoma (MTC), PHEO and parathyroid adenomas twice a year.
Conclusions: PHEO may rarely be the first manifestation of MEN2A instead of MTC, as it might be happened in this case; however, being unable to confirm this diagnosis, we can only monitor patient health and hope that further studies would better define clinical and prognostic significance of this new mutation of RET gene.

Chest pain workup: the use of biomarkers in internal medicine wards

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Objectives: The aim of our study was to assess the

correct use of biomarkers for management of chest pain (CP) in Internal Medicine Wards.

Methods: Using a database of FADOI-Campania, 257 Internists were recruited and invited to participate in a dedicated survey. The answer to the key question [Which do you consider as the biomarker/s of reference?] has been stratified according to some variables, such as sex, age, size of hospital (beds in hospital).

Results: Eighty-two colleagues (30 F) participated in the survey. The result are expressed in%, as follows: age=<40 (18.3), 40-49 (22), 50-59 (40.2), ≥60 (19.5); beds in hospital=≤150 (23.2), 151-500 (52.4), 501-1000 (24.4); biomarkers=cTn o hs-cTn (30.5), cTn and others (65.5). A significant association between the hospital's size and the laboratory test was found ($x^2(6)=17.053$, $p<.009$, $=0.46$). In medium-sized hospitals (151-500 beds), the Internist seems to prefer the simultaneous measurement of cTn and CK-MB ($zr=3.2$), compared to high-sensitivity troponins (hs-cTn).

Conclusions: To date, the difference between Cardiologists and Internists in the management of the CP is still significant. Given the economic impact of carrying out inappropriate examinations, it is necessary to rethink pathways in a multidisciplinary and shared manner, in order to optimize the appropriateness and stop wastefulness.

Thyroid incidentaloma and diagnosis of papillary thyroid carcinoma in a patient affected by seminoma: random association or genetic disease?

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Introduction: Thyroid incidentaloma is a focal thyroid lesion found in imaging studies, such as ultrasonography, computed tomography (CT), positron emission tomography (PET) and magnetic resonance, performed for non-thyroid disease. PET incidental thyroid uptake has been reported in 1–4% of cases and can be diffuse, commonly in benign disease, or focal, with 24–36% risk of malignancy, mostly papillary thyroid carcinoma. Metachronous primary thyroid cancer in subjects treated for testicular cancer is strongly associated to mutagenic effect of radio and chemotherapy. Instead, synchronous testicular germ cell tumor and papillary thyroid cancer are very rare. Genetic factors may play a role.

Clinical case: A 38-year-old man underwent right orchiectomy for seminoma. A staging CT showed cervical, hilar and abdominal lymphadenopathy and a thyroid nodule, in the left lobe. PET-CT only detected focal thyroid uptake. Thyroid ultrasound showed a nodule of 1.5 cm with suspicious features, in the left lobe. Fine needle aspiration (FNA) was performed with malignant cytology finding. The patient underwent total thyroidectomy. Histology revealed papillary thyroid carcinoma.

Conclusions: An incidental CT finding of a thyroid nodule and PET focal thyroid uptake in a patient with cancer history must be investigated. Thyroid ultrasound and FNA are needed. In our case, two rare primary malignancies, seminoma and papillary thyroid carcinoma, occur synchronously. Only a few similar cases are described. Random occurrence is possible, but genetic factors, like K-RAS mutations, could be involved.

Intraoperative cardiac abnormalities in a patient with a large, unknown pheochromocytoma

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Introduction: Pheochromocytoma (PHEO) is a tumour arising from adrenomedullary chromaffin cells and usually cause symptoms as sustained or paroxysmal elevations in blood pressure, headache, episodic profuse sweating, palpitations, pallor.

Case Report: 50-year-old man with hypertensive crisis underwent left hip arthroplasty. During the procedure, the patient presented paroxysms of supraventricular tachyarrhythmia and paroxysmal elevations in blood. In post-operative time the patient presented the same alteration refractory to medical therapy. The laboratory and radiological tests showed a big right adrenal mass of 53x86 mm and functional multi-organ suffering secondary to vascular disorders. The patient was assigned to the Endocrine Department where tests relived high values of urinary epinephrine, norepinephrine and dopamine and of plasma CgA. ^{123}I-MIBG scintigraphy showed a selective uptake in the right adrenal lodge and the FDG-PET relived a high FDG uptake (SUV29.5) in the right adrenal lodge. All findings according to the diagnosis of PHEO. The patient was treated with increasing doses of alpha blockers and subsequently beta-blockers until blood pressure values normalized and was submitted to right adrenalectomy. The histological examination also confirmed the pre-surgical suspicion of PHEO (positive immunohistochemistry for CgA,S100,ki67<20%).

Conclusions: Secondary hypertension screening for PHEO is needed in patients with hypertensive crisis. It is important to suspect, confirm, localize and treat these tumours which, if misunderstood, can lead to high morbidity and cardiovascular mortality.

Atypical presentation of an atypical pathogen's infection (*Mycoplasma pneumoniae*)

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Background: *Mycoplasma pneumoniae* represents a common pathogen in children and young adults. The infection, frequently asymptomatic, generally involves the respiratory tract causing atypical pneumonia. However, extrapulmonary manifestations have been reported even without pulmonary involvement.

Case Description: A 44-year-old man was admitted to our Internal Medicine Inpatient Unit because of fever (39.5°C peak) lasting for two weeks, dry cough and fatigue. He never smoked, not taking chronic therapy. His past medical history was relevant for glomerulonephritis. Vital signs were normal. Lab test showed liver abnormalities, mild anemia and raised acute phase tests. Chest X-ray was normal. After cultural exams, iv clarithromycin was started with remission of fever after 48h. About 72h after admission the patient complained of right calf pain and tachypnea. D-dimer was high, venous-Doppler showed deep vein thrombosis and chest-CT scan showed pulmonary embolism. Anti-mycoplasma antibodies were present (1:320), as well as ANA, lupus anticoagulant and anticardiolipin antibodies. LMWH was started with improvement of symptoms. The patient was discharged 7 days after admission in good clinical conditions, on warfarin treatment.

Conclusions: Thromboembolism represents a possible extrapulmonary manifestation of mycoplasma infection. Possible mechanisms are represented by activation of immune system cells or production of autoantibodies due to molecular mimicry, endothelial cell invasion and vascular occlusion with or without systemic hypercoagulable state.

An unusual case of latent vertebrobasilar insufficiency syndrome

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Introduction: A 73 years old man presented to emergency departement beacuse of dizziness, postural instability, loss of bal-

ance from supine to standing posture. Can orthostatic hypotension unmask vertebrobasilar insufficiency (VBI)? Can you confirm VBI by supra-aortic trunks ecocolorDoppler (ECD)?

Case Description: At the admission the patient was conscious with stable vital signs. He had a very high cardiovascular risk (he suffered from arterial hypertension, diabetes mellitus, ischemic heart disease and he was a smoker). Laboratory exams showed mild dehydratation (chronic renal failure, hypernatremia). Electrocardiogram (ECG) was normal. Blood preassure in supine and in standing posture showed orthostatic hypotension. Echocardiogram and continuous ECG monitoring were normal. Supra–aortic trunks ECD showed a normal signal pattern of carotid branches. The vertebrobasilar system was regular on the left side with a clear high resistance signal pattern in the right vertebral intraforaminal course, we suspected right vertebral intracranial occlusion.

Conclusions: Isolated vertebral occlusion cannot justify vertebrobasilar insufficiency symptoms. We suspected that our patient had a significant alteration of posterior cerebral circle in the left side and a right vertebral intracranial occlusion. Brain Nuclear Magnetic Resonance confirmed right total intracranial occlusion and left vertebral distal subtotal intracranial occlusion. We suspected vertebrobasilar insufficiency performing non invasive tests and supra–aortic trunks ECD supported our clinical suspect.

Things are not always what they seem: an insidious case of hypokalemia

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Background: Gitelman syndrome (GS), also known as familial hypokalemia-hypomagnesemia, is an autosomal recessive salt-losing renal tubulopathy. It is characterized by hypokalemic metabolic alkalosis, hypomagnesemia and low urinary calcium excretion. Patients often show transient periods of muscle weakness and tetany, sometimes accompanied by abdominal pain, vomiting and fever.

Case presentation: A 33 year old man presented to our Division with diarrhea, vomiting and muscular stiffness. Lab tests showed neutrophilia, increased levels of CRP and hypokalemia. After further episodes of diarrhea we observed worsening of hypokalemia (2.6 mEq/L) and hypomagnesemia (1.3 mEq/L). The patient was treated with rehydration and supplementary therapy. Despite the improvement of clinical conditions, potassium and magnesium levels remained low. To further investigate the causes of these findings, we evaluated urine electrolytes with evidence of hypocalciuria (33 mg/24 h) and high levels of sodium and chlorum. An arterial hemogasanalysis showed metabolic alkalosis. Plasmatic renin activity was increased, blood pressure was low.

Conclusions: GS is a rare disease but, considering the prevalence of heterozygosis, it is one of the most frequent inherited renal tubular disorders. The diagnosis is usually made at adult age and it is often insidious, since GS is characterized by lab and clinical findings which are common in several conditions, such as gastroenteritis or thiazidic diuretic therapy. Treatment is symptomatic and consists of supplementation with potassium and magnesium.

Paget bone disease demonstrated on 18F fluorocholine PET/TC

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Introduction: Paget's disease (PD) is characterized by osteoblastic/osteolytic bone lesions. The increased metabolic activity of PD on 18F FDGPET/CT is well-documented and PD has been known to simulate prostate cancer skeletal metastases. More recently, PD has been shown to have increased uptake of 68Ga PSMA and increased uptake of 18F fluorocholine in patients undergoing PSMA or PET/CT for prostate cancer evaluation, simulating skeletal metastases.

Clinical Case: A 65 year's old man with a history prostate adenocarcinoma went to our clinical observation. In July 2019 he was subjected to radical prostatectomy. At staging exams in June 2019 it was found a hypercaptant alteration in the right iliac wing on 99mTechnetium HDP. On July 2019 a subsequent pelvis computed tomography documented a osteostructural alterations suspected for secondary localization. Because of PSA was 0 after prostatectomy, the patient performed a PET/CT with 18F-FMC that documented an increased fixation of the tracer which initially orientates for replacement genesis. A bone biopsy showed a pagetic disease (immunohistochemical staining performed CK AE1 / AE3 negative). A diagnosis of Paget bone disease was so performed. The possibility of 18F-FMC PET/CT uptake in pagetic bone should be kept in mind when interpreting PET/CT findings in patients with prostate cancer. Therefore histological examination remains the goal standard in cases of suspicion of Paget bone in patients with oncological history of prostate cancer.

Interstizial pneumonitis with autoimmune feature. Two cases

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Introduction: Many patients with an idiopathic interstitial pneumonia (IIP) have clinical features that suggest an underlying autoimmune process but do not meet established criteria for a connective tissue disease (CTD). The "European Respiratory Society/American Thoracic Society Task Force on Undifferentiated Forms of Connective Tissue Disease-associated Interstitial Lung Disease" proposes the term "interstitial pneumonia with autoimmune features" (IPAF) and offers classification criteria organised around the presence of a combination of features from three domains: a clinical domain consisting of specific extra-thoracic features, a serologic domain consisting of specific autoantibodies, and a morphologic domain consisting of specific chest imaging, histopathologic or pulmonary physiologic features. A designation of IPAF should be used to identify individuals with IIP and features suggestive of, but not definitive for, a CTD.

Clinical Case #1: An 67 years old man, ex smoker. A HRCT showed a NSIP pattern. "Mechanic hands" were present. Positivity for anti-Pm / SCL75. On the basis of the pulmonary HRCT a diagnosis of fibrosing NSIP with IPAF characteristics was made (positivity for Pm / Scl75, mechanic's fingers).

Clinical Case #2: 63 year old woman. Familiarity for pulmonary fibrosis (father). Diagnosis of Morphea in 2015. High titer positivity of the RF. Patient performed a capillaroscopy that excluded scleroderma pattern disease. HRCT showed a NSIP pattern. In according to pulmonologists, we made diagnosis of NSIP with IPAF (morphea, RF positive).

Il discharge planning come metodo di controllo delle riammissioni in terapia intensiva: studio quali-quantitativo, condotto presso l'ASL Roma2, basato su un programma di handoff assistenziale e sulla consulenza infermieristica

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Premesse e Scopo dello studio: Le riammissioni dei pazienti in TI, a seguito del loro trasferimento presso aree di degenze a minore intensità di cura, è considerato un indicatore di qualità assistenziale. L'identificazione dei pazienti a rischio può ridurre la frequenza di tale outcome. L'obiettivo primario è di ridurre il tasso di riammissioni in TI.

Materiali e Metodi: Studio quasi - sperimentale, con pre e post-

test e campionamento di convenienza. Raccolta dati biennale (2018/2019), per ridurre gli effetti delle variabili confondenti, effettuata con metodo osservazionale, attraverso una check-list composta da sei dimensioni clinico - assistenziali.
Risultati: Riduzione del tasso di riammissione, rispetto al 2016, periodo di confronto, e line up con il contesto internazionale; miglioramento del grado di soddisfazione, riferito dai pazienti, circa il percorso assistenziale; sviluppo del know-how infermieristico ed individuazione di un modello riproducibile in altri contesti.
Conclusioni: Sebbene nessun singolo intervento contrasti, in modo indipendente e definitivo, la riammissione in TI, nel complesso, la continuità assistenziale, la messa in atto di nuove pratiche di comunicazione, la sinergia di interventi interdisciplinali, migliorano la transizione dei pazienti dall'unità di terapia intensiva verso aree a minor intensità di cure.

A runny nose during a ward round

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Background: Cerebrospinal fluid (CSF) rhinorrhea is a rare condition in which the CSF runs from the nose. CSF rhinorrhea may occur spontaneously or following trauma and if untreated, may lead to ascending meningitis, brain abscess and pneumocephalus.
Case Report: We describe a 60 years old male, with a story of high blood pressure. He referred about a story of cerebral infection in the past. He had headache, fever, right facio-brachial-crural weakness and signs of meningeal irritation. A CT scan of the brain was positive for left sphenoidal sinusitis; the CSF sample was positive for Neisseria Meningitidis. Treatment: antibiotic therapy with ceftriaxone plus dexametazone. After 10 days of therapy and progressive clinical improvement, one morning during the ward round we noticed the presence of unsual rhinorrhea. The onset of this symptom was about 4 months earlier. At this time a CT demonstrated left sphenoid sinus fistula. Because of a bad headache, after 5 days, another CT control detected pneumocephalus. Neurosurgery treatment was planned.
Conclusions: Because of the serious potential complications of CSF rhinorrhea, prompt diagnosis, management and repair of all CSF rhinorrhea cases should be attempted. Most of literature studies discuss about CSF leaks of traumatic origin, but only few describe spontaneous CSF rhinorrea and the main complications in the same patient.

A particular case of ascites

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Introduction: Chylous ascites is a rare condition characterized by a triglyceride-rich peritoneal fluid, which can be caused by thoracic duct obstruction (trauma/surgery, infections, RT, autoimmune), increased lymph production (cirrhosis, cardiovascular disease), fibrosis (lymphomas, sarcomas, malignancies) or congenital abnormalities.
Case description: A 64 yrs old man was hospitalized for ascites onset in history of potus. AbdomenUS confirmed a cirrhotic liver disease with splenomegaly and huge ascitic effusion. Specific liver disease tests (HbsAg, antiHbs, HCVAb, alpha1antitrypsin, ferritin, cupremia, ceruloplasmin, autoimmunity, triglycerides, HbA1c) and desialylated transferrin were in range. Paracentesis was performed, with spillage of chylous fluid. Microbiological and cytological examination on ascitic fluid was negative; at *chemical* analysis: TG 511 mg/dl, PMN>250/ mcl (Tot.mononucleate cells 1951/mcl), SAA <1.1, negative etp markers. Total body CT scan was performed with evidence of supra-subdiaphragmatic lymphadenopathies and a massive paraortic lesion. On histological examination, G2/FLIPI-3 follicular type B cells NHL was found with 60% of bone marrow infiltration. The patient was referred to oncological DH where he started therapy with R-bendamustine.
Conclusions: Follicular NHL is an indolent lymphoma whose response to chemotherapy depends on the presentation stage (FLIPI 0-1/79% 5y-OS). In the presence of new onset ascites it is essential to perform paracentesis as soon as possible and evaluate the characteristics of ascitic fluid for differential diagnosis.

A case of chronic disseminated intravascular coagulation due to type 2 endoleak

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Introduction: A 89 years old female come at our observation for the finding of anaemia, thrombocytopenia and hypofibrinogenemia, she had a history of abdominal aortic aneurysm treated a year before with endovascular repair (EVAR).
Case description: On admission we found a palpable mass on left hypochondrium; laboratory showed mild anaemia (Hb: 7.6 g/dl), thrombocytopenia (PLT: 46000/ul), hypofibrinogenemia (101 mg/dl) and increase of D-Dimer (46900 ng/ml) without alteration of PT and aPTT. As these findings were compatible also with chronic disseminated intravascular coagulation and considered the concurrent abdominal aneurism we performed an abdominal ultrasound and CT that showed an 8cm aneurysm with peri-prosthetic thrombosis and a type 2 endoleak departing from lumbar artery.
Conclusions: Endoleak occurs when, after EVAR, blood arrives into the aneurysm sac despite the graft, in type 2 endoleak blood leaks from side branches of aorta; it is considered benign and usually it requires only follow-up. This condition is a potential cause of DIC; pathogenesis is related to turbulent blood flow that causes a chronic activation of coagulation pathway, with consumption of clotting factors and fibrinolysis.
Chronic DIC does not require a specific treatment in absence of bleeding or haemodynamic instability and removing the cause could eliminate the coagulopathy. In our case, we observed a spontaneous laboratory improvement and considering the absence of bleeding and indication to surgery, we decided to discharge the patient prescribing laboratory and ultrasound follow-up.

Correlazione tra apnee ostruttive nel sonno, aritmie ed attività cardiaca autonomica: uno studio retrospettivo caso-controllo

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Premesse e Scopo dello studio: Valutare gli effetti delle OSA sull'aritmie e sull'attività cardiaca autonomica.
Materiali e Metodi: Di 1160 pazienti sottoposti a Poligrafia basale, presso l'ambulatorio per i disturbi del sonno, arruolati 65 pazienti, età media 60 anni, sottoposti a ECG dinamico delle 24 ore. 55 pazienti OSA e 10 non OSA. Somministrati questionari sulla sonnolenza diurna, russamento, qualità del sonno, BMI, CV, CC. All'ECG dinamico 24 h rilevato il numero complessivo di extrasistoli sopraventricolari e ventricolari, frequenza cardiaca massima, minima e media.
Risultati: Il BMI, CV, CC, la prevalenza di ipertensione arteriosa e il diabete mellito sono risultati più elevati negli OSA. La frequenza delle extrasistoli ventricolari e sopraventricolari nelle 24 h è risultata più elevata negli OSA rispetto ai nonOSA; all'aumentare della gravità dell'OSA aumenta il numero di extrasistoli sopra soglia. Sono stati confrontati gli indici dell'HRV e i valori di frequenza cardiaca media, escludendo dall'analisi i pazienti in terapia antiaritmica. E' emersa una sola differenza statisticamente significativa sul valore di SDNN, più basso negli OSA.
Conclusioni: Gli OSA hanno un numero di extrasistoli ventricolari

al dì più elevato rispetto ai non OSA. L'OSA è associata ad incremento delle extrasistoli indipendentemente da sesso, età, BMI, ipertensione, diabete, farmaci antiaritmici. Gli indici HRV hanno mostrato una differenza statisticamente significativa del valore SDNN, più basso negli OSA. L'analisi dell'HRV rappresenta una metodica valida per valutare il rischio aritmico nell'OSA.

Lack of association between patients' characteristics and mortality in SOFA>5 subgroup of SEMINA (SEpsis Management in INternal medicine Apulia) study

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Background and Purpose of the study: Sepsis is an increasingly common problem among patients admitted to Internal Medicine Units. In the SEMINA (SEpsis Management in INternal medicine Apulia) study, we evaluated characteristics of septic patients in those with a high Sepsis-related Organ Failure Assessment score (SOFA) to identify predictors of mortality.

Materials and Methods: A total of 128 patients (81±11 years, 52.3% females) with Sepsis-3 criteria and SOFA >5 were selected from SEMINA that involved 14 Internal Medicine Units of Puglia region during the period from November 2018 to May 2019 (4.7% of admissions).

Results: Patients died were 76 (group 1, 59.4%) and those survived were 52 (group 2, 40.6%). No difference was found between study groups in demographic characteristics (gender and age), comorbidities (renale failure 80.5%, heart failure 46.1%, diabetes 33.6%, dementia 46.1%, COPD 30.5%, CAD 24.2%, cancer 15.6%), hematology and clinical chemistry parameters.

Conclusions: The lack of association between mortality and patients' characteristics in a subgroup with SOFA>5 from SEMINA study, indicates the difficulties in prognostic stratification of this highrisk population. These data enhance the role of Internist in clinician management of these patients requiring a tailored assessment to improve efficacy and effectiveness of care.

Distribuzione del rischio di frattura DeFRA in una coorte femminile afferente all'ASST Ovest Milanese

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Scopo dello studio e stato stimare il rischio di frattura a 10 anni secondo l'algoritmo DeFRA sviluppato dalla societa italiana di osteoporosi, metabolismo osseo e malattie scheletriche (SIOMMMS) a partire dal FRAX, in una popolazione femminile con eta compresa tra 50 e 90 anni. Sono stati raccolti dati di 1582 donne valutate presso il nostro centro nel periodo 2018-2019. Sono stati raccolti i dati antropometrici, i valori densitometrici DXA femorali ed e stato calcolato il rischio di frattura DeFRA, E' stata calcolata la prevalenza di osteoporosi in diverse fasce di eta, definita come un valore DeFRA maggiore o uguale al 20% per fratture maggiori (Cipriani C Endocrinol Invest (2018) 41:431–438). I dati raccolti sono stati suddivisi in fasce di rischio di frattura a 10 aa (<10%, 10-19%, 20-29%, 30-39%, >40%). La prevalenza di osteoporosi e stata di circa il 30% nella popolazione generale, in accordo con i dati presenti in letteratura, con percentuali all'interno delle varie decadi di eta comprese tra 9% nei soggetti di età 50-59 anni e il 40% nei soggetti >80 anni. Con l'aumentare dell'eta dei soggetti si e osservato un graduale aumento armonico di tutte le fasce di rischio >10%. I nostri dati confermano quelli di letteratura che evidenziano una prevalenza di osteoporosi nella popolazione di eta >50aa di circa il 40%. I nostri risultati necessitano conferma in studi di piu ampia portata, in considerazione delle necessita di ottimizzare le strategie di prevenzione trattamento dell'osteoporosi.

Acute respiratory distress syndrome: not only Coronavirus

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Background: Antisynthetase syndrome is a rare clinical condition characterized by the occurrence of a typical symptomatic triad, including myositis, arthritis and interstitial lung disease, along with the rilief of specific autoantibodies, each one associated with phenotypically distinct subgroups. For example, anti-PL7 and anti-PL12 are associated to a more severe lung involvement.

Case Report: A 78 year-old woman came to our attention for worsening dyspnea and incoercible cough attacks. She presented with a 3 weeks' history of exertional dyspnea and arthralgias. The general practitioner prescribed a urgent chest CT that showed pulmonary interstitiopathy. The chest auscultation revealed diffusely bilateral velcro-like noises. The ABG was suggestive of severe type I respiratory failure. The blood tests showed a remarkable increase in CRP but other inflammation markers were negative, as well as Legionella and pneumococcal urinary antigen tests and the PCR for influenza viruses. Finally, the autoimmune profile showed high positivity for antisynthetase antibodies, in particular for anti-PL12 and anti-Ro52, that characterise severe respiratory forms.

Conclusions: Antisynthetase syndrome is a variant of polymyositis associated with visceral involvement, in particular interstitial lung disease. It is a relatively uncommon clinical entity which can be easily misdiagnosed if not specifically investigated in adults initially presenting with interstitial lung disease, especially since pulmonary interstitial involvement worsens the prognosis of this clinical condition.

A young woman with acquired haemophilia A: diagnosis, treatment and follow-up

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Acquired haemophilia A (AHA) is a rare bleeding disorder caused by antibodies against Factor VIII (FVIII). Idiopathic cases are 50%, while, in the other 50%, AHA is associated with autoimmune diseases, cancer, pregnancy, infections or drugs. On September 2019, a 39 years old patient, admitted with a diagnosis of a post traumatic stocked haematoma of the right leg, underwent transcatheter embolization through left femoral artery. The aPTT was 120 sec and, few hours later, a large hematoma developed and extended to the left limb and ileopsoas. She hadn't a family or personal history of bleeding. Neither a mixing test with normal plasma nor a confirming test with the addition of phospholipids corrected the prolonged aPTT. Normal levels of all the clotting factors except FVIII (0.4%) and high titre (40 U) of anti-FVIII antibody (inhibitor) were detected, so diagnosis was AHA. Prednisone (PDN) 1 mg/kg/day and recombinant activated Factor VII (rFVIIa; Novoseven) 90 µg/Kg/day were administered. Bleeding stop was documented by haemoglobin levels and CT scan 3 days later. Therapy with PDN was suggested and FVIII levels and inhibitor titre were used for the follow-up. After 4 weeks, the response was partial so, cyclophosphamide (CYC) 2 mg/Kg/day was added. During follow-up PDN was gradually reduced, and CYC was withdrawn; so inhibitor disappeared and FVIII increased above 50%. Actually the patient is asimpthomatic and takes PDN (5 mg/day); FVIII levels are 59,7% and inhibitor levels are 0,1U. Our idiopathic case of AHA shows a good response to bypassing (rFVIIa) and immunosoppressive agents (PDN + CYC).

A strange polyneuropathy in a GYM trained man

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44 years old, male to the gym twice a week using some anabolic occasionally. About 1 year ago, paresthesias in the lower limbs started and underwent a neurological examination, EMG, CT and MRI of the skull and spine, all negative. In recent months, orthostatic hypotension and recurrent episodes of diarrhea and tachycardia led him to stop gym. He performs a routine cardiological examination and an echocardiogram that highlights altered transmral flow and hypertrophic (anabolic?) heart disease. An intense diarrheal episode associated with repeated and subsequent syncopal episodes leads him to the ER and later in our Medicine ward. Lab tests performed were all negative as well as chest x-ray. A further echocardiogram shows reduced systolic function and increased wall thickness, while neurological tests highlight axonal and sensory neuropathy. A bone scan (phosphonates) performed is negative. The myocardial biopsy is positive for Congo red staining. Samples are sent the to the "Center for the Study of Systemic Amyloidosis of the IRCCS Policlinico San Matteo-Pavia Foundation"; type AL amyloidosis is diagnosed. Amyloidosis is a heterogeneous group of disorders that can present with a different spectrum of clinical manifestations. Occasionally neuropathy is the initial manifestation of the disease. Peripheral neuropathy is a common complication of many systemic amyloidoses. One of the most common phenotypes is sensory-motor polyneuropathy, characterized by symptoms of neuropathic pain that start in the feet and progress towards the proximal part of the legs and hands.

Doctors, be careful when you are treating old people

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Introduction: The clinical benefit of hospitalization in the elderly is uncertain. It can often compromise quality of life of frail, geriatric populations.
Description: A 90-year-old woman, partially self-sufficient and suffering from arterial hypertension, atrial fibrillation treated with anticoagulant therapy, chronic anemia and renal kidney disease, went to ER for a fleeting loss of consciousness during breakfast. Medical examination showed regular general and neurological functions, normal brain-CT scan and normal chest X-ray. ECG was FA 70/min. Blood chemistry tests revealed mild elevated creatinine, PCR and proBNP, Hb 8.5 g/dl, negative PCT. During hospitalization she received a blood transfusion with cessation of warfarin and initiation of enoxaparin, ceftriaxone and furosemide. Blood chemistry tests improved but patient's condition continued to decline. Patient was completely bedridden and she had mental confusion. On tenth day, an itchy pemphigoid rash appeared on the arms, legs and trunk, which persisted after ceftriaxone suspension. Cutaneous biopsy revealed iatrogenic lesions. The urticarial lesions resolved following cessation enoxaparin and restart of warfarin therapy. Unfortunately, the patient remained bedridden at discharge following 35 days of hospitalization.
Conclusions: Hospitalization in elderly patients should be limited to "indispensable cases" as complications related to therapy and diagnostic procedures can tip the balance toward poor outcomes and reduced quality of life, particularly in the weakened and the frail.

A rare cause of cholestasis due to hepatic sarcoidosis

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Introduction: Sarcoidosis is a multisystem disorder and the liver is involved with different patterns until cirrhosis and liver transplantation.
Case Report: A 46 years woman developed a sub-acute severe jaundice, with cholestatic liver enzymes values up to three-times the upper normal value. MRI and ERCP showed irregular narrowings of the whole biliary tree. Radiology-guided dilatations and the placement of a stent into the common bile duct were needed. Aspecific inflammation and fibrosis were detected in the liver and in bile specimens. Enlarged lymph-nodes are seen in superficial and deep sites, and the exam of hilar adenopaties revelead non-caseating granulomas. The lung showed a radiological pattern of 3rd stage of sarcoidosis. Other causes of granulomatosis and hepatitis were ruled out. A systemic disease with a rare and severe hepatic involvement ascribable to sarcoidosis was made. Steroid and UDCA treatment was started and extra-hepatic involvement (monitored by F18PET) and liver abnormalities were improved after one year.
Conclusions: Bile duct stenosis with intra and or extrahepatic colestasis syndrome is a very rare presentation of hepatic sarcoidosis. Three case reports of extrahepatic involvement are reported. It mimicks primary biliary cholangitis, primary sclerosing cholangitis, malignancies. Differential diagnosis is difficult lacking a diagnostic definition and guidelines; the therapy is not based on solid evidences. In the work up of bile duct stenosis the sarcoidosis must be also considered and a global clinical view is fundamental for the diagnosis.

La diagnosi nelle stenosi delle vie biliari

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Premesse: Una diagnosi certa nelle patologie delle vie biliari è fondamentale per un trattamento tempestivo. La radiologia tradizionale e l'ERCP con esecuzione di brushing delle vie biliari rappresentano validi supporti diagnostici se pur caratterizzati da scarsa sensibilità diagnostica.
Caso clinico: Una donna di 50 anni con anamnesi muta si ricovera presso la nostra U.O. con il seguente quadro clinico/laboratoristico: dolore addominale in ipocondrio destro da 1 mese, incremento di GOT, GPT ed indici di colestasi, PCR e PCT nella norma. La paziente esegue ecografia addome (colecisti alitiasica, dilatazione delle vie biliari intraepatiche e VBP nella norma). Sottoposta a Colangio-RMN si evidenzia stenosi del dotto epatico comune di dubbia natura eteroplasica e dilatazione delle vie biliari di sinistra. Esegue TAC total body in cui non si evidenziano secondarismi. Vengono indagate cause di colangite autoimmune. La paziente esegue ERCP con posizionamento di stent plastico con risoluzione colestasi e brushing negativo per cellule neoplastiche. In considerazione della necessità di escludere una neoplasia si pone indicazione ad ERCP con Spyglass DS per permettere la biopsia delle vie biliari. L'esame istologico ha escluso la presenza di colangiocarcinoma.
Conclusioni: La diagnosi differenziale nelle patologie delle vie biliari è spesso complicata dai limiti diagnostici del brushing eseguito attraverso ERCP e l'utilizzo di strumenti più affidabili è necessario per dirimere dubbi diagnostici ed evitare approcci chirurgici invasivi per scopi diagnostici.

Una strana polmonite

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Premesse: La polmonite criptogenetica organizzata (COP) è una

rara forma di pneumopatia interstiziale caratterizzata da sintomi aspecifici responsabili spesso di diagnosi tardive.
Caso clinico: Paziente di 77 anni, ipertesa e dislipidemica, ricoverata per comparsa da 1 mese di febbricola, tosse produttiva, astenia intensa, calo ponderale e sudorazioni notturne motivo per cui ha praticato antibioticoterapia senza beneficio ed eseguito TC torace con evidenza di addensamenti polmonari multipli bilaterali con broncogramma aereo. Durante il ricovero è stata sottoposta a: test infettivologici (sierologici e colturali), EGA, esame dell'escreato e BAL risultati nella norma; esami di laboratorio con riscontro di PCR elevata e procalcitonina negativa; ecocardio transtoracico negativo per endocardite, EGDS negativa per malattia da reflusso, spirometria che mostrava lieve riduzione della capacità di diffusione alveolo capillare e PET che evidenziava accumulo di tracciante limitato agli addensamenti polmonari. La TC dopo 1 mese di terapia antibiotica mostrava un quadro polmonare immutato. Nel sospetto di COP è stata avviata terapia con prednisone (1 mg/kg); non è stata eseguita biopsia polmonare, nonostante rappresenti il gold standard diagnostico, per rifiuto della paziente. L'andamento clinico e radiologico (normalizzazione a 6 mesi) in risposta alla terapia ha posto diagnosi di COP.
Conclusioni: La COP entra nella diagnostica differenziale di quadri polmonari scarsamente responsivi alle terapie standard. La diagnosi e la terapia precoce consentono un'ottima prognosi.

Il paziente anziano fragile al centro del percorso clinico-assistenziale interdisciplinare tra il PS, la Medicina, la Geriatria e il Distretto

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Premesse e Scopo dello studio: Il PS degli Ospedali Riuniti Padova Sud accoglie 62.000 pazienti/anno: il 30% è rappresentato da ultra 75enni in condizioni di fragilità. Il Coordinamento Regionale Emergenza Urgenza del Veneto ha chiesto di tracciare in via sperimentale un percorso di gestione agevolata di tali pazienti al fine di ridurre i ricoveri ed i rientri in PS, anche con la collaborazione del nucleo continuità delle cure (NCC).
Materiali e Metodi: Il percorso clinico/assistenziale è rivolto ad utenti fragili con età >75 anni che presentano specifiche patologie internistiche prevedendo modalità di presa in carico dell'infermiere di triage, del medico di PS, del internista/geriatra e del NCC. Alla dimissione è garantito l'accesso agli ambulatori specialistici e la presa in cura dei medici del territorio. È stato creato uno spazio funzionale adeguato, l'Osservazione Breve Estensiva (OBE), per la gestione di pazienti dimissibili entro 48h.
Risultati: In un anno di attività sono stati reclutati 429 pz, determinando una riduzione dei ricoveri del 55% rispetto ai pz candidabili non arruolati, con maggiore utilizzo dell'OBE (52% *vs* 27%) e contestuale incremento del 19% del tempo medio di permanenza. L'83% è stato segnalato al NCC, di cui il 24% è esitato in attivazione di progetti territoriali. I rientri a 4 gg interessano il 5% dei pz reclutati.
Conclusioni: Il nostro progetto pilota con la DGRV 1035/2019 è diventato attuativo per tutti i PS del Veneto con l'obiettivo di potenziare il modello d'integrazione ospedale-territorio.

A strange case of eczema

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An 85-year-old man was admitted to our Internal Medicine unit for worsening of general conditions with weight loss up to 13 kilograms in the last 6 months. His medical records reported only a history of eczema developed in the last months, treated with topic steroids without benefit; intermittent low-grade fever was also referred. On admission, the patient complained exertion dyspnea, and back pain; a systolic murmur on the apical area, and bad tooth conditions were found; the eczema revealed do be an infective crustose folliculitis, widespread on both legs. Biochemistry showed mild increase of C-reactive protein (6 mg/dL), and normochromic anemia (hemoglobin 9 g/dL). Chest X-ray showed signs of heart failure. The patient underwent 3 sets of blood culture, revealing infection by Streptococcus anginosus. Thus, a transthoracic echocardiogram (TTE) was performed, identifying a mitral valve severe regurgitation with several endocarditic lesions involving both leafs (the major vegetation was 2 × 1.2 cm). A Magnetic Resonance Imaging of the lumbar spine was performed, showing spondylodiscitis of intervertebral discs between D7-D8 and L2-L3. The orthopantomography demonstrated severe parodontophaty with multiple dental losses and cavities. Intravenous amoxicillin 1 g three times per day was promptly initiated. In few days the patients underwent mitral valve replacement with bioprosthesis Carpentier Edwards n°29, with clinic success. Post-operative TTE showed normal hemodynamic performance of the prosthetic valve, without signs of pulmonary hypertension.

L'effetto specchio dell'empatia: curare per curarci attraverso storie di malattia

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Nella relazione d'aiuto sono indispensabili empatia, accettazione positiva, autenticità e ascolto attivo. Le abilità relazionali necessitano di formazione specifica. Lo studio vuole valutare il livello di empatia negli studenti infermieri e se aumenta nel corso del triennio. Dopo una revisione della letteratura si è condotto uno studio osservazionale cross-sectional somministrando il questionario JSE HPS agli studenti della Triennale e a quelli del I anno Magistrale. Per l'analisi dei dati ci si è avvalsi delle funzioni di Excel. Sono stati compilati 152 questionari. Il 95% proviene dall'Italia; il 71% è di genere femminile e ha un'età compresa tra i 20-30 anni; il 38% frequenta il I anno triennale; il 43% ha frequentato un Liceo Scientifico e il 38% ha ottenuto una valutazione finale di 71-80/100; il 43% ha letto un libro negli ultimi tre mesi. Dall'analisi della JSE-HPS emerge che gli studenti ritengono di avere un buon livello empatico nonostante la maggior parte di loro non abbia ancora iniziato il tirocinio e quindi non ancora avuto esperienze empatiche dirette. Il livello di empatia è costante e aumenta in alcuni items grazie alle esperienze in reparto, sempre più frequenti con l'avanzare del percorso di studi e ai laboratori relazionali, oltre che alle nozioni teoriche apprese. Lo studente possiede, già dal I anno, un buon livello di empatia, fondamentale per entrare in sintonia con i vissuti altrui ed erogare un'assistenza efficace e valida e per attuare relazioni d'aiuto, che migliorano la prognosi dei pazienti e aumentano il loro grado di soddisfazione.

Igiene del cavo orale ed anziano: quali relazioni?

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Introduzione: L'igiene orale è un bisogno primario dell'individuo e il suo mantenimento rappresenta il primo passo verso la prevenzione di malattie, infatti esiste infatti una stretta correlazione tra patologie orali e malattie sistemiche.
Obiettivo: Evidenziare come l'igiene orale sia una pratica di fondamentale importanza nell'assistenza.
Materiali e Metodi: E' stata effettuata una revisione narrativa della letteratura consultando la banca dati PubMed. Per la ricerca sono state utilizzati termini Mesh e key-words combinati tra loro attraverso operatori booleani. I limiti utilizzati sono stati riferiti alla popolazione umana, pubblicazioni in lingua inglese e italiana, articoli redatti dal 2009 ad oggi, studi riguardanti in primis revisioni

sistematiche con metanalisi e a seguire studi clinici randomizzati controllati e studi osservazionali.
Risultati: Il parodonto malato è implicato nello sviluppo di complicanze cardiovascolari; I batteri del cavo orale possono inoltre raggiungere i polmoni e causare malattie respiratorie. Infine c'è correlazione tra parodontite e diabete, influenzando negativamente sui valori glicemici.
Conclusioni: Risulta importante che tutti gli infermieri, non soltanto quelli afferenti ai setting di area intensiva, fossero sensibilizzati sull'importanza dell'igiene del cavo orale e adottassero strumenti di valutazione dello stato del cavo orale stesso nella pratica assistenziale quotidiana.

Bloodstream infection by *Pantoea agglomerans* in a patient with Buerger's diseases

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Background: *Pantoea agglomerans* (PA) is not an obligate infectious agent in humans but it could be a cause of opportunistic- and hospital-acquired infections, mostly in immunocompromised patients. The main reasons for severe infections due to PA are exposure to medical equipment or contaminated fluids.
Clinical Case: A 65 years-old man was admitted to our emergency department for fever up to 40°C after administration of intravenous prostaglandin analogs as therapy for Buerger's disease. He was carrier of PICC intravenous catheter and affected by diabetes mellitus and chronic kidney failure. Serum level of CRP was 8,40 mg/dl (normal range <2 mg/dL) and procalcitonine was 31 ng/ml (normal <0,5 ng/ml). Blood cultures were done and empiric antibiotic treatment with vancomycin was started due to the high risk of MRSA, with only partial clinical and biochemical improvement. PICC was removed at the first day of hospitalization, being a possible source of infection. Blood cultures resulted positive for PA after 3 days; based on antibiogram, vancomycin was substituted with levofloxacin 750 mg. Fever disappeared after 24 hours, and inflammatory parameters normalized after 72 hours. Patient was discharged with oral levofloxacin after 5 days. After 2 months of follow-up no other febrile episodes recurred.
Conclusions: Bloodstream infections by PA are unusual in humans but are often associated with poor outcome, especially in immunocompromised patients. Our patient had a very favorable outcome probably due to the rapid diagnosis and to the prompt antibiotic initiation.

Lung ultrasound in asthma during pregnancy: a case report

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Background: Both community-acquired pneumonia (CAP) and asthma during gestation are associated with an increased risk of congenital malformations and of pregnancy complications. Chest X-ray (CXR) is the main approach for the diagnosis of CAP but it should be used with caution in pregnant women. Recently, lung ultrasound (LUS) has shown a greater sensitivity compared with CXR in detecting Pneumonia.
Case Report: A 23 year old woman at her 16th week of pregnancy presented at the Emergency Room with asthma exacerbation and fever. In anamnesis she reported asthma, smoking, allergy to pollen and discontinuation of asthma-control drugs during pregnancy. Blood tests showed increased flogosis indexes. A LUS showed a small subpleural consolidation in the right lower lobe. Given the poor clinical improvement, the patient was transferred to the Intensive Care Unit. A LUS control showed increasing in size of the right lobe consolidation and a new consolidation on the left lower lobe. After antibiotical treatment the patient recovered completely and was discharged with the diagnosis of "pneumonia and asthma in pregnant patient". A LUS control after the discharge showed complete resolution of the lung consolidations.
Conclusions: Many studies in the last decade have shown a better accuracy of LUS compared with CXR in the diagnosis of pneumonia. Despite these findings no guideline recommends the use of LUS in the diagnosis of pulmonary diseases. Our aim is to stress the efficacy and usefulness of LUS, especially in those patients, as pregnant women, in whom radioactive exams could be harmful.

Acquired haemophilia A: a case report

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Background: Acquired haemophilia A (AHA) is a rare disorder, caused by autoantibodies (inhibitors) against clotting Factor VIII (FVIII), that leads to bleeding, which could be spontaneous and life-threatening. AHA is associated with malignancies, pregnancy and autoimmune diseases but almost 50% of the cases are idiopathic. Treatment includes control of bleeding and elimination of the inhibitor.
Case Report: A 85 year old man presented to the hospital referring lipothymia with swallen and painful left calf. An ecocolordoppler showed calf hematoma. In anamnesis there were prostate cancer, smoking and a recent shoulder hematoma. Blood tests showed anemia and isolated prolongation of activated partial thromboplastin time (aPTT). The detection of a FVIII inhibitor [titer of 17 Bethesda Units (BUs)] and reduced FVIII (11%) levels confirmed suspicion of AHA. A total body CT scan showed multiple subcutaneous and muscle hematomas but no signs of prostate cancer reactivation, confirming diagnosis of idiopathic disease. After blood trasfusions and immunosoppressive treatment with intravenous steroids, we achieved an increase in Hemoglobin (Hb) and FVIII levels, along with a decrease in aPTT and inhibitors titer. Calf echography showed reduction of the hematoma. Two months later Hb, aPTT and FVIII levels were normal, inhibitor titer was <0,1 BUs.
Conclusions: AHA is a rare bleeding disorder that could lead to severe or even life threatening consequences. Our case report confirms that prompt diagnosis and treatment are mandatory to avoid complications and potentially more harmful therapy.

The silent enemy: an atypical case of dilated cardiomyopathy

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Background: We present a case of a 79-year-old man with no significant medical history referred to our Unit for occasional finding of dilated cardiomyopathy with severe reduction of the left ventricular ejection fraction (20%).
Clinical Case: The patient presented with dyspnea NYHA IIa. The echocardiogram showed a dilated cardiomyopathy with severe reduction of the left ventricular ejection fraction (20%) with restrictive diastolic pattern, moderate mitral and tricuspid insufficiency, moderate-severe pulmonary hypertension. The blood samples showed relevant increase in BNP values (1324 pg/ml), moderate arise of TnHS (32 ng /L) associated with a monoclonal gammopathy with increased serum kappa chain (524 mg / dl), normal value of lambda chains (71.7 mg/dl) with increase of kappa/lambda ratio (7.3) and also beta-2-microglobulin (2670 ug/L); creatinine was in normal range (0.96 mg/dl). The history was negative for fever or flu episodes, night sweats, weight loss or other symptoms. We investigated the main causes of dilated cardiomyopathy: serum amyloid protein was negative, while the OMB was diagnostic for multiple myeloma in absence of CRAB symptoms. The patient performed a cardiac MRI whose findings were suggestive for recent myocarditis. The serology showed a significant elevation for type B4 Coxsackie virus antibody title (1:256).
Conclusions: The patient presented a picture of severe impairment of left ventricular ejection fraction secondary to silent coxsackie B4 viral infection in asymptomatic multiple myeloma.

Heart failure in Internal Medicine: data from "real life"

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Introduction: Heart failure (HF) has periodic exacerbations and is further aggravated by associated comorbidities and advanced age; this explains why repeated hospital admissions are so frequent. It is universally recognized that hospitalization must become a management and therapeutic opportunity.
Materials and Methods: In this study the patients (pz) with HF hospitalized in our OU were recruited between September-November 2019. In an Excel sheet, 64 items of general epidemiological order, diagnostic and clinical-therapeutic were collected.
Results: 102 pz hospitalized with HF were recruited; 54 (52.9%) F, 48 (47.1%) M, average age of 77.7 aa. 42 patients (41.2%) had FA, more in F. SCA was the cause of HF in 44.1%; HTA prevailed in F. 53.8% of the pz were in NYHA III; in 30.8% in class IV and in 15.4% in class II. The echocardio showed an F.E. <40% in 38% of pz, between 40 and 50% in 40% of pz, in 22%>50%. 41.4% of pz had been at least one hospitalization in the last years. HTA was present in 70.6% of pz, more in F; other comorbidities: Anemia 66.7%, COPD 39.2%, DM2 47.1%, CKD 38.2%, CVD 32.4%, cognitive impairment 28.2%, liver disease 19.7%, cancer 11.1% The drugs at the admission were: LD (72.3%), ASA (36.8%), BB (77.8%), ACE-I (54.6%), MCRA (29.9%), ARBs (18.8%), ARNI (2.0%), ivabradine (1.0%). 32.4% in OACs.
Conclusions: The data of our study confirm that patients with HF are characterized by advanced age and associated comorbidities. Prescription compliance must be implemented, despite a progressive increase in the drugs recommended by the most recent HF guidelines.

Empiric and specific antimicrobial therapy used in the SEMINA (SEpsis Management in INternal medicine Apulia) study

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Background and purpose of the study: Sepsis is an increasingly common problem among patients admitted to Internal Medicine Units. In the SEMINA (SEpsis Management in INternal medicine Apulia) study, we evaluated characteristics of septic patients along with empiric and specific antimicrobial therapy used initially and during hospitalization.
Materials and Methods: A total of 359 patients (78±13 years, 55.7% females) with Sepsis-3 criteria and Sepsis-related Organ Failure Assessment score >2 points were enrolled in 14 Internal Medicine Units of Puglia region during the period from November 2018 to May 2019 (4.7% of admissions).
Results: During hospitalization (length of stay 14±10 days), 112 (31.2%) patients died and 19 (5.3%) were transferred to resuscitation. In comparison to the empiric administration, the specific one showed a slight lower percentage of usage with a similar order among drugs. The most common antibiotics used at the empiric administration (>5%) showed a high agreement with specific antimicrobial therapy (percentage of administering/non-administering the same drug>80%; for example, penicilline 18.1% empiric, 8.4% specific, with agreement of 80%; carbapenems 13.9% (empiric), 10.6% (specific), agreement 81.1%.
Conclusions: Our study indicates the most common antimicrobial therapy used in septic patients and the good agreement between empiric and specific administration.

Regional mapping of infectious in SEMINA (SEpsis Management in INternal medicine Apulia) study

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Background and Purpose of the study: Sepsis is an increasingly common problem among patients admitted to Internal Medicine Units. The aim of SEMINA (SEpsis Management in INternal medicine Apulia) study is to evaluate the prevalence and the characteristics of patients with sepsis admitted to Internal Medicine Units in Apulia and identification of bacterial agents.
Materials and Methods: A multicenter, prospective, observational cohort study was conducted from November 2018 to May 2019 in 14 Internal Medicine Units from 9 cities. Consecutive patients diagnosed with Sepsis-3 criteria and SOFA (Sepsis-related Organ failure Assessment) ≥2 were included.
Results: 359 patients (4,72% of all admissions) were included in the study. The mean age was 78±13 years and 55.7% were females. 112 patients (31.2%) died during hospitalization. Among bacterial agents observed, in blood culture the most frequent were Escherichia coli (10.6%, range among cities were centres were located 0% to 22.2%), Staphylococcus aureus (4.2%, 0% to 6.9%), haemolyticus (3.6%, 0% to 7.9%) and epidermidis (3.6%, 0% to 22.2%), in urine culture E coli (8.6%, 0% to 15.6%), Enterococcus faecalis (3.9%, 0% to 7.9%), Klebsiella pneumoniae (3.3%, 0% to 7.9%) and Candida albicans (both 3.3%, 0% to 12.1%).
Conclusions: Our analyses demonstrate a large regional variability in prevalence of bacterial agents. A territorial mapping of infectious is very important to define an efficient strategy aimed to minimize bacterial resistence and improve the safety of hospitalized patients.

A case report of peritoneal tubercolosis: a challenging diagnosis

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Introducition: Extrapulmonary tuberculosis accounts for 29.8% of all tuberculosis patients. Peritoneal tuberculosis is not a common form of it (it is seen just in 4.7% of all patients) and will be discussed in this case report.
Case Report: A 28 year-old male without past medical significant history, presented to the emergency department with generalized weakness and abdominal pain (upper quadrants). The initial blood tests showed Hb 11.2 g/dl, Na 131 mmol/l, AST 47 U/L, albumin 3.2 g/dL, INR 1.44, GGT 94 U/L. HBsAg and HCV Ab were negative. CXR revealed right pleural effusion. Diagnostic thoracentesis revealed an exudative pleural fluid, negative culture, negative cytology. Ascites was present and a diagnostic paracentesis revealed proteins 7.6 g/dl, cell count 2562/mm3, negative culture, negative cytology and negative PCR for mycobacteria. Decision for total body computed tomography and endoscopic investigations was made. They revealed peritoneal carcinomatosis without organ lesions. A laparoscopic omental biopsy was obtained which showed tubercolar necrotizing granulomatous inflammation. The patient was started on treatment with rifampin, isoniazid, pyrazinamid and ethambutol.
Conclusions: Peritoneal tuberculosis can often mimick peritoneal carcinomatosis. It should always be considered in differential diagnosis, but the diagnosis is rarely easy. Despite the fact that identification of mycobacteria in any material is the gold standard method to evaluate the disease, negative result of culture or PCR cannot exclude the tuberculosis diagnosis.

Implementation of a Novel 2-hour HS-TnI based protocol for acute chest pain in the Emergency Department

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Background: Acute coronary syndrome (ACS) is a potential life-threatening cause of acute chest pain (ACP) and high sensitivity troponin I (HS-TnI) test in Emergency Department (ED) is one of the best helpful tools.

Materials and Methods: We enrolled consecutive patients afferent with ACP (or ischemic equivalent) on February 2019, without STEMI. For all the patients was performed visit, EKG, chest X-Ray, HS-TnI, Vancouver chest pain rule (VCPR), heart score (HS). Before starting clinicians and nurses received the algorithm and it was discussed in plenary session. As follow-up we considered 30-day readmission to our ED. Six months after, an 8-point questionnaire was administered. 111 patients were enrolled (M/F 69/42; median age 64.9 y) of whom 80.2% with ACP. The 85.6% of patients have normal EKG and chest X-Ray was performed in 76.6%; VCPR was low risk for all young patients and HS was respectively low, intermediate and high risk in 48.6, 46.8 and 4.5%; the 20% of patients needed cardiologist. Diagnosis of rule out was made in 17 and 60, instead rule in was made in 14 ones. 20 patients were admitted, of whom 7 underwent angiography. Algorithm deviation was noticed in 27 cases: none of them was readmitted. A patient discharged was readmitted with ACS; the final NPV was 99%. 34 subject answered the questionnaire: the formation was considered at least sufficient by 82%; the 62% considered difficult the use of protocol but only 36% would go back to the old one.

Conclusions: The purposed algorithm is a reasonable choice in the decision making of acute chest pain in our ED, but surveillance and update must be done continuously.

Rituximab (R) as second line therapy after new direct antiviral agents (DAAs) in peripheral neuropathy (PN) HCV-related: it's enough?

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Background: PN is a frequent complication in mixed cryoglobulinemia (MC) HCV related. In particular MC is involved in the direct damage of the small vessels around nerves. The treatment is based on clinical experience (steroids, plasmapheresis, DAAs, R).

Case Report: A 55–year old male was referred with palpable purpura on legs, sicca syndrome, parestesias, laboratory data showed: HCV-RNA genotype 1b, viremia 3.176.000 IU/ml, Ro-SSa and Ro–SSb positive, MC type II, F1 liver fibrosis, flow citometry detected monoclonal B cells lymphocytes (MBL). CT scan showed only slight hepatomegaly. Electromyography (EMG) of 4 limbs showed axonal motor-sensitive neuropathy. Therapy with sofosbuvir 400 mg/day + ribavirin 1000 mg/day started. After one month, HCV-RNA viremia was undetectable, purpura, asthenia and artralgias improved. After 12 months, a complete immunological response has been reported but not on sicca syndrome, on MBL and on neuropathy. After 14 months, peripheral sensitive polyneuropathy of the 4 limbs worsened and R started. After therapy, MBL was undetectable, in upper limbs paresthesias and pain were clinically improved, however in lower limbs the clinical scenario had not changed (also in EMG) and sycca sindrome was stable.

Conclusions: DAAs therapy and R induced a sustained virological and immunological complete response but not complete remission of PN. These events suggest alternative ways to pathogenesis of PN MC-related as such as cellular immunity T helper mediated that could play a prominent role in refractory PN cases generating an unmet need treatment.

Pheocromocytoma: the shadow behind the hypertension in patients with NF-1

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Premises: Pheochromocytoma (PC) is catecholamine-producing tumor that can be sporadic or familial in disorders as NF-1 (neurofibromatosis type 1). NF-1 is genetic disease with high prevalence of benign and malignant neoplasms. PC occurs in 0,1-5,7% of patients with NF-1 and in 20-50% of NF-1 patients with hypertension.

Clinical case: A 39-year-old-man was admitted to the Perugia's Hospital for hypertension and headache. He was diagnosed with NF-1 some years ago for many café au lait spots and neurofibromas. Lab test revealed elevated levels of catecholamine and VMA in the 24h urine collection. Abdominal CT showed a tumor with cystic degeneration (16 x 11 cm) located in the left adrenal gland and a solid tumor (19 x 8 cm) placed in subphrenic space. We diagnosed PC after MIBG scintigraphy that showed elevated accumulations over the adrenal mass, without any other abnormal uptake. Because of large neoplastic lesions, one of which wasn't identified, open surgery was chosen. After preoperative treatment (alpha-blockers and beta-blockers), the procedure was performed. Immunoistechemical studies confirmed that the adrenal mass was a PC and revealed that the other mass was a MPNST (Malignant peripheral nerve sheath tumor). Now the patient is normotensive without therapy and, even if is on chemotherapy for MPNST, he is in good general conditions.

Conclusions: It is recommended that NF-1 patients be screened for PC if hypertension develops. Moreover, early diagnosis of every abdominal neoplasm in NF-1 is important for the risk of malignancy and hemorrhagic-obstructive complications.

An unusual case of ulcerated nasolabial lesion successfully treated with Rituximab

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Background: IgG4-related disease (IgG4-RD) and granulomatosis with polyangiitis (GPA) show similarities and can often be confused. However, several cases of IgG4-RD/GPA overlap syndrome have been described, as the one here reported.

Case Report: A 46-year-old man was referred to the plastic surgeon on August 2019 for a right nasolabial ulcerated lesion, suspicious for a non-melanoma-skin-cancer. After excision, surgical wound didn't heal and in a few weeks the patient developed massive palpable submandibular and latero-cervical lymphadenopathy. Despite the suspicion of malignancy, histologic diagnosis was consistent with a cutaneous IgG4-RD. Therefore, the patient was referred to our centre on November 2019. At the first evaluation, he complained about persistent nasal congestion and discharge, still presenting a nasolabial infected ulceration. Blood test confirmed a great elevation of IgG4 and revealed increased c-ANCA (PR3) levels. Facial bones CT showed a diffuse chronic sinusitis and mastoiditis, with initial nasal septum and maxillary sinus disruption, consistent with GPA. The patient was diagnosed with IgG4-RD/GPA overlap syndrome. Prednisone (0.75 mg/kg/day with tapering) and rituximab (375 mg/m^2/week for 4 consecutive weeks) were administered, with significant clinical improvement.

Conclusions: IgG4-RD should be suspected in case of atypical cutaneous lesion. When characteristic GPA clinical signs are observed, ANCA should be dosed to investigate an IgG4-RD/GPA overlap syndrome. Treatment with rituximab is effective in these patients.

Hepatic abscesses in *Fusobacterium necrophorum* sepsis

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Background: *Fusobacterium necrophorum*, an anaerobe that often colonizes the oropharynx, may cause a number of clinical syndromes, collectively known as necrobacillosis. The most famous is Lemierre syndrome (*e.g.*, jugular vein suppurative thrombophlebitis); an infection involving the posterior compartment of the lateral pharyngeal space complicated by suppurative thrombophlebitis of the jugular vein with *Fusobacterium necrophorum* bacteremia and metastatic abscesses, primarily to the lung.
Clinical Case: We report a case of a 16-years-old healthy boy affected by sepsis, caused by *Fusobacterium necrophorum*, secondary to pharyngotonsillitis. Diagnosis was delayed due to the typical slow growth of the organism. The clinical course was complicated by multiple hepatic abscesses without brain, lungs or jugular vein localisations.
Conclusions: This case emphasizes the need for a high index of clinical suspicion to make the diagnosis of *Fusobacterium necrophorum* in complicated pharyngotonsilliteis with septic embolisation and strongly recommends use of adeguate antimicrobial coverage for anaerobic microrganisms with the growth of gram negative bacilli.

Effectiveness of 20% ScIg in a case of antisynthetase syndrome complicated by interstitial lung disease

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Background: Antisynthetase syndrome (ASS) is an idiopathic inflammatory myopathy (IIM) characterized by myositis, interstitial lung disease (ILD), antisynthetase antibodies, fever, Raynaud's phenomenon, mechanic's hands and arthritis. We present a case of Jo-1 positive ASS complicated by ILD, documenting a good response to Immunoglobulin (Ig) administration.
Case Report: A 49-year-old man came to our attention in 2012 for a severe acute hyposthenia, associated with dyspnoea, arthralgia, myalgia and Raynaud's phenomenon. He presented mechanic's hands and severe four-limb proximal hyposthenia. Laboratory tests showed a 100-fold increase of creatinphosphokinase and positive anti-Jo1 antibodies; electromyography (EMG) was consistent with a severe IIM. Pulmonary function tests (PFT) evidenced a moderately restrictive pattern with mild lung CO diffusing capacity reduction, while a high-resolution chest CT (HRCT) confirmed an ILD. The patient was diagnosed with ASS and treated with glucocorticoids (prednisone 100 mg/day with slow tapering) and IVIg (0.4 g/kg/day for 5 days monthly), switched after six months to 20%SCIg (8 g/week). Muscular strength gradually recovered with an EMG confirming remission, while PFT improved and a HRCT performed in 2018 did not show radiological signs of disease progression.
Conclusions: Previous data documented as IVIg/SCIg can permit achievement and maintenance of remission in IIM. However, there is only few information about Ig effectiveness on IIM-associated ILD. More studies are thus necessary to confirm our preliminary experience.

The problem in the treatment of *Clostridium difficile* infection: three severe cases

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Background: *Clostridium difficile* (CD) is a gram-positive anaerobic bacterium, spore-forming. CD is the most common cause of diarrhea in patients treated with antibiotics, presenting high mortality. Other risk factors are advanced age, immunodeficiency and hospitalization.
Case summary: 1. Woman, 80 years old, admitted for acute right pyelonephritis. Discharged after treatment with ureteral stenting. After a week, back for sepsis caused by *E. coli*. Treated previously with ampicillin/sulbactam and ciprofloxacin, then with ceftolozane/tazobactam. Diarrhea and fever occurred during therapy. Positive for TcdA and TcdB. She has been treated with metronidazole and vancomycin per os, with resolution of symptoms. Three days later diarrhea reoccurred, with complete remission after treatment with fidaxomycin. **2.** Man, 71, hospitalized for sepsis in Klebsiella UTIs. Under therapy he presents diarrhea by CD producing TcdA and TcdB. Resolution after treatment with metronidazole and vancomycin per os. Ten days later admission for fever and diarrhea. Complete remission with bezlotoxumab. **3.** Man, 74, acute respiratory failure treated with claritromycin. Diarrhea and fever two days after dismission. Patient treated with cefepime and rifaximyn. Then metronidazole. CD confirmed with microbiological tests. Patient treated with bezlotoxumab in addition to vancomycin per os. Evolution to toxic megacolon, shock and exitus
Conclusions: These different cases, occurred between our inpatients in a short lapse, show the spread of strains with reduced susceptibility to the first line antibiotics CD treatment.

The integrated management of NAFLD in the General Medicine outpatient clinic. Diagnostic-therapeutic pathway of an underdiagnosed disease

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Introduction and Purpose: Non-alcoholic fatty liver disease (NAFLD) affects patients with low or absent alcohol consumption. 20% of them develops non alcoholic steatohepatitis (NASH). Primary endpoints: -prevalence of patients with positive predictive scores of NAFLD -agreement between scores and ultrasound - NASH case finding. Secondary endpoints: -agreement between a high skilled sonographer and a low skilled sonographer (HS *Vs* LS) -correlation between predictive scores and clinical findings.
Subjects and Methods: Inclusion criteria: T2DM, obesity, proatherogenic dyslipidaemia. Exclusion criteria: moderate-high alcohol consumption, hepatopathy. I step: assessment of fatty liver index (FLI), hepatic steatosis index (HSI), AST to platelets ratio index (APRI). II step: blinded hepatic ultrasound (first LS then HS).
Results: 76 patients were enrolled. 87% of them were positive for at least one score (FLI or HSI), with a score/ultrasound agreement of 80%. 2 patients were suspect for NASH: both were diabetics (3% of T2DM had APRI≥0.7). LS sonographer's performance was: SN 80%, SP 88%, PPV 95%, NPV 58%, LR+6.4. Positive scores and in sequence ultrasound (by LS), showed a global LR value of 28 (rising the probability of disease up to 126%). FLI/HSI was directly correlated with BMI/waist circumference like APRI with AST/PLT (P<0.0001).
Conclusions: NAFLD has high prevalence in clinically selected population. Ultrasound has high SN and SP even if performed by a low skilled physician. Primary Care is a very suitable setting for case finding projects.

Case of idiopathic pulmonary fibrosis in a worker exposed at poisons fumes in the land of mild air

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Introduction: Idiopathic pulmonary fibrosis is a prototype of chronic, progressive, and fibrotic lung disease. The damage can be caused by many different factors including long-term exposure to certain toxins and pollutants, radiation therapy and some medications. Healthy tissue is replaced by altered extracellular matrix and alveolar architecture is destroyed, which leads to decreased lung compliance, disrupted gas exchange, and respiratory failure and death. Symptoms: shortness of breath, dry cough, CT images: honey-combing.
Clinical Case: Male 68 years old, not alcohol abuse, not smoker, not other pathologies. The patient worked for 30 years in chemical industry like chemical expert, was exposed at poisons fumes: petrochemicals and inorganic chemical compounds. He arrived with a severe status of acute respiratory failure. EGA PCO2 41.7%

PO2 32.4%(6LO2) So2 54.3%. CT described: idiopathic pulmonary fibrosis with interstitial thickening honeycombing. We treated the case with: oxygen, steroid, antibiotics, NIV, unfortunately the patient died after 12 days.

Conclusions: In that clinical case we suppose the correlation between idiopathic pulmonary fibrosis with exposition at chemical factors. In a land like Sicily, land of not only farmers but where is present and important pole chemical industry the deaths by pollution are frequents. "The air is mild, warm and aromatic, the wind balmy" Goethe's route through Sicily.

Sever septic shock in primary hepatic B-cell non-Hodgkin's lymphoma in a transpalnted liver chronic hepatitis C infection antiretroviral therapy

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Introduction: Epidemiological studies have demonstrated an increased risk of non-Hodgkin lymphoma (NHL) type B in patients with chronic hepatitis C virus (HCV) infection.

Clinical Case: Male 67 years-old, HCV infection liver 2000; antiretroviral therapy (sofosbuvir-ribavirin) for 6 months; 2010 liver transplant. At the recovery: portal hypertension (ascites, esophageal varices F1, splenomegaly), LNH-B (extrahepatic) in therapy with rituximab. During the recovery: fever, melena, EGDS esophageal varices F1. Imaging CT evidenced a new hepatic B-cell non-Hodgkin's lymphoma in the liver transplanted. We treated the patient: antibiotic therapy, hydration, oxygen and ventilatory support, noradrenaline with sepsis resolution.

Conclusions: The clinical case proves the important correlation between HCV infection and lymphoma; the liver transplantation and the antiviral therapy reduced but non avoid in this case the complications and the lymphoma. The liver transplanted was attacked by the infection and after we diagnosed a primary hepatic B-cell non-Hodgkin's lymphoma. The HCV infection and the Lymphoma and the immunosuppression status evolved in a sever septic shock.

A peculiar erythema nodosum: when low specificity brings off-road

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Background: It is known that angiotensin converting enzyme (ACE) assay has limited clinical utility due to its low specificity. High ACE values are found in 80% of sarcoidosis cases, however increased its levels are present in many diseases.

Case Report: A 79 year old woman was admitted to our IM Unit for erythema nodosum, fever, cough and polyarthralgia. Blood tests showed microcytic anemia, thrombocytopenia and a reduced CD4/CD8 lymphocyte ratio. Microbiological and autoimmune tests were normal. Total body CT scan showed small fibrotic hyperdense images in both lungs with inflammatory areas, hilar-mediastinal adenopathies and splenomegaly. In the suspicion of a Loefgren syndrome, the ACE dosage was assessed with high values. So the presumptive diagnosis of sarcoidosis was made. The patient presented severe clinical conditions and oral corticosteroid therapy was started with clinical remission. After four months, steroid therapy was slowly reduced with recurrence of symptoms and worsening of pancytopenia. Therefore the patient underwent bone marrow biopsy with histological diagnosis of indolent non-Hodgkin lymphoma with B lymphoproliferative disorder. Finally the patient started the six-cycle pharmacological protocol of rituximab-bendamustine.

Conclusions: We can speculate that it is not recommended to start steroid treatment before a histopathological diagnosis, even in the presence of a presumptive diagnosis of sarcoidosis. In fact it could be that dysregulation of the immune system leads to an altered ACE values, delaying the diagnosis and therapy of hematological neoplasms.

Worsening hypersplenism and malabsorption: a difficult case of sistemic mastocytosis

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Background: Mastocytosis is a rare disease due to the abnormal accumulation of atypical mast cells in one or several organs/tissues, often accompanied by mast cell activation**.** Its clinical presentation and is eterogeneous and in some cases, it is associated with hematological malignancies which affects its prognosis.

Clinical Case: A 73-year-old male presenting fatigue, loss of appetite and weight loss for 2 months. He refers diabetes in oral treatment, recent diagnosis of polycythemia vera and recent onset of diarrhea. He was found to have massive hepatosplenomegaly, abdominal and thoracic lymphadenopathy with mild pleural effusion and ascites, worsening anemia and thrombocytopenia. FDG/PET showed increased up-take to the liver, spleen and all along the bone marrow. A diagnosis of systemic mastocytosis was made based on the observation of many mast cells in his bone marrow, bowel infiltration and elevated serum tryptase levels (>200). No benefit with cladribline, second-line treatment with midostaurin was introduced.

Conclusions: Our patient had no skin manifestation, but several extracutaneous organ involvement, with infiltration signs (as hypersplenism for liver and spleen infiltration) and mast cell activation signs (as abdominal pain and diarrhea). Bone marrow aspirate was hypercellular with trilineage hematopoiesis and immunohistochemistry showed 35% of CD117 /triptase -positive cells. Bowel infiltrate showed plasma cells, lynphocytes and a prevalence of monomorph mast cells (CD117 /triptase –positive).

Audit clinico su Riconciliazione Terapeutica in Medicina Interna

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Premesse e Scopo dello studio: Il Ministero Salute con la raccomandazione n 17 - Riconciliazione Terapeutica (RT) ha evidenziato l'importanza della conoscenza puntuale della terapia farmacologica per garantire la sicurezza del paziente, prevenire gli errori in terapia, le reazioni avverse, l'appropriatezza delle cure prescritte, in ambito ospedaliero, in quello territoriale e nelle transizioni di cura. Il nostro audit clinico ha voluto misurare l'implementazione della suddetta raccomandazione in un reparto di Medicina Interna.

Materiali e Metodi: Analisi retrospettiva di anamnesi farmacologiche e lettere di dimissione relative all'anno 2019, confrontate con i criteri internazionali START/STOPP e le principali linee guida terapeutiche relative alle diagnosi principali.

Risultati: N° dimissioni con esito domicilio, dimissione protetta o riabilitazione/lungodegenza: 598. Il processo di RT comprendente Ricognizione, Riconciliazione e Comunicazione era completo ed esplicitato nel 27% dei casi; non del tutto completo nel 24%, incompleto o assente nel 48% dei casi. La RT ha riguardato principalmente: terapia scompenso cardiaco (30%) e BPCO (27%), profilassi antitrombotica (26%) profilassi antitrombotica (24%) patologie iatrogene da farmaci (22%).

Conclusioni: Il nostro audit ha dimostrato che il processo di RT deve essere ulteriormente implementato nel nostro Reparto attraverso eventi formativi e la realizzazione di scheda informatizzata per standardizzare la raccolta dei dati anamnestici, evidenziare le eventuali interazioni tra farmaci, favorire comunicazione e aderenza.

Association between hypophosphatemia, clinical manifestations and length of hospitalization in an inpatients population

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Background and Aim of the study: Phosphorus is a neglected element. Low phosphorus levels are associated with neurological manifestations. The aim of this study was to evaluate the association between hypophosphatemia, clinical manifestations and length of hospitalization in an inpatients population.

Materials and Methods: There were enrolled all inpatients hospitalized in Ospedale del Mare (Naples) in the period January, 1th and October, 31th 2019. Inclusion criteria were at least one serum phosphorus measurement and the presence of clinical information about neurological symptoms and signs. We considered hypophosphatemic patients those with a serum phosphorus lower than 2,5 mg/dl, remaining patients were controls.

Results: Of 576 hypophosphatemic patients, 42 were excluded for lacking clinical informations. Of 534 remaining, 257 were males (48.1%); mean age was 64±18.5 yo. Neurological manifestations were found in 75% of hypophosphatemic patients *vs* 50% of controls (chi square: 8.8632; p<0.002); in particular, excluding patients with a known neurological illness, we found that postural instability was present in 11 hypophosphatemic patients (25%) and in 5 controls (0.01%), with strong association (chi square: 79.8774; p<0.00001). Hypophosphatemic patients were discharged after 10.4 days *vs* 8.7 days for the control group (t student: p=0.029).

Conclusions: Hypophosphatemia is a clinical condition associated with neurological manifestation, in particular postural instability; it is associated with length of hospital stay too.

A case of isolated hypomagnesemia in an elderly patient

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Introduction: Hypomagnesemia is defined as a serum magnesium level less than 1.7 mg/dL. Magnesium homeostasis mainly depends on the balance between intestinal absorption and renal excretion.

Case Report: A 76-year-old female presented at the Emergency Department for tonic-clonic seizures and alteration of consciousness. She presented a medical history of hypertension, chronic kidney disease, diabetes mellitus type II, chronic gastropathy in treatment with PPI, and hypothyroidism. She denied alcohol consumption, treatment with nephrotoxic drugs in the past, diarrhea, reduced food intake. In ER the blood tests revealed isolated severe hypomagnesemia (Mg <0.60 mg/dL), acute kidney injury, increased inflammation indexes. A lung CT scan documented pneumonia, so the patient was treated with i.v. $MgSO_4$ and antibiotic therapy with clinical improvement. Other laboratory tests revealed secondary hyperparathyroidism but excluded other endocrine affections. It was stopped therapy with PPI and furosemide and started calcitriol supplementation. She was discharged after 13 days and admitted to our DH with daily oral supplements of magnesium (pidolate Mg 2.5 gr, 2 bid), and even though was increased, the magnesium level was persistently low. Other laboratory tests revealed: FEMg 12.29%, urine Ca^{++} /24 h 105.00 mg.

Conclusions: Hypomagnesemia can be caused by a wide range of diseases, but it can also be a side effect of several drugs. Excluding all the potentially reversible causes, we could think that is a form of late-onset primary hypomagnesemia.

How to prevent metformin-associated lactic acidosis: a case of renal infarction in diabetic man

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Introduction: The increased use of metformin in diabetic population, supported by clinical evidences, requires special care in order to prevent a rare, but fearsome, side effect, lactic acidosis.

Case report: A 65 years old man with history of obesity, type II diabetes (on therapy with metformin - daily dose 2500 mg), arterial hypertension (on therapy with candesartan), dilatative cardiomyopathy, was admitted to hospital for pain in the left quadrants. Abdominal CT showed a subtotal thrombosis of the left renal artery and poor parenchymal enhancement, according to renal infarction. Blood lactate had increased (3.2 mmol/lt), creatininemia was 1.33 mg/dl. The patient underwent arteriography and local therapy with urokinase. 12 hours later, the CT showed recanalization of the artery.

Therapeutic strategy: During the stay in hospital, metformin had been replaced with insulin, sartan was discontinued, the patient underwent IV hydration, which had been increased post-contrast administration, in order to prevent contrast-induced acute kidney injury; on the third day there was a peak in serum creatinine (2.53 mg/dl) with a subsequent return to baseline values.

Conclusions: The patient was at risk of metformin-associated lactic acidosis (thrombosis of renal artery with renal infarction, numerous contrast diagnostic and therapeutic procedures, initial lactate >2.5 mmol/lt). It is deemed preferable, generally, a temporary interruption of metformin in situations at risk of accumulation and, so, of lactic acidosis (renal impairment, dehydration, acute illnesses, contrast procedures).

Uncommon abdominal pain in adolescent

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Introduction: Recurrent abdominal pain is common in adolescence. We present the case of a 15 year old woman.

Clinical case: For about one year, abdominal pain and alvus disorders with the emission of poorly formed stools. Laboratory tests showed only WBC 3800 x mmc, fecal calprotectin 205 ng/ml, fecal occult blood positivity and for ab anticardiolipin IgM. EGDS: biliary reflux. On ultrasound dilatation of the intrahepatic biliary tract. Abdomen MRI: gallbladder with biliary sludge and cystic duct anomaly with more cranial implant; course of the pre-hepatic portal tract, with anomalous and tortuous from the splenomesenteric confluence, as in the presence of outcomes of thrombosis and collateral circles. The venous echo-colordoppler of the portal circle showed tortuous, patent, thin-walled portal vein, with laminar hepatopetal flow of about 33 cm/s. Presence of varicose gourds at the splenic and perigastric site. Portography concluded for portal cavernoma with a favorable framework for liver revascularization using Meso-Rex bypass. Given the stability of the clinical and laboratory framework, the patient is currently in follow-up.

Conclusions: Idiopathic portal cavernoma with uncomplicated mild portal hypertension and moderate biliopathy in positivity for IgM class anticardiolipin Ab. Rare cause of abdominal discomfort in adolescents, with atypical presentation and high risk of misdiagnosis.

Fever of unknown origin: two almost identical cases. Follow-up after 4 years

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Introduction: FUO is a condition of wide etiology. Conventional

diagnostics are not always able to determine the cause. We present the case of two men of a. 79.

Clinical case: Both patients from 6 months presented with remitting fever, max 39°C, hyporexia, weight decrease, anemia, increase in ESR, PCR, modest leukocytosis with increase in CD3, CD8 and NK-CD6 lymphocytes. Infectious tests, echocardium, totalbody CT, EGDS and colonoscopy were unsuccessful. Antibiotic therapy had no efficacy. At our observation, the patients appeared prostrate and with general conditions worsened. The objectivity highlighted the harshness of the MV, a slight indolent turgor of the right temporal right a. It was decided to integrate diagnostics with PET / CT examination, the result of which in the 1st case showed the accumulation of the radiopharmaceutical against all sections of the aorta, sealing the diagnosis of vasculitis of the large vessels while it was negative in the 2nd case. Treated with prednisone, at a scaled dosage, both in the 4th year of follow-up are in remission.

Conclusions: The literature shows that in patients with FUO a single PET / CT-18FDG identifies the cause of fever in 68% of cases, however in 32% of patients it is not diagnostic. In the elderly, vasculitis of large vessels is one of the most frequent causes of FUO, although not always demonstrable with non-invasive methods. The cases presented, practically the same in age and clinical laboratory presentation, responded in the same way to steroid therapy and remained in remission.

Inherited thrombophilia and blood group: an interesting association

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Introduction: The non-O blood group and inherited thrombophilic conditions, including Factor V Leiden (FVL) and prothrombin G20210A mutation (PTM), are weak risk factors for venous thromboembolism (VTE). Until now only the presence in homozygosity or the double heterozygosity have shown a relevant clinical meaning. This metanalysis investigates the relationship between FVL or PTM and the blood group in the VTE.

Methods: MEDLINE and EMBASE databases were searched up to October 2019. Pooled Odds Ratios (OR) and 95% confidence intervals (CI) were calculated using a random-effects model.

Results: Ten studies for a total of 84,644 patients were included in the analysis of the FV group. Five studies totalling 72,183 patients were included in the analysis of the PT group. About 6% of the study population had both FVL and the non-O group while 1.5% had both PTM and the non-O group. The VTE risk was considerably increased in FVL and non-O group (OR 5.74, 95%CI 5.16-6.39; p<0.0001), rather than if just one of the two was present (FV wild type/non-O group: OR 1.78, 95%CI 1.68-1.88; FVL/O group: OR 2.99, 95%CI 2.58-3.47). The corresponding population attributable risk of VTE (PAR) is about 19%. Similarly, risk of VTE was significantly higher in patients with PTM and non-O group (OR 3.27; 95%CI 2.44-4.37; p=0.002), although PAR was considerably lower, about 2%.

Conclusions: The main finding of our metanalysis is that simultaneous presence of FVL and non-O group is a frequent condition and the resulting increased risk of VTE could have clinical impact and prompt therapeutic adjustments.

Experiences of a multidisciplinary medical-nursing Team PICC in Internal Medicine at A.O. Ordine Mauriziano: a prospective study

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Background and Aim: Purpose of the study is to evaluate the work of a multidisciplinary medical-nursing team that assesses and inserts Advanced Venous Access as Midline and PICC and to evaluate the inserted catheters course treating, in particular: complication rate (most of all infection, venous thrombosis), patients features, duration and reasons for removal.

Materials and Methods: Prospective 6-month study in which a total of 155 patients undergoing Midline/PICC insertion were enrolled. Data collection on self-produced case report forms and follow-up through medical records control and telephone survey.

Results: The study has revealed an incidence density of CRBSI of 0.99/1000 line-days (5 cases) and an incidence density of catheter-related thrombosis of 1,38/1000 line-days (7 cases). The median survival duration was found to be: 20 days in Midline group considering catheters removed by end of study (82,76%), 40 days in PICC group whereas, however, 64,71% are still in place at the end of the study. 12% of catheters have been removed for complications such as: infection (suspected or verified), thrombosis, self-removal, purulent discharge from the exit site, sticking plaster allergy; 2,67% for complications such as: extravasation, catheter lumen occlusion, malfunction (frequent partial occlusions or no blood return in Midline group, but rarely such as to make removal necessary).

Discussion: Overall, complication rate is low with a good median duration proving that request of insert is adequate, such as insertion procedure and catheter management.

Shared protocol between Alzheimer Regional Center and Geriatric Medicine Subacute Care Department for management of patients with dementia and caregiver with serious assistance stress

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Background and Purpose of the study: Dementia is a disease with a strong impact on family balances: to react effectively, it is necessary to maintain emotional clarity and find adequate coping strategies. Hospitalization represents a moment of decompensation for patients and caregivers and can be an opportunity to stem the stress of caregiving and potential conflicts.

Methods: Application of a protocol between Geriatric Medicine-Subacute Care Department and Alzheimer's Center for management of the patient with dementia and caregivers stress also for shared discharge projects. It includes patient visit and self-report questionnaire to the family member. The care team involves psychologists and medical experts in the field of dementia, a doctor or nurse of the ward, case manager and social worker. Once the sources of care stress and the psychological, relational and emotional needs of the patient and caregiver have been identified, the psychologist performs a direct intervention and checks the patient's care.

Expected results: Correct diagnosis of dementia and optimization of etiology and degree; early detection of stress on the caregiving of families, reduction of conflict with hospital and nursing staff, reduction of institutionalization of patients.

Conclusions: The care burden of the patient with dementia puts a strain on the care capacities of families and induces stress and potential conflicts. The application of a protocol shared with expert staff can improve the quality of patient care and outcome.

Case report Sneddon's syndrome with thrombotic occlusion of central retinal artery

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Introduction: Sneddon's syndrome (SS) is a rare non-inflammatory thrombotic vasculopathy characterized by the combination of

cerebrovascular disease with livedo racemosa (LR). It has been estimated that the incidence of SS is 4 per 1 million per year in general population and it generally occurs in women between the ages of 20 and 42 years. Etiopathogenesis of SS is unknown with 2 primary mechanisms proposed: autoimmune/inflammatory *vs* thrombophilia. SS is primarily classified as antiphospholipid positive or negative type.

Case Report: We report the case of a 47-years-old woman, with livedo racemosa, located on limbs and trunk, and characteristic cerebrovascular findings, without classic cardiovascular risk factors. She had a sudden loss of visus from thrombotic occlusion of the central right retinal artery. The brain TC scan, hematochemical examinations to rule out LES or antiphospholipid syndrome a neuropsychological evaluation was carried out. Skin biopsy showed endarteritis obliterans from intimal endothelial proliferation. The brain MRI showed ischemic silent brain attacks. The patient underwent double anti-aggregation therapy.

Conclusions: The central retinal artery occlusion could be the first manifestation of SS. The antiplatelet and antithrombotic agents are used for secondary stroke prophylaxis. Routine use of anti-inflammatory or immunosuppressive therapies is controversial. Neuropsychiatric prognosis of SS is relatively poor with predominant deficits in the concentration, attention, visual perception, and visuospatial skills.

Valutazione dei parametri della rigidità arteriosa in pazienti affetti da ipertensione arteriosa secondaria da glucomineralcorticoidi e da ipertensione arteriosa essenziale

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Introduzione e Scopo dello studio: Valutare i parametri della rigidità vascolare, ottenuti attraverso lo studio non invasivo dell'onda sfigmica, per evidenziare precocemente il danno vascolare subclinico in pazienti ipertesi.

Metodi: Sono stati valutati consecutivamente i parametri delle rigidità vascolare (Arterial Stiffness e Pulse Wave Velocity) in 109 pazienti ipertesi, distinti in relazione alle diverse forme di ipertensione arteriosa: 60 con diagnosi di ipertensione arteriosa essenziale (EH), 49 con ipertensione secondaria, ci cui 22 affetti da iperaldosteronismo primario (IP), 12 pazienti affetti da ipercortisolismo subclinico, 6 pazienti con adenoma surrenalico misto. Come gruppo di controllo sono stati arruolati 37 soggetti normotesi (SN) e 9 pazienti affetti da incidentaloma surrenalico non secernente (INC).

Risultati: Il gruppo di pazienti IP ha mostrato un significativo incremento dell'indice di rigidità arteriosa ed età vascolare aumentata rispetto ai gruppi di EH, INC e SN ($p<0.05$). Dallo studio delle correlazioni effettuato sull'intera popolazione dei pazienti ipertesi è risultato che il valore di aldosterone plasmatico (PAC) si correlava in modo significativo sia con il peggioramento dell'età vascolare rispetto a quella anagrafica, sia con l'indice di rigidità vascolare.

Conclusioni: Lo studio non invasivo della rigidità vascolare può essere utile strumento nell'identificare precocemente il danno subclinico nei pazienti affetti da ipertensione arteriosa, ed in particolare nelle forme secondarie da ipersecrezione di mineralcorticoide.

Nuovi parametri nella ventilazione non invasiva per l'internista?

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Premesse e Scopo dello studio: La ventilazione non invasiva (NIVM) ha acquisito un peso nella pratica clinica quotidiana del Medico Internista. In questo studio, abbiamo verificato la correlazione tra pressione di anidride carbonica espirata ($etCO_2$) e pressione arteriosa di anidride carbonica ($PaCO_2$).

Materiali e Metodi: Sono stati analizzati 39 pazienti (età 69±17 aa, $PaCO_2$ 49,3 ± 18 mmHg, $etCO_2$ 32,1 ± 8,3) afferenti al reparto di Medicina Interna del Presidio Ospedaliero Marcianise, A.S.L. Caserta). E' stata misurata la $etCO_2$ in respiro non assistito e la frequenza respiratoria (FR) del paziente. Dopo l'inizio della ventilazione si è registrata la FR del paziente e la $etCO_2$. Dopo un'ora di ventilazione è stata eseguita una seconda emogasanalisi arteriosa (EAB) registrando il valore di $PaCO_2$. Abbiamo diviso la popolazione come Responders e Non responders alla NIVM, stabilendo arbitrariamente un cut-off di 5 mmHg come variazione della $PaCO_2$.

Risultati: E' emersa una correlazione tra i valori di $etCO_2$ e $PaCO_2$ quando rapportati all'outcome del paziente. Tale correlazione si conferma anche nelle analisi per sottopopolazioni.

Conclusioni: Questi dati significativi ed incoraggianti possono essere utilizzati per ottimizzare la ventilazione del paziente con insufficienza respiratoria ipercapnica.

Early SpA Clinic: the experience of the UOS of Rheumatology of the AORN A. Cardarelli, Naples

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Introduction: Early arthritis (EA) has become the target of greater rheumatological interest over time, because early diagnosis and therapy allow the reduction of irreversible damage and permanent disability that affects the life of affected patients (pz).

Objectives of the project: To analyze the flow and demographic characteristics of patients affected by psoriatic arthritis, ankylosing spondylitis and non-radiographic axial spondylarthritis at the early SpA Clinic of the regional reference center for biological therapy AORN Cardarelli with the aim of early diagnosis.

Methods: Patients belonging to our Rheumatology Clinic were recorded and analyzed during a 6-month observation period. According to the Early Spa Clinic model, these pz with early SpA arthritis were identified and then guided in a facilitated path for intensive check-ups and introduced to an earlier start of biological therapy.

Results: During the period of observation, 1,700 patients were screened, 475 (27.94%) were diagnosed with spondylarthritis, 197 M and 278 F. Of these, 22 were pz with non-radiographic axial spondylarthritis, 99 with ankylosing spondylitis and 354 with psoriatic arthritis. 77% of patients were on biotherapy or monotherapy or in combination therapy with traditional immunosuppressants.

Conclusions: From this analysis we deduce that spondylarthritis are among the pathologies with the greatest socio-health impact in the rheumatological field in our reality. The Early Spa Clinic project shows to reduce the diagnostic delay and early start of treatment.

A case of congestive heart failure in conserved FE: cardiac amyloidosis

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Premises: Amyloidosis is caused by the extracellular deposition of insoluble fibrillar proteins. The AL form is caused by monoclonal light chains. The familiar form is associated with mutations of the transthyretin gene. The amyloid determines a progressive thickening and stiffening of the walls of the ventricles. The most common clinical manifestation is congestive heart failure.

Description: 83-year-old woman with hypothyroidism, high blood pressure, chronic renal failure, COPD, persistent AF, rheumatic disease with mitral stenosis treated with surgical commissurotomy, aortic stenosis replaced with a biological valve, is hospitalized for edema.

Chest x-ray shows initial bilateral hilar congestion. On ECG: Atrial

flutter with 4-5 / 1 conduction and average HR of 65 BPM. The Echocardiogram shows *VS* of normal volume, FE 55%, wall thicknesses markedly increased, *VS* diastolic highpressure diastolic pattern. Atrium markedly increased, non-dilated Vdx, normofunctional aortic valve prosthesis, moderate-severe IM, no pulmonary hypertension, signs of central venous hypertension. Protein electrophoresis highlights hypogammaglobulinemia, and bence-jones proteinuria is doubtful. Bone scintigraphy with TC99 shows hyperfixation of the tracer in the left ventricular myocardium.

Conclusions: Cardiac amyloidosis is a widely underdiagnosed disease. The scintigraphy with 99mTc-DPD has proven to be able to detect amyloid deposition in the myocardium, in the transthyretin-related forms but not in the AL form. This method is a useful diagnostic aid to orientate differential diagnosis.

Brugada syndrome

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Introduction: Brugada syndrome is an autosomal dominant form of cardiac arrhythmia that predisposes to sudden cardiac death.

Description of the case: A 58-year-old men was admitted to emergency room for dyspnea and fever. On examination, he was febrile (37.8°C) and tachycardic (110 bpm). Medical history included a 4-day history of fever (>39°C), productive cough and chest pain. Laboratory investigations showed neutrophilic leukocytosis, increased inflammatory markers with normal myoglobin and troponin dosages. Electrocardiogram showed ST segment elevation in V1, V2 and V3 leads. No familial history of sudden death was reported and the patient had never experienced lipothymia or syncope. The chest X-ray demonstrated a consolidation in the right lung, while echocardiographic evaluation revealed normal left ventricular function with no regional wall motion abnormalities. After positive flecainide challenge test, diagnosis of Brugada syndrome was made. The patient was treated with antibiotics for 10 days and later sent to an arrhythmology unit to receive a specific treatment.

Conclusions: Brugada syndrome triggered by infectious fever is known to predispose to malignant ventricular arrhythmias. Other factors known to induce a Brugada pattern include cocaine, electrolyte imbalances, drug overdose and medication affecting sodium channels function. With the syndrome being a genetically inherited entity, screening and education of family members in the risks and causative factors must be included along with treatment of the affected patient.

Thrombocytopenia after bone marrow transplant: beyond the rule, the exception

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Summary: Transplantation-associated thrombotic microangiopathy is a complication of hematopoietic cell transplant determined by several factors like treatment with calcineurin inhibitors, infections and cytotoxic therapies. It is a potentially life-threatening condition due to the development of acute renal impairment. The diagnosis is difficult because of the similarity with other microangiopatic syndromes.

Materials and Methods: A 67-years old patient who underwent hematopoietic stem cell transplantation for acute myelomonocytic leukemia and in therapy with tacrolimus and methotrexate complaints vomit and weakness. Ideomotor deterioration gradually evolves with a progressive decline of platelet count and hemoglobin; an extended skin purpura appears. Blood tests suggest a process of intravascular hemolysis. A peripheral blood smear examination detected 2-3 schistocytes in a single field but ADAMTS-13 activity was in range. A bone marrow biopsy excluded a leukemia relapse or a graft failure.

Results: Tacrolimus was suspended. With glucocorticoid therapy and daily fresh frozen plasma infusions, her neurological state progressively improved and the platelet count slowly increased. Schistocytes disappeared.

Conclusions: Transplant-associated thrombotic microangiopathy is usually recognized after excluding other syndromes. This delays the onset of a correct therapy, plus the lack of studies regarding therapy does not permit to rapidly start an effective treatment. Such disease should be always considered when a transplanted patient develops thrombocytopenia.

Co-morbidità e degenza media in Medicina Interna

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Premesse e Scopo dello studio: Problema costante nella gestione dei pazienti ricoverati nei reparti di medicina interna è la durata dei ricoveri, con indicazioni sempre maggiori ad una riduzione, a fronte di pazienti spesso con rilevanti comorbidità. Scopo del nostro studio è identificare le patologie maggiormente associate ad un significativo allungamento della durata dei ricoveri.

Materiali e Metodi: Sono state valutate tutte le schede di dimissione di pazienti dimessi dal reparto di "Medicina Interna ad indirizzo immunologico" dell'Ospedale San Giovanni Addolorata di Roma nel periodo 1 gennaio 2017 – 30 novembre 2019 (1894 pazienti, 51% D, 49% U, età media 71.7±16 aa).

Risultati: Distinguendo i pazienti in terzili di durata del ricovero (≤9 giorni, 10-15 giorni, ≥16 giorni), i pazienti affetti da patologie infettive (PI), neoplasie (NEO), anemie di qualsiasi origine (AN) e sindrome da allettamento (SA) presentavano una maggiore percentuale della durata del ricovero (1° terzile *vs* 3° terzile: PI 7% *vs* 13%; NEO 16% *vs* 24%; AN 13% *vs* 21%; SA 21% *vs* 26%, rispettivamente; $p<0.05$). Nei pazienti affetti da PI, AN, SA, scompenso cardiaco e diabete mellito in una percentuale maggiore tali pazienti presentavano durata maggiore del valore soglia indicato per ogni DRG.

Conclusioni: La complessità dei pazienti nei reparti di Medicina Interna rende il paziente altamente fragile, con necessità di cure maggiori; al fine di ridurre i tempi di degenza alcune patologie hanno bisogno di maggiore attenzione nella fase di prevenzione e la costituzione di percorsi di gestione "*out-hospital*".

Myelodysplastic syndrome and its harmful friend

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Background: Myelodysplastic Syndromes (MDS) are a heterogeneous group of clonal hematologic diseases associated to a wide range of autoimmune and inflammatory disorders, in almost one third of the cases. Sometimes these can precede the diagnosis of MDS.

Clinical case description: A 55-year man was referred to our unit in Oct 2019 complaining dyspnea and sub-continuous fever. In the clinical history: COPD, heavy smoker, post-traumatic splenectomy with subsequent thrombocytosis. Diagnosis of Adult Onset Still's Disease (AOSD) was made elsewhere one year before for chronic anemia, leukocytosis, steroid dependent fever, rash, arthralgia. At our examination, the patient presented: pulmonary crackles and wheezing, high level of CRP and ESR, macrocytic anemia and thrombocytosis, leukocytosis with neutrophilia and monocitosis. normal level of troponin and BNP. At CT scan: pulmonary emphysema, mediastinal lymphadenopathy, minimum bilateral pleural effusion, pericardial effusion. PE and pneumonia were ruled out. Endoscopic studies for hemorrhage was negative. Absence of vitamin deficit or hemolytic diseases to explain macrocitosis. The main clinical feature was a refractory anemia requiring weekly transfusion. The blood smear revealed morphologic dysplastic features. Therefore, we performed a bone marrow biopsy. Histopathological and cytogenetic study was con-

sistent with MDS and Cytogenetic analysis revealed isolated deletion of 5q.
Conclusions: AOSD is an autoinflammatory disorder that can mimic many other diseases. This is the first report about AOSD in MDS with isolated del(5q).

Native mitral valve Achromobacter related endocarditis due to central venous catheter in an advanced cancer patient undergoing chemotherapy

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Background: There are few cases of Achromobacter xylosodans endocarditis described in literature and only four occurred on native normal valves.
Case description: A 67-year-old female presented with dyspnea, vomiting and fever (38-39°C) after the last infusion of chemotherapy. The patient had a diagnosis of metastatic esophageal cancer, for which she underwent chemotherapy through a central line, radiotherapy and esophageal resection. Physical examination revealed tachycardia, tachypnea and systolic murmur. The laboratory investigation showed anemia, low platelets, elevated CRP and PCT. Transthoracic Echocardiography (TTE) showed EF of 45% and moderate to severe mitral regurgitation with a vegetation on the anterior leaflet. Blood cultures from CVC and peripheral blood were positive for Achromobacter sensitive to Ampicillin/Sulbactam and Cotrimoxazole. Antibiotics were started, leading to clinical improvement. Because of the esophageal surgery the patient couldn't underwent TE echo, so a total body PET was performed, showing an ipercaptating area in the mitralic region that corroborated the diagnosis of endocarditis. This patient was not deemed clinically fit for surgical intervention, she was discharged after 4 weeks of antibiotic treatment. At three months she is alive and clinically stable, a follow up TTE showed disappearance of the vegetation.
Conclusions: We described a rare case of endocarditis caused by Achromobacter xylosoxidans on a native valve in a immunocompromised patient with oncologic comorbidity. The patient was successfully conservatively treated.

Cardiac B-cell lymphoma unmasked by acute heart failure. Multimodal imaging diagnosis and follow up

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Background: Heart involvement by malignant lymphoma is a rare high fatality rate condition. Presentations may include different cardiac manifestations such as heart failure, pericardial effusion or arrhythmia.
Case description: A previously healthy 76-year-old male presented with dyspnea, tachicardia and fatigue. Physical examination revealed an arrhythmic pulse, muffled heart sounds and bilateral basal decreased lung sound. The ECG showed atrial flutter and the trans-thoracic Echocardiography (TTE) a reduced ejection fraction (EF) and impaired filling due to a mass in relation with the left ventricle and ubiquity pericardial effusion without signs of tamponade. A cardiac magnetic resonance (CMR) confirmed a severe bi-ventricular disfunction and the 18F-fluorodeoxyglucose positron emission tomography (18-FDG PET) showed high myocardial captation. A definite diagnosis of myocardial infiltration by diffuse large B-cell lymphoma (DLBCL) was made by echo-guided biopsy. After staging (Ann Arbor IV A), the patient underwent 6 cycles of R-COMP chemotherapy protocol without any major side effects. At 6-months follow-up heart failure symptoms completely settled and EF normalized. 18-FDG PET and the CT showed a significant reduction of the myocardial infiltration with no signs of mass effect and pericardial effusion.
Conclusions: This is the first multimodal imaging documentation of myocardial lymphoma diagnosed and follow up evolution.

Nocardia farcinica: a case of pulmonary and brain infection

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Background: Nocardia farcinica is a rare cause of localized and disseminated infection, typically in immunocompromised host. We describe the case of a patient with a bacteremic Nocardia infection associated with cerebral abscesses.
Case description: An 89-year-old woman was admitted because of stupor, fever and cough since 10 days, resistant to ceftriaxone therapy. She was on high-dose corticosteroids since 3 months for acquired hemophilia. Blood tests showed high value of C-reactive protein and neutrophilia. Chest X-ray showed a faint opacity in the right middle lobe. Brain MR detected 2 nodular lesions with ring enhancement consistent with brain abscesses. After blood culture (BC) sampling, empirical treatment with meropenem, vancomycin and caspofungin was started. Ten days later, BCs grew N. farcinica, susceptible to cotrimoxazole and imipenem, and resistant to ceftriaxone. Antibiotic therapy was then tailored on susceptibility results. The clinical picture improved with recovery of consciousness, disappearance of fever and reduction of values of inflammatory markers.
Conclusions: We reported an uncommon case of N. farcinica infection with pulmonary and cerebral involvement. This infection must be suspected in immunocompromised patients. To maximize the yield of Nocardia, BCs should be incubated for 2-4 weeks (in our case growth was observed after 11 days). The treatment of choice is cotrimoxazole and imipenem, while it must be emphasized that N. farcinica is intrinsically resistant to ceftriaxone, one of the drugs recommended for the empirical treatment of brain abscesses.

A severe case of SIBO or a refractory coeliac disease? A mysterious clinical case of a coeliac subject on strict gluten-free diet!

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Background: Some patients with celiac disease (CD) do not improve despite gluten free diet (GFD: Small intestinal bacterial overgrowth (SIBO) or lactose intolerance was the cause of unresponsiveness of CD unresponsive to GFD and it can present with diarrhea or severe constipation due to the presence of specific bacterial population Hydrogen or Methane producers.
Case Report: A 56-years-old female, coeliac and lactose intolerant on strict GF and lactose free diet, presented to our Dept for abdominal pain, nausea and vomiting, asthenia, arthralgias, bloating and constipation treated on laxative abuse. Laboratory revealed: only mild macrocytic anemia, decrease of B12 and folates, hyperomocysteinaemia. Esophagogastroduodenoscopy with duodenal biopsies and histology revealed villous atrophy and broadening, altered crypt villous ratio, lymphomononuclear infiltrate in lamina propria and increased intra-epithelial lymphocytes (Marsh's stage IIIA). Antiendomysial antibody and anti-transglutaminase antibody tests was negative. We suspected a refractory coeliac disease or a SIBO and our patient underwent to Lactulose Breath Test which resulted strongly positive. She started Rifaximin 1200 mg daily, vitamins and a strict gluten and lactose free diet, very poor in carbohydrates and refined flours, obtaining the rapid remission of the symptomatology!
Conclusions: SIBO and secondary lactose intolerance are very common in celiac disease (more than 60% of coeliacs), but despite of this evidence often patients afflicted with CD are underestimate for this possible and fearful comorbidity.

Still a mimicker': un caso di linfoma intravascolare

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Premesse: Il linfoma B a grandi cellule intravascolare (IVLBCL) è una rara causa di FUO ed è caratterizzato dalla crescita neoplastica all'interno del lume dei capillari di qualsiasi organo.
Descrizione del Caso clinico: Maschio, 70 anni, accolto per febbre con brivido e faringodinia, non responsiva alla terapia antibiotica. Gli esami sierologici, colturali e l'autoimmunità erano negativi. L'ecocardiogramma evidenziava un lieve film pericardico, l'ecografia dell'addome e la radiografia del torace erano negative. La TC torace-addome evidenziava un'epatomegalia. Si assisteva alla comparsa di rash fugace e ad incremento degli indici di citonecrosi epatica, della ferritina e dell'LDH. La PET TC metteva in luce un'ipercaptazione focale a livello del V e VIII segmento epatico, a livello splenico, e della pleura. La biopsia epatica, la BOM e la biopsia cutanea risultavano negative. Nell'ipotesi di Morbo di Still dell'adulto complicato da Sindrome emofagocitica si decideva di trattare il paziente con boli di steroide e Anakinra, senza modifiche del quadro. Il paziente veniva sottoposto a seconda BOM, anch'essa negativa e a seconda biopsia epatica. La procedura si complicava con shock emorragico ed exitus. Il riscontro diagnostico evidenziava un quadro di IVLBCL con localizzazione epatica, splenica, polmonare e miocardica.
Conclusioni: Il IVLBCL rappresenta una sfida per il clinico e non sempre biopsie ripetute dell'organo coinvolto permettono di giungere alla diagnosi di certezza ante mortem.

Increasing prevalence of carbapenem-resistant *K. pneumoniae* infection among patients transferred from the intensive care to the Internal Medicine ward

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Background: The Intensive Care Unit (ICU) transfers pts to Internal Medicine (IM) after stabilization of respiratory function; however, during their stay in the ICU patients are susceptible to nosocomial infections. Aim of our study was to assess the prevalence of carbapenem-resistant K. pneumoniae (KPC) infection in pts transferred from the ICU to our IM ward and its impact on in-hospital mortality.
Methods: All patients transferred from ICU to IM between 2014 and 2019 were included in a prospective database. Demographic and clinical data, length of stay (LOS) and outcome were analysed. Admissions during years 2014-2016 (group A) were compared to 2017-2019 (group B) when surveillance of sentinel infections was introduced in the ICU.
Results: 429 patients transferred from the ICU to IM were included (males 50.3%, mean age 73±15.7 years). Mean LOS in the ICU was 12.9±13.8 days (range 0-93), in IM 11.7±8.8 days (range 0-74). Group A (N=211) and B (N=218) were comparable for age, sex and LOS. In-hospital mortality was 9% in group A *vs* 15.6% in group B ($p<0.05$) and KPC infection was present in 0 *vs* 19.2%, respectively ($p<0.001$). Mean ICU stay in patients with KPC was significantly longer than in non-infected patients (26.4±21.6 *vs* 11.7±12.2 days, $p<0.001$).
Conclusions: Infection surveillance has uncovered a high prevalence KPC infection in ICU pts in recent years. KPC infection is associated with longer LOS in the ICU; in-hospital mortality was significantly higher in patients transferred from ICU to IM after 2017 when screening for drug-resistant infections was introduced.

An atypical presentation of antiphospholipid syndrome

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Introduction: Antiphospholipid syndrome (APS) is characterized by venous and/or arterial thrombosis, adverse event pregnancy and presence of antiphospholipid antibodies, which are positive in 13% of strokes, 11% of MI, 9.5% in DVT and 6% of pregnancy morbidities.
Case description: A 51 years-old woman was hospitalized because of multiple skin ulcers with history of gastric bypass and miscarriage. The exams showed leukocytosis and increased CRP, sideropenic anemia, prolonged aPTT, with negative coltures. Coagulation screening was negative; among immunological tests ACLA and LAC were positive. Brain MRI showed previous ischemic injury, while the other instrumental investigations were negative. After rheumatology consultation, steroids, hydroxychloroquine and acetylsalicylic acid (ASA) have been introduced, with resolution of skin ulcers. APS was therefore diagnosed and oral anticoagulation with warfarin was started instead of ASA.
Conclusions: Clinical suspicion of APL was initially suggested by aPTT alteration, which can depend on inherited bases or acquired such as "Lupus Anticoagulant". Clinical history and exams confirmed the diagnosis. Early diagnosis and therapy remain essential for a favorable outcome of these patients.

A rare side effect of statins

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Introduction: Autoimmune Necrotising Myopathy (ANM) secondary to use of statin is a rare clinical entity identified in 2010. It is characterized by symmetric proximal weakness, persistence of muscle weakness even after discontinuation of statins, cellular necrosis in muscle biopsy and presence of anti-HMGCR antibodies. Incidence is estimated at 2-3 cases per 100000 patients treated with statins. Treatment starts with discontinuation of statins and is based on early immunosuppression.
Case description: A 78 years old man went to the emergency department for proximal muscle weakness most prominent in the lower extremities and for a recent fall. He had a history of hypertension, diabetes mellitus, hyperlipidemia, chronic kidney disease. He dialysis 3 day a week. Blood exams showed CK at 8837 U/L and mioglobin >38110 ng/ml. He was on treatment with simvastatin, that was immediately discontinued. Patient's symptoms and elevated CK levels persisted after discontinuation of statins and after additional dialytic sessions. Myositis associated and connective tissue disease antibody panels were negative. A CT scan of the abdomen and chest x-ray were unremarkable for malignancy. An EMG showed characteristic of an active myopathic process. The patient was tested for the presence of anti-HMGCR and started prednisone at 1 mg/kg/day which improved his clinical condition and decreased CK levels.
Conclusions: Although it is rare, statin associated ANM is an important consideration for the internist in any patient who has muscle weakness and elevated CK levels after discontinuation of statin therapy.

Complicanze da accesso venoso periferico: studio osservazionale nell'Ausl Romagna ambito di Rimini

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Premesse e Scopo dello studio: L'accesso vascolare rappresenta la procedura invasiva più utilizzata in ambito sanitario. Spesso non adeguato alle esigenze terapeutiche, comporta disagi, ritardo di terapia, aumento del tempo di degenza e di assistenza, dei costi, complicanze e discomfort del paziente. Non sono ancora noti fattori prognostici suffragati da evidenze. Questo studio si è proposto

di valutare l'incidenza delle complicanze e di identificazione i fattori di rischio associati.
Materiali e Metodi: Studio osservazionale prospettico monocentrico. Variabili intrinseche ed estrinseche di 586 pazienti ricoverati nelle Medicine Interna dell'Ausl Romagna con accesso venoso sono state analizzate statisticamente.
Risultati: Ad ogni paziente sono risultati posizionati in media 2,17 (DS 0.5) accessi venosi periferici corti, con permanenza media di 3 giorni. Le complicanze hanno avuto incidenza del 54% con insorgenza a 2,8 giorni dal posizionamento. Complicanze quali arrossamento (33%), dislocazione (31%), infiltrazione (25%), flebite (5.6%) sono risultate correlate al sesso femminile e sito di inserzione. Nel 3,9% dei pazienti senza terapia endovenosa sono stati posizionati 3 accessi venosi durante il ricovero.
Conclusioni: E' provata la correlazione con le variabili sesso femminile e sito dorso della mano. L' incidenza di complicanze risulta in linea con le medie espresse in letteratura. Il problema delle complicanze dovrebbe alimentare una riflessione critica dei professionisti assistenziali sulla reale necessità di mantenere il device in sede anche se non necessario.

Agitation in the elderly: is always dementia?

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Background: Dementia is a progressive and terminal illness, characterized by impaired memory, thinking, reasoning and communication. It is one of the most common diagnoses of hospitalization in the elderly.
Case Report: An 87-year-old woman was hospitalized for a sudden confusion and motor disorders. The symptoms arose after an anti-flu vaccine and infectious episode. The patient had no major co-morbidities. Routine laboratory tests ELISA were unremarkable. Serological HSV type 1-2 IgM were positive. Brain MRI was performed which showed extensive T2 and FLAIR hyperintense lesions. Cerebrospinal fluid was completely normal, oligoclonal bands were absent and Polymerase Chain Reaction (PCR) for Herpes Virus Simplex Type I (HSV-I) and other common viruses was performed, resulting negative as well. The patients presented an acute disseminated encephalomyelitis (ADEM). She had no response by treatment with Ig infusion. She started high-dose intravenous steroid therapy with clinical and radiological improvement.
Conclusions: ADEM in adults is a rare manifestation of post infectious disease, however it can also arise spontaneously or after vaccination. The diagnosis of ADEM remains clinical, aided by neuroimaging confirmation and the exclusion of other causes.

Wilson Disease and autoimmune hepatitis: a not so rare association

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Background: In literature there are few cases of coexistence of autoimmune hepatitis (AH) and Wilson disease (WD). Hepatocytic necrosis and intercellular antigenic exposure to the immune system is evident in WD and it causes the expression of low autoantibodies tilter which it is not enough for AH diagnosis. Furthermore the negativity of autoantibodies did not exclude AH.
Case Report: We present three cases of overlap between AH and WD. After a follow-up of a few years with a stable disease, each patient showed an apparent WD relapse with different features. We excluded WD evolution and we focused our attention on the positivity of ANA autoantibodies.
The liver biopsy review in one case and a new biopsy performed in the other patients showed an interface hepatitis and an infiltrate with lymphocytes and plasma cells. These findings allowed us to make a diagnosis of autoimmune hepatitis WD associated. One patient underwent to liver transplantation, the others were treated with steroid and immunosuppressive (azathioprine) therapy.
Conclusions: Finding the correct etiology is paramount in order to decide the most effective therapy, thus avoiding the necessity of a liver transplantation in patients that could be treated with a regimen specific for WD associated with steroid or immunosuppressors. Many questions remain open: is there a specific correlation between WD and AH? Are they different pathologies that coexist in genetically predisposed subjects?

Pitfalls in differential diagnosis of autoimmune pancreatitis: a case report

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Background: Autoimmune pancreatitis (AIP) is a rare manifestation of IgG4 syndrome (IgG4 Related Disease) that can mimic pancreatic cancer. It can also be associated with cholangitis with necessity of differential diagnosis with Primary Sclerosing Cholangitis (PSC).
Case Report: 75-year-old male patients who underwent duodenocephalopancreasectomy three months earlier for pancreatic mass. Biopsy of the operating piece showed lymphomonocytic exudation and frequent IgG4 + plasma cells but absence of atypia. This was suggestive for AIP. The patient was sent for the persistent serum aminotransferase elevation and cholestasis. ASMA positivity 1: 160. Cholangial RMN detected dilatation of the segmental intrahepatic biliary tract of the two hemisystems and tight stenosis of the extrahepatic biliary tract. Liver biopsy showed architecture preserved with sporadic ductal structures. Mild lymphocyte exudation and rare portal plasma cells were present. The previous diagnosis of AIP, the ASMA positivity, the presence of plasma cells in the portal spaces oriented us towards a diagnosis of sclerosing cholangitis associated with AIP and not towards a PSC. The patient started prednisone 1 mg / kg / day to scale, obtaining after three months complete normalization of liver function that persists after one year.
Conclusions: This case suggests how crucial it is to distinguish the AIP from pancreatic cancer but also cholangitis sclerosing associated with AIP from PSC, given the great differences of clinical course, prognosis and treatment.

Renal vein thrombosis and nephrotic syndrome

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Background: Renal vein thrombosis (RVT) could be a complication of nephrotic syndrome (NS) (prevalence 5-60%). It is supported by a multifactoriality of causes represented by a state of hypercoagulability due to the loss of natural anticoagulant proteins (C and S, Antithrombin) and by hemoconcentration (loss of glomerular fluids).
Case Report: A 27-years-old man presented with edema of the face and lower limbs and shortness of breath. A few months before for the same symptoms a diagnosis of pulmonary embolism (PE) and right RVT was made. Dabigatran 150 mg twice was started but suspended after two months. Now laboratory evaluation revealed creatinine 0.49 mg/dl, hyperlipidemia (total cholesterol 389 mg/dl, triglyceride 160 mg/dl), low total-protein and albumin levels (3.4 g/dl). A 24-hour urine test demonstrated proteinuria (4.8 g/day). The CT scan shows bilateral PE and progression of RVT also on the left. The patient begins steroid (1 mg/kg) ex adjuvates and enoxaparin 6000 U x two days. Due to the high bleeding risk nephrologists do not give indications for renal biopsy.
Conclusions: The risk of RVT is increased in patients with the NS. On the other hand bilateral RVT can cause nephrotic proteinuria

and therefore it may be difficult to understand whether NS is a consequence of extensive thrombosis or the cause of thrombosis itself. Kidney biopsy would represent the diagnostic gold standard although it can be dangerous due to the high risk of bleeding in anticoagulated patient.

Effetto Warburg: un'emergenza oncologica?

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Un uomo di 80 anni giunge alla nostra attenzione per epatosplenomegalia: si presenta vigile, orientato, apiretico, eupnoico, ma astenico, anoressico con diffusa dolenzia addominale. L'esame clinico rivela una massiva epato-splenomegalia. La TC con mdc conferma epatosplenomegalia senza lesioni focali e multiple adenopatie retroperitonali. Gli esami documentano una severa ipoglicemia (34 mg/dl) in assenza di sintomi neuroglicopenici, piastrinopenia (47000), LDH e transaminasi elevati. Gli esami endocrinologici escludono un'alterazione della funzione surrenalica e tiroidea; insulina e C-peptide risultano ridotti escludendo un iperinsulinismo endogeno; un'EGA riporta valori particolarmente elevati di acido lattico (13,7 mmol/l). L'agobiopsia epatica e osteomidollare consentono di diagnosticare una massiva infiltrazione da linfoma diffuso a grandi cellule B ad elevata attività proliferativa (Ki-67=90%). La somministrazione di glucosio 10% ev non corregge l'ipoglicemia peggiorando la lattacidemia. Il paziente inizia trattamento con prednisone e rituximab settimanale ma il quadro clinico peggiora e il paziente decede.

Conclusioni: L'associazione di ipoglicemia e acidosi lattica è una condizione rara descritta nelle patologie linfoproliferativo; consiste in uno shift metabolico della cellula neoplastica che utilizza avidamente il glucosio attraverso la via glicolitica con produzione di acido lattico anche in condizioni di normoaerobiosi. Questa condizione, nota come effetto Warburg rappresenta un'emergenza oncologica con un alto tasso di mortalità, soprattutto se diagnosticata tardivamente.

An uncommon cause of jaundice: the Stauffer syndrome

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Background: Jaundice is a clinical feature usually due to hemolysis, mechanical obstruction, hepatic dysfunction or cancer. Particularly, cancer can lead to hyperbilirubinemia mainly by biliary obstruction or by hepatic damage due to parenchymal invasion but in a percentage of cases, patients can present jaundice as clinical manifestation of paraneoplastic syndromes. Stauffer syndrome is a paraneoplastic entity characterized by increasing of hepatocytolysis enzymes and, in a rare variant form, by jaundice, mainly associated to renal cell carcinoma.

Case presentation: A 55 years old woman presented for acute onset of jaundice without associated symptoms. She had no anamnestic comorbidities. Physical examination wasn't significant except for jaundice while blood tests showed an increase of both bilirubin and hepatocytolysis enzymes. We performed an abdominal TC showing the presence of an heteroplasia in the right kidney associated to renal and caval thrombosis without hepatic involvement. We also perform an hepatic biopsy describing an aspecific inflammatory infiltrate. The patient was then subjected to nephrectomy and hystolical examination confirmed the presence of a clear cell carcinoma. Once cancer was removed, bilirubin and transaminases levels decreased with clinical benefit.

Conclusions: Our case seems to confirm the hypothesis why Stauffer syndrome is related to immune and inflammatory response of the organism against cancer. Even if a rare entity, clinicians should be aware of the syndrome since it may allow early recognition and treatment of an occult malignancy.

ABO blood groups and inherited thrombophilia in women with abortion

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Background: The association between congenital thrombophilia and pregnancy loss has been debated with conflicting results. The aim of our study was to evaluate the prevalence of either inherited thrombophilia (deficiencies of natural anticoagulants, factor V Leiden and prothrombin variant) or non-O blood group in women with a personal history of miscarriage

Materials and Methods: A group of 156 women with a personal history of spontaneous abortion was enrolled among non-related caregivers of patients hospitalized in our Medical Department, between June and December 2019. Seven hundred twelve healthy women without a personal history of miscarriage, recruited among blood donors, acted as controls. Age below 18 yrs, personal history of venous and/or arterial thrombosis or acquired thrombophilia were exclusion criteria. The Odds Ratios and 95% confidence intervals were calculated to estimate the risk of pregnancy loss.

Results: Among the 156 enrolled women, n 98 (62.8%) were non-O blood group type and n 35 (22.4%) were thrombophilic. Among the 712 controls, n 358 (50.3%) were non-O blood group type and n 105 (14.7%) were thrombophilic. The prevalence of either non-O blood group or thrombophilia was significantly higher in women with miscarriage than in controls (p 0.005 and p 0.018 respectively)

Conclusions: Our results showed a significant higher prevalence of either non-O blood type or thrombophilia in women with abortion. Further studies are needed to confirm our results and to clarify the clinical impact of our findings.

Atypical presentation of giant cell arteritis and the role of imaging techniques

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Background: Giant cell arteritis (GCA) is a chronic, granulomatous vasculitis of medium and large arteries. Typical manifestations are temporal headache and visual abnormalities, though several cases with atypical manifestations like stroke have been reported in the scientific literature. The role of imaging in GCA are evolving quickly.

Case presentation: A 75-year-old male patient with known paroxysmal atrial fibrillation presented with mild bilateral limb ataxia, headache and vomit. The patient stopped his anticoagulant therapy for 48 hours to undergo colonoscopy following the detection of anemia. The patient had a history of previous prostatectomy for neoplasia and also reported severe weight loss and jaw claudication in the past 3 months. Laboratory results revealed elevation of erythrocyte sedimentation rate and C-reactive protein. The brain Magnetic Resonance Imaging showed multiple acute infarctions in the territory of vertebrobasilar system, compatible with cardioembolic stroke, though the increased inflammatory markers. Computed Tomography (CT) did not highlight any significant injuries. 18fluoro-deoxyglucose/PET(18F-FDG–PET) documented hyperaccumulation of the radiopharmaceutical in correspondence of the vertebral arteries, thoracic and abdominal aorta. Temporal artery biopsy confirmed the suspicion of GCA.

Conclusions: CT angiography diagnostic method is unable and unreliable to detect GCA. 18F-FDG–PET has proved to be an essential diagnostic tool and finally increased inflammatory markers in stroke patients may be considered as a warning sign requiring further simple investigations.

Non-specific or specific granulomatous lymphadenitis: this is the problem

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Introduction: The most common form of extrapulmonary tuberculosis typically affects lymph nodes; to diagnose it, it is necessary to use molecular biology for DNA amplification.

Case presentation: A young North African man was hospitalized for fever and jaundice. Evidence of locoregional lymphadenopathies with compression of the choledochus and splenomegaly on CT abdomen. Quantiferon TB positive, negative serology for schistosoma. Non-conclusive lymph node cytological examination; on biopsy of the lymph node evidence of non-necrotizing granulomas with negative Ziehl-Nielsen staining and immunohistochemistry; microbiological examination was not performed on fresh lymph node. Tuberculous infection on BAL, lymphoma and Lehismania infection was excluded. In the suspicion of sarcoidosis, steroid therapy was started with reduction of lymphadenopathies and splenomegaly. After a few months fever resumed with evidence of liver abscess lesions on CT scan. Treated with piperacillin + tazobactam with resumption of fever at the end of therapy. Liver abscess aspiration was performed, the DNA gene amplification probes for tuberculous mycobacterium (MT DNA) were positive. Revision of the histological lymph node preparations with DNA MT probes was positive. Fourfold anti-tuberculosis therapy was started.

Conclusions: In the suspicion of lymph node tuberculosis infection, the gene amplification of MT DNA on fresh lymph node is always essential; otherwise it is essential to carry it out on a histological slide or block included in paraffin.

A case of intraductal papillary mucinous neoplasm detected by ultrasonography

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Background: Papillary Mucinous Neoplasm (IPMNs) of the pancreas are high-prevalence precancerous ultrasonographic detectable lesions.

Case presentation: A 57 years old woman (without significant co-morbidities) was admitted to our Internal Medicine Unit for abdominal and back pain. Laboratory tests were suggestive of jaundice and acute pancreatitis. US showed a dilated Wirsung duct (at the level of the head and isthmus) and a cyst lesion of the head of the pancreas. CT confirmed a marked dilatation of the main pancreatic duct (MPD) up to 16 mm (at the level of the isthmus) and presfinterial filling defects. Endoscopic ultrasound (EUS) revealed a dilatation of the main pancreatic duct (up to 10 mm) accompanied by mild side branch dilatation, 2-3 contrast enhancing mural nodules of the MPD measuring 5 mm. RMN showed a dilatation of the main duct (up to 10-15 mm at the level of the isthmus) in communication with cystic mild side branch duct dilatation. A diagnosis of "Mixed IPMN" was made. The patient underwent a duodenocephalopancreasectomy enlarged to isthmus due to the presence of "High Risk Stigmata" (Fukuoka IAP 2012): jaundice, enhancing mural nodules and dilatation of the main pancreatic duct ≥ 10 mm. A histological examination revealed an high grade dysplasia with focal neoplastic infiltration (pT1N0).

Conclusions: A hypothetical screening program based on US, over all in women up to 50 years, could permit identifying numerous pancreatic cancers at an early stage.

Lo sviluppo di un percorso organizzativo per la conduzione di uno studio clinico. Punto focale: miglioramento continuo delle conoscenze

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Premesse e Scopo dello studio: La promozione di una cultura basata su prove di efficacia ha contribuito negli ultimi anni allo sviluppo di studi clinici e evidenze scientifiche, che costituiscono elementi fondamentali per i professionisti sanitari. Obiettivo prioritario del SSN è quello di realizzare progetti di ricerca e percorsi di cura innovativi. Pertanto, nelle Aziende Sanitarie risulta strategico la presenza di operatori con competenza specifica, in grado di condurre indagini cliniche e divulgarne i risultati.

Materiali e Metodi: Al fine di realizzare il protocollo di ricerca, da sottoporre successivamente al Comitato Etico, è stata svolta la revisione della letteratura. Le fasi successive hanno incluso l'organizzazione di incontri informativi, per coinvolgere e motivare i partecipanti, e l'attuazione di una metodologia rigorosa nella raccolta e rielaborazione dei dati. Le conoscenze acquisite sono state diffuse a livello aziendale.

Risultati: In Asl2 nel 2019 sono state portate a termine tre indagini scientifiche in tema di broncopneumopatia cronica ostruttiva, accessi venosi periferici e lesioni da pressione. Parallelamente, è stato realizzato un percorso di addestramento e apprendimento attivo attraverso piani formativi, che hanno permesso di istituire un gruppo eterogeneo di professionisti in grado di collaborare nelle attività in essere.

Conclusioni: Le risultanze sono state fonte di stimolo e ripensamento dell'organizzazione assistenziale con il fine di migliorare le competenze professionali degli operatori e il grado di *soddisfazione percepita* dagli assistiti.

The management of drugs within the Internal Medicine department: a prospective observational study

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Introduction and Aim of the study: The correct administration of pharmacological therapy constitutes an essential requirement for treatment efficacy and safety. In 2019 the Ministry of Health published the "Recommendation n°19" regarding the handling of solid oral pharmaceuticals, where it is not possible to administer them whole. The primary aim of this study is to describe the management of manipulated pharmaceuticals and estimate the number of manipulations performed by a nurse during a work shift; the secondary aim is to verify the existence of alternative formulations compared to manipulated pharmaceuticals.

Materials and Methods: An observational perspective study lead in the Internal Medicine wards by the "ASL" of Biella will start on February 2020 and will lasts for 30 consecutive days. The study will take part in two stages: 1) a nurse survey created ad hoc will be provided to 34 nurses regarding the style of management and administration of manipulated pharmaceuticals; 2) a data collection form filled by all the nurses ad hoc at the end of each work shift, for a total amount of 446 forms.

Expected results: The observation of the daily clinical activity will allow understanding of the strengths and weaknesses of the therapy management method, paying specific attention to the manipulation of pharmaceuticals.

Conclusions: Increased knowledge of daily clinical therapy inside a ward will inform the creation of specific educational programs meant to improve medical assistance and for implementation of clinical safety by our patients.

A rare case of Brugada syndrome in an elderly patient

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Introduction: Patients admitted to Internal Medicine are mostly elderly, complex and multimorbid. So non-recognition of concomitant rare clinical situations is possible.

Clinical case: Male, 79 years old. Anamnesis: prostatic hypertrophy and hyperthyroidism, both treated. Due to relapsing dizziness in the past three years, the patient underwent multispecialist evaluations: no results. Recently: two syncopal episodes with fall to the ground and humeral fracture. Hospitalized for fever; positive urine culture (E. Coli). ECG: raising of J point with rapid descent of ST segment and inverted T in V1 and V2. This ECG-graphic alteration persisted even after resolution of the infection. Due to suspicion of type 2 Brugada syndrome, a flecainide test was performed, with modification to type 1 pattern. Diagnosis: Brugada syndrome. Since the patient refused the ICD, a loop-recorder was implanted and follow-up planned.

Discussion: Brugada syndrome is an inherited arrhythmogenic disease characterized by syncope and/or sudden death, with a peculiar electrocardiographic model: elevation of ST segment in V1-V2 and right bundle branch block. It is more frequent in young males (male/female ratio 8:1) aged between 30 and 40. However, cases are described in a wide range of ages (0-77 years).

Conclusions: The peculiarity of this case is the delayed diagnosis, both due to the late appearance of symptoms (dizziness and syncope), and the patient's comorbidities (fever, dystiroidism ...) that could be mistakenly held responsible, and instead might even have played a role in slatentizing the syndrome.

Extrinsic allergic alveolitis and thymoma: two is better than one?

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Introduction: Hypersensitivity pneumonitis (HP; extrinsic allergic alveolitis) is a rare inflammatory lung disease caused by inhalation exposure (occupational, recreational or ordinary home exposure). Incidence is 0.9 / 100,000. Thymoma is a rare epithelial neoplasm of the thymus. It is the most common form of TEN and has an annual incidence of 1 / 769,000.

Clinical case: We present the case of a 49-year old woman with a history of contact with domestic parrots admitted to emergency room for fever and subacute onset of dyspnea with severe respiratory failure. HRCT showed a widespread "mosaic" pattern. Antibiotic therapy was given but there was further worsening of respiratory exchanges. Even in the absence of specific laboratory markers, the CT scan showed an interstitial pattern, in particular for subacute HP. BAL revealed mild lymphocytosis and eosinophilia. Microbiological examination was negative. The patient underwent treatment with high dose of corticosteroids (1 mg/kg) with an improvement of the radiological and chemistry findings and she was discharged from the hospital. After one month, CT scan showed a complete resolution of ground glass opacity but the presence of a left paramediastinal mass of 5 cm capturing FDGPET/TC. Biopsy was performed after stopping the steroid with subsequent interstitial disease recurrence. The biopsy was Thymoma B3, Stage II, so the patient is currently on radiation therapy and continues with steroid therapy.

Conclusions: In literature there are no known correlations between thymoma and HP, both of which are quite rare. The onset of HP allowed the diagnosis of thymic neoplasia.

A case of delirium in a 29-years old man: thinking outside the box

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Background: Delirium and hallucinations have a prevalence of 1-2% in the general population. These manifestations are common among elderly (30-40%) and less prevalent among adult subjects (10-20%), representing the manifestation of psychiatric, infectious, metabolic and neurologic diseases but also of drugs abuse or abstinence.

Clinical case: 29-years male, admitted to the emergency department of "Ospedali Riuniti di Ancona" for delirium and agitation. His vitals shown normal blood pressure, sinus tachycardia and fever. History was negative for psychiatric disorders or drugs use. Neurological examination showed bilateral mydriasis. Cultural and toxicologic examinations were taken, he was admitted to our Subintensive Medicine department for declining neurological conditions, with worsening visual and auditive hallucinations followed by language disturbances. Signs and symptoms suggested an anticholinergic syndrome, however toxicologic was negative. We started i.v. fluids and antipyretic drugs. At his father's arrival, he revealed that his son was a gardener and that during ambulance transport he repeated the word "belladonna". In the hypothesis of "atropa belladonna" berries ingestion, we ordered Physostigmine with a progressive clinical improvement. Despite confusion, he then admitted a suicidal attempt with belladonna berries.

Conclusions: Delirium, albeit uncommon among younger patients, needs a complete workup for differential diagnosis: after excluding common causes, a careful patient's history investigation can be helpful to reach a correct diagnosis and treatment.

Subacute Care Unit: reorganization of clinical activity based on the Ward Round model: outcomes on professional satisfaction

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Background: An organization based on the traditional ward visit is unsuitable for the needs of very elderly and frail patients burdened by intense comorbidity. Ineffective modalities of work in department staff worsen the quality of care and hospitalization outcomes. It also improves the onset of conflicts within the staff and with patient caregivers and families. The new Ward Round model, based on structured moment of information sharing and discussion between the various professionals, strengthens the quality of work by promoting staff satisfaction. It also leads to lower costs without increasing risks and patients are more satisfied.

Purpose: Assess whether a Ward Round reorganization can improve the satisfaction of CSA Department staff.

Methods: The Ward Round method involves 3 moments. In the first (briefing) the team shares the information, setting the diagnostic-therapeutic process and the discharge / transfer path. In the second (visit) new clinical elements are acquired and the relationship with patients and family members is built. In the third phase (debriefing) the facts of the briefing are reworked through the same style of the elements collected during the tour; the route planning is finished. The team communicates with a structured method (SBAR). the degree of job satisfaction is assessed by administering a specific questionnaire (e.g. MBI - Maslach Burnout Inventory), before the reorganization (T0) and after 6 months (T1).

Expected results: Decrease of conflicts and improvement of staff, patients and caregiver satisfaction

Epidemiology of the main infectious agents responsible for ulcers of the lower limbs in a patient with infected diabetic foot

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Introduction: The most feared complication of diabetic disease are ulcers in the lower limbs, and their infection complicates the clinical management. It prolongs the average duration of the hospital stay and increases health costs. There are ulcers without infection, with mild infections (superficial and less than 2 cm), with moderate infections (intermediate and 2 cm in size), with deep infections that reach beyond the muscle band and with the possibility of systemic toxicity.
Objectives: The purpose of the study was to assess the frequency of distribution of pathogens in patients with an infected diabetic foot.
Materials and Methods: 93 patients were enrolled between September 2017 and January 2020, admitted to the UOSD di Endocrinologia e Malattie del Ricambio dell'Ospedale del Mare(ASL Na1). All patients were taken by deep swab of ulcerative lesion, sent later to the microbiology of the same hospital.
Results: S. aureus was isolated in 16% of patients (14 of 93 patients),MRSA in 7% of patients(6 of 93) and E.faecalis was found in 10%(9 of 93). This confirms that the main agent is still MSSA, as it also emerges worldwide. Superficial infections are mainly supported by Gram-positive cocci, especially S.Aureus. Moderate infections are supported by Gram-positive, but also by Gram-negative bacteria and deep infections mainly recognize a polymicrobial flora.
Conclusions: Despite the small duration of the observation period the results emerged seem to match the epidemiological data of diabetic foot infections worldwide which sees methicillin-sensitive as the main etiological agent.

Thrombotic thrombocytopenic purpura: an analysis of clinical cases

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Introduction: Thrombotic thrombocytopenic purpura is a rare but usually severe blood disease provoked by the decreased activity of the ADAMTS13, which in turn raises the levels of large molecules of Von Willebrand factor. The establishment of proper therapy is paramount, as this particular disease is characterized by a very high mortality rate if not properly treated.
Materials and Methods: From January 2010 to January 2020, six patients affected by thrombotic thrombocytopenic purpura have been admitted to our department. We analyzed their presenting signs and symptoms, administered therapy and clinical response and prognosis.
Results: Mean age of patients was 43 years old. All presented anemia (v.m. Hb 8.3 g/dL) and thrombocytopenia (v.m. PLT 15.1 u/ L). Only two patients complained neurologic symptoms and nobody was affected by acute kidney injury. ADAMTS13 activity assay was always performed (v.m. 1.3%), however, just for three patients, ADAMTS13 inhibitor test was executed. Every patient was subjected to plasmapheresis (mean duration 26 days) and *the procedure was always started in light of the* ADAMTS13 activity levels rather than clinical and laboristic elements. *Treatment with rituximab was not executed just for two patients. T*he platelet count reached a stable plateau after a mean of 17 days. Caplacizumab was never used. The prognosis was favorable for all patients.
Conclusions: The treatment and management of thrombotic thrombocytopenic purpura is complex but *well* defined by numerous studies and an early diagnosis is critical in order to improve prognosis.

Fever of unknown origin and ghost lesions as manifestations of intravascular large B-cell lymphoma

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Background: Intravascular large B-cell lymphoma (IVLBCL) is an aggressive lymphoma characterized by intravascular proliferation of neoplastic cells without masses. Typical clinical and radiological features lacks, but it should be suspected in patients with refractory fever of unknown origin (FUO).
Case report: We describe the case of a 76 years old woman suffering of a steroid-sensitive fever from two months. Blood and microbiological examinations, echocardiogram and a bone marrow biopsy showed only aspecific features. A CT scan and a MRI showed hepato-splenomegaly and an impressive number of lesions scattered in kidneys, liver, retro-peritoneum and multiple bones. Surprisingly, none of these lesions was visible by ultrasonography, preventing echo-guided biopsies. A PET-CT confirmed an high metabolic activity of the lesions, revealing multiple active nodules in the subcutaneous fat, one of which was biopsied showing large atypical lymphocytes (CD20+, MUM1+, bcl-2+, CD5+, CD3- ,CD10-, bcl-6- ,ALK1- ,c-myc-, bcl-1-, TdT-) proliferating within the lumen of small vessels. A diagnosis of IVLBCL was made. The patient died after the second cycle of chemotherapy, due to a systemic infection.
Discussion: FUO is a diagnostic challenge. We report a rare case of IVBLCL, with peculiar barriers to diagnosis. A PET-CT scan performed out of steroid therapy was crucial, confirming its growing role in the approach to patients with FUO. Making fast-tracks available to perform this diagnostic procedure in selected patients could be of utmost importance to avoid delayed diagnosis.

A difficult weaning

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Introduction: Critical illness polyneuropathy (CIP) is a neurological dysfunction that can occur in ICU patients, characterized by axonal degeneration of both sensory and motor fibers.
Description: A 77-year-old man presented in ED for fever and right leg swelling. He presented neutrophil leukocytosis, increased CRP and procalcitonin, septic shock and MOF, for which he was transferred to ICU, where he underwent endotracheal intubation, ventilation, vasopressive and broad spectrum antibiotic therapy. During the ICU stay tracheotomy and nasogastric tube were required due to the failure to wean from the ventilator and dysphagia. He also developed an immobilization syndrome, so he was transferred, after a month, to our ward. The immobilization syndrome appeared to be secondary to generalized muscle weakness and flaccid paralysis, with peripheral hypoesthesia. For this reason he underwent a head CT scan, which was negative and EMG, which showed a subacute mixed-type sensorimotor polyneuropathy. In differential diagnostics, diabetes mellitus was excluded, CPK values were normal, there was no autoimmunity, so no muscle biopsy was performed. Our diagnostic orientation was of a CIP. An attempt to remove the nasogastric tube was successfully carried out. The patient was finally moved to a qualified rehabilitation centre where decannulation of tracheostomy tube was performed.
Conclusions: This clinical case shows how the EMG study is essential in the differential diagnosis for "difficult weaning" from the ventilator.

A case series of encephalitis in a geriatric ward

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Background: Encephalitis is diffuse and/or focal neuropsychological dysfunction. Determining the incidence of encephalitis is impossible, because of lack of diagnostic criteria.
Methods: In the geriatric ward of the S. Anna Hospital, 7 cases of encephalitis (6 F, 1 M. Average age 84 years) were recorded on 1404 hospitalizations (November 2018-December 2019).
Results: The chief complaints were inability to stand, exanthematous rash, worsening cognitive performance, seizures, delirium, loss

of consciousness, aphasia. Only 1 had signs of meningeal irritation and 1 had fever. 3 patients had prodromes (flu-like syndrome, varicella and shingles). The patient with seizures had multiple sclerosis. Only 1 patient underwent lumbar puncture in the ER receiving the diagnosis, and 2 patients received specific therapy in ER. Once admitted in the ward, LP was diagnostic for viral encephalitis in 3 of 6 cases. In the remaining 3 cases the diagnosis was performed with brain MRI and serology for HSV.

In 2 cases the etiological agent was identified by PCR on the CSF (VZV and EBV). The EEG showed significant alterations only for the patient presenting with seizures. 2 patients died. 3 had complete remission, while the remaining had neurological deterioration. A remarkable aspect is that the LP was performed on average after 6.1 days from access to the ER.

Conclusions: Worsening of cognitive/global performance is one of the most frequent causes of hospitalization in the elderly patient. Encephalitis is often underestimated that must be considered in differential diagnosis in this patients.

Retrospective study on two populations affected by gout, non responsive to standard doses of allopurinol, undergoing to association of allopurinol and lesinurad or febuxostat. Efficacy and safety characteristics

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Introduction: More than 50% of patients affected by gout do not reach acceptable results in terms of serum urate reduction by the use of allopurinole. For such patients, guidelines suggest the use of combination therapy of allopurinol with lesinurad or the substitution of allopurinol with febuxostat, but it is still unclear which is the best therapeutic option.

Aim of the study: By this study, we aimed to retrospectively compare the efficacy characteristics of allopurinole associated to lesinurad respect to febuxostat.

Materials and Methods: All patients underwent a baseline visit with the assessment of urate serum levels, creatinine levels, C reactive protein levels and subsequent examinations at 3 and 6 months. Clinical features of gout were screened by recording number of gout flares.

Results: A significantly lower occurrence of gout flares in the group of patients undergoing to lesinurad and allopurinol was observed ($p<0.05$). Lower levels of C Reactive Protein in the lesinurad and allopurinol group were observed ($p<0.05$).

Discussion: Lesinurad in association with allopurinol seems to grant a better outcome in terms of gout flares in the 6 months of evaluation. Also, the association of lesinurad and allopurinol seems to lower serum levels of C reactive protein.

Brain abscess, thrombocytopenia caused by Gram-negative infection in astrocytoma

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Introduction: Abscess formation within a brain tumor is uncommon. We present a case of low-grade astrocytomas (LGA) abscess formation with a total of lesions located in the left frontal lobe and concomitant K. Pneumonia infection.

Clinical case: A 56 year-old Caucasian male complained of olfactory hallucination and headache for 2 weeks. On physical examination, to Internal Medicine Department of Piedimonte Hospital, the patient was observed to have aphasia, a temperature of 39°C, tachycardia of 104 bpm, a blood pressure of 70/45 mmHg. Blood tests revealed a platelet count 23 x 10^9/L and a C reactive protein of 24 mg/L, haematocrit 30%. An urgent chest X-ray revealed a right middle zone and left lower lobe consolidation, opacity with pleural effusion. Noncontrast CT scan demonstrates left temporal hypodense lesion with perilesional edema. Then, we performed a craniotomy and tumor biopsy. Pathology of the tumor revealed LGA and culture revealed Kleb. Pneumoniae. Antibiotic therapy with cefepime were given. An urgent platelet transfusion was used to provide an immediate platelet increase, because the etiology of thrombocytopenia was unknown.

Conclusions: Brain abscesses frequently arise secondary to hematogenous dissemination of an extracranial site, by direct extension from a contiguous suppurative focus responsible for bacteraemia, septicaemia and blood disorders. In our opinion, a multidisciplinary collaboration between oncologist, haematologist, radiologist, neurosurgeon is essential in order to obtain the diagnosis and rapidly to start treatment.

Behavioral changes and alterations of motor functions due to primary hyperparathyroidism. Does cognitive impairment of the elderly still represent a diagnostic challenge?

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Introduction: Primary hyperparathyroidism (PHPT) with hypercalcemia may lead to neuropsychiatric symptoms and cognitive impairment, while motor impairment and parkinsonism are rarely reported.

Case Report: We report a case of 83-years-old man admitted to our Unit due to rapidly progressive cognitive decline, ataxia and gait impairment, with a Glasgow coma scale of 13 points. One month earlier he underwent cranial CT scan showing mild chronic ischemic leukoencephalopathy, and neurological consultation suggested vascular dementia. Past medical history included diabetes mellitus, hyperlipidemia, arterial hypertension; no neurological disease were reported. On admission his altered mental status was interpreted in context of a de-novo vascular dementia with extra pyramidal syndrome. Laboratory tests showed marked hypercalcemia (15.5 mg/dL) and mild renal impairment (creatinine 1,5 mg/dl), with a parathyroid hormone (PTH) of 1260 ng/L (normal range 10-65 ng/L). Neck ultrasound revealed a highly vascularized node of the right parathyroid. Fine needle aspiration confirmed high level of PTH and adenoma cells. There was mild and slow response to diuretics, alendronate and cinacalcet. Right parathyroidectomy was then performed and pathology confirmed adenoma. At postoperative follow-up patient showed recovery of cognitive and motor impairment and reduced PTH levels.

Conclusions: Cognitive impairment and motor disorders of the elderly still represents a diagnostic challenge, as reversible forms like PHPT need to be ruled out before attributing symptoms to age, dementia or frailty.

Microangiopatia in paziente con lupus eritematoso sistemico

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Premesse: La porpora trombotica trombocitopenica (PTT) è una microangiopatia trombotica causata da una ridotta attività dell'ADAMST13. Il Lupus eritematoso sistemico (LES) è una patologia autoimmune che colpisce multipli organi tra cui l'apparato emolinfopoietico. Differenziare il LES dalla PTT rappresenta una sfida per il clinico.

Descrizione del caso clinico: Donna nella 6° decade di vita con LES diagnosticato nel 1993 senza terapia attiva. Pregressa anemia emolitica Coombs negativo e piastrinopenia circa 2 mesi prima responsive a terapia steroidea. A Marzo 2019 la paziente veniva ricoverata in Medicina Interna per iperpiressia (38°), anemia (Hb 9.3 g/dl) e piastrinopenia (PLTS 7000), per cui si iniziava

terapia con prednisone 60 mg/die ed Ig vena con scarso beneficio. Il giorno successivo la paziente risultava soporosa ed afasica con un quadro radiologico di lesione ischemica alla capsula interna destra. Agli ematochimici anemia e piastrinopenia severe (Hb 5.8 g/dl, PLTS 7000), LDH 2300 e creatinina 1.97 mg/dl. Posto il sospetto di PTT veniva eseguito lo striscio di sangue periferico con presenza di schistociti (5%) e dosaggio dell'attività di ADAMST13, che risultava inibita. Avviata terapia con plasmaferesi (Hb 9.2 g/dl, PLTS 288000, creatinina 0.91) la paziente è attualmente in remissione completa.

Conclusioni: La PTT è potenzialmente fatale e caratterizzata da trombi nei piccoli vasi che causano anemia emolitica, trombocitopenia, insufficienza renale, alterazioni neurologiche e febbre. Solo l'avvio immediato della plasmaferesi è in grado di migliorare la prognosi.

Osteoporosis in a man: what causes it?

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Background: Osteoporosis is a systemic skeletal disease characterized by decreased bone density and a deterioration in bone quality. In Italy, it has been estimated that about 10% of men suffer from osteoporosis. Primary or idiopathic osteoporosis is the most common type. Secondary osteoporosis may ensue from endocrine, hematological, gastrointestinal, rheumatic and kidney disorders or from medications such as glucocorticoids, anticoagulants and diuretics.

Case Report; 51 year old man hospitalized for serotin mild hyperpyrexia, hemophtoe, weight loss and skin eczema. He did not take osteoporosis-stimulating drugs. Chest and abdominal CT scan were negative. Skin biopsy was compatible with hypersensitivity eczema. Negative endocrine, hematological, rheumatic and kidney disorders. Osteoporosis resulted in DEXA scan. Laboratory test showed hypovitaminosis D and secondary hyperparathyroidism. Anti-tranglutaminase, anti-gliadin and anti-endomysium Ab were positive. Duodenal biopsy confirmed celiac disease.

Conclusions: Celiac disease (CD) is an auto immune disorder which is triggered by gluten in genetically susceptible cases. Diarrhea, anemia, mal-absorption, and weight loss are the classic symptoms of CD. CD is known as a cause of bone loss, mineral metabolism deterioration, and metabolic osteopathy. Increase in cytokines in lamina propria and serum might have an important role in pathophysiological aspect of bone loss in CD cases. In literature there are insufficient data about osteopenia and osteoporosis in man with CD.

Epilepsy as a manifestation of gastrointestinal disorders

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Background: Epilepsy is a neurological disorder of central nervous system (CNS). It has no identifiable cause in about half the people with the condition. In the other half, the condition may be traced to various factors such as genetic influence, head trauma, brain conditions and infectious diseases.

Case Report: 46 years old woman hospitalized for anemia and lymphedema of lower limbs. Epilepsy as comorbidity. The patient was investigated for anemia. Laboratory tests showed an increase in inflammation indexes, iron deficiency anemia, positivity for ANA and elevated IgA. The abdomen ultrasound and CT scan showed lymphadenomegalies (3 cm). The duodenal biopsy finding a histochemical picture compatible with Whipple's disease. Abdominal lymphnode biopsy confirmed a massive lymphnode localization of Whipple's disease. She started steroid therapy with clinical and serological improvement (reduction lymphedema of lower limbs).

Conclusions: Whipple disease (WD) is a rare systemic chronic infection caused by the soil-borne gram-positive bacillus Tropheryma Whipplei. Clinical presentation is typically dominated by gastrointestinal symptoms, weight loss, and joint involvement. Neurologic involvement is the third major manifestation of the disease (10%–43% of patients). The neurologic manifestations of the disease are diverse and can mimic almost any neurologic condition. Status epilepticus elapses in only 17% of patients with a diagnosis of Whipple disease.

Role of the new formulation of rifaximin-α in the best adherence in secondary prophylaxis of HE: personal case studies

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Background and Purpose of the study: Hepatic encephalopathy (EE) during cirrhosis of the liver is a brain pain with a wide spectrum of neuropsychological alterations and different degrees of severity. 80% of cirrhotics are affected by the mild form. The clinically manifest *(overt)* affects about 40%. In addition to removing the precipitating factors, the well-known EE therapy requires the first therapeutic option in terms of cost / effectiveness in the administration of non-absorbable disaccharides.

Materials and Methods: 20 patients were selected for outpatient follow-up, hospitalized at least 2 times in the last 6 months for recurrence of EE overt in combined therapy (rifaximin + disaccharides at different doses) without evidence of precipitating factors, hypothesising poor adhesion as the cause therapeutic. At all, therapy with the new formulation of fixed dose rifaximin alfa (550 mg / bid) was changed.

Results: At 6 months 70% did not experience EE episodes or new hospitalizations. Data confirmed at 1 year in those who maintained the same therapy. 90% of respondents had an improvement in quality of life.

Conclusions: In the literature it is known that rifaximin-α in addition to lactulose is the best documented agent in maintaining remission in patients with full-blown EE episodes during treatment with only the disaccharides, after a first episode of EE. From the analysis of our case history, the new formulation of rifaximin-α, linked to the lower number of daily administrations, increasing adherence has contributed to long-term remission.

Correlation between predictive value of ABI and carotid stenosis

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Background and Purpose of the study: The close relationship between cardiovascular risk and ABI value in the diabetic patient is known. The determination of ABI is easy, repeatable, non-invasive, economic. The purpose of this work was to investigate the relationship between ABI value and supra-aortic arterial tract stenosis evaluated in the echo-Doppler.

Materials and Methods: The analysis was conducted on a series of 46 diabetic patients, screened for ABI and of whom a doppler of the supraortic trunks was available.

Results: 32 patients (20M, 12F), type 2 diabetics (89%), mean age 69.7aa, had ABI <0.8 associated with TSA stenosis <30%. A further 7 patients (6M, 1F), mean age 69aa, showed mean ABI 0.98 with TSA stenosis <50% (no significant hemodynamic). Arterial hypertension present in 70% of patients; no other cardiovascular disease worthy of related statistical significance. Additional 5 paz (4M, 1F), mean age 74aa, had ABI <0.8, stenosis>50%, and association with lower limb AOC, myocardial ischemia or cerebral vasculopathy.

Conclusions: The predictive value of ABI in diabetics is always high and reliable, and can highlight individuals with additional cardiovascular and cerebral risk.

Prevalence and risks factors of peripheral artery disease in diabetic patients

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Background and Aim: Peripheral Artery Disease (PAD) is an independent predictor of vascular diseases affecting both quality and expectancy of life. In patient with Diabetes Mellitus (DM), PAD presents earlier, progress rapidly but is frequently asymptomatic. Thus, its prevalence is underestimate. Aim of our study was to assess to describe the prevalence of PAD diagnosed with ankle-brachial index (ABI) in a large population of diabetic patients and to identify risks factors associated with its presence.
Methods: We conducted a prospective observational study. Ambulatory diabetic patients were evaluated with the ABI test and "S. Diego Claudicatio Questionnaire" (SDCG) to identify symptomatic patients; PAD was confirmed when ABI was ≤ 0.9 or >1.4. We also collected information about cardiovascular risk factors and comorbidities. For every enrolled patient informed consent was obtained and the study was approved by the local medical ethic committee.
Results: 302 patients were enrolled; 13 patients were already known as having a PAD in anamnesis; 116 (38.4%, 95% CI 32.9, 44.2%) had a pathologic ABI; Risk factors associated with PAD were male sex (67% *vs* 54%), age (73 *vs* 68 years), duration of diabetes (16 *vs* 12 years). SDCG had a low sensitivity (26%) and positive predictive value (41%) in detecting PAD.
Conclusions: PAD is frequent but under-diagnosed in diabetic patients. Its prevalence appeared to be higher in specific subgroups. Accuracy of SDCG in identifying patients with PAD is suboptimal.

Pancytopenia of unknown origin in a patient with COPD

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Background: Visceral leishmaniasis (VL), also known as kala-azar, is a disease caused by protozoan parasites of the genus Leishmania. Signs and symptoms include fever, weight loss, fatigue, anaemia, and substantial swelling of the liver and spleen.
Case presentation: A 59-year-old woman with history of COPD, chronic respiratory failure and weight loss was admitted to our Internal Medicine ward with a history of recurrent fever, fatigue and loss of appetite. Physical examination revealed dehydration and splenomegaly. Examination of the other systems was unremarkable. Blood tests showed elevation in inflammatory serum biomarkers, including ferritin, pancytopenia and hypergammaglobulinemia. Chest X-ray was normal. CT-scan showed hepatosplenomegaly, portal hypertension and intra-abdominal reactive lymphadenopathy. Leishmania antibodies were positive. Bone marrow biopsy revealed abundance of amastigote forms of Leishmania both intracellularly within the macrophages as well as extracellularly. The patient was treated by intravenous administration of amphotericin B. Gradually there was a clinical and laboratory improvement.
Conclusions: Diagnosis visceral leishmaniasis is challenging, as it is a rare disease mimicking more common haematological, viral, or even autoimmune diseases. High grade of clinical suspicion and awareness is required for early diagnosis since delay in treatment initiation may lead to a dismal clinical outcome.

Efficacy of a somatostatin analogue in a case of obscure gastrointestinal bleeding

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Introduction: Sudden massive bleeding from small intestine can have multiple origins, but therapy can be tricky when tests do not lead to a diagnosis. In these patients, there are no precise guidelines for treatment.
Description of clinical case: We describe the case of a 91 years-old woman with severe anemia (4.5 g/dL) and gastrointestinal bleeding of unknown origin. Endoscopic procedures, conventional and scintigraphy imaging were not able to identify neither the precise location nor the type of bleeding lesion. Lack of a precise diagnosis averted surgical or endoscopic approach. The condition was not responsive to tranexamic acid, intravenous PPI, mesalazine and required, on average, one transfusion of red cell concentrates every two days (nearly 40 transfusions altogether). Octreotide, reducing gastrointestinal mucosal perfusion, might reduce GI bleeding due to angiodysplasia, Hereditary Hemorrhagic Telangiectasia and other conditions. In this patient, such a treatment (0.05 mg to 0.1 mg s.c. TID) achieved hemodynamic stability, ending melena and the need of transfusions (steady hemoglobin over 7 g/dL). Minor nausea episodes, a side effect of octreotide, did not require countermeasures. After 45 days from the discharge, with long-acting release octreotide therapy, the patient is in good conditions and the hemoglobin levels remains stable around 9.8 g/dL.
Conclusions: The use of the somatostatin analogues can be considered even in elderly patients with digestive bleeding of unknown origin, not responsive to transfusions and not susceptible to surgical/endoscopic therapy.

DVT in autoimmune thrombocytopenic purpura

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Case Report: A 45-years-old man presented to the ED with right leg swelling which had started 10 days before and in absence of any trauma. He did not report any other symptom. The patient had a 28-year history of Werlhof syndrome treated with corticosteroids. Physical examination confirmed right leg swelling and various petechiae. Vital parameters were within normal limits. Laboratory tests showed mild leukocytosis and thrombocytopenia. The electrocardiogram (EKG) showed sinus rhythm with mild-low heart rate. Abdomen ultrasound showed only a gallbladder bile stone in absence of inflammation. Lower leg ultrasound revealed femoral and popliteal vein thrombosis and CT angiography of the chest excluded pulmonary embolism.
Conclusions: Werlhof syndrome represents an autoimmune thrombocytopenic purpura characterized by isolated thrombocytopenia due to peripheral platelet destruction on autoimmune basis. VTE in TP are rarely described, and low platelet count does not protect against VTE. Some author suggest anticoagulant therapy despite low platelet count, especially when risk of thromboembolic events are high (cancer or unprovoked VTE). In these condition, long term anticoagulant therapy may be assumed.

Type 2 respiratory failure in an elderly patient: beware the thyroid!!

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Introduction: Both the hypothyroidism and hyperthyroidism may cause respiratory muscles weakness. The severe hypothyroidism is associated with marked depression of the central drive both hypoxic than hypercapnic. Many patients may have alveolar hypoventilation. In the extreme clinical cases of myxedema coma, there can be a hypercapnic respiratory failure.
Case Report: A patient, 73 years of old, with a history of chronic ischemic disease, diagnosis of past tongue cancer treated with

surgery and radiation therapy, not obese, with no thyroid diseases, was admitted to our ward with acute hypercapnic respiratory failure and lethargy. He performed a chest computed tomography (CT), a brain CT, echocardiography, laboratory exams and serial blood gases analysis. Although the improvement of the initial severe acute hypercapnic respiratory failure (pH 7,19; pCO2: 119 mm Hg and pO2: 53 mm Hg) with non-invasive ventilation (NIV) the lethargy did not improve. The chest CT showed a pleural effusion, a mild pericardial effusion and sinus bradycardia. The thyroid hormones evaluation showed severe hypothyroidism (TSH: 60 uU/ml, FT3: 0,16 ng/dL, FT4: 0,16 ng/ dl). The treatment with oral liotironin with a progressive increase of dosage from 50 to 100 mcg/day allowed a rapid improvement of the lethargic state and his health status. The patient discharged after ten days.

Conclusions: The respiratory failure due to myxedema is a rare and complex emergency that requires a correct awareness and prompt treatment. Both the NIV than thyroid hormone therapy is efficacious.

An unusual case of acute pancreatitis in a patient with Alström disease

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Introduction: The Alström syndrome is a multisystemic disease associated with dystrophy of cones and rods, hearing loss, obesity, insulin resistance, type 2 diabetes, dilatative cardiomyopathy, chronic kidney injury, progressive hepatic failure. Worldwide 450 cases of this syndrome are reported.

Case Report: A patient 27 years of age with a past diagnosis of Alström syndrome emerged in the neonatal period and the definitive diagnosis at ten years of age through molecular analysis of gene ALMS1. The patient presented acute on chronic kidney disease, acute pancreatitis and lethargy. During hospitalization, he performed blood gas analysis, brain CT, chest and abdomen CT, pancreatic and biliary tract magnetic resonance, kidney disease specialist evaluation. Urgent dialysis was necessary to treat acute kidney injury. There are a few cases of pancreatitis in patients with Alström syndrome. It is generally precipitated by hypertriglyceridemia and may be associated with mild liver disease. Pancreatitis may be a life-threatening disease in patients with Alström syndrome. In this case, there is no impairment of the liver and hyperlipidemia status. The physicians excluded that biliary calculi were the cause of pancreatic disease as well as a septic disease with multiorgan failure. The pancreatitis treatment with saline infusion, fasting and the initial dialysis allowed a favoured outcome.

Conclusions: This case, from what we know, is the first case of unusual pancreatitis verified in the context of Alström disease both for the clinical presentation than for the evolving of the disease.

A clinical case of Hafnia alvei enteritis with *Clostridium difficile* superinfection

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Introduction: Hafnia alvei is an anaerobic gram-negative bacterium; in humans it is a member of the normal gut microbiome as a nonpathogenic inhabitant, but sometime it causes gastroenteritis, meningitis, pneumonia and nosocomial wound infections, especially in patients suffering from chronic diseases or after antibiotic therapy. Clostridium difficile is a gram-positive bacterium spore-producing, that usually causes diarrhea after antibiotic therapy. We describe a clinical case of Hafnia alvei enteritis with Clostridium difficile superinfection.

Clinical Case: A 72-year-old woman with hypertension, diabetes, PTCA stent, femur fracture-pulmonary embolism, obesity, urinary tract and Clostridium difficile recurrent infections came to hospital for fever and diarrhea. The stool's tests were negative for Clostridium difficile, but positive for Hafnia alvei MDR. She started antibiotic according to antibiogram (Amikacin), this led to the end of diarrhea. After 6 days from the beginning of the antibiotic therapy the patient had diarrhea again, but in this case Clostridium Difficile stool's test was positive, so we stopped antibiotic therapy and we started vancomycin and metronidazole with a very fast improvement of symptoms.

Conclusions: Hafnia alvei can cause severe infections such as urosepsis, pyelonephritis, pneumonia and gastroenteritis, especially in immunosuppressed patients; antibiotic therapy is necessary to cure the infection, but it can be associated with a superinfection of Clostridium difficile, especially in subjects predisposed to the imbalance of the gut microbiome.

Estimated glomerular filtration rate and muscle mass: their relationship in older inpatients

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Objectives: Estimated glomerular filtration rate (eGFR) is daily employed to evaluate renal function, and so drives many therapeutic decisions. eGFR relies on serum creatinine (Cr), which in turn is affected by the age-related changes of muscle mass. To assess the applicability of eGFR in the elderly, we compared the age-related changes of eGFR measured by 3 different equations to the estimated total skeletal muscle mass (eTSMM).

Materials and Methods: In 715 patients, aged 65-98 years, we measured eGFR by MDRD, CKD-EPI, and BIS-1 equations and eTSMM by the Lee's formula.

Results: MDRD-estimate eGFR values significantly (P<.001) differed from those obtained by CKD-EPI in the whole sample and in women. MDRD- and CKD-EPI-estimated eGFR values significantly (P <.001) differed from BIS-1 ones, in the whole sample as well as in men and women separately. The eGFR values obtained by the three equations significantly (P<.001) correlated with each other and with age. They also correlated with eTSMM in men, but not in women. By subdividing the sample in 5 year age brackets, MDRD- and BIS-1-estimated eGFR values significantly differed from those estimated using CKD-EPI in all groups but not in those aged>90 years.

Conclusions: Different equations may provide different eGFR values and CKD classification in older adults. eGFR values are affected by muscle mass in men but not in women. CKD-EPI is the most prudent choice at any age, thought it underestimates eGFR in respect to BIS-1.

Role of sacubitril-valsartan in elderly hypertensive patients with heart failure with reduced ejection fraction and comorbidities

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Objectives: The aim of the study is evaluating the effectiveness and safety of sacubitril-valsartan in elderly hypertensive patients with comorbidities and HFrEF.

Methods and Methods: Prospective open-label study, 54 subjects (mean age 78.6±8.2 years, 75.0% male), with HFrEF (29.8±4.3%) and with NYHA class II-III symptoms were assigned to receive ARNIs twice daily. Patients were gender-and age-matched with a control group with HFrEF receiving optimal standard therapy. The blood pressure (BP), NT-proBNP, eGFR, glycaemia and glycated hemoglobin (HbA1c), uric acid (UA), LVEF and NYHA class were evaluated at a follow-up of 12 months.

Results: NYHA class significantly improved in the ARNI compared to the control (24.9 *vs* 6.4%, shifting from III–>II, and 55.4 *vs* 25.2%, from class II–>I, p<0.05). A significant improvement in LVEF and eGFR levels was found in the ARNI that control (42.4 *vs* 34.2%, 73.8 *vs* 61.2, p<0.001). NT-proBNP, clinic systolic and diastolic BP, glycaemia, HbA1c and UA values were reduced in both treatment arms, but they were lower in the ARNI group (3,107 *vs* 4,552, 112.2 *vs* 120.4 and 68.8 *vs* 75.6, 108.4 *vs* 112.6, 5.4 *vs* 5.9% and 5.9 *vs* 6.4, p<0.05). Mortality and re-hospitalization for HF was lower in the ARNI arm than the control (20.1 *vs* 33.6% and 27.7 *vs* 46.3% respectively; p<0.05).

Conclusions: In elderly patients with HFrEF and comorbidities, ARNIs seems effective and safe. The improvement of LVEF, BP, eGFR, and metabolic control could be the mechanisms by which ARNIs play their beneficial role on clinical outcomes.

Pneumococcal pneumonia in patient with bicuspid aortic valve complicated by infective endocarditis

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A 55 years old male was transferred to our hospital for acute decompensated heart failure with severe dyspnoea and fever after a diagnosis of pneumococcal pneumonia. He suffered for bicuspid aortic valve moderate regurgitation, arterial hypertension, chronic obstructive lung disease and HCV related hepatitis. At the admission ECG showed T-wave inversion. The laboratory test revealed increased PCR, pro-BNP and troponin values. We performed 3 blood cultures, positive for Streptococcus pneumonia. Echocardiography showed moderate reduction of ejection fraction, left atrium dilatation, moderate mitral valve regurgitation, severe pulmonary hypertension, and a thickening of the leaflets with severe bicuspid aortic valve regurgitation, suspected for a endocarditis. We started diuretic infusive therapy and empirical antimicrobial therapy with vancomicina and gentamicina. The patient was transferred immediately to cardiac surgery unit to replace the affected valve. Congenital heart disease (CHD) is an important risk factor for infective endocarditis. The most common diagnoses were Tetralogy of Fallot (22.8%), ventricular septal defect (19.6%) and bicuspid aortic valve (10.7%). The most common causative organisms were streptococci, accounting for 40% of cases of infective endocarditis in patients with CHD. The development of severe regurgitation congenital valve in patients with pneumonia and hemodynamic instability may be a clue for infectious endocarditis, leading to the need for close instrumental monitoring and adequate surgical therapy in order to reduce patient mortality.

Abnormality of hepatic perfusion and collateral thoracic and abdominal venous circle secondary to superior vena cava obstruction: a case report

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Premises: A 78-years-old woman, without previous medical history, presented with a deterioration of general condition associated with clinical sign of vena cava superior (SVC) syndrome: weight loss, dyspnea, swollen and painful face, distended jugular veins, cyanosis, collateral thoracic and abdominal venous circle.

Clinical case: The toraco-abdominal -CT revealed a thrombosis of bilateral innominate veins and SVC associated to a significant expansion of the arch of the azygos vena, the lateral thoracic vein, the paravertebral collateral veins and the internal mammary vein. Moreover, it showed an intense contrast enhancement limited to IV segment of the liver related with a side venous circulation between the left portal branch and the paraumbilical vein. CT-abdominal scan also demonstrated a liver mass consistent with hepatocellular carcinoma. Serology was consistent with HBV infection. No mediastinal mass was found. Screening for thrombophilia and neoplastic markers were negative. Gastroscopy and colonoscopy didn't show any malignancy. The patient was treated with heparin and will undergo to surgical resection of the liver mass.

Conclusions: In conclusion, even if SVC syndrome usually occur in case of compression of the SVC by a mediastinal neoplasm, we found a rare case of hepatocellular tumor associated with SVC thrombosis. Our observations show several venous collateral pathways and early and intense focal liver enhancement that can develop in case of SVC thrombosis allowing blood to return to the right atrium with a systemic-portal shunting.

Striatopathy, a rare manifestation of complicated diabetes

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Premise: Diabetic striatopathy is a rare manifestation of non-ketotic hyperglycemia characterized by rapid onset of hemichorea-hemiballismus.

Clinical case: A 66 year old Nigerian presented with recent onset involuntary movements, poorly controlled diabetes mellitus, obesity and hypertension. Routine bloods on admission were notable for a hemoglobin A1c of 9.9%. Involuntary, choreoathetoid movements of the left side of the body were evident (corner of the mouth, shoulder girdle, upper limb and to a lesser degree the lower limb), of varying frequency and amplitude. Lesions of the basal ganglia were seen on MRI (altered signal intensity of the right putamen, hyperintense on T1 weighted images, no diffusion restriction or enhancement following contrast), typical of diabetic striatopathy. Glycemic control improved with dietary modifications, and insulin was stopped. Symptoms improved with small doses of neuroleptic agents, subsequently substituted with benzodiazepines due to prolonged QT interval. On discharge choreoathetoid-type involuntary movements of the proximal upper limbs persisted on voluntary movement. Follow-up MRI and neurology consult confirmed progressive improvement.

Conclusions: The pathophysiology of diabetic striatopathy is unknown, hypotheses include hyperviscosity, decreased GABA availability and heightened dopaminergic sensitivity (menopause, most cases occur in women). The differential diagnoses include hepatic encephalopathy, manganese toxicity or hypoxic-ischemic injury. Treatment of hyperglycemia usually leads to resolution of symptoms.

Letting go

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Premise: Pluripathological patients in the terminal phase of their illnesses often require tremendous effort on the part of the ward staff and multidisciplinary team to maintain a precarious stability. However, the patient's voice must not be lost in the fray, as our experience illustrates.

Clinical case: a 53 year-old woman was readmitted with fatigue and anasarca, nephrotic syndrome, CKD IV, pulmonary tuberculosis, severe hypertension requiring infusion therapy, insulin-dependent diabetes mellitus, diabetic ophthalmopathy, transfusion-dependent anemia, peptic ulcer disease, partial bowel obstruction. The patient and her family were counseled on the grave nature of her condition. At this time, the patient expressed a wish to return home to the Philippines. The State Police medical unit became involved to arrange the 24 hour flight, and members of the multidisciplinary team were consulted to modify therapy accordingly.

Conclusions: The terminal phase of chronic illness is reached when treatment options to prolong life become extreme or are exhausted. Terminality may be difficult to establish in patients whose decline is characterized by an "entry-reentry" pattern of

acute exacerbations of a worsening chronic condition. Performance status scores and clinical tools are available to help identify patients with whom palliative care should be discussed. In the final stages, ethical and psychosocial aspects of care come to the forefront, and meaningfully collaboration with both patients and their families is essential in order to establish their expectations and wishes.

Scompenso cardiaco e comorbilità- Problemi di gestione in una Medicina Interna

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Premesse: Lo Scompenso Cardiaco (SC) rappresenta una delle patologie croniche di maggior rilevanza e necessita di una risposta integrata da parte delle strutture Ospedaliere e Territoriali con pianificazione della gestione post-ricovero.
Materiali e Metodi: Abbiamo valutato i pazienti dimessi negli ultimi 30 giorni dal nostro reparto (25 posti letto): 75 pazienti, (età media 74,9). Le principali diagnosi di accettazione erano SC (28%), ematologiche (20%), respiratorie (16%). Il 93,3% presentava una comorbilità rilevante ed influente sulla complessità clinica; il 61,3% aveva una diagnosi secondaria di SC. Il 16% è stato ricoverato da PS "in appoggio". Il 62,6% ha necessitato di terapie ev, emotrasfusioni, monitoraggio dei parametri, il 5,3% è stato sottoposto a procedure interventistiche. Tutti i pazienti con SC sono stati sottoposti a ecocardio "point-of-care". Il 44% presentava severo decadimento delle condizioni con allettamento cronico il 12% una significativa compromissione delle autonomie. La degenza media è stata di 10,2 giorni. il 17,3% ha avuto degenza superiore ai 14 giorni. Le dimissioni al domicilio sono state il 74,2%, quelle in strutture di degenza protetta e Hospice il 10,5%; il 45,3% dei pazienti sono stati rivalutati post-dimissione in ambulatorio dedicato.
Conclusioni: L'elevata prevalenza di SC nei pazienti ricoverati in Medicina Interna, associata alla comorbilità e complessità clinica rende necessario un sempre maggior impegno nell'attivazione di programmi di gestione post-dimissione per ridurre il rischio di riospedalizzazione.

The Leap Project: creation of a shared path to take care of the patient with heart failure in the AOU of Sassari

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Introduction and Purpose of the study: Heart failure is one of the most frequent chronic conditions with a high impact on quality of life, survival and consumption of resources. In September 2018, the university hospital of Sassari undertook a process aimed at optimizing the management of the patient with heart failure in the hospital setting.
Materials and Methods: The project was divided into 3 phases: an analysis of the current methods of taking charge and already existing dedicated clinics, an analysis of the volumes of patients; a plan with identification, evaluation and validation of interventions that can be activated for the optimization of the taking charge of these patients; an implementation to ensure the effective realization of the improvement solutions.
Results: The working group has identified the following areas of priority intervention: the definition of shared standards for taking charge in emergency unit; the definition of standards for sending to hospitalization wards; the adoption of a shared and standardized discharge letter as an effective tool for linking up with the territory and promoting continuity of care; the articulation of current clinics settings in order to offer continuity of care with personalized care paths.
Conclusions: The new model wants to respond concretely to some of the critical points of the current reference path: the increase in the hours of outpatient activities, protocols intend instead to rationalize and homogenize the taking in charge of a fragile patient inserted in a complex path where several disciplines interface.

An atypical case of cardiomyopathy

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Introduction: ST depression and T wave inversion are suspicious for myocardial ischemia. There are many other conditions with those abnormalities. We present an unusual cardiomyopathy pattern: the mid cavity hypertrophic obstructive cardiomyopathy.
Clinical case: A 88 years old woman was admitted for dehydration and dyspnea. She had history of breast cancer with lung metastasis and hypertension. Her medications were anastrozole, trastuzumab, ramipril, aldactone, bisoprolol, furosemide. Blood pressure was 100/ 60 mmHg and heart rate was 62 bpm, oxygen saturation was 98% while breathing air ambient. A CT chest revealed stable neoplastic disease. An EKG revealed T wave inversion from V2 through V6 and I, II and aVL leads. Troponin Ths 0.033 mcg/l (n.v. <0.014). Transthoracic echocardiography was performed and revealed a mid-ventricular hypertrophic obstructive cardiomyopathy and apical aneurysm. Continuous Doppler revealed paradoxical diastolic jet flow from the apex to the base. Patient was treated with hydration and diuretics were withheld with benefits.
Conclusions: This is a very rare pattern and occurs in only 1% of HCM. EKG and apical akinesis are related to excessive myocardial strain for higher diastolic pressure due the mid cavity systolic obliteration.

Revolving door readmissions: results from a one-year retrospective case-control analysis in an Italian Internal Medicine Department

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Introduction and Aim of the study: Hospital readmissions represent an increasing, significant and highly expensive cost for National Health Services. Aim of this retrospective case-control study was to compare patients who required one or more repeated hospitalizations to those who had only one, in the year 2018 at the Department of Internal Medicine of Pontedera Hospital (Pisa, Italy).
Materials and Methods: All the data were retrieved matching data from our electronic health record with our diagnosis-related group (DRG) software system. Continuous variables were defined means ± standard deviation; categorical variables were given as percentage. The independent sample t test was used for the continuous variables and chi-square test for categorical variables. Significance was inferred for $p < 0.05$.
Results: In 2018 a total of 3012 patients were admitted to our Department. Among these, 14,1% (n=426; mean age 79,7±11,9; range 23-100) were defined as revolving: data were compared with controls (n=420; 13,9%; mean age 75.9±14.7; range 22-99) who had only one hospitalization. The revolving group showed higher mean age, higher rate of chronic comorbidities and mortality. Cancer was equally distributed in both groups. Sepsis was the most relevant factor associated with re-hospitalizations and mortality.
Conclusions: Recurrent hospitalizations are mainly related to chronic diseases from whom patients are affected. Preventing sepsis and investing resources in chronic diseases assistance, represent a key challenge for the future, especially in an outclinic setting.

One-year follow-up of very elderly patients with atrial fibrillation related stroke on direct oral anticoagulant treatment

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Background: Non valvular atrial fibrillation related stroke (NVAFrS) represents a frequent event especially in very elderly population. Direct oral anticoagulants (DOACs) are a gold standard for secondary prevention. However the effects of DOACs on long-term outcome in very elderly population are not well-known. For this reason we evaluated the outcome of patients aged over 80-year old with NVAFrs on DOAC therapy after 1 year from the event.
Methods: This was an observational study in 2 hospital of Tuscany (Santa Maria Nuova of Florence and San Giuseppe of Empoli), on pts with NVAFrS, aged over 80-year-old on DOACs within 1 month from the event. For each patient were recorded: 1-year all-cause mortality, major or clinically relevant bleeding (MCRB), ischemic recurrence and modified Rankin score on discharge and at 1 year.
Results: Ninety-nine patients with mean age 86±4 years were enrolled. One-year mortality was 31,1%. A reduced dose of DOAC was used in 63,6% pts. The appropriate dosage was used in 87.5% of pts. DOAC was started after 6±3 days on average. MCRB were 7 (7,1%), of these 2 (2,1%) were the cause of death on follow-up. Ischemic recurrence were 2 (2,1)%. The mean mRS on discharge and at 1-year were similar (4±1 *vs* 4,3±1,2 p=0,789). At multivariate analysis a functional impairment (mRS 3-5) on discharge was an independent predictor of 1-year mortality (OR 5,9 95%CI 1,3-27,1 p<0,025).
Conclusions: Very elderly pts with NVAFrS are present high risk of long-term mortality. The burden of mRS on outcome should be evaluated before starting DOACs.

Upper gastrointestinal bleeding from isolated gastric varices secondary to splenic vein thrombosis with left-sided portal hypertension, successfully treated with splenic artery embolization: a case report

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Introduction: Left-Sided Portal Hypertension (LSPH) is a rare clinical syndrome which may lead to bleeding from Isolated Gastric Varices (IGVs) in the setting of Splenic Vein Thrombosis (SVT). Splenectomy is considered the treatment of choice in symptomatic patients, but recently interventional radiologic techniques are emerging as an effective alternative.
Clinical case: A 76-year-old man was admitted to our department with a history of black-coloured stool. Physical examination at admission showed pale skin, the abdomen was non-tender, with a palpable spleen. Lab tests revealed microcytic-hypochromic anaemia (Hb 5.4 g/dl). Esophagogastric-duodenoscopy showed IGVs, with recent bleeding signs; an abdominal CT scan showed an enlarged spleen, an engorged splenic artery and a fusiform dilated splenic vein; an angiography showed a completely occluded splenic vein, dilated gastroepiploic veins . Because of high surgical risk a splenic artery embolization was performed. The endoscopic control (4 weeks later) revealed an almost complete regression of gastric varices.
Conclusions: LSPH may lead to IGVs, a potential source of significant upper g.i. bleeding. It should be considered in the case of variceal bleeding from IGV with normal liver function. Symptomatic LSPH is usually treated by splenectomy, when surgery is difficult or at high risk, splenic artery embolization represents a safe and effective alternative.

Una strana infezione polmonare

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Premesse: L'anoressia nervosa porta alla fine ad un quadro di cachessia con gravi conseguenze su tutte le funzioni vitali, compresa l'immunocompetenza.
Descrizione del caso clinico: E'giunta alla nostra osservazione per broncopolmonite una donna di 52 anni, affetta da anoressia nervosa da circa 40 anni con osteoporosi ed anemia carenziale ed un pregresso episodio settico da E. coli con polmonite destra e sovrainfezione fungina. Erano stati già prescritti vari cicli antibiotici (cefalosporine orali, claritromicina, levofloxacina) senza beneficio. Alla TC torace sono state riscontrate almeno 2 lesioni bollose ripiene di materiale indeterminato al lobo superiore dx ed una analoga al lobo superiore sin. In finestra antibiotica è stata eseguita subito broncoscopia con riscontro di importante ingombro catarrale mucopurulento e megabronco al segmentario posteriore del superiore dx. Non è stato isolato alcun germe dai broncoaspirati ma è risultata positiva la ricerca di galattomannano su siero. La pz ha iniziato pertanto isavuconazolo senza alterazioni degli indici epatici quindi è stata dimessa. Purtroppo è stata ricoverata nuovamente dopo pochi giorni per grave peggioramento delle condizioni generali fino al decesso.
Conclusioni: La modalità di presentazione dell'infezione fungina ha subito dimostrato una grave immunodepressione che ha condizionato pesantemente tutto il decorso fino all'exitus, nonostante una diagnosi rapida ed una terapia specifica.

SEMINA study: items to predict clinical severity of the patients with sepsis

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Aim of the study: Patients with sepsis are always more often hospitalized in Internal Medicine Departments (IM). The SEMINA (SEpsis Management in INternal medicine Apulia) study aims to examine the epidemiological, clinical and bacteriological characteristics of these patients. Statistically significant differences of several items were analysed according to the Sequential Organ Failure Assessment (SOFA) score.
Materials and Methods: In multicentre, prospective, observational cohort SEMINA study, conducted in 14 IM Wards from November 15, 2018 to May 15, 2019, the population has been split up into two groups according to SOFA score ≤5 *vs* >5: differences between the two cohorts were searched for several anamnestic and laboratory clinical parameters.
Results: 286 patients were enrolled in the study: 137 with SOFA>5, 149 with SOFA≤5. Of 50 different parameters evaluated, only some statistically significant differences were found between the two groups. Patients with SOFA>5 were older, more frequently came from nursing homes, had dementia, coronary heart disease and heart failure, chronic kidney failure, low blood pressure, thrombocytopenia and leukopenia, altered hepatic and respiratory function indices, early altered consciousness and higher levels of procalcitonin.
Conclusions: Our analysis shows that some personal data, socio-welfare conditions and comorbidity can help predict a greater overall clinical severity of the patients with sepsis and therefore help to implement the treatment and the level of monitoring during hospitalization in IM.

Utilizzo della terapia inalatoria triplice (inhaled corticosteroids o ICS, long-acting muscarinic antagonist o LAMA e long-acting β2-agonist o LABA) per il trattamento dell'asma grave eosinofila (AGE) in pazienti ambulatoriali

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Introduzione: Il fenotipo AGE è caratterizzato da infiammazione eosinofila persistente, nonostante il trattamento con alte dosi di corticosteroidi, scarsa qualità di vita, limitazione dell'attività fisica e lavorativa, ed effetti collaterali dello steroide. La terapia con anticorpo monoclonale benralizumab (Ben) blocca l'IL-R5, lega NK, promuove l'apoptosi degli eosinofili spegnendo la flogosi.
Materiali e Metodi: Criteri di inclusione: pazienti adulti, autosufficienti, con AGE, eosinofili ≥ 300/mmc in assenza di trattamento steroideo, >2 riacutizzazioni negli ultimi 12 mesi, necessità di trattamento con steroide orale per il controllo dei sintomi. Prima di iniziare la terapia con Ben si ottimizzava aggiungendo LAMA a ICS-LABA. Tutti i pazienti sono stati quindi richiamati telefonicamente dopo 1 mese di terapia massimizzata per essere avviati al trattamento con Ben.
Risultati: Dal 01/19 a 01/20 reclutate 13 donne, non fumatrici, età media 52,6 aa (21-71), eosinofilia media 7,2% (6,6-27), FEV1 56% (42-76), in grado di compiere le manovre d'assunzione di terapia inalatoria. 1/13 è stata posta in terapia con Ben. Le altre hanno avuto un sensibile miglioramento dei sintomi e della funzione respiratoria per cui venivano a mancare i requisiti per la prescrizione.
Conclusioni: Si ritiene pertanto che la terapia inalatoria triplice ICS-LAMA-LABA possa avere un seguito, nell'ottimizzazione della terapia di donne con AGE, contenimento dei costi e miglioramento della funzione respiratoria e qualità di vita. Questi risultati suggeriscono uso di LAMA anche con asma moderata-severa non eosinofila.

Acute hemorrhagic leukoencephalitis after influenza vaccination in an elderly patient with non-Hodgkin lymphoma

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Introduction: The Acute Hemorrhagic Leukoencephalitis (AHLE) is a rare disease characterized by an unknown etiology that causes demyelination and hemorrhages. It is usually preceded by an infection of the airways pathways, by viral epidemic diseases such as measles, mumps, rubella or by vaccinations. Here we report on an elderly man with AHLE after seasonal influenza vaccination.
Clinical case: A 80-year old man presented to the DEA with 1 day of altered consciousness, weakness and febricula. Three days prior, he had visited her primary care physician and received one single intramuscular dose a tetravalent inactivated influenza vaccine. When a complete medical history was drafted, he reported hypertension and non-Hodgkin lymphoma of B cell lineage. On admission, he was found to be mild obtunded (GCS score of 13), left weakness, intense headache, episodic hallucination, sleepiness but no sign of meninges irritation and no fever. The results of the rest of the physical examination and the laboratory finding were within normal limits except thrombocytopenia. The CT scan of brain showed hemorrhagic micro areolas with temporal and front parietal bilaterally cortical subcortical and diffuse hypodensity of white matter. The MRI of the brain confirmed.
Conclusions: The AHLE postvaccination accounts for less than 5% of all the AHLE cases and the majority of the cases have been described in patient who received inactivated influenza vaccine. The clinicians should consider AHLE in patients with altered consciousness and multifocal neurological findings after recent vaccination.

A very difficult diagnosis of multiple sclerosis: case report

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Introduction: The most important feature of Multiple Sclerosis (MS) is represented by the intermittency and variability of clinical manifestations over a period of months or years, due on account of the location of the demyelinating lesion that determines the symptoms. Yet it is very rare an acute onset of vertigo, headache, intense itch and epilepsy-like.
Clinical case: We present the case of a 48-year-old female who arrives at the DEA for headache, retched, dizziness and epilepsy-like occurred during the sleep. She was lucid no fever and no signs meninges irritation. No medical, notable diseases were reported in the anamnesis except relapsing episodes of dizziness several years prior to examination. Blood analysis showed an increase in creatinine phosphokinase. The brain CT scan detected focal hypodensities oval areas affecting the deep white matter in the bilateral capsular nucleus and in the right occipital subcortical-cortical site. She subjected to MR of the brain that showed multiple foci of T2 hyperintensity in the periventricular and juxtacortical sub-cortical white matter but no confirmed the diagnosis.
Conclusions: Paroxysmal disorders are present in 25% of MS cases and have been erroneously impulsive nervous transmission (ephaptic conduction). They are in order of decreasing from instability, diplopia, pruritus, dysarthria, vertigo, vomiting, convulsions, sign of Lhermitte. This case highlights the importance of closely following patients (clinically and with MR) who are at a particularly high risk of converting to MS and are not currently on disease-modifying therapy.

Un'I.D.E.A per la prevenzione e la promozione della salute

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Premesse: Metodo di apprendimento strutturato in sei incontri con efficacia dimostrata che attraverso l'empowerment e il self empowerment apre una più ampia autodeterminazione nella vita di persone con malattia cronica come diabete, ipertensione, malattie respiratorie ecc.. avvalendosi della formulazione di un piano di azione che la persona stessa decide di fare sulla base di una forte convinzione.
Descrizione del Caso clinico: La Sig.ra G.A. diabetica era solita mangiare gli avanzi del figlio poiché le dispiaceva sprecare il cibo. Il figlio non la avvisava mai per tempo che non sarebbe venuto a pranzo. Grazie a questo modello ha messo in moto insieme al suo gruppo, una risoluzione al problema trovando alternative a questa brutta abitudine come il congelamento dei cibi in porzioni monodosi, ma ha anche instaurato un dialogo diretto con il figlio cambiando al meglio il loro rapporto.
Conclusioni: Attraverso una maggiore conoscenza, il legame con gli altri partecipanti del gruppo e il raggiungimento di piccole azioni le persone possono ottenere grandi risultati in termini di cambiamento di comportamento e di benessere, ma possono anche riscoprire nuove energie che spesso sono assopite o dimenticate per via della loro malattia cronica.

Transverse myelitis of uncertain etiology

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Introduction: Transverse myelitis (TM) is defined as an inflammation of the entire width of the spinal cord. We report a case of TM with peculiar clinical and etiological features.
Case description: A 66-year-old man with prostatic hyperplasia complicated by repeated ESBL E. coli UTIs was hospitalized for high fever, bilateral flank pain and urinary retention. Meropenem was empirically administered. Shortly after hospitalization, however, the patient started complaining of worsening lower limbs paresthesia and weakness. On physical examination, he showed paraparesis with hyperreflexia and a sensory level at his nipple line. Spine MRI revealed multiple inflammatory lesions in T3-T8

tract. CSF examination showed pleocytosis (410 cells/µL, 72% polymorphonuclear) and hyperproteinorrachia (112 mg/dl). Empirical antimicrobial and high-dose glucocorticoid treatment was started. Tests for multiple viral, fungal and bacterial agents (including E. coli) turned out negative; instead, autoantibody screen detected a significant positivity for anti-RNA polymerase III antibodies. Despite 2 weeks of therapy, the patient improved only slightly, without regaining the ability to walk.

Discussion: TM is usually an idiopathic disease, but it can also be caused by autoimmune, paraneoplastic or infectious processes. In our case, CSF findings supported an infectious etiology but no causative microorganism could be identified. TM is a rare manifestation of systemic sclerosis, but in our patient the positivity of anti-RNAP III antibodies without other clinical features can not allow the diagnosis.

Management of pleural effusion in Internal Medicine ward: could thorax drainage be a new competence for Internist? A real-life study

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Introduction: Chest drainage is a procedure many clinical practitioners are becoming familiar with, resulting in a rapidly increasing prevalence of patients with chest tube in Internal Medicine wards. We performed a research overviewing the characteristics of patients with chest drainages and the rate of complications.

Methods: From February 2018 to April 2019, we analyzed 47 patients with chest drainage. The most common condition leading to chest drainage was pleural effusion. The kind of devices used for chest drainage comprised chest tube trocars, pigtails and UNICO drainages, most frequently placed by thoracic surgeons; the remaining were placed by Internists, interventional Pneumologists and Anesthesiologists. Two patients died during the hospital stay.

Results: Complications occurred in 11/47 patients. The most common complication was early-onset fever in 4 patients, followed by post-procedural pneumothorax in 3 patients. There were two events of accidental misplacement of chest drainages. None of the observed complications resulted in life-threatening conditions for the patients.

Conclusions: Nowadays, a significant number of patients with chest drainages are admitted to Internal Medicine wards. Malignant pleural effusions are often most effectively managed by chest tube. Moreover, since thoracic surgeons may not be readily available in certain health care centers, becoming familiar with this procedure could allow Internal Medicine practitioners to give prompt treatment both to acutely or chronically ill patients with reduction of in-hospital length of stay.

ABSTRACTS SUBMITTED

Correlation between plasma glucose and stress

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Premise: Today the stress levels to which we are subjected exceed the physiological limits of tolerance and are the cause, in 9 out of 10 Italians, of ailments such as: chronic fatigue, digestive disorders, emotional disorders, headaches and muscle pain. According to the La Sapienza University of Rome, 70% of Italians die from stress-related diseases such as cardiovascular diseases, diabetes, intestinal diseases, COPD, tumors and hypertension, which affects 25% of Italians with peaks of 80% in over 65 The article analyzes the relationship that correlates high blood glucose levels with high levels of endocrine stress, thus assuming that the decrease in glucose levels and blood sugar spikes causes a reduction in stress levels.
Case Report: Male, white, healthy 26-year-old who was given a 20-day diet based on the replacement of common carbohydrates with low glycemic index carbohydrates. We objectified the subject's stress levels through the analysis of morning blood cortisol and urinary catecholamines. Repeating the analyzes before and after the diet results in a significant variation by default which confirms our hypothesis. (Cortisol ng / ml pre 224-post 172; Adren24 / h pre 14.5 – post 7.3; Noradr 24 / h pre 56.7 – post 35.2)
Conclusions: In light of the results obtained, which highlight a significant variation in the values in a short time, we propose a stress control strategy through a food correction that does not entail an important alteration of the subject's diet.

Transient chylothorax: an original pathogenetic hypothesis

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Background: Chylothorax is a relatively rare form of pleural effusion. We describe a case of transient chylothorax from an unclear cause and we suggest an original pathogenetic hypothesis.
Case Report: A 52-year-old woman, returning from a trip to Spain, presented to ED for painful left supraclavicular (LS) swelling in the absence of lymphadenopathy and other clinical manifestations. Chest X-ray was negative and she was discharged home. After 2 days, she returned to ED for sudden left pleuritic pain and dyspnea. CT scan showed left pleural effusion while LS swelling was no longer detectable. 850 cc of milky white liquid was evacuated, and she was treated with a lipid-lowering diet and octreotide with rapid respiratory improvement and pain regression. The control CT scan after 10 days showed the disappearance of the pleural effusion and the absence of pleural and parenchymal lesions. She was discharged home without any therapy and follow-up at 1.3 and 5 months was negative.
Pathogenetic hypothesis: She reported that during her trip, she had carried a heavy shoulder bag for many hours a day, which has caused her considerable discomfort in the LS region. So, we hypothized that the shoulder strap had caused inflammation of the LS region, leading to a mechanical obstruction of the lymphatic duct. Lymph accumulation initially occurred in the LS region and, after 2 days, the lymphatic fluid made its way into the left pleural space, with the onset of pleuritic pain and dyspnea. The inflammation then resolved, with restoration of the patency of the thoracic duct and clinical healing.

Un caso particolare di insulino-resistenza

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Premesse: I pazienti affetti da neoplasie ematologiche sottoposti a trapianto di cellule staminali periferiche o di midollo osseo sono predisposti a sviluppare varie complicanze a livello metabolico. Da recenti studi la causa alla base di tali complicanze sarebbe rappresentata dalla irradiazione corporea totale avvenuta nel condizionamento preparatorio a tali procedure.
Descrizione del caso clinico: Ragazza di 23 anni con diabete noto come tipo 2 diagnosticato da alcuni anni. Paziente seguita presso altro centro antidiabetico da sempre in scarso compenso metabolico. Il diabete risultava complicato da retinopatia diabetica non proliferante e da nefropatia incipiente. In anamnesi neoplasia ematologica trattata con trapianto di midollo osseo complicato da graft *vs* host disease. Si riscontrava notevole insulino-resistenza, basso indice di massa corporea, dislipidemia mista ed epatosteatosi di grado severo confermato al fibroscan. Le strategie terapeutiche ed assistenziali messe in atto hanno richiesto un approccio multidisciplinare con notevoli difficoltà nel raggiungimento di un controllo del quadro glicometabolico.
Conclusioni: Il caso clinico trattato pone l'attenzione sul ruolo fondamentale del tessuto adiposo come organo endocrino. È necessario identificare nuovi target terapeutici per ripristinare il fisiologico cross-talk tra tessuto adiposo ed organi bersaglio al fine di mettere in atto nuove strategie terapeutiche per trattare i sempre più numerosi pazienti con patologie metaboliche del nostro secolo.

A fever. Hepatitis complicating AOSD: a case report

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Introduction: A 53-year old female with a previous diagnosis of RA treated with corticosteroids since to 2 months was admitted complaining since 2 weeks acute pharyngitis and fever.
Materials and Methods: On admission, she presented asthenia, fever poorly responsive to antipyretics, arthralgias and pharyngodynia; her vital signs were normal except for fever (39°C). A complete blood count showed WBC 6950/mm^3 (Neu 54.9%, Ly 32.4%), Hb 10.8 g/dL and Plt 170000/mm^3. Serum chemistry showed AST 478 IU/L, ALT 673 IU/L, LDH 300 IU/L, PCT 0,3 ng/ml, PCR 76.4 mg/dL, sideraemia 20 mcg/ml, ferritin >1650 ng/ml and negativity of culture tests, TORCH, quantiferon and viral hepatitis markers. The autoimmunity showed negativity of ANA, ENA, RF, ACPA, AMA, LKM and positivity of ASMA 1:160. The instrumental examination showed only hepatomegaly. It was diagnosed Adult Onset Still's Disease according to Yamaguchi's and Fautrel's criteria. Given the marked worsening of hepatic cytolysis a liver biopsy was performed, and the results were indicative of autoimmune hepatitis type 1 concurrent with AOSD. She responded to prednisone 1 mg/Kg/day and was discharged with corticosteroid therapy to which azathioprine has been associated after 2 weeks.
Discussion and Results: AOSD is a rare inflammatory disorder characterized by arthralgia, evanescent salmon-colored rash and daily fevers. The diagnosis is made by exclusion. Ours is a case of association between AOSD and autoimmune hepatitis.

Conclusions: Hepatic involvement may complicate the course of AOSD.

Livelli di PTH come fattore di rischio in una popolazione anziana ricoverata per frattura di femore da fragilità

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Premesse e Scopo dello studio: Le fratture di femore sono le fratture più comuni e severe nella popolazione ultraottantenne. Scopo del nostro studio è stato quello di valutare lo stato vitaminico D, i livelli sierici di paratormone (PTH), i markers di turnover osseo e le comorbilità nei pazienti ricoverati per una frattura di femore.
Materiali e Metodi: sono stati studiati 191 pazienti ricoverati presso l'U.O.C. Ortopedia dell'A.O.U. Senese in seguito ad una frattura di femore, 149 donne e 44 uomini, (età media=85.4 ± 8.1 anni). Tutti i pazienti sono stati sottoposti a valutazione di calcemia, fosforemia, fosfatasi alcalina, 25OHvitamina D (25OHD), 1,25OHvitamina D (1,25OHD), PTH, crosslaps e isoenzima osseo della fosfatasi alcalina. In tutti i pazienti è stato calcolato l'indice di Comorbilità Charlson (ICC).
Risultati: Abbiamo osservato che il 59,5% dei pazienti presentava una condizione di carenza di 25OHD (<10ng/ml) e come atteso il 50,6% di soggetti aveva livelli sierici di PTH superiori alla norma (>60pg/ml). Inoltre, i livelli sierici di PTH sono risultati positivamente correlati con ICC (r=0.26; p<0.01).
Conclusioni: I nostri dati confermano che oltre il 50% dei pazienti ricoverati per frattura di femore presentano livelli di 25OHD estremamente bassi e livelli sierici di PTH aumentati. I livelli sierici del PTH sembrerebbero rappresentare un miglior fattore di rischio per la frattura di femore da fragilità. Pertanto, la correzione del deficit di calcio e vitamina D rappresenta un trattamento necessario per la prevenzione delle fratture da fragilità.

Un caso di spondilodiscite

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Premesse: Si descrive un caso di spondilodiscite spontanea stafilococcica, ad esito infausto.
Descrizione del caso clinico: Paziente maschio, 65aa, diabetico insulino-trattato, iperteso, amputato all'arto inferiore sinistro per vasculopatia diabetica circa un mese prima, si ricovera per grave anemia. In anamnesi un episodio di spondilodiscite da MRSA due anni prima. Lamenta da circa un mese dolore dorsale ingravescente accentuato in posizione supina, e resistente a terapia analgesica e oppiode. Agli esami di laboratorio solo lieve aumento della PCR e procalcitonina nella norma. Test Mantoux negativo. Apiressia. La TC evidenzia spondiloartrosi osteofitosica. L'esame RM del rachide con MdC, mostra tessuto flogistico che avvolge a manicotto i soma D5-D6, esteso al canale vertebrale, alle pleure e lieve compressione midollare. Pratica emocoltura e tampone cutaneo di un'ulcera sul moncone di amputazione, interessato da infezione (ABSSSI). Gli esami documentano crescita di stafilococco aureo meticillino-resistente. Si procede a terapia antibiotica mirata e ad intervento di debriment con biopsia ossea, secondo linee-guida. Nonostante il trattamento si assiste allo sviluppo di paralisi flaccida e a sepsi complicata che porta ad exitus.
Conclusioni: Dal caso si evince la necessità di includere tra le ipotesi diagnostiche la spondilodiscite in caso di dolore al rachide intenso, di nuova insorgenza, resistente a terapia antalgica, anche con markers infiammatori negativi, specie in presenza di multipli fattori di rischio.

Variceal bleeding is a gastrointestinal emergency that is one of the major causes of death in patients with cirrhosis

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Background: Variceal bleeding is a gastrointestinal emergency that is one of the major causes of death in patients with cirrhosis. The outcome for patients with variceal bleeding depends on achieving hemostasis and avoiding complications related to bleeding or underlying chronic liver disease. A rise in portal pressure (portal hypertension) occurs when there is resistance to outflow from the portal vein. Varices develop in order to decompress the hypertensive portal vein and return blood to the systemic circulation.
Case Report: A 59-year-old man was admitted for dyspnea and severe anemia; diabetic, HCV related cirrhosis. He does not perform periodic blood tests. Upper endoscopy was performed after fluid resuscitation and within 36 hours of hospital admission (endoscopic variceal ligation -EVL). After 30 days the patient was hospitalized again and it has been documented an early rebleeding (Hb 6.9 g/dl). Further EVL was performed (F3-varices). After 10 days an improvement was observed. Two forms of endoscopic treatment are commonly used: EVL and endoscopic sclerotherapy (ES). EVL is generally preferred as initial treatment.
Conclusions: EVL and ES are initially successful in 70 to 100 percent of patients, with many studies reporting success rates around 90 percent. EVL was superior to ES for the outcomes of rebleeding (31 *vs* 47 percent), death (24 *vs* 32 percent), and stricture formation (0 *vs* 11 percent). If bleeding is not quickly and effectively stopped, or if rebleeding occurs a second time, more definitive therapy (TIPS placement or surgery) is required.

Morbo di Paget...complicato

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Premesse: Secondarismi muscolari da tumore osseo a cellule giganti in morbo di Paget
Caso: Maschio di 76 anni ricoverato per edema e dermite di gamba sin, associata a febbre e decadimento delle condizioni generali. In anamnesi: morbo di Paget non responsivo ad acido zoledronico, diabete mellito in antidiabetico orale, obesità. Il quadro clinico-strumentale di ingresso deponeva per erisipela, per cui veniva avviata terapia antibiotica ad ampio spettro con amoxicillina/acido clavulanico in associazione a clindamicina e successiva escalation a piperacillina/tazobactam con buona risposta clinica. In considerazione del decadimento psico-organico, eseguiva TC torace e addome con mdc, che documentava la presenza di multiple lesioni ossee strutturali prevalentemente addensanti diffuse (sterno, clavicole, scapole, vertebrali e bacino), sospette per secondarismi, e tessuto solido presumibilmente secondario dei muscoli ileopsoas bilateralmente (>a sn) e del sottospinato di dx. Si discuteva con Oncologo e Radiologo interventista e si concordava RMN addome inferiore e successiva biopsia TC-guidata del muscolo ileo-psoas di sinistra. Confermato in RMN il tessuto solido muscolare noto, con evidenza di invasione del canale midollare. Negativi gli oncomarkers, così come gli esami colturali. L'esame istologico su campione bioptico documentava la presenza di tessuto compatibile con ripetizione da tumore osseo a cellule giganti.
Conclusioni: Veniva quindi indirizzato a ciclo di radioterapia, ben tollerato, e terapia con denosumab. Di seguito veniva dimesso per prosecuzione di terapia ambulatoriale.

Endocardite complicata da aortite

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Premessa: Endocardite complicata da aortite ed embolizzazioni sistemiche.
Caso: Maschio di 79 anni, diabetico, ricoverato per ictus ischemico

in stenosi aortica lieve-moderata a dicembre 2019. A gennaio u.s. rientra per febbre, dolore lombare e spalla sin, scompenso cardiaco; emocolture positive per stafilococco lugdunensis. Ecocardio transesofageo compatibile con endocardite e possibile ascesso periaortico. Avviata piperacillina tazobactam empirica e di seguito daptomicina ed oxacillina. Richiesta da cardiochirurgo diagnostica strumentale (RMN rachide, ortopantomografia, cardio TC). Progressivo peggioramento clinico, dello scompenso cardiaco, della funzione renale e della insufficienza aortica, comparso versamento pericardico. Ottimizzata terapia medica e terapia infusiva con furosemide, dopamina a dose renale, albumina. Cardio TC dimostra una diffusa pericardite estesa ai recessi peri aortici con alcune raccolte, presumibile aortite del tratto ascendente fino all'arco; comparsa di lesione verosimilmente embolica al VI segmento epatico, coronaropatia diffusa. Persiste quadro di scompenso cardiaco in classe III-IV NYHA nonostante terapia ottimizzata, peggiorato versamento pericardico e comparsa di iniziale dilatazione del ventricolo sinistro, peggiorata funzione renale. Discussione collegiale con cardiologi e cardiochirurghi e quindi centralizzazione del paziente in cardiochirurgia.

Conclusioni: Verosimile endocardite misconosciuta all'esordio, con embolizzazione cerebrale iniziale e di seguito complicata da aortite ascendente sino arco e ulteriore embolizzazione sistemica.

La malattia di Castleman multicentrica come possibile diagnosi differenziale in paziente con linfoadenopatie multiple e splenomegalia

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Premesse: La malattia di Castleman (MC) comprende un eterogeneo gruppo di disordini linfoproliferativi. In base al numero dei linfonodi aumentati di volume e con immunoistochimica tipica evidenziati può essere unicentrica (75% dei casi) o multicentrica, associata o meno a virus HHV8.

Descrizione del Caso clinico: Una donna di 71 anni viene ricoverata per calo ponderale e astenia ingravescente insorta da alcune settimane. In anamnesi niente di significativo se non un rilievo ecografico di splenomegalia e alcune piccole linfoadenopatie addominali risalenti ad alcuni mesi prima. Dalla TC total body effettuata in reparto oltre al già noto reperto splenico, emerge la presenza di multipli linfonodi sovracentimetrici bilaterali a sede laterocervicale, mediastinica, ascellare, addominale e inguinale. Gli esami ematici mostrano assenza di leucocitosi, moderata anemia (Hb 9g/dl), aumento di PCR e fibrinogeno; negativa la sierologia per HIV e virus epatotropi. Abbiamo così effettuato escissione di 2 linfonodi ascellari; dall'esame istologico e immunoistochimico è emersa la presenza di multipli follicoli involuti, nel cui contesto si rilevano numerosi plasmablasti HHV8+; tali reperti sono compatibili con MC multicentrica HHV8+.

Conclusioni: La MC multicentrica HHV8+ è una patologia rara, soprattutto nei pazienti HIV negativi. La prognosi è variabile e correlata all'elevato rischio di sviluppare neoplasie ematologiche secondarie o Sarcoma di Kaposi. Recenti dati dimostrano che cicli di terapia con rituximab possono avere un enorme impatto sull'aumento della sopravvivenza a lungo termine.

Sanguinamento intestinale in angiosarcoma multidistrettuale: una presentazione inusuale in Medicina Interna

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Introduzione: Il sanguinamento gastrointestinale rappresenta una causa frequente di ricovero ospedaliero che può avere cause atipiche e rare, talvolta sotto diagnosticate.

Presentazione del caso: Un uomo di 69 anni è stato ricoverato presso il nostro ospedale per melena con anemizzazione severa richiedente multiple trasfusioni. Niente di rilevante nell'anamnesi patologica remota e farmacologica. All'esame obiettivo, presenza di lesione violacea di circa di 3cm a livello del pavimento del cavo orale, che, nonostante fosse stata già sottoposta ad exeresi, si è ripresentata con incremento volumetrico. Data l'anemizzazione, il paziente è stato sottoposto a gastro e colonscopia risultate negative; alla videocapsula evidenza di sanguinamento attivo su un verosimile quadro di angiodisplasia duodenale. Alla TC addome di approfondimento, riscontro di lesione esofitica di circa 6 cm captante il mezzo di contrasto a livello renale sinistro. È stato quindi organizzato intervento di resezione della sospetta lesione neoplastica renale e, data la progressiva anemizzazione nonostante adeguato supporto trasfusionale, il paziente è stato sottoposto a intervento combinato di nefrectomia dx, resezione digiunale, exeresi della lesione del cavo orale. L'esame istologico sul pezzo operatorio è risultato compatibile con angiosarcoma multimetastatico. Il paziente ha iniziato chemioterapia e terapia di supporto.

Conclusioni: L'angiosarcoma è un tumore raro e aggressivo con un'alta ricorrenza alle recidive locali e a distanza. Poco responsivo alle terapie mediche con una prognosi infausta.

Gli artefatti risolutivi

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Premesse: L'ecografia toracica (ET) è stata recentemente proposta come valido strumento per la valutazione di numerose patologie polmonari. Il caso clinico in oggetto è un esempio di come, nella pratica clinica quotidiana, l'ET bedside (ETB), consenta una diagnosi precoce e possa guidare sia un trattamento tempestivo che un accurato follow-up.

Descrizione del caso clinico: Una donna di 68 anni, si presentava al DEA per la comparsa da circa due ore, di dolore urente epigastrico e retrosternale irradiato alla regione sovraclaveare sinistra associato a rigurgito di materiale alimentare. Alla auscultazione toracica crepitii bibasali in assenza di edemi declivi e turgore giugulare. L'emogasanalisi in aria ambiente mostrava insufficienza respiratoria parziale; all'ECG evidenza di ritmo sinusale. Effettuati ecocardiogramma bedside, Rx torace e TC torace m.d.c. risultati nei limiti. La paziente veniva, quindi, ricoverata; l'ETB all'ingresso in reparto mostrava linee B (comet tails) ai campi inferiori bilateralmente e versamento pleurico bilaterale. All'ECG evidenza di fibrillazione atriale tachifrequente. Dosaggio NT-proBNP pari a 1498 pg/ml. Impostata terapia antiaritmica con ripristino del ritmo sinusale e diuretica con miglioramento clinico testimoniato anche all'ETB. NTproBNP alla dimissione: 213 pg/ml.

Conclusioni: Nel caso clinico in oggetto, l'ETB ha permesso di diagnosticare in maniera rapida ed accurata uno scompenso cardiaco acuto de novo, confermandosi uno strumento valido a supporto del clinico in Medicina Interna.

La complessità assistenziale ed il ragionamento clinico

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Premesse e Scopo dello studio: Per l'infermiere definire la complessità assistenziale è un punto di partenza fondamentale per identificare e dare una risposta appropriata ai bisogni di assistenza infermieristica, per stimare le competenze specifiche e per stabilire il tempo necessario per ogni persona assistita e di conseguenza la quantità di risorse necessarie. Al contempo però la complessità assistenziale è un concetto sfuggente per poterla definire e pesare si rende necessario l'uso di strumenti validati che considerino non solo la complessità clinica e quella dei bisogni di assistenza infermieristica personalizzati, ma anche il grado di dipendenza delle persone assistite. Lo scopo principale dello studio è quello di cominciare a pesare all'interno del reparto di Area Critica dell'Ospedale S. G. Bosco la complessità assistenziale ed il ragionamento clinico, per aumentare la consapevolezza degli infermieri nell'individuazione dei bisogni di assistenza infermieristica

e definire le risorse infermieristiche necessarie e le competenze da sviluppare.
Materiali e Metodi: Scelta e confronto, attraverso la revisione della letteratura, di 3 strumenti validati di rilevazione delle attività assistenziali (Nine Equivalent of Manpower Score, Sistema Informativo Performance Infermieristica, Metodo Assistenziale Professionalizzante) e verifica della relazione tra complessità assistenziale e ragionamento clinico.
Risultati: In itinere.
Conclusioni: Si evidenzierà qual è lo strumento migliore per rilevare la complessità assistenziale e "pesare" il ragionamento clinico.

Effetti dell'ozonoterapia in pazienti con disfunzione endoteliale

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Premesse: Uomo di 63 anni affetto da ipertensione arteriosa, diabete mellito di tipo 2, cardiopatia dilatativa post-ischemica, artropatia gottosa, insufficienza venosa profonda cronica IV stadio CEAP.
Descrizione del Caso clinico: Il paziente giungeva alla nostra osservazione per dolore e ulcera arto inferiore destro. Si eseguiva RX piede che mostrava gangrena gassosa, in assenza di aumento degli indici di flogosi e segni di infezione locale, in paziente da circa 20 anni in trattamento con ozonoterapia. Al doppler occlusione bilaterale della arteria tibiale posteriore. Si avviava terapia con prostanoidi per via endovenosa.
Conclusioni: L'ozonoterapia potrebbe peggiorare il quadro di stress ossidativo cronico in soggetti con disfunzione endoteliale.

Alcoholic pancreatitis: clinical heterogeneity

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Background: Chronic alcohol consumption causes 17 to 25% of acute pancreatitis cases worldwide and is the second most common cause of acute pancreatitis after lithiasic pancreatitis. It usually occurs in patients with over five years of habitual alcohol consumption. The type of alcohol ingested does not affect the risk of developing pancreatitis.
Clinical case description: We evaluated three clinical cases of acute pancreatitis in alcoholic patients hospitalized in our last 12 months in our Internal Medicine Unit: the first 59-year-old patient, cholecystectomised, had acute pancreatitis with CT evidence of intraparenchymal necrotic phenomena at head level hooked process while in the peripancreatic region at the level of the back cavities of the epiploons and in correspondence with the Gerota belt increase in the fluid quota. Severe hypoprotidemia and hypocalcaemia. The second youngest of 47 years had a more favorable and shorter course with edemigenous infarction head and tail and adjacent fluid altitude. The third 49-year-old patient case with a history of chronic pancreatitis. It had a cephalic region of increased size with thickening of the peripancreatic lapse and moderate dilation of the pancreatic ducts which appeared tortuous and ectasic with microcalcifications. His hospitalization was long and complicated by sepsis from klebsiella KPC.
Conclusions: The study of the literature and the comparison between these three cases was useful to evaluate the presentation heterogeneity of alcoholic pancreatitis.

Ipertermia da antipsicotico? No, ipotermia!

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Premesse: L'accesso in PS per ipotermia non è frequente. Nella maggior parte dei casi la causa è ovvia e desumibile dall'anamnesi, cioè l'esposizione al freddo, in particolare in persone a rischio: anziani, traumatizzati, intossicati. In altri casi invece la diagnosi non è subito evidente.
Descrizione del Caso clinico: Donna di 81 anni, viene ricoverata in Medicina Interna nel sospetto polmonite ab ingestis. Da alcuni giorni vi era inoltre progressivo rallentamento psicomotorio. In anamnesi: demenza degenerativa vascolare con disturbi del comportamento, per cui assume quetiapina 150mg due volte al dì, e disfagia da un anno. All'ingresso la temperatura misurata era 33°, era estremamente rallentata, bradilalica, ipotesa e bradicardica (40-45bpm); la cute fredda, non marezzata; al torace rantoli crepitanti bibasali. All'ECG vi erano fibrillazione atriale lenta e l'onda J. La radiografia del torace non identificava chiari addensamenti. Venivano avviate l'infusione di soluzione fisiologica riscaldata e ceftriaxone; veniva inoltre sospesa la quetiapina. Gli esami urgenti escludevano la presenza di ipotiroidismo, ipocortisolismo, acidosi, disionie, ipoglicemia; non vi era leucocitosi e la PCR era solo lievemente aumentata. In 12 ore temperatura, pressione arteriosa e frequenza cardiaca si erano normalizzate. I dati emo- ed urocolturali sono risultati negativi.
Conclusioni: il caso risulta interessante in quanto riteniamo che la quetiapina abbia avuto un ruolo chiave nel provocare l'ipotermia sintomatica in questa paziente.

Non tutte le protesi vengono bene

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Premesse: Abbiamo ricoverato dal PS una donna di 58 anni per dolore addominale persistente. In anamnesi riferiti diabete mellito, ipertensione arteriosa, cardiopatia ischemica rivascolarizzata e aneurisma dell'aorta sottorenale sottoposto a trattamento con EVAR (endoprotesi aortobisiliaca) presso altra sede circa 20 giorni prima.
Descrizione: La paziente faceva un primo accesso in Pronto Soccorso pochi giorni prima per analogo motivo; veniva eseguita TC addome negativa per complicanze acute addominali e aortiche (esiti di recente trattamento chirurgico). Per il persistere di importante dolore la paziente tornava e veniva stavolta ricoverata. Comparsa agli esami di importanti indici di flogosi, febbre con colture ripetutamente negative. Alle indagini strumentali captazione PET e scintigrafica a livello periprotesico; una nuova TC (a circa 15 giorni di distanza) evidenziava marcato ispessimento del tessuto adiposo periaortico, piccole raccolte fluide e linfoadenopatie locali, riferibili a processo flogistico-infettivo.
Risultati: La paziente veniva trattata con antibioticoterapia empirica e rivalutata dai colleghi vascolari (non posta indicazione urgente alla sostituzione della protesi). Abbiamo osservato nel follow up una completa risoluzione clinica, laboratoristica e strumentale della flogosi. Questo caso di sovrainfezione precoce di endoprotesi ha evidenziato la difficoltà di diagnosi differenziale tra evoluzione fisiologica post-chirurgica e quadro infettivo e l'esito favorevole, seppur non scontato, ha permesso un raro approccio conservativo terapeutico.

Una vera catastrofe

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Premesse: Abbiamo ricoverato dal Pronto Soccorso una donna di 54 anni per vomito, nausea e scompenso glicemico. In anamnesi erano noti Lupus Eritematoso Sistemico (in terapia con steroide e metotrexate), sindrome da anticorpi antifosfolipidi in terapia anticoagulante orale, diabete mellito in terapia insulinica, arteriopatia diffusa (pregresso stenting aortico ed amputazione di un dito del piede) e pregresso interessamento vasculitico cerebrale con ischemie plurime.
Descrizione: Al ricovero segni di flogosi acuta e focolaio broncopneumonico destro; rapido sviluppo nei primi giorni di degenza

di severa ipertensione arteriosa, anemia e piastrinopenia, discoagulia e danno renale con oligo-anuria. Inoltre rapida comparsa di multiple complicanze trombotiche d'organo: lesioni spleniche, renali, cardiache (con severa compromissione della frazione di eiezione e occlusioni multiple alla coronografia) e cerebrali, nonostante terapia endovenosa con eparina, terapia steroidea ad alto dosaggio, immunoglobuline endovena.
Risultati: La paziente è stata trasferita in terapia intensiva per il rapido peggioramento clinico e, nonostante ultrafiltrazione con CVVHD, ventilazione, amine vasopressorie, è andata incontro a severa disfunzione multiorgano e danno cerebrale irreversibile con exitus dopo 12 giorni di degenza. Il caso mostra la gravità e rapidità di evoluzione della sindrome da antifosfolipidi nota come catastrofica, una forma accelerata (probabilmente scatenata nella nostra paziente dall'infezione polmonare) con sviluppo di multiorgan failure ed elevata mortalità.

Le implicazioni di un inadeguato follow-up nutrizionale nel paziente sottoposto a chirurgia bariatrica

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Premesse: Gli interventi bariatrici malassorbitivi possono portare a un quadro di importante malnutrizione che in alcuni casi può determinare anche sequele neurologiche. Riportiamo la nostra esperienza di un caso di neuropatia associata a un grave stato di malnutrizione post-diversione bilio-pancreatica.
Descrizione del Caso clinico: Uomo di 56 anni, ricoverato per sospetta IVU e malnutrizione. In anamnesi nel 1997 intervento di diversione bilio-pancreatica con successivo calo ponderale di 50 kg, senza adeguato follow up; dal 1998 comparsa di neuropatia periferica progressivamente invalidante in diagnosi differenziale con una forma ereditaria primaria (CMT). Le indagini bioumorali e di imaging eseguite durante il ricovero mostravano una sepsi da E. Coli ESBL a partenza da ascesso prostatico, trattata con antibioterapia ev e drenaggio percutaneo. Inoltre, si constatavano pancitopenia ed edemi discrasici secondari a grave malnutrizione (ipoalbuminemia, ipovitaminosi A ed E, deficit di zinco) che richiedevano supplementazione sia per via endovenosa che per via orale con miglioramento clinico e bioumorale.
Conclusioni: Dalla letteratura si evince che l'incidenza di malnutrizione in chirurgia bariatrica è influenzata da un adeguato follow-up da parte del team multidisciplinare. La storia clinica del nostro paziente, con l'importante stato di malnutrizione, ci fa propendere per un quadro di immunodeficienza da pancitopenia e neuropatia periferica verosimilmente secondarie al malassorbimento in un inadeguato follow-up.

Un'insolita anemia emolitica autoimmune

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Premessa: L'anemia immunoemolitica da anticorpi freddi è una condizione acquisita di emolisi autoimmune caratterizzata dal riscontro di crioagglutinine nel siero. Patologie autoimmuni, linfoproliferative o processi infettivi rientrano spesso nella diagnosi differenziale delle forme secondarie.
Caso clinico: Paziente di 72 anni, con anamnesi muta per patologie degne di nota, ricoverato per riscontro di grave anemia microcitica e sottoposto a 2 trasfusioni di emazie concentrate con successiva comparsa di emolisi post trasfusionale: test di Coombs diretto/indiretto positivo, incremento di LDH e bilirubina indiretta, consumo di aptoglobina e positività per crioagglutinine a specificità anti-I. Gli accertamenti sierologici eseguiti escludevano processi infettivi da CMV, EBV, HBV e mycoplasma e malattie linfoproliferative; l'autoimmunità risultava negativa. Veniva avviata terapia cortisonica con efficacia terapeutica. Si sottoponeva il paziente ad EGDS con biopsie con riscontro di adenocarcinoma gastrico. Successiva stadiazione con TC total-body e PET negativa per secondarismi. Normalizzati i valori di emoglobina si procedeva a tapering della terapia steroidea. Si indirizzava infine a chirurgia previa chemioterapia neoadiuvante.
Conclusioni: Stabilire le cause di anemia emolitica autoimmune rappresenta un'esaltante sfida per il clinico. Nell'ambito delle forme secondarie vanno sempre ricercati i tumori solidi; una loro tempestiva diagnosi permette di individuare forme confinate all'organo di origine e migliorare con un appropriato intervento terapeutico la prognosi.

Un'ascite misteriosa

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Caso: Donna 78 anni, giunge all'osservazione medica per comparsa da alcuni giorni di stato confusionale, edemi declivi e aumento del volume addominale. Agli EE riscontro di iperammoniemia, gamma-GT ed FA elevate. Viene richiesta ecografia addominale con riscontro di versamento ascitico ed alterazione morfostrutturale del fegato; viene effettuata paracentesi con prelievo di liquido trasudatizio, negativo per patologia neoplastica e infettiva, compresa la PCR per M. tubercolosis. Richiesti alfa-fetoproteina e CEA che risultano negativi e sierologie per virus epatici con riscontro di pregressa infezione da HBV. Nel sospetto di cirrosi epatica, viene richiesta una EGDS che non mostra varici esofagee. Per indagare le alterazioni morfostrutturali epatiche viene richiesta TC addome dalla quale emergono multiple nodularita' epatiche, splenomegalia e disomogeneità del parenchima della testa pancreas. Per uno studio più approfondito del pancreas, viene quindi richiesta una RM con mdc dalla quale non emergono tumefazioni a livello del pancreas ma si confermano lesioni nodulari epatiche. Nel sospetto di lesioni secondarie vengono effettuate TC torace e cranio, colonscopia ed ecografia transvaginale (negative). Per indagare la natura delle lesioni epatiche viene quindi eseguita una biopsia percutanea; dall'analisi istologica viene fatta diagnosi di colangiocarcinoma.
Conclusioni: Il quadro clinico dei tumori delle vie biliari è vario e collegato alla sede e alla modalità di crescita della neoplasia. Le metastasi epatiche, per continuità-contiguità, sono in genere precoci e costanti.

Femur fractures elder prevention

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Background: In the geriatric environment, a wide chapter is addressed to elderly individuals' falls but also a great interest is given to femur fractures resulting from these falls. Today it is often referred to as prevention but maybe it's not discussed physical education in the domestic environment. We know that most of femur fractures following a fall happen in the domestic environment (inadequate slippers, slipping, stumbling block, fast movements etc...) and that most of individuals are female gender.
Methods: In the light of the above, starting from 1st November 2019 to the present day, we wanted to verify with an appropriate medical history and considering the functional status A.D.L (Katz scale), I.A.D.L. (Lawton scale), cognitive deficit M.M.S.E. (MF. Folstain), how many over 75-year-old patients' femur fractures were resulting from domestic falls, implicating hospitalization for surgical procedure among Orthopedics Department at Legnano Hospital.
Results: 20 individuals were evaluated, 1 man and 19 women, average age 83,5 years old, 60% of them live alone, A.D.L average=4,5/6, I.A.D.L=4,3/8, M.M.S.E=22,8/30. Seventeen of them fell exactly in the domestic environment, two down external steps and one on the sidewalk. Data confirmed what previously stated and they also demonstrate that the patients under this study still

show a good functional activity and memory, considering their average age.

Conclusions: In conclusion we believe that a good disclosure could prevent acute events thus avoiding the loss of daily functional and instrumental activities.

Follow up di pazienti affetti da ipertensione arteriosa resistente

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Premessa: L'ipertensione arteriosa resistente (IR) è la pressione arteriosa (PA) superiore a 140/90 trattata con 3 o più farmaci. Scopo del lavoro è valutare la comparsa di eventi cardiovascolari fatali e non su ipertesi resistenti.

Materiali e Metodi: Per 3 anni abbiamo seguito ambulatorialmente 179 Pts (101 M) (età 57±7) con PA >140/90 senza IA secondaria, diabete, dislipidemia, non fumatori. In 63 (Gruppo A) era presente IVS, in 48 (Gruppo B) ispessimento medio-intimale carotideo (IMT≥0.9 mm), in 50 (Gruppo C) sia IVS che IMT. 68 (Gruppo D) non presentavano danno d'organo. La PA è stata controllata con misurazione clinica e MAPA a T0, T1 (12 mesi) e T2 (a 24).

Risultati: In D 2 hanno presentato IMA, 3 stroke (fatale) 5 TIA e 7 f. atriale. Gruppo A e B non hanno manifestato eventi. 3 di C hanno avuto segni di cardiopatia ischemica, trattata con angioplastica. Il maggior numero di eventi in tutti i gruppi si è verificato al 1° e 2° anno. I valori medi clinici erano di PAs e PAd a T0 erano 165.7±7.5 e 97.5±7.2, a T1 155.8±9.7 e 94.5±6.8, a T2PAs 135±7 e 86±6.6. Anche il MAPA ha registrato riduzione dei valori medi sia nelle 24 ore che nelle ore diurne e notturne, soprattutto a T2.

Conclusioni: Non sempre la presenza di danno d'organo evolve in patologia conclamata, anche se hanno avuto eventi CV i PTs di D privi di danno d'organo. La riduzione della PA gioca un ruolo fondamentale sulla evoluzione del danno d'organo in conclamata. L'individuazione del danno d'organo negli ipertesi resistenti ci deve indurre ad essere particolarmente attenti all'ottimizzazione della terapia.

Trattare o no l'ipertensione normale alta?

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Premessa: Le linee guida ESH/ESC 2018 raccomandano modifiche dello stile di vita nei soggetti con pressione arteriosa (PA) HIGH NORMAL (HN) e basso-moderato rischio cardiovascolare. Scopo dello studio è valutare se soggetti con HN (PAS 130-139, PAD 85-89) in un follow up di 3 anni sviluppano ipertensione arteriosa e/o danno d'organo.

Materiali e Metodi: Sono stati randomizzati 98 soggetti (60 M), età media 42±12.7 anni, con PA clinica PAs 135±8 e PAd 86±5.8 senza con danno d'organo. 34 avevano segni silenti di danno d'organo, 64 no.A 64 è stato applicato annualmente ABPM con PAS delle 24 ore di 127±5.4 e PAD 77±6.2; valori medi diurni della PAs 133±6.7 e della PAd 82 e notturni 115±6.8 per la PAs e 68±7.6 per la PAd.

Risultati: 12 PTS HN a 3 anni sono diventati ipertesi grado 1 senza danno d'organo;15 hanno presentato alterazioni ecografiche (extrasistoli, emi-blocco anteriore sinistro, deviazione assiale sinistra, ipertrofia ventricolare sinistra);2 fibrillazione atriale parossistica ed uno con valori della PA variabile, ha mostrato evidenza di adenoma surrenalico. 34 PTS con le sole modifiche dello stile di vita, hanno raggiunto di PA normali sempre.

Conclusioni: I risultati mostrano una evoluzione della PA HN in ipertensione arteriosa grado 1, così come la comparsa di danno d'organo. Il follow up di soggetti con PA HIGH NORMAL, a nostro avviso, deve essere costante nel tempo con visite, sulla base dell'organizzazione locale, effettuato anche da personale infermieristico dedicato. È auspicabile una valutazione iniziale completa, con esclusione di patologie concomitanti.

Another side of delirium

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Premises: Autoimmune diseases are systemic inflammatory diseases. Central nervous system involvement is not uncommon, and in some cases it can cause delirium and acute confusion; however, these manifestations are not exclusively associated with pathologies such as SLE or Behcet's syndrome.

Clinical case description: A 69-year-old man was hospitalized for an acute episode of confusion. In history hypertension, GERD and bronchial asthma in inhalation therapy, last exacerbation one week before hospitalization. On CT there were signs of chronic vascular leukoencephalopathy; a MRI brain scan was performed with relief of chronic inflammation of the nasal cavities and mastoids. After initial clinical improvement, there was a further episode of alteration of cognitive status, due to an acute ischemic cerebrovascular accident. On blood tests were present eosinophilic leukocytosis and positivity for anti-MPO antibodies. We so diagnosed Eosinophilic granulomatosis with polyangiitis; after high-dose coritocosteroid treatment occurred clinic resolution.

Conclusions: Eosinophilic granulomatosis with polyangiitis is a necrotizing vasculitis of small and medium-sized vessels with systemic localization which affects in most cases the upper respiratory tract, and often manifests itself as a form of resistant asthma. The diagnosis is based on clinical and laboratory signs, and biopsy is not always necessary. Although rarely, the disease can affect the central nervous system. It is important to consider the different clinical manifestations of this disease for correct diagnosis and therapy.

Il paziente con embolia polmonare a rischio intermedio non deve mai essere trombolisato?

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Premesse: Si descrive il caso di un paziente con embolia polmonare a rischio intermedio-basso con rapida evoluzione in quadro ad alto rischio sempre normoteso e sottoposto a trombolisi.

Descrizione del caso clinico: Paziente di anni 52 giunge in PS per dispnea da 2 ore. In anamnesi obesità (Peso 130 Kg; BMI 44) e diabete mellito. Presente insufficienza respiratoria (SO2 88% AA; P/F=310), tachipnea (38/min), incremento del d-dimero (5,33 mcg/ml), troponina I nella norma. Nell'attesa della TC torace si pratica enoxaparina 10.000 UI s.c.. Alla TC presenza di EP bilaterale con trombo a cavaliere, rapporto Vdx/Vsn >0.9. Il calcolo del PESI è di 100 (PESI III). Il paziente si mantiene normoteso, si aggrava l'insufficienza respiratoria (P/F=190) e aumenta la frequenza cardiaca (FC 130/min). Si decide di praticare trombolisi con alteplase 100 mg/2h e si procede ad intubazione orotracheale. Dopo20 minuti insorgenza di attività elettrica senza polso (PEA) trattata con RCP e ripresa di RS dopo 3 minuti. Il paziente viene trasferito in Ospedale dotato di Radiologia Interventistica per eventuale trombectomia meccanica. Attualmente il paziente assume AVK e si presenta asintomatico.

Conclusioni: La trombolisi è stata eseguita a causa del peggioramento degli scambi respiratori in assenza di alterazioni emodinamiche, verosimilmente permettendo la rapida ripresa del RS dopo l'episodio di PEA. enoxaparina non si è assistito a complicanze emorragiche. In considerazione del peso corporeo si è preferito l'AVK rispetto ai DOACs.

Anti-MDA5 antibody positive dermatomyositis with long involvement: a case report

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Introduction: Dermatomyositis is a systemic autoimmune disease that affects predominantly muscle, skins and lungs. Anti-MDA5 antibody positive is often associated with amyopathic DM and an high risk for interstitial lung disease, including rapidly progressive ILD which is frequently fatal.
Presentation of case: We report a case of a 70-year old Caucasian man with no comorbidity and no cardiovascular risks factors who was admitted to our EC presenting weakness, fatigue, dyspnea for moderate efforts for a month. A physical examination revealed bibasilar crackles associated with an sO2 of 90% , an aspecific back, face and chest rash, puffy fingers, papular lesions over his metacarpophalangeal and proximal interphalangeal joints. The results of laboratory tests showed normal values of serum creatine kinase and myoglobin. Anti-mda5 antibody was positive. A total- body CT and then PET excluded the presence of neoplasm. HRTC showed bilateral consolidation and ground-glass opacity. Pulmonary functional test demonstrated a restrictive pattern with a moderate reduction of diffusing capacity of the lung for carbon monoxide. Electromyography was negative. A corticosteroid treatment was administered with an improvement of symptoms.
Conclusions: Our case report highlights the importance of a thorough search for underlying lung fibrosis in patients with anti-MDA5 antibodies even if dermatomyositis has a mild appearance or a discrete skin manifestation.

A "right-sited infective endocarditis" in a young immunocompetent woman without history of drug injection, heart valve disease and at-risk procedures: a case report

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We report the unusual case of a right-sited infective endocarditis (RSIE), due to Methicillin Sensitive Staphylococcus aureus, in a young immunocompetent woman, without risk factors for RSIE: history of drug injection, heart valve disease and at-risk procedures (e.g. dental, cardiovascular, dermatological, respiratory tract, gastrointestinal, genitourinary and musculoskeletal). A 34-years old woman was admitted, on December 2019, to our clinic, manifesting one month long high fever (38-39°C), cough and abdominal pain, resistant to ceftriaxone and paracetamol. His medical history was only remarkable for a severe metabolic syndrome. On the basis of clinical, first line laboratory and instrumental tests, the patient was diagnosed with sepsis with lower urinary tract infection (E.coli), severe iron deficiency anemia and mild thrombocytopenia. A total body CT scan was then performed, allowing the diagnosis of bilateral multifocal pneumonia. Piperacillin/tazobactam plus rifampicin were administrated without a complete remission of the sepsis. Serial blood cultures were positive for Methicillin Sensitive Staphylococcus aureus (MSSA), a targeted therapy was then started (ceftolozane/tazobactam, amikacin) plus caspofungin and a Transesophageal echocardiography (TEE) was performed, showing vegetations on the right native atrio-ventricular valve, in absence of any congenital abnormalities. Allowing the Modified Duke Criteria, Blood culture-positive Infective Endocarditis (IE) with pulmonary septic embolization was diagnosed. The patient was then transferred to a Cardiac Surgery Clinic for a valve replacement.

An unusual pulmonary embolism due to a superficial venous thrombosis: a case report

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A 61-years old man was admitted, on November 2019, to our clinic presenting two-months long mild fever (37.3-37.8°C), non-productive cough, diarrhea, weight loss of 5 kg without nocturnal sweating or itch. He was an ex-smoker of 40 cigarettes/day up to 20 years ago. His medical history was remarkable for Rheumatoid Arthritis threated with methylprednisolone, methotrexate and folic acid. His clinical examination was negative. Laboratory tests showed a normal WBC count and a mild increasing of: CRP (6.5 mg/dl), ESR (38 mm/h), beta 2 microglobulin (3.03 mg/L) and alpha1-2 globulins (8.2%; 13.8%) in serum electrophoresis. Negative were onco-markers and diagnostic tests for hepatitis. Chest X-Rays showed an area of dysventilation in the right lower lobe. Hemogasanalysis was normal. A spiral CT of the lung was then performed, showing the occlusion of the lower lobar branch of the left pulmonary artery. Only at this time the patient revealed that, in the last summer, a superficial vein of his left leg, had been suddenly "reducing in size". A doppler ultrasound study of the lower limbs veins was performed, discovering a thrombotic left anterior saphena, connected to the femoral superficial vein by perforating vessels. The patient was treated with apixaban at the expected doses. This case report is unusual as for the pulmonary embolism was subsequent to a superficial thrombosis of the lower limbs, because of the presence of an unusual pattern of perforating vessels, connecting the superficial to the deep venous system.

Neoplasie extrasurrenaliche secernenti catecolammine: due casi di paraganglioma pelvico e revisione della letteratura

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Premesse e Scopo dello studio: I paragangliomi (PGL) sono tumori extra surrenalici rari che derivano dai tessuti delle cellule cromaffini, che possono essere ormonalmente attivi e rilasciare in eccesso catecolamine in circolo, oppure inattivi. I PGL possono insorgere in qualsiasi sito laddove sia presente tessuto dei paragangli e la localizzazione più frequente è lo spazio nel retroperitoneo; i paragangliomi vescicali rappresentano lo 0.06% di tutte le neoplasie vescicali e meno dell'1% di tutti i PGL.
Materiali e Metodi: Descriviamo l'aspetto morfologico, la presentazione e la gestione clinica di due casi di PGL pelvici. Il primo caso riguarda una giovane donna con PGL vescicale, misconosciuto per diversi anni; il secondo caso riguarda una donna di 75 anni con un tumore secernente catecolammine in corrispondenza del tratto prossimale dell'arteria iliaca comune di destra; entrambe le pazienti con storia di parossismi pressori non controllati da terapia antiipertensiva, associati a sintomatologia invalidante.
Risultati: Abbiamo eseguito inoltre una review sistematica dai principali database di letteratura dal 1959 al 2019 al fine di illustrare le caratteristiche cliniche e la corrente gestione dei PGL pelvici.
Conclusioni: Bisogna essere cauti di fronte a ipertensione non spiegata, cefalea, palpitazioni, ansia, in associazione a sintomi legati a fenomeni di compressione. In presenza di lesioni multiple, è obbligatorio un test di screening per escludere PGL sindromi e per stabilire terapia e follow up.

A diabetes care pathway

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Background: It is widely recognized that, for patients with diabetes, hospitalization is a unique opportunity to intervene with effective treatment but also with a structured education program and with clear follow-up arrangements to ensure continuity of care after discharge. Over the last few years our department has adopted an in-patient diabetes care pathway (DCP) consisting of key areas of assessment relating to the patient's understanding of the disease, diet and lifestyle habits, ability to recognize and treat hypoglycemia, and ability to take medications and use in-

jecting devices accurately. Relatives and carers are involved too. Educational meetings were initially organized to train staff in the implementation of the protocol: three 90 min sessions, plus a yearly 60min 'refresher', for nurses and healthcare assistants. Common educational material and a shared handover process were developed with the diabetic clinic, involving both nursing and medical staff. The DCP follows a 4-day flow chart consisting of daily checklists in the key areas, that are actioned by the appropriate caregivers. The duty doctor finally needs to provide medical exemption certificates, therapeutic plans, and medication delivery systems at discharge.

Conclusions: The implementation of a structured DCP over the last few years has made it possible for us to fill any educational gaps during inpatient stays, verify the ability of the patient to self-care in the community, and streamline the discharge and follow-up processes; this has resulted in consistently improved outcomes.

Gravi turbe elettrolitiche in paziente con cardiomiopatia di Takotsubo

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Premesse: Paziente donna di 86 anni affetta da cardiopatia ipertensiva, stenosi aortica severa, ateromasia carotidea, pregressa tiroidectomia totale.

Descrizione del caso clinico: La paziente giungeva nel reparto di medicina d'urgenza per dolore toracico, vomito e riferito episodio sincopale. All'ECG sopra-livellamento del tratto ST ed incremento degli indici di miocardionecrosi; all'ecoscopia: ipocinesia dei segmenti medi e apicali del Vsn, normale contrattilità dei segmenti basali; FE stimata 40%. Si inviava la paziente ad eseguire studio coronarografico che mostrava coronarie indenni. Agli esami laboratoristici riscontro di gravi turbe elettrolitiche (valore min. K: 1.6 mmol/l, Mg 0.9 mg/dl) e comparsa di ulteriori alterazioni all'ECG: ritmo sinusale interrotto da extrasistoli ventricolari, polimorfe, precoci, a cadenza bigemina. BBdx. Diffuse anomalie della ripolarizzazione. Marcato allungamento del Qt (640/Qtc 0,541. Si intraprendeva terapia endovenosa con sol. glucosata 5%+10UI di insulina rapida+KCl 20 mEq+4 f di solfato di Mg in 100 cc di sol fis., con rapida normalizzazione del quadro ecgrafico. Durante la degenza si è assistito a graduale risoluzione della disionia (alla dimissione K:4.2 mmol/l, Mg 1,7 mg/dl) e riduzione degli enzimi di miocardionecrosi.

Conclusioni: Il caso clinico mostra l'efficacia della terapia ripolarizzante in pazienti con gravi turbe elettrolitiche e cardiomiopatia di Takotsubo.

Un raro caso di acalasia esofagea idiopatica con encefalopatia di Wernicke-Korsakoff

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Caso clinico: Una donna di 73 anni si ricovera in pronto soccorso per condizioni generali compromesse. Viene inviata per prosieguo terapia presso la UOC Lungodegenza per malnutrizione e cachessia con demenza.

Descrizione del caso clinico: La paziente confusa, con BMI 17.90%, pelle secca, ipoelastica, masse muscolari ipotoniche, ipotrofiche, iperreflessia. Ipoalbuminemia, anemia normocromica, normocitica. La EGDS evidenza esofago dilatato, con ingesti alimentari da stasi a livello antrale, lume ristretto a 2-3 cm dal cardias che si valica con difficoltà, con passaggio "a scatto" del bolo attraverso lo Sfintere Esofageo Inferiore (SEI). Alla manometria esofagea: reperto compatibile per acalasia esofagea idiopatica. Si applica PEG, ma la paziente mostra, durante il ricovero, un peggioramento delle performance psicomotorie (MMSE 15/30) con torpore ed astenia generalizzata. Viene sottoposta ad EEG e RM encefalo che mostrano rispettivamente: attività elettrica cerebrale abbastanza rallentata e alterazioni tutte suggestive per Encefalopatia di Wernicke. La paziente è stata trattata con nutrizione enterale ed integrazione terapeutica con Tiamina (100 mg/ev/24 h) e dimessa con diagnosi di acalasia esofagea idiopatica con malnutrizione secondaria ed encefalopatia di Wernike.

Conclusioni: Nella nostra paziente, un'attenta raccolta anamnestica e valutazione clinica, comprensiva degli indicatori dello stato nutrizionale, ci hanno consentito di fare diagnosi e di porre in atto tutte le strategie terapeutiche di riconosciuta efficacia.

Iatrogenic Cushing syndrome driving to multi-organ failure, a case report

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Background: Cushing syndrome is a complex multisystemic disease and it is most commonly consequent to glucocorticoids chronic therapy. We present a case of a patient in which most of this disease complications were present at the time of first ED acceptance and that precipitated into multi-organ failure in a few days after admission.

Case description: A 43 y/o man taking oral prednisone 75 mg/day for 24 years as off-label therapy for cluster headache went into hospital for increasing back pain. At PE he showed moon face, buffalo hump, proximal muscles severe hypotrophy and pendolous abdomen with striae rubrae. Skin VZV-like vesicles and ankles oedemas with ulcers and ecchymosis were also present. He referred history of cataract, arterial hypertension and recent bed restriction due to painful vertebral falls. Blood tests at admission showed augmented neutrophil relative count as well as eosinopenia and rise in cholesterol and triglycerides values. On the other hand, serum glucose was at normal range. Opioid analgesic and empiric antibiotic therapy were started as initial strategy, but after few days patient's condition worsened presenting sudden dyspnea, tachycardia and hypotension due to opportunistic pathogen septic shock. Consequent AKI, ARDS and CMV-induced acute marrow aplasia occurred. Prompt trasfer to ICU couldn't prevent patient from MOF and exitus.

Conclusions: Long-term glucocorticoids therapy is widely used in clinical practice and its side-effects should be known, prevented and monitored in order to avoid potentially devastating complications.

Low back pain as unusual onset of solitary plasmacytoma of the sacrum in a young-adult patient

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Premesse: Low back pain (LBP) represents a challenge because of the broad differential diagnosis. We present a case of LPB as first clinical manifestation of an unusual cause in a young-adult patient.

Descrizione del caso clinico: A 51-years-old male patient presented with a one-week LBP, exacerbated by sitting and walking and relieved from lying down resting and use of steroids and muscle relaxants. No other symptoms, antecedent trauma or joint problems, previous illnesses or drug history were reported. There were no radicular symptoms, no sensory, motor or strength loss as well as abnormalities of deep tendon reflexes in either leg. No bowel or bladder retention or incontinence were detected. At laboratory test, we have noticed elevated C-reactive protein, and a monoclonal paraprotein band at gamma zone – slightly less than 3g/dL – with evidence of increased G-class gamma globulins, el-

evated serum and urine free kappa light chains. At imaging, PET/CT and MRI showed an osteolytic lesion with very intense uptake at sacrum with blurred margins and bone replacement by solid tissue with normal morphology and signal of the other vertebrae. CT-guided biopsy revealed infiltration of the bone by monoclonal plasma cells in presence of normal bone marrow biopsy, supporting the diagnosis of Solitary Bone Plasmacytoma (SBP).
Conclusioni: SBP belongs to spectrum of plasma cells disorders at risk for multiple myeloma. We reported a case of SBP in a young subject with unusual clinical presentation characterized by only LBP, emphasizing the insidious work-up strategy of this symptom.

LocalizzA.D.I.: lavoriamo meglio e più sicuri sul territorio

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Premesse: Il tempo dedicato alla ricerca del domicilio nelle zone rurali e montane può essere anche molto lungo e poiché spesso si tratta di zone isolate, viene definito come tempo non a valore dell'assistito. L'azione è stata quella di geolocalizzare il luogo dell'accesso e rendere l'informazione fruibile a tutti coloro che concorrono alla presa in cura, ma anche stabilire procedure per rendere sicura l'assistenza domiciliare visto l'incremento dei dati su violenza fisica/verbale/telefonica o di molestie sessuali da parte dell'utenza sui luoghi di lavoro.
Descrizione del caso clinico: L'infermiere tutor dopo aver acquisito il consenso, geolocalizza il paziente e assegna un "triage di localizzazione", colore (rosso-giallo-verde) a seconda della difficoltà- sicurezza nel raggiungere il paziente, inoltre inserisce nelle note i suggerimenti per la sicurezza nell'accesso, criticità utili da segnalare possono essere di tipo sociale/disagi familiari, paziente con decadimento cognitivo, presenza di animali liberi potenzialmente aggressivi, strade vicinali pericolose o non asfaltate.
Conclusioni: L'innovazione è rappresentata dall'utilizzo di un device che, collegandosi ad un applicativo web based, permette di soddisfare una duplice esigenza: essere di supporto al team assistenziale facilitandone l'individuazione del luogo dove effettuare l'accesso, l'organizzazione e la gestione dei percorsi nonché la loro sicurezza.

A rare case of spontaneous bleeding

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Background: Acquired Hemophilia (AH) is an autoimmune disorder characterized by antibodies against clotting factors, most often factor VIII (fVIII).
Case report: A 59-years-old man with arterial hypertension and abdominal aortic aneurysm was admitted for a left-sided abdominal pain radiating to the left lower limb, hypotension and vomiting. CT angiography reveled a vast left retroperitoneal hematoma with psoas and iliopsoas muscle infiltration. No trauma was reported. PT ratio was 1.12 and aPTT ratio 2.38. Platelet count was normal. LAC were negative and no anticoagulant therapy was reported. A bleeding diathesis was reported in the last 6 months before admission. Mixing test showed aPTT partially corrected. fVIII levels were <3%. A thorax-abdomen CT and tumor markers were negative for neoplasia. C3/C4, ANA, anti-dsDNA, ENA ruled out an autoimmune disease. Diagnosis of AH was made, and prednisone 1 mg/kg was started with progressive decrease of aPTT ratio (1.56). Follow up showed progressive increase in fVIII and its inhibitor eradication. No new bleeding episodes have been reported.
Conclusions: In patients with spontaneous bleeding and elevated aPTT a prompt diagnosis and treatment of AH is need to avoid fatal complications. No triggering event can be identified in nearly 50% of patients. AH may be associated to autoimmune and drug-related disorders, hematological and solid tumors, and pregnancy.

Anemia of inflammation in Internal Medicine: characterization of laboratory parameters

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Background: Anemia of inflammation (AI) is very common in Internal Medicine (IM): To date, in literature there is not a laboratory marker that allows a diagnosis other than by exclusion.
Materials and Methods: We propose a multicenter perspective study to define clinic and laboratory characteristics of AI. Hospitals involved: G.B.Grassi (Ostia); S.Spirito in Sassia, S.Pertini, Figlie di S.Camillo, Villa Betania-GIOMI in Rome. Inclusion criteria: Hb<12g/dl (women) and <13 g/dl (men), Ferritin ≥100 mg/dl, RTC>30000 and≤100000/mcl, MCV≥75 m^3 and <100 m^3, LDH within the range, ClCr ≥40 ml/min, negative FOB and at least 2 of the following inflammation markers abnormal: CRP>3 mg/dl or VES>40 ml/hr; FBG>450 mg/dl, Tsat>10% and <25%. We chose these limits to obtain a sample with the highest probability of exclusive etiopathogenetic cause of AI. Exclusion criteria: bleeding, neoplasm, surgery in the previous 3 months, CKD. Patients enrolled on Jun-Oct'19 and Dec'19-Jan'20: 202(121 W, 81 M), 77±12 yrs (extremes 25-99 yrs).
Results: From data averages of entire sample we deduced the typical characteristics of AI, sufficient and necessary to make its diagnosis: Moderate, normochromic-normocytic, high Ferritin, reduced compared to expected RTC, low, but less than iron deficiency anemia, Tsat (17%).
Conclusions: We identified the diagnostic laboratory criteria of AI, that make other tests, often invasive and aimed at excluding other etiologies, unnecessary. Ferritin is the most significant data for the assessment of iron deposits and should replace sideremia in the routines used.

Point-of-care ultrasound diagnosis of a rare form of endocarditis caused by *Corynebacterium striatum*

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Introduction: We present a rare case of *Corynebacterium striatum* (CS) endocarditis in which point-of-care ultrasound (POCUS) led to the correct diagnosis.
Case Report: A 91-years-old woman was admitted in Emergency Department for asthenia and low-grade fever in the last 2 weeks. She had a recent story of hospitalization for pneumonia, with implantation of central venous catheter to administer therapy, resulting in sepsis with blood coltures positive for CS, treated with linezolid and tigecycline. At admission, she presented dyspnoeic and required oxygen therapy. Laboratory data showed high white-blood cells count with neutrophilia and elevated levels of C-reactive protein. Chest x-ray revealed an opacity in the right lung, so she was admitted with working diagnosis of pneumonia and e.v. ceftriaxone and clarithromiycin therapy. At the admission in the Internal Medicine Unit, cardiac auscultation was significant for a 3/6 pan-systolic murmur. POCUS revealed two large mitral valvular vegetations (diameters >10 mm). The story of recent bacteriemia was consistant with the suspicion of endocarditis, so we collected blood coltures and promptly started therapy with Vancomycin and Tigecycline. Unfortunately, the severe condition led our patient to death in less than 48 hours. Both blood colture samples where positive for CS.

Conclusions: In this case, POCUS guided us to the correct diagnosis, unfortunately too late. Standard use of POCUS as extention on the internist's visit can make the difference since the admission in Emergency Department, improving our success rate.

Hypertriglyceridemia induced severe acute pancreatitis: a case report

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Introduction: Hypertriglyceridemia is a rare but well documented cause of acute pancreatitis. Triglycerides levels that expose to acute pancreatitis risk are generally >1000 mg/dl, while values >2000 mg/dl should be considered a medical emergency.

Case Report: A 46-y.o. woman came to our Day Hospital, after refusing hospitalization, on account of recent finding of hypertriglyceridemia (3750 mg/dl). We improved lipid-lowering therapy, introducing ezetimibe, rosuvastatin, gemfibrozil and omega-3 fatty acids, obtaining a successful therapeutic response after one month (triglycerides 195 mg/dl). However, during a follow-up after three months we found triglycerides >5680 mg/dl, amylase 57 U/L, lipase 46 U/L but no significant abdominal symptoms. The patient referred to regularly take the therapy and to follow a balanced diet. Because of the very high triglycerides value, we hospitalized the patient, left her without feeding and started hydration waiting for plasmapheresis. During the night the patient referred abdominal pain, with evidence of acute pancreatitis on CT. She was therefore transferred to Intensive Care Unit where she died, despite repeated plasmapheresis treatments (the first after 36 hours), due to MOF and abdominal compartment syndrome that required laparotomy and VAC therapy.

Conclusions: Our case confirms that pancreatitis associated with hypertriglyceridemia may have a serious course and complications. Further confirmatory studies are necessary in order to produce guidelines for early hypertriglyceridemia treatment and improve the prognosis of these patients.

Detection of thyroid incidentalomas during carotid duplex scan sonography

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Purpose: The aim of our study was to evaluate the incidence of incidentally thyroid incidentalomas in patients undergoing carotid ultrasound for vascular disease. There are relatively few descriptions of thyroid nodules frequency encountered incidentally during the course of other investigations.

Methods: Prospective study to examine the prevalence of thyroid illness in consecutive patients with suspected carotid disease. A total of 3,169 patients (1,356 men and 1,813 women) underwent carotid duplex scan referred between december 2017 and april 2019; the mean age was 69.6 +/- 21.7 years. In 38 patients (2.3%; 7 men and 31 women) with a mean age of 48.7 +/- 14.7 years, hypoechoic, homogeneous, oval nodules (mean volume, 1.0 +/- 0. 9 cm(3)) adjacent to the thyroid parenchyma were observed

Results: Of the 67 subjects with abnormal ultrasound findings, 22 had solitary nodules (22%) and 45 had multiple nodules (45%). The prevalence of nodules was greater in women (72%) than in men (41%) (P <.02).

Conclusions: The data indicate that thyroid abnormalities are very common incidental findings, emphasizing the need for a conservative approach when such lesions are encountered incidentally. Enlarged thyroid glands may be incidentally discovered during sonography of the thyroid. In patients with thyroid disease, the positive-predictive value of sonography in the identification of parathyroid tissue was low. The incidental finding of an enlarged parathyroid may or may not be associated with yet undiagnosed hyperparathyroidism.

A case report and literature review of disseminated intravascular coaugulation associated with stanford type a chronic aortic dissection

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Disseminated intravascular coagulation (DIC) is a rare but life-threatening complication of aortic aneurysm/dissection characterized by disseminated and often uncontrolled activation of coagulation. Thrombocytopenia and bleeding are observed in approximately 0.5% to 6% of large aortic aneurysms but the frequency of DIC due to aortic dissection is unknown. A 72-year-old woman was admitted to our hospital for spontaneous multiple ecchymoses and purpura of the extremities. Patient had undergone open graft replacement of the ascending aorta for Stanford acute type A dissections 4 years earlier. Laboratory data showed coagulopathy: fibrinogen 111 mg/dl, PT 1.27, APTT 25 sec Antithrombin III 73.%, D-dimers 27090.0 microg/L.Liver function test was within normal limits. Computed tomographic angiography showed a Stanford type A chronic aortic dissection extending from the distal aortic arch to the abdominal aorta with *completely patent false lumen*. Vascular surgeons regarded her as inoperable. She was treated with fresh frozen plasma (FFP) followed by intravenous injection of fibrinogen with gradual improvement of laboratory data and she was discharged after 16 days. Hemorrhagic diathesis due to chronic DIC caused by aortic aneurysm/dissection may be corrected by surgical or radiology intervention or medical treatment. Heparin, tranexamic acid, rivaroxaban have been reported as beneficial or successful mostly in case reports and case series. Our patient was treated only with FFP and fibrinogen because of the improvement of the tests of the coaugulation and the good clinical balance achieved.

Specialization school competition academic year 2017/2018: results and comparative analysis by gender. Women's choises

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Introduction: Increasing number of women are practising medicine. The present study compares the choices of the specialization schools by gender (year 2017-2018).

Materials and Methods: The competition for access to the Specialization Schools is national, structured on merit groups. We considered these indicators: total percentage value and by gender of the choices and of the progressive (95%) of the by Graduate School for each group (from 1st to 14th), number of competition contracts assigned to the School.

Results: Women represent the 58,24% of the total contracts in competition (n. 6934). Women prefer the Schools of the Medical Area: Child Neuropsychiatry (91,9%), Pediatrics (73,3%), Nephrology (67,4%), Geriatrics (65,9%), Emergency Medicine (65,6%), Oncology (64,1%), Gastroenterology (59,2%), Internal Medicine (56,6%). In the Surgery School Area is a strong presence of women in Gynecology(76,4%), General Surgery (57,2%), Vascular Surgery (54,8%). The female presence is also supported in the specialties of the Service Area such as: Radiotherapy (79,0%), Pathological Anatomy (70,3%), Anesthesia and Resuscitation (64,6%), Hygiene (57,6%).

Discussion: These results confirmed the Petrides and Mac Manus theory that associates these choices with the characteristics of the female workload: programmable or predictable (Medical Area), technological-practical (Service Area), not very programmable until to be unpredictable (Service Area and Sur-

gical Area). In the country the processes are underway which pertain to the transformations of a society in movement and which also involve women doctors.

Un caso di sarcoidosi atipica

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Premesse: La sarcoidosi è una malattia infiammatoria sistemica caratterizzata istologicamente dalla presenza di granulomi non caseosi localizzati più frequentemente ai polmoni. Può interessare anche linfonodi, cute, occhi, cuore, sistema nervoso.
Descrizione del caso clinico: Paziente di 50 anni, ex fumatore, viene per edema ricorrente non pruriginoso del labbro superiore e cefalea improvvisa. Apiretico. La sera precedente ha presentato un episodio di dispnea acuta, a risoluzione spontanea. Nega episodi di dispnea in passato. Esegue TC encefalo, negativa. All'esame obiettivo: riduzione del murmure vescicolare all'emitorace destro. Pratica TC torace: in ambito polmonare ai lobi superiori, bilateralmente, multipli addensamenti peri-bronchiali ad aspetto micronodulare; al segmento apicale del LSD aspetto "tree in bud"; nodulazioni linfonodali alle stazioni mediastiniche. Si ricercano possibili cause infettive, tutte negative. Inizia terapia con macrolide e cortisone per un mese. In questo periodo presenta tre episodi di edema del labbro inferiore, restando asintomatico per dispnea. In assenza di miglioramenti del quadro radiologico, esegue test di funzionalità respiratoria che non mostrano alterazioni. Nel sospetto di sarcoidosi dosa calciuria e livelli sierici di calcio ed ACE; tutti normali. Pratica broncoscopia, BAL ed EBUS-TBNA che conferma la diagnosi di sarcoidosi.
Conclusioni: Nel sospetto di sarcoidosi, i biomarkers suggeriti non sono affidabili ed è sempre utile la biopsia. Da indagare l'edema labiale come segno iniziale di malattia dovuto alla disregolazione immunitaria.

Intestinal pseudo-obstructio: an atypical presentation of celiac disease in adults

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Background: Intestinal pseudo-obstruction (IPO) is a rare complication of celiac disease. The pathogenetic mechanisms of this condition, characterized by signs and symptoms due to intestinal obstruction in the absence of occlusive lesions, are not completely known.
Clinical case: A 49 years old woman was transferred from Emergency Department to Internal Medicine to investigate diarrhea, weight loss and state of protein-calorie malnutrition (BMI 18.3 Kg/m^2). Blood tests showed reduction of hepatic synthesis, prolonged prothrombin time, severe hypokalemia, mild anemia, deficiency of iron, folate and vitamin D. Abdomen-CT: distension of the small bowel and colon with hydro-air levels. EGDS: severe atrophy of the duodenal mucosa. Ileo-colonoscopy: atrophy of the mucosa of the terminal ileum. The immunological screening and histopathological findings were suggestive for celiac disease. Entero-NMR was performed, the images indicated transient intussusception. Surgical indication was excluded. At first total parenteral nutrition was established; potassium and iron salts, folic acid, vitamin D and phytomenadione were administered. Progressive clinical improvement was achieved, a gluten-free diet was gradually introduced.
Discussion: IPO in subjects with celiac disease untreated can be secondary to motility alteration; the local immunological reaction with damage to the mucous and muscular layer, the reduced absorption of some components of the diet can cause intestinal paralysis. Functional alterations of Cajal cells can contribute to the motility disorder.

Emorragia cerebrale in TAO: non è poi tutto così scontato!

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Premesse: Paziente di 57 anni, giunto per paresi dell'arto superiore sinistro. In anamnesi disturbo bipolare, protesi valvolare aortica meccanica in TAO. In PS episodio di febbre. All'angio-TC cerebrale ("iperdensità a chiazze in sede fronto-parietale destra di non univoca interpretazione. Ischemia acuta con infarcimento emorragico? Emorragia subaracnoidea?").
Caso clinico: Durante la degenza sono stati eseguiti: esami ematici (rialzo degli indici di flogosi), emocolture a freddo (positive per Lactobacillus casei e Streptococcus mutans), ecocardiogramma TT e TE (non vegetazioni) e una RMN cerebrale (estese aree di alterata intensità di segnale a destra in sede temporo-parietale con edema perilesionale, di non univoca interpretazione, probabili embolici settici). In considerazione dei criteri di Duke, nonostante l'assenza di criteri maggiori, è stata intrapresa terapia con clindamicina e gentamicina. Una RMN cerebrale di controllo ha evidenziato la persistenza delle lesioni descritte e la presenza in sede parieto-occipitale destra di una piccola raccolta ascessuale. Pertanto è stata sostituita la terapia antibiotica con ceftriaxone e ampicillina (capaci di attraversare la barriera ematoencefalica), con progressivo miglioramento del quadro clinico, laboratoristico e strumentale.
Conclusioni: Non è semplice fare diagnosi quando le diverse ipotesi poste sono possibili. Il paziente era in terapia con TAO ma l'INR non era in range (possibili sia l'ictus emorragico sia ischemico). L'assenza di vegetazioni valvolari rendeva la presenza di emboli settici l'ipotesi meno probabile.

Medicina difensiva: cattiva pratica o pratica comune?

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Premessa e Scopo dello studio: Gli antichi greci utilizzavano gli stessi termini per definire concetti collegati alla cura ed al danno alla salute. Sull'onda dei mass-media, e ritenendo la colpa professionale un bacino di profitti, sono molte le richieste di risarcimento inviate alle strutture sanitarie.
Materiali e Metodi: Per analizzare il fenomeno della medicina difensiva sarà somministrato ai dirigenti medici dell'A.O.R.N. "San Pio" di Benevento, tramite intervista diretta, un questionario con domande a risposta multipla ed aperte.
Risultati: L'analisi della casistica ha lo scopo di fornire un inquadramento significativo sulla percezione del rischio clinico. Al fine di analizzare un campione rappresentativo della popolazione di riferimento, sarà effettuato un campionamento casuale stratificato suddividendo la popolazione dei medici in sottopopolazioni omogenee per appartenenza ai vari dipartimenti. Sarà definita la numerosità del campione in base al livello di confidenza e la varianza calcolata in base alla proporzione delle risposte fornite alla domanda n°7 del questionario.
Conclusioni: La medicina è una pratica intrinsecamente rischiosa. Se da un lato offre l'opportunità di cura, dall'altro è potenzialmente dannosa. Di questo sono consapevoli i professionisti sanitari. Il fenomeno è molto diffuso e l'atteggiamento difensivo comporta un incremento dei costi dell'assistenza (dal 5 al 9%). La suddetta indagine ha lo scopo di contribuire a disegnarne i profili, a spiegarne le cause e ad ipotizzare interventi preventivi ed a sostegno dell'operato dei professionisti.

Un caso complesso di diagnosi di Behcet senza aftosi orale

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Premesse: La malattia di Behcet è una vasculite caratterizzata da aftosi orale e genitale, lesioni cutanee e manifestazioni cliniche polimorfe, da interessamento di vasi di qualsiasi calibro.
Caso clinico: Maschio, 48 anni, ricoverato per insufficienza respiratoria da bronchite acuta; nota cardiopatia ipertrofica. Lunga storia (2 aa) di patologia sistemica, con eruzione cutanea pruriginosa/ulcerata, trombosi venose retiniche, calo di 20 kg, ulcere genitali persistenti, MGUS; eseguiti molteplici esami in altri nosocomi: escluse amiloidosi, neoplasie e mm reumatologiche. Eseguiti diagnostica per l'episodio acuto (emocolture, urocoltura, emogasanalisi, colturale escreato, ecocardiogramma e TAC, con evidenza di flogosi bronchiale e peribronchiale e note linfoadenopatie mediastiniche), ACE, calcemia, markers oncologici, Ig sieriche, non significativi. Trattato con broncodilatatori topici, azitromicina e fluconazolo: risoluzione del quadro respiratorio. Nell'ipotesi di m. di Behcet senza aftosi orale, eseguiti pathergy test negativo, PET 18-FDG (ipercaptazione di alcuni linfonodi e della parete aortica come da arterite di grado 2), biopsia delle ulcere genitali (occasionale necrosi fibrinoide dei piccoli vasi), Quantiferon negativo, calprotectina fecale (debolmente positiva), visita oculistica (invariata). Dimesso con follow up reumatologico e con prednisone 75 mg/die per os, con rapido miglioramento.
Conclusioni: La diagnosi di Behcet, clinica, in assenza di aftosi orale, è ardua, ma va ricercata se sospettata, poiché la malattia non trattata può portare ad invalidità e decesso.

Tumore bruno della mandibola in iperparatiroidismo secondario ad insufficienza renale cronica terminale in quadro di osteite fibrosa cistica (sindrome di Sagliker)

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Premesse: I tumori bruni dell'osso sono una rara complicanza dell'iperparatiroidismo secondario (IPTHS), con una prevalenza dell'1,5-2%(nel decennio 2005-2015 negli USA riportati 5 casi).
Caso Clinico: Paziente di 32 anni, ricoverato a Dic2019 per tumefazione guancia dx. In dialisi dal 2013 per rene multicistico, affetto da cardiopatia metabolica. Recente frattura femore dx-omero sx da caduta, non trattata chirurgicamente. Riscontro di IPTHS severo, relato ad insufficienza renale cronica(IRC) in quadro di osteite fibrosa cistica. PTH1.958 pg/mL, ALP tot1.159 U/L(ossea490U/L), cross-laps5,2 ng/mL, Ca7,8 mg/dL, P3,2 mg/dL. Attualmente in dialisi trisettimanale e in terapia con colecalciferolo, calcitriolo e paracalcitolo, supplementazione con calcio carbonato, chelanti del fosforo. La scintigrafia con sestamibi e la PET(negative) hanno permesso di escludere un iperparatiroidismo terziario. La TC conferma formazione di 6,5x4,5x4 cm, biopsiata con evidenza di tessuto osseo diffusamente infiltrato da granuloma a cellule giganti osteoclasto simili e cellule fusate, compatibile con tumore bruno. Al momento PTH e ALP sono in riduzione, vista la disfunzione metabolica non abbiamo ritenuto prudente procedere a paratiroidectomia, ma probabilmente la massa richiederà approccio chirurgico per importante deturpamento del volto con compromissione dell'alimentazione.
Conclusioni: La presenza di tumore bruno della mandibola in quadro di IPTHS in IRC in dialisi delinea la sindrome di Sagliker. Il paziente è tuttora degente in reparto per prosecuzione delle terapie e monitoraggio evolutivo.

Dalla sclerodermia localizzata alla sclerosi sistemica: descrizione di un caso clinico

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Premesse: La sclerosi sistemica (SSc) è una malattia da causa sconosciuta del connettivo caratterizzata da alterazioni proliferative vascolari, eccessiva sintesi e deposizione nei tessuti di collageno che realizza fibrosi cutanea e viscerale. La sclerodermia localizzata (LoS) o Morfea, è una fibrosi limitata a cute e sottocute, con possibile coinvolgimento delle strutture sottostanti. Queste due malattie possono condividere alcuni aspetti istopatologici, la presenza di autoanticorpi e il Raynaud (FR).
Caso clinico: Nel 2018 è giunta alla nostra osservazione una paziente di 51 anni che 5 anni prima aveva presentato una chiazza di indurimento cutaneo al torace diagnosticata come Morfea: Da un anno la pz ha presentato pirosi, disfagia, edema alle estremità e FR; l'esame clinico ha evidenziato indurimento cutaneo alle estremità e crepitatio inspiratoria; le indagini hanno rilevato: ANA1:640,una TCHR ha mostrato segni di interstiziopatia, la capillaroscopia ha evidenziato uno scleroderma pattern di tipo active.
Conclusioni: La LoS e la SSc sono due entità cliniche che possono condividere alcuni aspetti, ma la LoS è caratterizzata dall'assenza di segni sistemici e di impegno viscerale, inoltre l'evoluzione verso SSc costituisce un evento eccezionale con pochi casi in letteratura. La presenza del FR e/o dell'ANA positività osservati prima dell'insorgenza di manifestazioni tipiche di SSc, si possono considerare come red flags di evoluzione da LoS a SSc. Il caso descritto evidenzia l'opportunità di un attento monitoraggio clinico e laboratoristico dei pazienti con LoS per identificare precocemente la possibile, anche se eccezionale evoluzione verso la SSc.

La sindrome fibromialgica: malattia di rilevante interesse geriatrico

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La sindrome fibromialgica (FM) è una condizione caratterizzata da dolore diffuso, astenia e rigidità muscolare; si ritiene vi sia una predisposizione genetica alla FM che si esprime con anomalie dei recettori della serotonina e della dopamina. I pazienti presenterebbero un'amplificazione della percezione del dolore a livello centrale. La FM prevale nelle donne e può insorgere a qualsiasi età, con importanti ripercussioni sull'attività lavorativa e sul piano socio-affettivo. In Italia ne soffrano circa 4 milioni di persone. La FM è una condizione che sfugge a definiti elementi clinici e strumentali di diagnosi; nel pz anziano (il 7% nelle donne di età compresa tra i 60 e 80 anni), la FM si sovrappone ad altre patologie, generando spesso rilevanti problematiche di diagnosi differenziale. La FM è un reumatismo extrarticolare associato ad una condizione psico-disfunzionale, colon irritabile, cefalalgia muscolo-tensiva, ansia e depressione; caratteristica è la dolorabilità alla palpazione di particolari sedi tendinee definite tender points (TP), senza alterazioni ematochimiche e radiologiche. Nella pratica clinica la ricerca dei TP continua a costituire un rilevante aspetto diagnostico, nonostante che l'ACR nel 2010 li abbia sostituiti con l'indice di dolore diffuso [WPI, Widespread Pain Index] e da una scala di gravità dei sintomi[SS, Symptoms Severity]. La terapia si caratterizza da una fase farmacologica seguita ed integrata da metodiche decontratturanti: esercizio fisico, FKT e fangobalneoterapia Nonostante i progressi della scienza medica, a tutt'oggi la diagnosi e la terapia della FM non sono precisamente codificati.

Caso clinico: la pancreatite come possibile evento avverso non comune secondario a vaccinazione antiinfluenzale

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Il legame tra pancreatite acuta ed il vaccino antiinfluenzale non è ben documentata nella letteratura medica. Descriviamo un caso clinico di una donna anziana di 92 anni sottoposta a vaccinazione antiinfluenzale (vaccino trivalente adiuvato) che nell'arco di 7 giorni ha sviluppato una pancreatite. Ospite di una casa di cura, accedeva in PS per episodi ripetuti di vomito mai documentata febbre. Riscontro di aumento della lipasi pari a 4180UI. Non è stata sottoposto a TAC addome con mdc per insufficienza renale grave ma l'eco addome non ha dimostrato la presenza di dilatazioni delle vie biliari interne/esterne. La nostra paziente non assumeva alcolici e non era affetta da dislipidemia. Dopo una terapia idratante si è avuta la normalizzazione della lipasi e la remissione completa del quadro sintomatologico. Riteniamo che la nostra paziente abbia avuto una pancreatite come risposta alla vaccinazione data la relazione temporale tra l'iniezione del vaccino adiuvato e la comparsa della sintomatologia documentata dall' elevazione della lipasi e dalla assenza di calcoli biliari. Il vaccino agisce stimolando sia la risposta umorale che la cellulo-mediata. La funzione dei vaccini adiuvanti è quella di potenziare la risposta immunitaria. Il meccanismo alla base della pancreatite rimane poco chiaro. In letteratura in qualche case-report viene ipotizzato un meccanismo cellulo-mediato. Noi suggeriamo non solo di verificare eventuali correlazioni ma di segnalare ad AIFA gli eventuali eventi avversi non comuni.

Rischio secondario a prelievo emocolturale difficile: emocolture contaminate

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Le emocolture sono la metodica diagnostica più efficace per poter definire la batteriemia vera. Descriviamo un caso clinico di un paziente allettato, tracheostomizzato, portatore di SNG per esiti postanossici. Accedeva in PS per episodio di vomito e difficoltà respiratoria. Posto il sospetto di una polmonite ma non confermato dall' rx torace che invece poneva il dubbio di un malposizionamento del SNG. In ricovero sono state fatte delle emocolture per febbre. Il prelievo è risultato particolare indaginoso e ha richiesto l'intervento di due infermiere. L'esito delle emocolture è stato: di una sola emocoltura positiva per Streptococco mitis. Per la tipologia dell'esito microbiologico, per l'assenza di localizzazioni d ' organo, la negatività degli indici di flogosi, la remissione spontanea dell'unico picco febbrile siamo stati indotti a monitorare il paziente senza introdurre terapia antibiotica. Dopo 4 giorni di monitoraggio il paziente è stato dimesso. Il nostro caso clinico vuole richiamare l'attenzione sulla importanza di effettuare prelievi ematici sia ematochimici che colturali, in massima asepsi per evitare le contaminazione, i falsi patogeni e il rischio di infezione nosocomiale .La emocoltura contaminata fa emergere l' errore di esecuzione, come ad esempio nel nostro caso clinico : il mancato posizionamento della mascherina chirurgica per tutta la durata dell'intervento infermieristico avrebbe potuto evitare il risultato falsamente positivo.

Terapia neurolettica e SIADH

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La SIADH, individuata nel 1957 da Schwartz, rappresenta la causa più frequente, c.a. il 30-40%, di tutte le iponatriemie moderate-severe normovolemiche (Na <130 mEq/l). Ha un'origine sia ipofisaria che ectopica e la causa più frequente è paraneoplastica. Tra le altre cause vi è quella iatrogenea da farmaci, tra cui gli antipsicotici i quali ne aumentano il rilascio. Il trattamento consiste nell'utilizzo del tolvaptan (antagonista rV2). Donna di 71 anni in terapia domiciliare, tra altro, con risperidone per disturbi psicotici e con anamnesi di episodi ricorrenti di stato confusionale, si ricoverava per polmonite micotica. Al momento del ricovero non assumeva da giorni il risperidone. Si presentava vigile, modicamente dispnoica, con un lieve aumento della PCR (1.5 mg/dl) e sodiemia normale (140 mEq/L). Alla risoluzione dell'evento infettivo, riprendeva il risperidone con comparsa di stato confusionale ed una importante iposodiemia (126 mEq/L). Sospeso il risperidone, iniziava terapia con soluzioni ipertoniche e tolvaptan cp 30 mg/die con netto miglioramento clinico e normalizzazione dei valori di sodio. Allo stato la paziente assume 15 mcg di tolvaptan ed è in follow-up. La terapia neurolettica, soprattutto in età senile, deve essere attentamente monitorata con valutazione della sodiemia poiché nell'anziano è spesso presente una disregolazione dei meccanismi di secrezione dell'ADH, che può potenziare gli effetti di tali farmaci. La SIADH in questi pazienti è dietro l'angolo e quindi è raccomandato un attento monitoraggio per prevenire eventi fatali e/o non fatali.

An unusual cause of lung nodules in a patient with uncontrolled type 2 diabetes

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Premises: Poor glycemic control in diabetic patients could be an indication of several medical conditions, including the presence of neoplastic lesions. In our case, the trigger was an unusual pathology which mimicked a metastatic cancer
Clinical case description: A 52 years old diabetic patient was hospitalized with asthenia and uncontrolled diabetes. His medical history displayed myasthenia gravis which regressed after thymectomy, primary polycythemia and recurring perianal and retroauricolar abscesses due to bacterial and fungal pathogens. The physical examination revealed a marked sarcopenic status and the presence of bilateral lower limbs edema. Blood tests documented a HbA1c of 16.2% and a venous blood glucose of 568 mg/dL. A total body CT scan showed the presence of multiple pulmonary bilateral nodules, which were interpreted as secondary cancer lesions. Several imaging exams looking for the primary tumor, including a PET-CT scan, resulted in a negative outcome. We also performed a fine needle aspiration biopsy of a suspicious thyroid nodule and a biopsy of a spitzoid skin lesion, both showed benign lesions. A pleural nodule resection was then carried out, in order to perform a histological examination whose result was compatible with chronic necrotizing suppurative inflammation in presence of fungal ifae.
Conclusions: This case shows the whole diagnostic and therapeutic process which led to the diagnosis of an unusual pulmonary nodular pathology, as well as the difficulty in achieving a constant and appropriate glycemic control throughout the hospitalization

Un micobatterio molto atipico

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Premesse: La leucemia a cellule capellute (HCL) è una malattia linfoproliferativa a cellule B che predispone a complicanze infettive. Anche se l'associazione tra HCL e infezione da micobatteri atipici è provata, sono stati descritti pochi casi di batteriemia da parte di tali patogeni.
Descrizione del caso clinico: Uomo di 50 anni affetto da HCL in attesa di intraprendere terapia mirata, ricoverato per neutropenia febbrile in quadro di pancitopenia. Riferito inoltre quadro polmonare noto di bronchiectasie. Intrapresa terapia antimicrobica ad ampio spettro. Alla TC del torace rilievo di piccolo addensamento polmonare a vetro smerigliato. Esclusa genesi infettiva mediante emocol-

ture, esami sierologi e microbiologici su broncolavaggio e attribuito lo stato febbrile alla malattia ematologica di base per cui intrapresa prima somministrazione di chemioterapico. Successiva comparsa di febbre con peggioramento degli scambi respiratori e rialzo degli indici di flogosi. Eseguita nuova TC torace con rilievo di incremento degli addensamenti polmonari. Emocolture positive per M. abscessus bolletii, intrapresa quindi terapia antibiotica mirata.

Conclusioni: M. abscessus complex comprende un gruppo di micobatteri non tubercolari a rapida crescita, poli farmacoresistenti responsabili di un ampio spettro di infezioni, tra cui le infezioni respiratorie frequenti in caso di sottostanti patologie polmonari, e la batteriemia, soprattutto in pazienti immunodeficienti La batteriemia da parte della sottospecie bolletii rappresenta un'evenienza poco comune e raramente descritta in letteratura.

Ascesso cerebrale e teleangectasia emorragica ereditaria: l'utilità di un attento esame obiettivo

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Premesse: La teleangectasia emorragica ereditaria (HHT) è una malattia autosomica dominante caratterizzata da lesioni angiodisplastiche mucocutanee e/o viscerali (teleangectasie e malformazioni arterovenose - MAV -) variamente distribuite a livello del sistema cardiovascolare con tendenza al sanguinamento.

Caso clinico: Uomo di 23 anni ricoverato per febbre elevata associata a cefalea. Alla TC cranio rilievo di ascesso cerebrale, confermato alla RM encefalo. Intrapresa antibiosi a largo spettro. Emocolture e esami sierologici negativi. Eseguita rachicentesi con rilievo di liquor con caratteristiche infettive in assenza di isolamento di uno specifico agente patogeno. RX torace e ecografia addome nei limiti. Non vegetazioni endocarditiche all'ecocardiografia. Alla rivalutazione clinica generale riscontro di teleangectasia sulla mucosa del labbro inferiore e unghie a vetrino d'orologio. Eseguita quindi anamnesi dettagliata da dove è emersa storia personale di frequenti episodi di epistassi, comuni anche al padre e a una zia. Nel sospetto di HHT eseguita angioTC polmonare con rilievo di MAV polmonari diffuse. Proseguita antibiosi e affidato a centro di riferimento per HHT.

Conclusioni: I sintomi delle MAV polmonari in un quadro di HHT si manifestano intorno ai 20-30 anni e includono tosse, dispnea e cianosi cutanea, dovuti all'ipossiemia secondaria alla presenza di shunt destro-sinistro a livello delle MAV. Il primo segno clinico può tuttavia essere rappresentato da complicanze neurologiche quali ascessi cerebrali, indipendentemente dalla presenza di sintomatologia polmonare.

Strange things: an atypical presentation of infective endocarditis

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Infective endocarditis (IE) has to be suspected in FUO or high risk of IE or when facing positive blood culture in non-specific symptoms and signs. A 71yrs man, afebrile, reported acute dyspnea and recent 15 kg loss. He had hypertension, hypertriglyceridemia and mild mitral prolapse and regurgitation with a 2/6 cardiac murmur. In 1st day he developed acute pulmonary edema, Hb got from 10 to 7g/dL, TnI to 1.9ng/mL without chest pain or EKG abnormalities. At labs WBC 12130/dL, plts 105000/dL, RCP 205mg/L. Urine, blood cultures as L. pneumophila and S. pneumoniae urinary antigens were negative. Clarithromycin and amoxiclavulanate were administered. He abruptly developed signs of acute right HF, hypotension, confusion and abdominal pain. Labs showed lac 6.9 mmol/L, WBC 23200/dL, plts 75000/dL, eGFR in dialytic range and PT 2.5. At abdominal CT, spleen ischemic lesion. TT and TTE heart US showed hyperechogenic tissue from mitral flaps prolapsing in atrium and massive mitral and tricuspid regurgitation. Antibiotics shifted to piperacillin/tazobactam, gentamycin and tigecycline but MOF occurred requiring CRRT and OTI. Heart surgery was postponed due to critical conditions. From records femoral replacement occurred 1yr before. Native valve disease defines moderate IE risk needing no antibiotic prophylaxis. Case-by-case evaluation is desirable. In our patient IE emerged with AHF and systemic embolization signs. No microorganism was found in cultures. History of immunodeficiency was absent, patient came from home and reported no travels, previous antibiotics or voluptuary behaviors.

Un insolito caso di insufficienza renale

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Una paziente di 59 anni effettua esami ematici di controllo, da cui risulta lieve anemia (Hb 11 g/dl) sideropenica e lieve insufficienza renale (creatinina 1,53 mg/dl). Su consiglio del curante assume integrazione marziale per os. Nelle successive settimane sviluppa astenia, epigastralgia, nausea e vomito, per cui accede in DEA, dove le viene riscontrata importante anemizzazione (Hb 7,5 g/dl) e rialzo della creatinina (4,73 mg/dl) con urea 0,94 g/l. La funzionalità renale non ha mostrato miglioramenti dopo iniziale fluidoterapia, eseguita nel sospetto di una genesi pre-renale aggravante l'IRC. L'anemia è risultata iporigenerativa, non associata a deficit marziale o vitaminici; gli esami endoscopici (EGDS e colonscopia) sono risultati negativi. Gli esami di approfondimento hanno mostrato VES aumentata, C3 e C4 consumati, proteinuria nefrosica, auto-anticorpi negativi ed eco-doppler delle arterie renali compatibile con nefropatia parenchimale acuta con marcata riduzione del pattern di vascolarizzazione. Per tale motivo è stata eseguita biopsia renale, che ha mostrato modesta proliferazione mesangiale, aree di necrosi tubulare acuta e presenza all'immunofluorescenza di depositi lineari di anticorpi a livello della membrana basale glomerulare, compatibile con sindrome di Goodpasture variante atipica, data l'assenza di un chiaro coinvolgimento polmonare (TC torace negativa) e per l'assenza di Ab antimembrana basale sierici. La paziente ha risposto alla terapia steroidea ad alto dosaggio ed è stata dimessa con un quadro renale in programma visita nefrologica.

A challenging diagnosis of peritonitis

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Case presentation: A 31-year-old African man, affected by sickle cell disease, presented with a 3-week history of abdominal pain, abdominal swelling, fever and fatigue. On physical examination vital signs were normal, except for a body temperature of 38.7°C. The abdomen was distended and diffusely tender, with dullness on percussion. Lab tests showed anemia (hemoglobin 8.9 g/dL), and a slight increase of CRP, LDH and AST. Serology for HIV was negative. A CT scan showed an enlarged right pulmonary hilar lymph node, and the presence of peritoneal and omental thickening (omental cake). Analyses of ascitic fluid revealed a high leukocyte count (2.5 x10^9/L) with predominance of lymphocytes; cytological examination, acid-fast staining and polymerase-chain-reaction (PCR) testing for Mycobacterium tuberculosis were negative. A transbronchial needle biopsy of the right pulmonary hilar lymphadenopathy revealed the presence of necrotizing granulomas. A presumptive diagnosis of tuberculous peritonitis was made, and the patient underwent a standard empiric antituberculosis treatment, experiencing full recovery.

Discussion: Tuberculous peritonitis is a rare disease, and the diagnosis is challenging, due to its nonspecific clinical picture and paucibacillary nature. CT findings may help to orient the diagnosis, but pose difficulties in differential diagnosis from malignancy. The yield of microscopic examination, PCR and culture testing for M. tuberculosis on ascitic fluid is low, and the diagnosis can require biopsy of peritoneum or any other tissues potentially interested by the infection.

What's behind: FUO and lung cavities

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Introduction: fever of unknown origin remains a relevant clinical problem, but the use of modern diagnostic method can differentiate the autoimmune disorders or infectious diseases. Lungs lesions are found in 30% of patients admitted to hospital.
Case Report: a 60-year-old man was admitted to infectious diseases ward presenting ongoing fever, cough and intermittent chest pain. A pulmonary HRTC revealed an apical cavity in right lung. Blood and skin tests for TB resulted negative and so the bronchoscopy and coltural exams. Inflammation indexes were very high. The symptoms continued despite a large spectrum antibiotic therapy. The patient was investigated also with gastroscopy and colonscopy because of microcitic anemia and positive result of fecal calprotectin. Immunological pannel revealed low positivity of ANA (fluorescent pattern like speckled). Finally positron emission tomography revealed and increased uptake in glucose in large vessels, confirmed also by angio-TC with contrast. The patient started immunosuppressive therapy obtaining fever and cough remission.
Conclusions: large vessel systemic vasculitis can be presented by FUO and cough associated a pulmonary cavities. This remain a rare presentation and only few cases are reported in literature. PET in useful to reveale vasculities and their actual activity.

Encefalite virale da HHV-6

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Premesssa: L'encefalite è caratterizzata da una sintomatologia che comprende alterazione dello stato di coscienza febbre, deficit neurologici, epilessia, pleiocitosi liquorale anomalie elettroencefalografiche e di neuroimaging. L'eziologia più comune è identificata in virus neurotropi.
Descrizione: Paziente 74 anni, accede per vertigine e senso di disequilibrio. In PS eseguita manovra di Dix-Hallpikeneg per il nyNo ny con gli occhiali di frenzel. Due accessi al nostro ps per vertigine eseguite due tc cranio negative aprdiabete mellito ii inado ipb ipertensione arteriosa in trattamento all'ingresso parametri vitali nella norma apiretico nulla esame obbiettivo di cuore torace ed addome negeo neurologico: confuso, disorientate lieve deficit dell'attenzione no deficit mnesici eloquio impastato non alterazione dei nncc mingazzini 1 e 2 neg romberg pos con retropulsione andatura atassicanon segni meningei dismetria alle prove cerebellari esami ematici leucocitosi neutrofili incremento pcr rmn: idrocefalo normoteso liquor: aumento proteine; pleiocitosi linfocitica pos per hhv-6iniziata tp antiedemigena e antivirale con ganciclovir. trasferito in nchper shun, le condizioni del paziente sono peggiorate con comparsa di mof
Conclusioni: Encefaliti virali che determinano idrocefalo sono rari. Più frequente per encefaliti a eziologia batterica, fungina o parassitaria. Pochi i casi documentati e per la maggior parte causati da HSV 2. Può essere determinato dall'ependimite a livello dell'acquedotto di Silvio che causa ostruzione meccanica al flusso liquorale.

A case of bartonellosis

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A 27-year-old woman with Fabry disease, came to our ED for fever and lymphadenopathy from about 2 weeks. She owned 3 cats and she had recently been to the USA, where she had been stung by an insect on her left wrist. She had soon presented a skin lesion on her left wrist, left supraclavicular and axillary swelling, then fever (up to 38°C, especially at night) with night sweating, asthenia and hyporexia. Amoxicillin clavulanate was not effective. In the ED, clinical exam and US showed left supraclavicular and axillary lymphadenopathy. Blood exam revealed normal blood count with formula and LDH, elevated CRP and ESR with negative PCT, slightly elevated alpha 1 and 2 globulins and IgM, without monoclonal component. Neck-chest-abdomen CT scan with contrast and FDG PET confirmed left supraclavicular and axillary contrast enhancing lymphadenopathy, with flogistic features. Echocardiogram did not reveal endocardial vegetations. Peripheral IPT showed elevated CD8+ T cells. Bence-Jones test was normal. Blood cultures, Plasmodium DNA test, HIV, EBV, CMV, Borrelia, Treponema, Francisella and Rickettsiae serologic tests were negative. Bartonella henselae serology showed negative IgM and high IgG titre. Diagnosis was made of Bartonellosis. Our patient was treated with azithromycin, rifampicin and corticosteroids, showing regression of symptoms. Bartonella spp. are gram-negative bacteria. Cats are the main reservoir for Bartonella henselae. Infection is usually transmitted via insect vectors. Manifestations include local lymphadenopathy, bacteraemia, endocarditis and tissue colonisation.

Wound care and advanced nursing competencies in Azienda Sanitaria Locale BI (ASL BI): an observational retrospective study

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Background and Aim: Wound care specialist is a professional with advanced nursing competencies that provide consultancy in hospital setting for taking care, cure and prevention of patient's bedsores. Aim of this study was to describe number of consultation and inpatients, type of setting seeker, characteristic of patients (mean age).
Methods: We have conducted an observational retrospective cohort study in our setting. Authors examined specified data collection instrument.
Results: The sample consisted in 242 nursing specialist consultation in 2019. Medical patients were 158 (71%), surgical patients were 62 (29%). Mean age of patients in the sample was 79**.** Global number of reconsultations for the same patient was 22, 10% of total patient evaluated.
Conclusions: Number of reconsultations can show that, in hospitalized patient, the first consultancy it's enough to define nursing care plan of bedsore, however, high exposition to reporting and attrition bias for loss of information in sensitive outcome cannot be not considered.

Herpes simplex virus-2 can be an insidious enemy of the central nervous system!

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Introduction: HSV-2 can be a cause of meningoencephalitis and it is responsible for significant neurological morbidity.
Case report: A 55-year old African man was admitted to our Hospital for fever and abdominal pain. His medical history included orthotopic heart transplant in 2018, diabetes and epilepsy. Immunosuppressive therapy predicted tacrolimus, mycophenolate mofetil and prednisone. Serum biochemical tests revealed *WBC 2970/mmc (with lymphocytopenia) PCR 8 mg/dl PCT 0.18 microg/L. HIV testing and CMV DNA were negative. Lungs and abdomen* CT was normal. Later patient became confused with incongruous behavior in absence of neck rigidity, brain CT showed ischemic stroke in the region of right putamen. For persistent fever, a lumbar puncture was performed. Cerebrospinal fluid was clear with glycorrhachia (35 mg/dl), proteinorrachia (313 mg/dl) and HSV-2 was detected.

Microbiologists used molecular assays in association with CSF cultures and excluded the presence of other pathogens as viruses, TBC, Aspergillus, bacteria or fungi. Herpetic lesions were not found in genital region or in the mouth. *Immunosuppressive therapy was reduced,* acyclovir, meropenem and dexamethasone were started. Although treatment, patients gradually became comatose with neck rigidity, a second brain CT was pejorative while electroencephalogram proved severe brain suffering. Acute renal impairment, heart failure occurred, and he died.

Conclusions: The clinical course of HSV-2 meningoencephalitis can be severe. Clinical suspiction and a rapid lumbar puncture are essential for prompt treatment.

Panniculitis, pancreatitis and polyarthritis syndrome: a case report

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Case description: A 61-year-old man presented to our MD with polyarthritis, skin lesions, fever and high inflammatory indexes. The synovial fluid of the ankle was rich in PMN and histiocytes; the culture tests were negative. We undertook steroid and empirical antibiotics therapy without any improvement. All cultural and autoimmune investigations were negative. Skin biopsy documented severe inflammation with subcutaneous steatonecrosis. We hypothesized a Sweet's syndrome. Abdominal CT revealed a mass of pancreatic head (35 mm) and portal vein thrombosis. Patient underwent EUS but cytological examination of the lesion was non-diagnostic. 18FDG PET TC was negative for pathological uptakes. Lipase level was elevated (7.446 U/L). Patient was asymptomatic due to abdominal pain. There was a progression of skin lesions so that the subcutaneous collections have been drained, with evidence of lipo-necrotic material. The MRI of the right knee documented synovitis and areas of bone marrow necrosis. Pancreatitis, panniculitis, polyarthritis syndrome was diagnosed.

Conclusions: Panniculitis, pancreatitis and polyarthritis (PPP) is a rare syndrome characterized by the triad panniculitis, polyarthritis and pancreatitis. To date, 70 cases have been described. The associated pancreatic diseases are acute and chronic pancreatitis and pancreatic carcinoma; less common associated disorders are pseudocysts, pancreas divisum and fistulas. The treatment is aimed at correcting the underlying pancreatic pathology; adjuvant therapies do not seem to be effective.

The last cigarette

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Background: Thromboangiitis obliterans (TAO, formerly Buerger's disease) is a rare vascular disease affecting small/medium sized vessels of upper and lower extremities, characterized by inflammatory endarteritis that causes a prothrombotic state and subsequent vaso-occlusive phenomena.

Case presentation: A 57 years-old patient with cigarette-smoking history and previous hand occupational injury referred to us for bilateral necrotic digital lesions, loss of sensitivity and severe foot pain, not responsive to painkillers and opioids. Doppler ultrasonography showed only left posterior tibial stenosis and right distal posterior tibial artery shrinkage. Capillaroscopy was positive for microhemorrhages. Diabetes, HBV, HCV, HIV and monoclonal components were ruled out. Screening for autoimmune connective tissue disease, cryoglobulins, thrombophilic conditions, echocardiography and full body CT scan were negative. Because of suspicion of TAO the patient was invited to ceased tobacco smoking and treatment with iloprost and subsequently oral pentoxifylline was started with initial improvement of the peripheral vascularization and reduction of pain. One month after hospital discharge, no more necrotic lesions were present.

Conclusions: TAO in an underestimated disease and accurate risk factors assessment (eg. smoking, occupational) is fundamental. Patients with TAO are usually young smokers presenting with distal extremity ischemia, ulcers or gangrene. The disease is strongly associated with the use of tobacco, and smoking cessation is imperative to decrease the risk of amputation.

Impiego di filtro cavale in paziente embolia polmonare e sanguinamento enterico non controllabile: occorre valutare attentamente pro e contro prima del posizionamento

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Premesse: Nel paziente con embolia polmonare da TVP e sanguinamento attivo può essere necessario il posizionamento di un filtro cavale per proteggere il circolo polmonare.

Descrizione del caso clinico: Un paziente è stato ricoverato per melena ed anemizzazione severa con compromissione emodinamica. A EGDS presenza di erosioni del fondo gastrico, trattate con emostasi locale. Il paziente era affetto da neoplasia pancreatica metastatica (fegato e peritoneo) ed era portatore di uno stent biliare metallico. Dopo la dimissione il paziente ha presentato un nuovo sanguinamento, ed alla EGDS la protesi biliare mostrava l'estremo distale "conficcato" nella mucosa duodenale, non mobilizzabile. Il sanguinamento si era arrestato spontaneamente. Dopo 6 mesi da presentazione veniva ricoverato per un nuovo episodio di sanguinamento a partenza da stent e TVP. Veniva posizionato filtro cavale in attesa di rimozione dello stent e controllare sanguinamento, tuttavia ha rapidamente sviluppato una sindrome della vena cava inferiore e TVP AAII bilaterale. Il paziente si è recato in altro centro, dove lo stent è frantumato e rimosso parzialmente, consentendo inizio terapia con edoxaban e successivo lento miglioramento clinico. Purtroppo, dopo qualche mese il paziente ha presentato un rapido peggioramento delle condizioni generali ed è deceduto per progressione di malattia.

Conclusioni: Il posizionamento di un filtro cavale in corso di TVP e sanguinamento attivo deve essere oggetto di attenta valutazione rischio/beneficio.

Presentazione di ascesso del muscolo psoas come raccolta purulenta del ginocchio

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Premessa: L'ascesso del muscolo psoas si presenta come forma primitiva (a diffusione ematogena, tipicamente da S. Aureus) e secondaria (a diffusione da siti infetti prossimi, rene, intestino, vertebre, sacroiliache). La triade clinica tipica (lombosciatalgia, zoppia e febbricola) è poco sensibile e specifica, e la diagnosi è radiologica. I fattori di rischio sono: uso di stupefacenti, immunodepressione, traumi, diabete, insufficienza renale. La terapia è drenaggio e terapia antibiotica.

Descrizione del caso clinico: Un paziente veniva ricoverato dopo il drenaggio di una raccolta purulenta sottocutanea sita medialmente al ginocchio dx. L'ortopedico poneva il sospetto un ascesso del muscolo psoas con discesa di materiale purulento lungo i piani fasciali. Il paziente riferiva lomboscialgia presente da una settimana. Al drenaggio faceva seguito l'invio di campione colturale. In paziente aveva storia passata di droghe endovenose. È stata effettuata TC addome mdc con rilievo di un voluminoso ascesso del muscolo psoas di 8x4x2.5 cm e di sacroileite secondaria. All'esame colturale effettuato su drenaggio della raccolta della coscia veniva isolato S. aureus meticillino-sensibile e veniva iniziata terapia con oxacillina e ciprofloxacina secondo antibiogramma ed il drenaggio completato per via percutanea radioguidata. A rivalutazioni radiologiche successive, l'ascesso ha presentato evoluzione favorevole verso guarigione.

Conclusione: Talora l'ascesso del muscolo psoas può presentarsi come raccolta purulenta in prossimità del ginocchio per discesa di pus lungo i piani fasciali.

Un raro caso di infezione da nocardia

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Premessa: La nocardiosi è un'infezione da Gram positivo, generalmente opportunistica, localizzata (polmoni, SNC e cute) o sistemica (almeno 2 organi colpiti). I sintomi aspecifici e la difficoltà d'isolamento ritardano diagnosi e terapia.
Descrizione del caso clinico: Una donna di 85 anni affetta da BPCO, decadimento cognitivo e sospetta arterite di Horton in terapia steroidea accedeva c/o la Medicina Interna di Pescia (PT) per tumefazione della coscia sinistra. Agli esami ematici rialzo degli indici di flogosi (PCR 25 mg/dl, PCT 3 mg/dl); l'ecografia confermava una lesione infiltrante i piani muscolari, la TC total body MDC e la RMN della coscia definivano la lesione verosimilmente discariocinetica con sospetti secondarismi polmonari; come reperto collaterale era presente anche embolia polmonare bilaterale. Veniva quindi eseguita una biopsia ecoguidata e l'analisi del materiale non mostrava cellule neoplastiche, ma risultava positivo per Nocardia farcinica. Venivano intrapresa terapia mirata con trimetoprim-sulfametossazolo (TMP-SMX) ev, drenato l'ascesso della coscia ed eseguita TC cranio con esclusione dell'interessamento del SNC. Durante il ricovero miglioramento della clinica e normalizzazione di PCR e PCT, con dimissione dopo 3 settimane di antibiotico ev ed indicazione a proseguire TMP-SMX orale fino a rivalutazione infettivologica.
Conclusioni: La nocardiosi andrebbe sospettata in soggetti immunocompromessi con recente patologia polmonare e riscontro di lesioni cutanee o del SNC. La terapia antibiotica permette nella maggior parte dei casi risoluzione del quadro.

Cedimenti vertebrali e infezione da HBV: c'è una relazione?

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Premessa: Mentre nelle donne in menopausa l'osteoporosi (OP) è frequente, nell'uomo è più rara e pertanto rischia di essere misdiagnosticata. Fra le cause di OP vi sono vari farmaci, alcuni dei quali di uso prettamente specialistico.
Descrizione del caso clinico: Un uomo di 57 anni, affetto da cardiopatia ischemica (pregressi PTCA e CABG) ed epatopatia cronica HBV relata in terapia con tenofovir, accedeva al PS dell'Ospedale di Pescia (PT) per dolore lombo-sacrale (LS) e recente riscontro RM di cedimenti vertebrali lombari multipli con sospetto impegno midollare sostitutivo. Venivano eseguiti esami di laboratorio per lo studio del metabolismo osteocalcico: lieve ipercalcemia (10.7 mg/dl), ipercalciuria e lieve riduzione del PTH; nei limiti fosfatemia, fosfaturia, vitamina D, calcitonina, proteine totali ed elettroforesi, proteinuria delle 24h. Alla TC total body e del rachide evidenza di rarefazione ossea e strie di sclerosi a livello dorsale e LS; alla RM del rachide lesioni compatibili con aree sostitutive. Per sangue occulto fecale positivo, eseguiva EGDS e colonscopia, negative; la PET con 18FDG ed i markers neoplastici risultavano nei limiti. Alla scintigrafia ossea il quadro era compatibile con OP. Vista l'assenza di altri fattori di rischio per OP la eziopatogenesi è stata imputata alla terapia con tenofovir. Veniva pertanto sostituito con un altro antivirale su consulenza specialistica.
Conclusioni: Tenofovir, utilizzato prevalentemente per la terapia di HBV e HIV può determinare demineralizzazione ossea e conseguenti fratture anche in uomini di giovane età.

Una severa malnutrizione

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Premessa: La malnutrizione è una condizione comune a molte patologie quali malattie croniche infiammatorie intestinali, disturbi del comportamento alimentare, malattie protidodisperdenti. Un corretto inquadramento clinico e laboratoristico è necessario per una corretta diagnosi ed un adeguato trattamento.
Descrizione del caso clinico: Donna di 41 anni giunge alla nostra osservazione per diarrea con feci giallo verdastre, non influenzate dall'assunzione di cibo, comparsa nelle tre settimane precedenti, edemi e calo ponderale (8kg in 15 giorni). Agli esami di laboratorio si evidenzia ipoalbuminemia (2.0 mg/dL), allungamento spontaneo dell'INR (fino a 2,1), deficit di vitamina B12, vitamina D, folati e carenza marziale. Esegue colonscopia con il riscontro di un quadro di enterite acuta. Gli anticorpi antitransglutaminasi e le IgA sono risultati positivi orientando la diagnosi verso la celiachia. Alla EGDS vi è evidenza di duodeno con villi poco rappresentati, a livello antrale invece la mucosa si presenta pallida e sottile. La biopsia del duodeno evidenzia atrofia severa dei villi, severa linfocitosi intraepiteliale, iperplasia ghiandolare e deplezione di muco nelle ghiandole. Intrapresa una dieta priva di glutine, la diarrea è cessata e si è verificato un progressivo miglioramento degli edemi declivi.
Conclusioni: La celiachia è una patologia che si può manifestare anche nell'età adulta. Una diagnosi precoce e una dieta priva di glutine puòrisolvere in tempi brevi la sintomatologia diarroica e il quadro di malnutrizione.

Right atrial myxoma: a clinic case

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Background: The atrial myxoma is a rare disease. About 25% of myxomas occur in the right atrium of the heart. We present the singular case of a patient with a right atrial myxoma initially interpreted as acute hepatitis.
Case report: A 73-year-old man, with silent pathological anamnesis, arrived in the emergency room due to appearance of declining edema and asthenia. The patient showed hypotension (70/40 mmHg) and high response atrial fibrillation on the electrocardiogram. Physical examination was within the limits, except declining edemas. Blood chemistry tests showed platelets 78x103/lμ, INR 4.33, glucose: 46 mg/dl, creatinine: 2.4 mg/dl, AST and ALT x40 normal values (nv), total bilirubin x3.3 nv, direct bilirubin x6.8 nv, myoglobin x9 nv, CkMb x20 nv, troponin x38 nv and BNP x21 nv. Bilateral pleural effusion, hilar congestion and enlarged cardiac image were present on the chest X-ray. The abdomen ultrasound showed: liver with a thickened structure, normal biliary tract, ascites. The blood gas analysis showed hypoxemic respiratory alkalosis and lactate values x2 nv. A paradoxical movement of the septum was found with cardiac ecofast. Finally, the increase in the D-dimer x73 vn pushed the diagnostic orientation towards pulmonary embolism. Therefore, was recommended an angio-tc that signaled a round filling defect of 3.4 cm in the right atrial seat referable to myxoma.
Conclusions: The right atrial myxoma, a rare cause of acute heart failure, can mislead the clinical doctor's diagnostic-therapeutic orientation due to the non-univocal presentation modality

MDR germs in internal medicine: a preliminary study

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Background and Purpose of the study: The characterizing elements of patients admitted to Internal Medicine are: Age, frailty, lodging, comorbidity. These conditions predispose to bacterial infections colonizations that are rooted in these patients and as such represent a health problem, especially if sustained by MDR. Elderly colonized and or infected with MDR pathogens represent a potential reservoir of these germs if hospitalized in wards.
Materials and Methods: Between October 2019 and January 2020, data of hospitalized patients and positive results for Germs MDR were collected obtained through: rectal, nasal,

vaginal swabs, wound swabs, urine cultures, stool examination, blood cultures. Patients were divided by common pathologies, home therapies and previous antibiotic therapies; account was also taken of whether the patient came from home, other wards, RSA or retirement homes or had had previous hospitalizations.

Resultants: 50% of patients suffer from diabetes 60% hypertension, 30% COPD and anemia. As for therapy, 50% also took IPP 40% unspecified antibiotics. About 75% of patients came from home, 20% from other hospital wards and 5% from external facilities.

Conclusions: The study demonstrates the relationship between MDR infections colonizations and comorbidities, concomitant therapies and healthcare, cases that come from home are frequent. Considering these data, the prevention of horizontal transmission through the adoption of measures suitable for the purpose becomes of fundamental importance: use of gloves, gowns, masks and education activities for care givers

Mediastinite con flemmone sternale e setticemia da *Stafilococco aureus* meticillino sensibile

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Premessa: La mediastinite si verifica come grave complicazione di interventi chirurgici toracici e cardiaci, risultato di una perforazione esofagea, ascessi orofaringei, infezioni del collo o come conseguenza di una diffusione linfonogenica ed ematogenica di specifici patogeni infettivi.

Caso clinico: Maschio di 45 anni. APR: epatite cronica da HCV genotipo 1b con fibrosi di grado lieve in pregressa tossicodipendenza per via iniettiva, trattato con glecaprevir + pibrentasvir per 8 settimane, con risposta virologica e transaminasi stabilmente nella norma (eradicazione dell'infezione). APP: ricoverato in ottobre 2019 presso la nostra UIMD della Medicina per dolore toracico retrosternale in corso di sepsi da *Stafilococco aureus* meticillino sensibile (MSSA) isolato su più campioni di emocolture. Impostata terapia con oxacillina il paziente è stato in seguito trasferito in Chirurgia Toracica dove è stata drenata una raccolta ascessuale in regione pettorale destra, gli esami colturali hanno confermato la presenza di un MSSA. Eseguito ecocardiografia transesofagea (ETE), risultata negativa per vegetazioni endocardiche. La mediastinite, valutata con metodica TC, appare superficiale senza coinvolgimento dell'osso sternale.

Conclusioni: La mediastinite acuta è una complicanza potenzialmente letale con una mortalità che si aggira dal 20 al 40%. La diagnosi precoce e l'approccio terapeutico ottimale, trattamento antibiotico, chirurgia adeguata e drenaggio mediastinico, sono fondamentali per la sopravvivenza del paziente. Ad oggi vi è ancora una fascia di pazienti a rischio non ben identificata.

Biliary cast syndrome

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Caso clinico: Donna, 62 anni, ipertesa, fumatrice. Calo ponderale di 30 kg in 5 mesi. Ricoverata per ittero e decadimento organico. Esami bioumorali significativamente alterati: Hb 9,8, GB 17.560, Neutrofili 82%, ALT 96, FA 810, GGT 627, bilirubina tot. 9,56, diretta 9,17, PCR 37. TC torace-addome: dilatazione delle vie biliari con materiale disomogeneo endoluminale da sospetto tumore di Klatskin. ColangioRM: dilatazione e marcata irregolarità delle vie biliari intra ed extraepatiche: possibile neoplasia delle vie biliari. PTC: compatibile con tumore di Klatskin. Posizionato drenaggio biliare interno/esterno, eseguita biopsia. Istologico: flogosi cronica xantogranulomatosa, negativo per neoplasia. Dopo 30 gg incremento dell'ittero, ripete biopsia biliare. Istologico: confermato quadro precedente. Negativo per neoplasia. Ipotesi diagnostica: "Biliary Cast Syndrome", patologia da esfoliazione delle vie biliari su base ischemica, che, pur raramente, si presenta nell'ambito di un grave decadimento organico in soggetti dopo periodi di digiuno protratto o grave defedamento. Successiva comparsa di sepsi ad origine biliare. Exitus 88 giorni dall'ingresso in ospedale Riscontro autoptico: confermata la diagnosi clinica.

Conclusione: Biliary Cast Sindrome è una condizione infrequente nel trapiantato di fegato (4-18%) ed estremamente rara al di fuori di questo ambito. Eziopatogenesi non chiara, prognosi severissima in quanto l'epitelio biliare non si rigenera. La diagnosi differenziale precoce rispetto a una neoplasia delle vie biliari è fondamentale in quanto l'unica terapia possibile è il trapianto di fegato.

Anemia da ridotta sintesi: diagnostica differenziale anche nella certezza

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Case report: Anche di fronte a conclusioni rapide dettate dall'esperienza, è importante fare diagnostica.

Descriviamo il caso di un paziente di 59 anni, BPCO, pregressa ulcera gastrica, DM e insufficienza renale di stadio IV. Giunge in ambulatorio di Medicina Interna per anemia in insufficienza renale e richiesta da parte del MMG di prescrizione per EPO. Crea 2,5 mg/dl, Hb 9,8 g/dl, MCV95, Plt 370 000, GB 8000, sideremia 50 mg/dl, ferritina 1050 mg/dl. Proteinuria 2,8g/24h PCR0,4 mg/dl. EGDS e colonscopia che sono negativi. Si prescrive EPO 6000 UI s.c. 2 volte a settimana. Controllo a 1 mese: Hb 7,5g/dl, PLT e Gb nella norma. Si richiede Ab anti EPO che risultano positivi con C3 nella norma. Si sospende EPO e si invia all'ematologo che esegue BOM con riscontro di ipocellularità al 10%. assenza precursori eritrociti con completa maturazione della serie mieloide e megacariociti normali. Si diagnostica Aplasia pura della serie rossa. Ha iniziato la terapia opportuna.

Efficacia dell'applicazione del virtual round nell'area critica di Medicina Interna

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Premessa: Vi è un elevato stress psico fisico dei pazienti e dei loro familiari nell'area critica della Medicina Interna (MI). Scopo dello studio è valutare se l'introduzione di un sistema di virtual round (VR), della durata di 4 ore/die, su piattaforma robotica, possa ridurre lo stress psicofisico e la depressione dei pazienti e delle loro famiglie in questo setting.

Materiali e Metodi: Sono stati studiati 10 pazienti della sub intensiva dell'UOC di Geriatria nel mese di Gennaio 2020. Questi sono stati in grado di esprimere un consenso informato, di essere sottoposti ai test valutativi, di avere un caregiver informale in grado di partecipare al collegamento virtuale. La piattaforma robotica Pepper è stata usata per il VR. Sono stati somministrati al base line ai pazienti il Back Depression Inventory-Primary Care Version (BDI-PC) ed alle famiglie il Care Giver Burden Inventory (CBI). Al quarto giorno di degenza è stata applicato il VR e ripetuta la stima dei parametri basali.

Risultati: Il campione era rappresentato per il 60% da soggetti di sesso femminile con età media (anni) 72.3± 3. Il VR ha ridotto il grado di depressione dei pazienti BDI-PC: (9.2±2.7 *vs* 4.5±1.8 $p<0.05$). nonché per i familiari il carico psicologico (3.8± 0.6 *vs* 2.3± 0.4 $p<0.05$); il burden sociale (3.5±0.2 *vs* 2.2±0.3 $p<0.05$); e quello emotivo (3.9±0.2 *vs* 1.8±0.2 $p<0.05$).

Conclusioni: Il sistema VR applicato all'area critica della Medicina Interna sembra ridurre la depressione dei pazienti ed il burden del caregiver.

The Shaman's bark: acute hepatitis from *Detarium microcarpum* decoction

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Introducion: In some rural areas, the use of traditional herbal medicines is the main available healthcare service. Particularly, in Africa herbal medicines are included as components of medicine. In the West, these unconventional habits remain common in foreigners.
Case Report: We report the case of a 23-year old Senegalese worker, living in Italy from many years, with no clinical history and admitted for asthenia, polyuria and polydipsia. He denied alcohol use. Laboratory tests showed a hyperglycaemia compatible with type 1 diabetes mellitus (negative autoimmune profile). During hospitalization, liver function tests deteriorated with hypertransaminasemia (ALT 1500 U/L) and cholestasis (total bilirubin 11 mg/dl, direct 8 mg/dl). Value of INR was normal and hyperammonemia was absent. Viral and autoimmune hepatitis were excluded. CT abdomen and cholangio MR were negative. The patient underwent a liver biopsy which showed a histological picture compatible with toxic hepatitis. In fact, in his medical history, he revealed us a massive intake of a decoction, recommended by an uncle, with a bark of an African tree compatible with the *Detarium microcarpum*. The patient was treated with hydration, antioxidants (acetylcysteine) and methylprednisolone with progressive biochemical and clinical improvement.
Conclusions: Detarium species are widely used in traditional African medicine in the treatment of diabetes. Many phytoconstituents with biological activities have been isolated from the genus. Incorrect use of these preparations can be responsible for potentially fatal liver disease.

Interstiziopatia polmonare, febbre e artrite: casualità o causalità?

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Premesse: L'esordio di un'interstiziopatia polmonare associata ad artrite e sintomi sistemici può essere il primo segno di una patologia sistemica.
Caso clinico: Donna di 41 anni, casalinga, accede al DEA riferendo dispnea a sforzi moderati, tosse stizzosa, artralgie a mani e polsi, associate a febbre fino a 38°C e astenia ingravescenti. Al torace crepitii bibasali, tumefazione dei polsi, delle metacarpo-falangee II e IV dx, III e IV sn. Ipercheratosi e fissurazioni alle superfici laterali delle mani. Ipostenia dei quadricipiti. PA 140/80 FC 88R FR 20/min SatO2 88% in AA, TC 37,8°. Ematochimici: leucocitosi neutrofila, PCR 45mg/l, CPK 315 (vn<190). EGA: insufficienza respiratoria tipo 1. RX torace: accentuazione della trama alle basi. TC torace: aree a vetro smerigliato alle basi. Broncoscopia e BAL: incremento dei neutrofili, colturali negativi. Autoimmunità: ANA 1:320 omogeneo, anti-Ro52 e anti-Jo1 positivi. Diagnosi di sindrome da anticorpi anti-sintetasi. Trattamento iniziale con prednisone 1 mg/Kg a scalare con miglioramento di artrite, scambi respiratori e astenia, riduzione PCR e CPK. Programmato ciclo di rituximab dopo esami di screening per HBV, HCV e Quantiferon, risultati negativi.
Conclusioni: La sindrome da anticorpi anti-sintetasi è una patologia autoimmune rara caratterizzata da artrite, miosite e interstiziopatia polmonare accompagnate da positività per anticorpi anti-sintetasi. Manifestazioni minori comprendono fenomeno di Raynaud, mani da meccanico e febbre. Il sospetto clinico è fondamentale in fase di diagnostica per indirizzare gli accertamenti.

Pseudomonas aeruginosa infection in an immunocompetent patient

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Introduction: *Pseudomonas aeruginosa* infection is a typical nosocomial infection of an opportunistic pathogen that primarily affects people with compromised immune defenses or barriers.
Case Report: A young male patient, aged 18, came to our observation, transferredfrom Emergency Room, nothing relevant in pathological anamnesis, hospitalized for cough about 10 days. He brought in vision a Chest X-ray, that highlighted Pleural effusion in the right hemithorax. During the hospital stay he came subjected to CT Chest which confirmed pleural effusion, with inflammatory processes and multiple lymphadenopathies. Virological and bacteriological screening were negative and Mantoux intradermoreaction positive at less than 48 h, with a positive Quantiferon golddosage. He was also subjected to thoracentesis with drainage of about 850 cc of citrine yellow liquid. The culture test of the pleural fluid was negative for Mycobacterium tubercolosis Complex DNA. The microbiological examination of the bronchial material, after fibrobronchoscopy, documented positivity for *Pseudomonas aeruginosae* and a negative PCR for mycobacteria. Antibiotic therapy with Ceftazidime was therefore established. This led to the diagnosis of Pseudomonas Aeruginosa infection in an immunocompetent patient with latent TB.
Conclusions: *Pseudomonas aeruginosa* infections are frequent in immunocompromised and hospitalized patients. Although rarely, even in the immunocompetent adult subject, the bacterium can express its virulence, especially in the context of a previous infection with M. Tuberculosis.

Paroxysmal nocturnal hemoglobinuria

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Casa report: 64 years old woman. Diagnosis on admission: Suspected Vasculitis. Admitted to Emergency Department with cutaneous rash and abdominal pain. She reported recent abdominal colic and taking a prescribed antibiotic from which she said that had developed an allergic skin reaction. Abdomen soft and diffusely tender with no rigidity or guarding. Evidence of recent petechial-like manifestations with painful discolored skin lesions (suggestive of dermal veins thromboses) on the chest and abdomen. Blood tests: Lactate dehydrogenase 950 IU/L; Ferritin 893 ng/ml; Red cells 2.94 x10^6/UL; Haemoglobin 8.9 g/dl; White cells 9.05 x10^3/UL; Platelets 221 x10^3/UL; Indirect antiglobulin test negative; Direct Coombs test negative. CT Abdomen and Pelvis with contrast: Presence of non-occluding thrombotic-like defects in the hepatic veins and their branches. Spleen within normal limits of size and volume. The presence of venous thrombosis in abnormal sites (hepatic and dermal veins) in a patient with no hepatic pathology, together with abdominal pain and intravascular haemolysis (increased LDH, negative Coombs anaemia, reduced haptoglobin), even in the absence of evident haemoglobinuria, has led us to suspect paroxysmal nocturnal haemoglobinuria (PNH) for which flow cytometric analysis was requested. Discharge Diagnosis: Paroxysmal nocturnal haemoglobinuria complicated by hepatic vein thrombosis.

Adult onset Still's disease: a case report

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Introduction: Adult-onset Still's disease (AOSD) is a rare autoinflammatory disease, whose etiology is unknown with possible genetic and infectious triggers. It represents 19-22% of FUO and diagnosis is based on clinical manifestation.

Case description: A 51-yrs old patient was hospitalized because of lower limbs paresthesia and myalgia associated to 2-wk fever (39°C) with mild paracetamol response; history of mitral prolapse and suspected multiple sclerosis. The exams showed leukocytosis with increase in CRP, ESR, transaminases and cholestasis indexes, hyperferritinemia (>3000 ng/ml). We went through differential diagnosis of FUO (TT/TE echocardiogram, TCD US, TB CT scan, 18-FDG PET, bone marrow biopsy, gastroscopy, colonscopy, brain-spinal cord and knees MRI, electromyography) showing small axillary lymph nodes with mild hypermetabolic activity, multiple gliotic brain areas, multiple cervical and lumbar disc protrusions with chronic neurogenic damage. Coltures were negative; among immunologic tests AMA and ASMA were positive. After steroid therapy, fever decreased and the patient was discharged and sent for rheumatology consult: AOSD was diagnosed and methotrexate (MTX) introduced.

Conclusions: The clinical presentation and laboratory tests were compatible with AOSD: daily high fever, myalgia, liver disease, elevated serum ferritin, leukocitosis with exclusion of alternative diagnosis. The first line therapy are steroids; secondly MTX is used. Although it is a rare condition, assessing the presence of AOSD remains essential for the correct classification of patients with FUO.

Asymptomatic Paget' disease of bone: decision making

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Introduction: Paget'disease of bone (PDB) is a chronic bone disorder and its incidence comes only after to osteoporosis. Because of its absolutely non-specific clinical presentation, it's considered underdiagnosed in adult people.

Case Report: A 71-year-old male came to our attention for the first time in 2017 for the detection of osteolytic areas involving femur and ileum at right side, documented by abdominal CT. In history a radical prostectomy for prostate cancer (2015). Laboratory tests revealed increase of total alkaline phosphatase (APL) with normal values of transaminase and PSA. A radionuclide bone scintigraphy was performed and it demonstrated the accumulation of radiolabeled tracer in those sites as meaning of pagetic lesions. Considering the absence of symptoms, the patient attended follow-up at another health facility without pharmacological treatment. We met him again in 2019: in CT imaging conducted for investigation of another disorder, pagetic lesions were detected also at last lumbar vertebrae. Blood test showed increase of ALP (256 U/L) and hyperuricemia. The patient received a single iv infusion of 5-mg zoledronate with complete biochemical remission after three months. The aim was to obtain a long-term normalization of bone turnover, to reduce the frequency of follow-up needed and to prevent pagetic complications.

Conclusions: Treatment of an asymptomatic PDB must be evaluated considering that it is an intervention with low risks, it probably will not need to be repeated in the patient's life and it interferes with pathogenesis of complications.

Spondylodiscitis: our experience in therapeutic management

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Background: The goals of treatment for spondylodiscitis are to eliminate infection, restore functionality of the spine. *There are no generally accepted guidelines* for the diagnostic-therapeutic protocol.

Case Report: In 2019 we treated 3 patients: -61 years old woman with fever and back pain, recently discharged from another hospital by diagnosis of sepsis unknown origin post ERCP. MRI showed spondylodiscitis of D11-D12. Blood and *CT-guided biopsy* cultures was positive for Staphylococcus hominis. The patient was treated with dalbavancin 1500 mg first dose and after one week second dose of 1500 mg. -64 years old woman with abdomen abscess and pack pain, MRI showed spondylodiscitis of D10, blood cultures negative and *CT-guided biopsy wasn't performed. The patient was treated by dalbavancin 1500 mg (single dose) and meropenem 3 gr day for 15 days. -72 years old man with fever, neck and pharyngeal pain, CT scan showed* retropharyngeal abscess *and initial spondylodiscitis of C5. Blood cultures positive for Staphylococcus aureus MRSA, CT-guided biopsy wasn't performed. Therapy with daptomycin and rifampicin was performed for 7 days after dalbavancin 1500 (total two doses). The three-patient showed after a month decrease of* C-reactive protein, procalcitonin and pain, *radiological improvement.*

Conclusions: Dalbavancin is a promising alternative for the treatment of spondylodiscitis, has extended spectrum of antimicrobial activity, reduce long stay hospital and maintaining progression-free status.

A case of recurrent clostridium difficile infection

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Background: Clostridium difficile (CDI) is a Gram-positive, spore-forming bacterium. It is an opportunistic pathogen, infecting the colon of patients following antibiotic treatment, produces two toxins, TcdA and TcdB, which damage intestinal cells and cause inflammation in the gut.

Case Report: In the June 2019, a 66year-old woman came to our department for severe diarrhea. In anamnesis peritoneal dialysis by six months for chronic end-stage renal failure. CDI research was positive for the toxin A and B. The patient was treated with oral vancomycin 125 mg four times a day with resolution after 48 hours (h) of diarrhea and discharged at home with vancomycin for 7 days. After 3 weeks from discharge to hospital, new hospitalization for reappearance of 8 diarrheal discharges, c-reactive protein 35 mg\dl, white blood cells 20.000, ultrasound abdomen showed thin perihepatic, splenic and pelvic fluid layer. CDI research positive. For initial peritonitis and CDI recurrent, the patient was treated by fidaxomicin 200 mg every 12 h for 10 days and bezlotoxumab (600 mg single dose). At 72 h resolution of the ultrasound and inflammation indexes, the patient, in agreement with her nephrologist, continued the peritoneal dialysis.

Conclusions: Fidaxomicin is a well-documented effective drug for the treatment of CDI and it is particularly effective in the treatment of recurrences and local complications. Bezlotoxumab therapy should be considered for those patients with a predictable high risk of recurrent C. difficile colitis.

Una donna con ptosi palpebrale, disartria e disfonia

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Una donna di 69 anni si è recata all'Ospedale di Pescia (USL Toscana Centro) per disfonia, ptosi palpebrale e disfagia ingravescente da circa 10 giorni. In anamnesi ipertensione in tp con ACE inibitore, esofagite ed ernia iatale. La TC cranio era negativa per lesioni della base cranica e del tronco. Emocromo e funzione renale nei limiti, negativi gli indici di flogosi. All'arrivo in reparto la paziente si presentava vigile con disfonia, disartria e disfagia in assenza di deficit di forza o sensibilità degli arti. Nel sospetto di sindrome di Miller Fi-

sher è stata eseguita una rachicentesi che ha mostrato liquor nei limiti della norma per cui è stato posto il sospetto di Miastenia Gravis a esordio bulbare. Per la comparsa di ortopnea con caduta linguale in clinostatismo, la paziente è stata trasferita presso la terapia sub intensiva dove ha eseguito plasma aferesi ottenendo un rapido miglioramento. La paziente ha eseguito 5 cicli di plasma aferesi e successivamente ha iniziato terapia con piridostigmina. Gli anticorpi anti recettore Ach sono risultati positivi. La miastenia gravis è una patologia autoimmune della placca neuromuscolare che coinvolge in maniera variabile in muscoli oculari, respiratori o bulbari. L'interessamento dei muscoli bulbari e respiratori è quello che peggiora la prognosi. Nei casi più gravi il trattamento con plasma aferesi fornisce un rapido miglioramento della sintomatologia ma non è utile a lungo termine per cui deve essere utilizzato solo come terapia di salvataggio in attesa che la terapia con piridostigmina dia i risultati a lungo termine.

Acute pancreatitis after a saturday night out in a young male college student: is it always a matter of alcohol abuse?

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A 25 years old patient has been suffering from fever and general malaise for 6 days, labeled by the GP as a para flu syndrome. Despite the general malaise he goes out on Saturday night with friends; at dawn he presents sudden epi-mesogastric abdominal pain, radiating posteriorly accompanied by fever and vomiting. Parents bring him to ER of our hospital and acute pancreatitis is diagnosed via lab tests and US scans. The US scan performed in the ward shows no gallbladder stones or dilation of the biliary trait. Repeatedly questioned about the alcohol abuse of the previous evening, the patient denies causing some perplexity in the health personnel and in the parents. He starts antibiotic and analgesic therapy. The abdomen ultrasound repeated in Radiology confirms the diagnosis of acute pancreatitis. An indication is made to perform ERCP. The ERCP highlights the presence of pancreas divisum. The pancreas divisum is a congenital anomaly of the pancreas in which the pancreatic duct is not properly formed but remains divided into its two embryonic components: ventral duct and dorsal duct. In most cases it is asymptomatic and remains silent throughout life. In these cases, the anomaly is found only during the autoptic examination. Only 1% of people with the pancreas divisum develops symptoms which include abdominal pain, nausea and/or vomiting and pancreatitis. The young patient refused to perform any further radiological exam and at the first signs of well-being e left the hospital against the opinion of the health personnel.

A singular "hepatic insufficiency"

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Introduction: Though heart failure is one of the most common cause of hospitalization in Medical Units, signs and symptoms are often not easily recognized.
Description: An 81-year-old woman, receiving prior amlodipine and switched to ramipril following the occasional echocardiographic finding of aortic insufficiency and pulmonary hypertension, presented at the ER with symptoms of asthenia and dyspepsia. Medical examination revealed painful hepatomegaly without pulmonary stasis. Blood work revealed high transaminases and bilirubin with negative PCR. She was admitted to Medicine Unit with the diagnosis of "hepatic insufficiency". After parenteral hydration and IPP therapy, declivous edema and exertional dyspnea occurred; then furosemide was started. Viral serology was negative. Abdominal echography showed congestive liver disease; echocardiography revealed bi-atrial dilatation, PAPS 50 mmHg, EF 60%, and mild aortic insufficiency. Thoracic-abdominal CT scan excluded pulmonary fibrosis, confirming congestive liver disease. The patients clinical condition improved following optimization of heart failure therapy with resolution of dyspepsia, edema and dyspnea. Reevaluation after 4 months showed regular hepatic imaging, normalized hepatic panel and reduction in pulmonary hypertension to 35-40 mmHg.
Conclusions: After initial misleading "hepatic insufficiency" diagnosis, clinical evolution demonstrated a case of heart failure due to arterial hypertension and cardiac valve disease not sufficiently treated.

The taking charge of a patient with hematological problems in a Geriatric setting

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Background: Acquired Hemophilia A (AHA) is a disease, determined by the production of neutralizing IgG autoantibodies directed against endogenous factor VIII [FVIII]. Its frequency increases with age. We present a complex case that has engaged us as a Geriatric Department.
Case report: An 82-year-old patient arrived for an accidental fall and a compound fracture of the right ischiopubic branch and the hemiportion of the symphysis. An abdominal-pelvis CT also showed a blood collection in the pelvic area on the right, with organization phenomena, left depilation of the uterus and bladder and the presence of bilateral stage III hydronephrosis due to compression of the ureters in the iuxavesical tract by the collection. Blood tests showed Hb 9.4 g/dl, RBC 4.04, myoglobin 70.8 g/l, impaired dosage of FVIII and FVIII inhibitors. The patient began reconditioning to the sitting position, active/passive exercises and isotonic/isometric reinforcement in the lower limbs. Intravenous infusions of activated prothrombin concentrate complex corticosteroid therapy were carried out at a titrated dosage. At the CT check, reduction of blood collection and confirmation of hydroureteronephrosis, but with normal creatinine and electrolytes, so we opted for an ultrasound monitoring, continued in post-discharge.
Conclusions: The AHA is a pathology that is difficult to manage. It manifests itself unexpectedly, in subjects without a significant previous bleeding history, and in clinical contexts and very heterogeneous care, ranging from emergency medicine to geriatrics, as in this case.

Ipersensibilità all'allopurinolo: un rischio da non dimenticare

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Premessa: La sindrome da ipersensibilità all'allopurinolo è una reazione avversa, talvolta pericolosa per la vita; si verifica tra lo 0,1 e l'1% di coloro che lo assumono, entro 8-9 settimane dall'inizio della terapia; si caratterizza da manifestazioni cutanee e sistemiche, tra cui febbre, eosinofilia, disfunzione epatica e renale.
Descrizione del caso clinico: Uomo di 88 aa. con LLC, diabete mellito, IRC (creatinina 1,62 mg/dl) e scompenso cardiaco in terapia con antidiabetici orali e furosemide; allopurinolo 300 mg/die da 8 sett. introdotto per iperuricemia asintomatica (9 mg/dl). Presenta lesioni cutanee eritemato-papulose confluenti di colore rosso al volto, al tronco ed agli arti, successivamente desquamanti; febbre con T: 38°C; laboratorio: AST=3988 U/L, ALT=2684 U/L, LDH=3914 U/L, creatinina=1,9 mg/dl, normali fosfatasi alcalina e bilirubina; Hb=6.5 g/dl. La sospensione dell'allopurinolo e la terapia steroidea hanno comportato entro 10 gg. scomparsa delle lesioni cutanee e normalizzazione di transaminasi ed LDH; miglioramento dell'anemia e della creatinina (1.2 mg/dl).

Conclusioni: L'allopurinolo è spesso prescritto per l'iperuricemia asintomatica; non giustificato dalle attuali evidenze a meno di uricemia >13 mg/dl negli uomini e 10 mg/dl nelle donne o nei pz. in chemioterapia o con sindrome da lisi tumorale; il rischio di grave reazione da ipersensibilità, come nel nostro caso deve indurre a particolare attenzione in presenza di IRC preesistente con uso di diuretici e se esistono potenziali benefici questi devono essere valutati rispetto al possibile grave danno.

C'e' "tako tzubo" e "tako tzubo"

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Premesse: La nefropatia cronica come fattore facilitante lo sviluppo della CT
Descrizione del caso clinico: Donna 77 aa diabetica tipo 2, ipertensione arteriosa, insufficienza renale cronica, obesa, coronarografia 2010 (stenosi moderata al tratto prossimale di IVA, FA permanente in Tao,TD furosemide atorvastatina ramipril ac.valproico warfarin O2 insulina. Ricovero (circa 6 mesi prima) per comizialità in iposodiemia/ipossia in polmonite. Giunge in pronto soccorso per crisi convulsive per marcata iposodiemia (all'ingresso Na 115 creatinina 2,38), per tutta la notte ha infuso soluzione ipertonica e diuretico,al mattino comparsa ecg di onde T negative in sede anteriore ipotensione,elevazione di TropTe all'ecoscopia quadro di CT con severa riduzione della funzione sistolica:si conclude per scompenso cardiaco con possibile evento scatenante quadro di CT alla base del peggioramento della funzionalità renale.
Conclusioni: Tutto prende avvio dall'IC caratterizzata da un declino della gittata cardiaca attivazione del SNS e del SRAA quindi aumento del riassorbimento di Na a livello del tubulo prossimale e distale. L'espansione del pool sodico e della volemia incrementa a sua volta la pvc che favorisce il declino del eGFR,la congestione venosa sistemica favorisce l'attivazione di un processo di disfunzione endoteliale con produzione di radicali liberi e citochine proinfiammatorie. La nefropatia cronica potrebbe cosi risultare un fattore di rischio per il suo milieu infiammatorio e di iperattivita' simpatica, in grado di facilitare lo sviluppo della sindrome.

Quello strano dolore toracico nel paziente con "l'elastomero"

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Premesse: Il 5-fluorouracile è ben tollerato, tuttavia il suo profilo di tossicità include potenziale ischemia cardiaca, vasospasmo, aritmia e danno miocardico diretto.
Descrizione del caso clinico: Pz di 63 anni, in anamnesi adenocarcinoma colon G2 infiltrante con secondarismi epatici, in trattamento con chemioterapia neoadiuvante con 5-fluorouracile (mFOLFOX6) in corso 2^ ciclo, iniziato il giorno prima dell'accesso in ps.Il paziente giunge per dolore toracico tipico insorto dalla mattina a carattere episodico di breve durata (4 episodi), analoga sintomatologia durante il primo ciclo. All'ecg sopra ST in inferiore senza specularita', 1^troponina 33 ng/dl; ecoscopia nella norma, al 2^ ecg a paziente asintomatico (dopo 3 ore) scomparsa del sopra ST in inferiore e comparsa in sede antero-laterale, si sospende il trattamento. ricovera il paziente in UTIC e si effettua coronarografia (circolo coronarico indenne).
Conclusioni: Gli eventi cardiovascolari avversi associati alla terapia con 5-FU hanno prevalenza 1,2-18% L'evento più frequentemente riportato è il vasospasmo coronarico, gli effetti cardiotossici sembrano verificarsi anche più spesso in associazione con infusioni continue, per cui quando un paziente manifesta cardiotossicità, deve essere sospeso,tuttavia, non è stato identificato alcun meccanismo causale definitivo di cardiotossicità anche perchè la terapia medica per il vasospasmo coronarico (bloccanti dei canali del calcio o nitrati) e' risultata poco efficace, ciò è probabilmente dovuto al fatto che il vasospasmo non è l'unica causa di cardiotossicità.

An unconventional heart failure

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An 86-year-old patient came to the emergency department because of acute heart failure. History of smoking, arterial hypertension, dementia with initial cognitive impairment, chronic heart failure due to preserved FE (HFpEF) emerged during anamnesis. The examination showed dyschromia in the hands, due to cigarette burns because of a distal sensory neuropathy and dementia. Blood pressure was normal. The ECG showed low voltages. The echocardiographic exam highlighted hypertrophic left ventricle, myocardial hyperechogenicity and slightly reduced ejection fraction. The multiple comorbidities together with the cardiological history also required to check the infiltrative hypothesis, specifically amyloidosis, as a potential cause underlying the central and peripheral neurological picture and the cardiac picture. Therefore, a cardiac scintigraphy was performed with PYP which resulted in a Perugini Visual Score of 2 with associated negativity for monoclonal components in serum and urine including normal free light chain ratio (GILLMORE algorithm). Therefore, a diagnosis of cardiac ATTR amyloidosis suggestive for a wild-type form (ATTRwt) was made. End stage heart failure was managed with support therapy; neither further tissue characterization of cardiac MRI damage nor the start of therapy with tetramer stabilizers were considered.

Infezioni correlate all'assistenza: conoscenza e applicazione delle pratiche di prevenzione

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Premesse e Scopo dello studio: La ricerca si basa sull'individuazione delle precauzioni che l'infermiere deve attuare: dalle precauzioni standard rivolte all'assistenza generale, alle precauzioni specifiche rivolte a pazienti maggiormente esposti al rischio di contrarre infezioni.
Materiali e Metodi: Delineare pratiche infermieristiche volte ad attuare un'assistenza sicura che comporti a ridurre o non esporre il paziente al rischio di contrarre un infezione. Confronto di varie tipologie di studi reperiti in banche-dati mediche quali: Pubmed e database.
Risultati: L'applicazione delle linee guida per la corretta gestione dei vari pazienti riduce l'incidenza delle infezioni correlate all'assistenza
Conclusioni: Si raccomanda ai professionisti sanitari coinvolti nelle pratiche di assistenza, di seguire le linee guida e i protocolli specifici per la gestione e la prevenzione delle infezioni correlate all'assistenza.

Indagine sulle conoscenze e sulla percezione dell'importanza dell'igiene delle mani: confronto tra diversi medici specialisti

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Premesse e Scopo dello studio: Le infezioni correlate all'assistenza (ICA) rappresentano la complicanza più grave dell'assistenza sanitaria; circa il 30% di esse è evitabile con l'adozione di misure preventive, di cui l'igiene delle mani è la più efficace. Questo studio ha l'obiettivo di valutare la conoscenza e la compliance all'igiene delle mani in un campione di medici, osservando se esistano differenze tra diversi specialisti di uno stesso ospedale.
Materiali e Metodi: Il questionario sulla conoscenza dell'igiene delle mani per gli operatori sanitari dell'OMS è stato rivolto ad un campione di 12 internisti e 12 infettivologi di una stessa Azienda Sanitaria. E' stato valutato: il numero totale delle risposte esatte e la risposta corretta ai 3 quesiti più rappresentavi.
Risultati: La percentuale delle risposte giuste è stata il 64% tra gli infettivologi *vs* il 50% degli internisti. L'84% degli infettivologi aveva partecipato ad un corso di igiene delle mani *vs* il 16% degli

internisti. Il 100% degli infettivologi era a conoscenza che l'igiene delle mani rappresenta la principale via di trasmissione dei germi *vs* l'84% degli internisti. Solo il 50% di entrambi conosceva i tempi di frizione alcolica.

Conclusioni: Lo studio evidenzia la maggiore conoscenza e aderenza alla pratica del lavaggio delle mani tra gli infettivologi rispetto agli internisti, confermando l'ipotesi iniziale di una disomogenea cultura della prevenzione delle ICA. Si può auspicare che una maggiore formazione riguardo a questo argomento possa migliorare il comportamento professionale degli operatori sanitari.

TakoTsubo syndrome: between old beliefs and new acquisitions

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Tako Tsubo syndrome (TS) is a form of acute heart failure (AHF) due to a stressful event in the absence of CHD. Several previous convictions have proven to be inaccurate: 1) TS is no longer considered rare, approximately 2% of all patients (pz) with suspected ACS: 90% F>50 aa, with emotional stress; 10% M, especially with physical «trigger». 2) TS and CAD can coexist. 3) The "catecholaminergic storm" can reduce the endothelium-mediated vasodilator response with vasospasm as well as the estrogens by interfering with the expression of the β-receptor in the F in fertile age. 4) TS can induce electrical and / or mechanical complications. 5) Specific criteria have been described to distinguish the TS from the STEMI and the NSTEMI: In the TS, cardiac markers rise in a measure not proportional to the extent of the myocardial area concerned; the levels of BNP and NTproBNP are considerably higher in the TS. 6) Complications range from 20 to 34%, with mortality of 2-5%. 7) TS must not be treated in the same way as any other form of AHF: the presence of HF and / or OTE*VS* must be evaluated, because they will guide its treatment. 8) There is not always complete recovery and relapses are not a rare event (5-22%). 9) An association between TS and cancer has also been demonstrated (16-17%). 10) The pathophysiology of TS seems to be linked to the "brain - heart" interaction: a study has shown alterations of the neuronal functional connectivity at rest in patients with TS. Alterations of some parts of the CNS may cause the onset of an TS in response to a "stressful trigger".

Role of splenectomy in the treatment of disseminated *Mycobacterium chimaera* infection: a case report description

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Background: *Mycobacterium chimaera* (Mc) is an emerging pathogen involved in invasive infections after open heart surgery by contaminated heater-cooler devices. The disseminated Mc diagnosis is difficult and there are no guidelines for therapy.

Case Report: In May 2019, a 76 year old man with an aortic valve replacement, was admitted with fever, 8 kg weight loss in last month, vomiting. Laboratory data showed: White Blood Cell (WBC) 1760/ul (Neutrophils 1210/ul), Haemoglobin (Hb) 8.5 g/dl, Platelets (PLTs) 69000/ul, ALT 49 U/L. CT scan highlighted splenomegaly (19 cm diameter), right liver lobe 20 cm. Peripheral blood flow citometry detected monoclonal B cell lymphocytes CD5-/CD20+. A splenic marginal B cell lymphoma diagnosis was done. Blood cultures were positive for Mc. Bone marrow trephine was positive for Mc but not for lymphoma localization. A therapy combination with rifabutin, clofazimine, ethambutol, azithromicyn and amikacine started. In June the patient has been discharged with azithromicyn, ethambutol, clofazimine. However in July the patient was re-admitted for dyspepsia and pancytopenia. After splenectomy, the marginal lymphoma and Mc co-infection have been confirmed, concomitant liver biopsies were positive for Mc (granulomas). In August 2019 blood count was: WBC 5590/ul (Neutrophils 4140/ul), Hb 10.2 g/dl, Plts 295.000/ul, ALT 100 U/L. Therapy with claritromicin, ethambutol, clofazimine, rifabutin was continued. Actually the clinical improvement continues.

Conclusions: Splenectomy is safety and effective in the treatment of Mc disseminated infection.

La malattia cronica tra ospedalizzazione e vita quotidiana

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Premesse: Studi recenti del Centro Nazionale per le Malattie Cardiovascolari di Pechino hanno evidenziato in studi di coorte, un aumentato rischio di HF in presenza di anomalie dei livelli di TSH.

Descrizione del caso clinico: Donna, 51 aa, in PS lievemente dispnoica, FA 130 pbm , all'ECG flutter atriale conduzione 2:12, EGA PO2 72 e PCO2 30 con pH 7.45, lattati 2.5 Hgb 5.9. All'eco presenza di ascite e versamento pleurico Ricoverata con diagnosi di anemia da carenza di ferro secondaria a perdita. In medicina BNP 5552, emoglobina 6.0 GB 3.36, PLT 89 mila, DDimeri 19040 markers virali epatici negativi. Markers tumorali CA 125 148,80 TSH soppresso <0.005con FT3 11.86-FT4 aumentati 52.53 colinesterasi basse, proteine totali basse, sideremia 21, tc torace e addome che segnala diversi parcellari deficit di opacizzazione diramazione vascolare arteriosa del LSD e di alcune per la lingula, cardiomegalia soffusione pericardica, versamento pleurico bilaterale incremento tiroideo con deviazione del vettore tracheale, falda fluida nel morrison fra le anse, docce parieto-coliche, lieve epatomegalia.

Conclusioni: L'ipertiroidismo si associa ad un aumento dell'incidenza di episodi tromboembolici sia cerebrali che arteriosi sistemici soprattutto in paziente anziani con scompenso cardiaco e FA. Le popolazioni con reddito medio basso sono le piu' esposte e fragili a sviluppare malattie croniche con precoci peggioramento clinico rispetto all'evoluzione clinica delle stesse comorbidita' in soggetti affetti dalle stesse patologie in aree geografiche meno disagiate.

Antibiotic treatment in a patient with bloodstream infection by multi-drug resistant *Pseudomonas aeruginosa*: more is better?

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Introduction: *Pseudomonas aeruginosa* (PA) is a known cause of severe infections, often complicated by bloodstream dissemination. Therapeutic options against multidrug-resistant (MDR) strains of PA are limited, especially in patients with impaired renal function and the optimal antibiotic strategy is uncertain. Ceftolozane/tazobactam (C/T) is a novel beta-lactam/beta-lactamase inhibitor with powerful anti-PA activity; its use as part of an antibiotic combination strategy is still unknown.

Case Report: A 74-years old man was admitted at our clinic for sepsis (drowsiness, body temperature >39°, increase of white blood cells, creatinine, CRP and procalcitonin). Chest X-ray showed severe right pneumonia. Blood cultures were positive for MDR Pseudomonas aeruginosa, with multiple resistances to carbapenems, fluoroquinolones, ceftolozane/tazobactam and ceftazidime/avibactam and sensitivity only to amikacin. Treatment with amikacin, colistin (both at renal dosage) and rifampicin was planned without clinical improvement (persistence of fever and further increase of CRP). Therefore, colistin and rifampicin were replaced by ceftolozane/tazobactam (2 g /1 g every 8 hours) and meropenem (2 g every 8 hours) with full clinical recovery and normalization of CRP and procalcitonin.

Conclusions: A combination therapy with amikacin (at renal dosage), ceftolozane/tazobactam and meropenem (both at high

dosage) was effective and quite well tolerated in a patient with bloodstream infection by MDR *Pseudomonas aeruginosa*, represented a possible therapeutic option in this clinical setting.

Nefropatia da IgA crescentina

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Uomo 67 aa, anamnesi fisiologica nei limiti,affetto da neutropenia ciclica in terapia con G-CSF, iperteso, nega diabete o CAD. Si reca in DEA per diarrea profusa, per il riscontro agli esame ematici di creatinina 9mg/dl,urea 2g/l,e all'e.urine di proteinuria 2.5 g/die con microematuria viene ricoverato in medicina. Per il quadro oligoanurico e la creatinina in aumento dopo fluidoterapia è stato impostato stimolo diuretico con furosemide ad alte dosi purtroppo senza beneficio così da dover intraprendere,trasferito in nefrologia, percorso dialitico che ha portato a progressivo miglioramento della funzionalità renale assestandosi su valori di 3 mg/dl di creatinina. Per indagare l'origine dell'IRA verosimilmente organica, visti gli esami ematici e la non risposta alla fluidoterapia e allo stimolo diuretico, è stata eseguita biopsia renale che ha descritto un quadro di nefropatia IgA crescentina. La nefropatia da IgA è una sindrome nefritica con depositi di immunocomplessi IgA nei glomeruli. L'esordio è rappresentato da microematuria con protenuria (<3g/die) e riduzione della funzionalità renale. Nei casi gravi può manifestarsi con edema,ipertensione ed oligo/anuria. L'e.urine è utile per confermare la microemturia e la proteinuria moderata.Dirimente è la biopsia renale che mostra depositi granulari di IgA e lesioni segmentali proliferative. La terapia prevede negli stati iniziali l'utilizzo di ACEi mentre nelle forme progressive sono indicati CCS ad alte dosi e immunosoppressori con supporto dialitico ed eventuale trapianto per i casi refrattari.

DOLL THERAPY: implementation in Internal Medicine wards

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Background: In a recent report the WHO defined dementia as a public health priority: it affects 35,6 millions of people worldwide, 7,7 millions of new cases each year. Non-drug dementia therapies fit in this setting, they relate to the use of techniques reducing the cognitive decline, managing the behavioral disorders and offset the disabilities. Doll Therapy (DT) is one of these.

Design and Methods: This observational study was lead in the Internal Medicine of Biella Hospital, DT was given to the inpatient who met the appropriate criteria. 36 staff nurses and 22 healthcare assistants have been trained to the doll use and to fill up ad hoc documents.

Results: 21 patients were recruited, 31 administrations were signed up, mainly due to verbal and physical abuse, screams, motor restlessness, care declined. Most patients benefited from DT. The doll use resolved the disorder in 22 observations without giving PRN medications (Pro Re Nata). In 14 cases the nurse stated that PRN medications would have been administered in absence of DT.

Conclusions: Our study matches with other literature studies which validate the DT efficiency to facilitate the health care and to reduce drugs administration and behavioral and sleep disorders.

Somministrazione di farmaci attraverso SNG. Tra la teoria e la pratica. Uno studio osservazionale

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Premesse e Scopo dello studio: Tramite il SNG è possibile somministrare compresse, capsule e farmaci in forma liquida. La gestione errata di tale procedura non assicura l'efficacia e la sicurezza del trattamento farmacologico. L'obiettivo dello studio è quello di comprendere ed analizzare le conoscenze rispetto la somministrazione di farmaci attraverso SNG degli studenti che frequentano il secondo anno d'Infermieristica presso l'Università Politecnica delle Marche, con lo scopo di favorire l'importanza della teoria per una buona pratica.

Materiali e Metodi: E' stato condotto uno studio osservazionale di prevalenza, somministrando agli studenti un questionario composto da 3 quesiti a risposta aperta e 5 a risposta multipla appositamente redatto, basato su raccomandazioni di best-practice, presenti in letteratura. Lo stesso questionario è stato somministrato 3 volte per ogni ragazzo: prima di seguire una lezione riguardante il SNG, subito dopo la lezione e a distanza di 3 mesi. Il campione è composto da 48 studenti.

Risultati: Per quanto riguarda il test pre-lezione, ogni test contenente 8 quesiti quindi 384 totali, 262(68%)sono stati risposti in maniera corretta. Nel test post-lezione le risposte corrette sono state 374(97%). Lo stesso test riproposto a distanza di 3 mesi ha riportato 311 (84%) risposte giuste.

Conclusioni: A termine di tale progetto, emerge l'importanza di dirigere gli studenti verso la buona pratica, basata sulla letteratura scientifica più recente, per poter promuovere un corretto uso del SNG e della somministrazione di farmaci annessa.

Ischemic colitis associated with retroperitoneal fibrosis. A case report

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Idiopathic retroperitoneal fibrosis (RPF) is a rare fibro-inflammatory disease that develops around the abdominal aorta and the iliac arteries, and spreads into the adjacent retroperitoneum, where it frequently causes ureteral obstruction and renal failure. The clinical phenotype of RPF is complex, because it can be associated with fibro-inflammatory disorders involving other organs, is considered part of the spectrum of IgG4-related disease, and often arises in patients with other autoimmune conditions. We report the case of 58-yr-old man, in whom retroperitoneal fibrosis had been found 11 yr previously with chronic renal failure, presented with abdominal pain, fever, bloody diarrhea. Colonscopy revealed the presence in traverse colon of diffuse ulceration, friability with bleeding and fibrinous deposition on the mucosa. Histology revealed the presences of moderate aspecific inflammatory infiltrate wit congestion of the lamina propria e severe degree of epithelial necrosis compatible with ischemic injury, The colitis was responsive to corticosteroids, mesalazine, and patients was discharged with complete remission of disease and with the indication at chronic treatment with mesalazine with a dosage modified according to the values of renal function. In this case the dual nature of RPF, inflammatory and obstructive, seems to be play a decisive role in the pathogenesis of the intestinal disease.

Il Servizio Trasporti Centralizzato Interno degli Ospedali Riuniti Padova Sud: un modello di patient safety management

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Premesse: Il trasporto dei pazienti rappresenta un ambito fondamentale nel processo assistenziale, in ragione della tempestività degli interventi e dell'effettuazione in sicurezza degli stessi. La precedente organizzazione del Servizio Trasporti, affidata ad una gestione interna dei Reparti, comportava una non chiara definizione

dei ruoli tra infermieri e OSS, condizione che poteva compromettere la sicurezza dei pazienti.

Materiali e Metodi: Un gruppo di lavoro multiprofessionale ha redatto una procedura operativa che prevede la creazione di un Servizio Trasporti Centralizzato Interno (STCI) caratterizzato da un pool di operatori dedicati che si avvalgono di una centrale operativa per gestire le richieste, assicurando sicurezza al paziente attraverso la compilazione di una checklist operativa. Gli indicatori di performance da valutare ad un anno dalla riorganizzazione sono: ··Giri a vuoto <5% dei trasporti totali; ··Richieste di trasporto fuori programma <10% dei trasporti totali.

Risultati: A 6 mesi dalla riorganizzazione i trasporti giornalieri sono aumentati del 10% rispetto all'anno precedente, il pick-up del paziente avviene nel 90% dei casi in meno di 10'e i giri a vuoto si sono ridotti del 40% in seguito a maggior aderenza nella compilazione della check-list.

Conclusioni: La creazione del STCI ha contribuito a migliorare la presa in carico del pz velocizzando il flusso verso i servizi diagnostici e il gruppo operatorio. La gestione centralizzata ha permesso una riduzione dei ritardi e un impiego più efficiente delle risorse.

Black-Green rats in ward

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Introduction: Severe alcohol withdrawal is characterized by seizures and/or delirium tremens, often refractory to standard doses of benzodiazepines, and requires aggressive treatment. Delirium tremens is a rapid onset of confusion caused by withdrawal from alcohol: shaking, shivering, sweating, hallucination, high body temperature, epileptic seizures; it's a medical emergency may result in death.

Clinical Case: Male 38 years old, with a story of alcohol abuse "the patient's girlfriend in the early morning throw way all the bottles of alcohol", after that event and the withdrawal from alcohol the patient suffering of confusion. During the recovery we described: delirium tremens with shaking, shivering, sweating hallucination, high body temperature, epileptic seizures, global confusion, disorientation, hetero aggressive, confabulation; the patient describe the hallucination "thousands of running blacks-green rats in the room". Therapy: hydration, benzodiazepines, antibiotics, NPT, diuretics. During the recovery the status evolved to rhabdomyolysis and myelosis (TC demonstrated). After an initial improvement in health the status evolved towards coma and exitus.

Discussion: The alcohol consumption in Italy represent an incoming problem, in the past in our country alcohol consumption is correlated only with principal meal and wine, today is increased the consumption of alcohol during all the week. That clinical case was featured by speeding cognitive decline associated to rhabdomyolysis. "why does God torture me?" "Big Sur" Jack Kerouac

Very familiar hypocalciuric hypercalcemia

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Two 60-year-old women (Patient A and Patient B) came to our Osteoporosis Outpatient Clinic, independently of each other. "A" had moderate-severe vertebral osteoporosis (t-score:-3.4), mild hypercalcemia (10.9 mg/dl), mildly increased PTH (115.3 pg/ml), Vitamin D at sufficiency levels (86 nmol/L). Serum-protein electrophoresis was normal. The thyroid ultrasound showed a chronic thyroiditis. A parathyroid scintigraphy was prescribed. "B" had moderate vertebral osteoporosis (t-score:-2.9), mild hypercalcemia (10.4 mg/ dl), PTH at high limits (76.3 pg/ml). Vitamin D was not available. Serum protein electrophoresis, thyroid and renal function were normal. Thyroid and parathyroid ultrasound was recommended. One year later, the "A"and "B" came to visit together and then we learned that they were twins. Mild hypercalcemia (A: 10.6 mg/dl, B: 10.2 mg/dl), mild hyper-PTH (A: 84.6 pg/ml, B: 93.3 pg/ml;) and satisfactory levels of vitamin D were confirmed for both. Calciuria was 143.1 mg/24h for "A" (performed during vitamin D supplementation, which can affect the result) and for "B" was 70 mg/24 hours. The set of laboratory data allowed to exclude non-benign forms of hyper-PTH. The presence of similar alterations in two twins led to the diagnosis of benign hypocalciuric familial hypercalcemia (FHH). The patients were advised to carry out the genetic test. FHH is a genetic defect of mineral metabolism, characterized by moderate permanent hypercalcaemia, associated with normo- or hypocalciuria and elevated plasma PTH concentrations.

Calcium intake in a general practitioner outpatient population: preliminary data of the clinical audit "Dai calcio alla vita!"

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Background: Calcium intake is fundamental for bone health and for bone pathologies treatment; guidelines suggest a calcium intake of 1000-1200 mg/die. The aim of this study is to evaluate calcium intake in a general practitioner outpatient population and, after a clinical audit with involved doctors, it is to evaluate if there are changes in their clinical practice.

Materials and Methods: A calcium intake questionnaire, including calcium supplements use, was collected among general practitioner outpatients of 32th district of ASL Napoli 1; then it was organized a clinical audit with general practitioner about the importance of calcium intake (with food and, eventually, with supplements) for bone health. Nowadays the same questionnaire is about to be collected among doctors involved in the study.

Results: We collected questionnaire of 147 outpatients (41 males, 28%), with a medium BMI of 26.4±5.9 kg/m2. Of them, 38% is overweight and 19% is obese; 24% smokes and 14% drunk alcohol every day. 12% had bone fractures. Medium calcium intake was 368 mg/dl, and 92% of patients ate less than 600 mg/die. No one reached a calcium intake of 1 g/die. Only 3,4% use calcium supplements. Data collection post-intervention is in progress.

Conclusions: Calcium intake is far to be adequate in a general practitioner population; it needs to stress the importance of calcium intake, especially for bone health, among doctors.

Pre-capillary pulmonary hypertension in patient with polycythemia vera

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Introduction: The classification of pulmonary hypertension sees the forms developed in the course of myeloproliferative diseases placed in group V. However, the pathophysiological mechanism responsible for the condition of pulmonary hypertension is not always clear.

Clinical case: A 77 year old woman, suffering from polycythemia vera, comes to our observation for ascitic effusion of n.d.d. The abdominal ultrasound shows a picture of a stasis liver disease with an increase in the caliber of the vena cava and suprahepatic veins. The echocardiogram shows an expansion of the right sections with pulmonary hypertension (PAPs=60mmHg). Pulmonary angio-CT was performed, showing an ectasia of the pulmonary trunk without evidence of images referable to thromboembolic events. Pulmonary ventilo-perfusive scintigraphy shows no lung uptake perfusion deficiency. Pulmonary catheterization confirms the presence of pre-capillary pulmonary hypertension with reduced cardiac output and negative pulmonary vasoreactivity test.

Conclusions: The pre-capillary pulmonary hypertension in the absence of thromboembolic phenomena suggests an inflammatory etiology accompanying myeloproliferative disease.

Intraventricular thrombosis on post-actinic myocardic fibrosis

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Introduction: Radiotherapy of breast cancer is burdened by important side effects, both acute and late. Two events in particular may represent a serious myocardial danger for the woman. An increase in the incidence of myocardial infarction and congestive heart failure has been described in various clinical studies but the are other myocardial damage.
Clinical case: 69-year-old woman with arterial hypertension and adjuvant treatment for breast cancer, already undergone quadrantectomy and subsequent radiation therapy. She came to our PS for dysarthria. At brain CT, the presence of an ischemic lesion in the left temporo-occipital territory was highlighted. At the TSA echocolodoppler no evidence of hemodynamically significant stenosis. The echocardiogram showed at the apex a thrombotic formation floating in the absence of akinesias. She started anticoagulant therapy with warfarin and performed a cardiovascular magnetic resonance (CMR) which showed a "late gadolinium enhancement" at the ventricular apex with evidence of pulmonary fibrotic band in the left middle-basal site.
Conclusions: The anticoagulant treatment led to the disappearance of thrombotic formation after two months and the anamnestic data with myocardial and pulmonary fibrosis led to diagnosis of intraventricular thrombosis on post-actinic myocardial fibrosis.

Why can megaloblastic anemia be mistaken for thrombotic microangiopathy in the Emergency room?

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Introduction: There is a growing interest in Emergency Departments for thrombotic microangiopathies (TMA), and, in particular, for thrombotic thrombocytopenic purpura (TTP). Timing in the recognition and therapy of these serious morbid conditions must take into account other pathologies which may simulate TMA, in order to avoid delays or potential medication errors.
Case Report: A 26 five years old male was admitted to hospital for persistent asthenia. Laboratory tests showed severe macrocytic anemia (Hgb 5.7 g/dl, MCV 101 fl), thrombocytopenia (84.000/mm3), increased LDH: 3067 UI/L, decreased haptoglobin: 0.08 g/L. Giving rise to a suspected TMA, ADAMTS-13 was tested and the patient received fresh frozen plasma, in addition to red blood cells transfusion. Subsequently, blood tests for cobalamin and folate arrived: the first was on low side (261 ng/ml, range 160-900), the second was very low (1.4 ng/ml, range 5-15). ADAMTS-13 level was normal. Therefore, megaloblastic anemia was diagnosed.
Discussion: Megaloblastic anemia due to folic acid and/or vitamin B12 deficiency can simulate TMA with regard to laboratory data, up to possible evidence of schistocytes on peripheral blood smear (pseudo-TMA), inducing inadequate therapeutic measures (plasma transfusion or, even, plasma-exchange). Second level diagnostic investigations are important, in particular ADAMTS-13 levels and blood tests for cobalamin and folate. PLASMIC-scoring, based on seven simple parameters, represents a useful and simple guide in order to predict ADAMTS-13 deficiency in suspected TTP.

Un raro caso di iperaldosteronismo primario con normotensione arteriosa

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L'iperaldosteronismo primario è la causa più frequente di ipertensione secondaria. Raramente, può essere riscontrato anche in soggetti normotesi, talora associato ad ipokaliemia. Donna di 43 anni. Da qualche anno astenia e faticabilità muscolare, talora crampi notturni. 4 anni prima, episodio di TPSV; K=3.4 mEq/l; PA 115/80 mmHg. Due anni prima cardiopalmo e pre-sincope; all'ECG FA ad alta risposta, PA 120/80, K=2.9 mEq/l, creatinina 0.5 mg/dl; ripristino di RS con infusione di potassio. Comparsa di tono dell'umore altalenante e discomfort addominale con alvo talora frequente. Ottobre 2019 accesso al PS per cardiopalmo e presincope; all'ECG: FA ad alta risposta a riconversione spontanea, ecocardiogramma negativo, K=3 mEq/l nonostante assunzione cronica spontanea di Potassion; PA 110/78 mmHg. Ricoverata per sospetta tubulopatia renale. PA 115/76 mmHg. Con potassiemia 3.9 e sodiemia 139 mEq/l, si dosavano renina ed aldosterone 0.4 ng/dl (VN 0.2-2.4) e 202 pg/ml (VN 30-150) rispettivamente, con rapporto ARR (32) indicativo di iperaldosteronismo. Aldosteronemia post-carico salino=84 pg/ml. Alla TAC: micronodulo surrene snx. Il campionamento venoso surrenalico dimostrava d'altra parte chiara lateralizzazione destra con IL=3.7. Analisi GRA in corso. In terapia con eplerenone. Trattasi di singolare caso di iperaldosteronismo primario non ancora florido in termini di ipertensione arteriosa ma già tale da determinare ipokaliemia con FAP. Il risconto di FA con ipopotassiemia dovrebbe indurre a ricercare l'iperaldosteronismo anche in soggetti normotesi

Rare case of cryptogenic liver disease in adult man

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Introduction: Celiac disease is a systemic immune-mediated disorder triggered by dietary gluten intolerance in genetically susceptible subjects; it is characterized by a broad range of clinical presentations.
Case Report: A 53 yo man went to the ED for severe fatigue, unintentional weight loss with and severe edema lasting about 2 months. Blood chemistry showed: Hb 9.8 g/dl, mcv 95 fl, normal leukocyte count, Ca+ 7.30 mg/dl, Albumin 1.85 g/dl, cholinesterase 2878 U/L, PTH 170 pg/ml, 25-OHD <3.4 ng/mL, normal AST, ALT, coagulation times and eGFR. Chest-abdomen CT w/o contrast material documented massive ascites, reduced liver size and evidence of bilateral pleural effusion with a disventilatory area. The patient was studied for viral, autoimmune and storage liver diseases, all negative. After 1-week ev albumin therapy a 18F-FdG-PET-CT scan showed ascites resolution and no pathological uptake. The patient did not report dyspeptic syndrome, or altered bowel movement. EGDS showed mucosal edema and erythema at the duodenal bulb and in the second portion and disappearance of normal mucosal pattern. Ab titer (IgG and IgA) against tTG, EM, Gliadin were high. The histology of the biopsies documented type 3C celiac disease according to the classification of Marsch modified Oberhuber, grade B2 according to Corazza-Villanacci associated with lymphocytic gastritis.
Conclusions: The clinical and global reasoning of the various deficiencies led to the correct diagnosis. In 9% of cases of cryptogenic liver disease, the cause is attributed to celiac disease.

Sepsis by prostatic abscess: a complex clinical case treated by conservative therapy

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Introduction: Prostate abscess, rare condition most frequent in diabetes and immunodeficiency males, is determined by retrograde flow of contaminated urine, catheterization, recent biopsy, and blood spread of bacteria from distant outbreaks. A digital rectal exam detect fluctuating mass.
Clinical case: A male 41 years old, with cognitive minus and total safety for brain tumor removal outcomes in chilhood, recent hos-

pitalization for obstruction of brain liquor derivation, sepsis from extracranial skin abscess, ab-ingestis pneumonia and bactrim hepatotoxicity, cames to the internal medicine for fever, respiratory failure, dysphagia, bladder globe, SOFA score 7. Ultrasound bed side detected pulmonary atelectasis, global cardiac hypokinesia FE 45%, increased prostate size with hypoechoic areas. Blood, urine and prostate fluid culture tests were carried out. The abdominal CT scan confirmed the prostate abscess and the right bronchial obstruction. Late bronchoscopy and BAL was carried out. Pelvic RMI excluded perineal involvement. Began linezolid and meropenem replaced by gentamicin for 10 days by the results of blood culture. Passive motor rehabilitation was activeted to preserve his residual abilities.

Conclusions: Prostate abscess have a hight mortality and requires a rapid treatment. Few studies detect the most effective treatment. We preferred the conservative one by multiple comorbidities achieving an excellent clinical result. Treatment of prostate abscess still remains a challenge for the phisician.

The effect of using HVLA techniques on cardiac chronotropism and arterial pressure: short-term evaluation with maneuvers on the C3-C5 and T6-T9 section

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Purpose: To verify the possible influence of HVLA techniques, performed on the C3-C4 and T6-T9 spinal traits, on cardiac chronotropism and on blood pressure.

Materials and Methods: 6 both sexes, no smoking, healthy no therapies, people were recruited."Cardiolina 100L" was used. The same operator for all patients, to eliminate the individual factor. Heart rate and blood pressure measurements before HVLA. The people were all in a state of rest, lying on a bed for at least 5 minutes, without being disturbed. Therefore, ECG measurement and data recording were carried out. The same operator, for all people, performed an HVLA technique on the spine on the C3-C5 and T6-T9 districts. Subsequently, the ECG tracing was repeated and the blood pressure measurement on the people at time t=5 'and t=30' from the execution of the techniques to evaluate possible statistically significant variations.

Discussion: The data collected are strongly influenced by the number of the people sample examined. The statistical analysis has offered a valid starting point for reflection on some values whose variation between the pre and post treatment has been relevant. These values are the diastolic pressure at t=30 'and heart rates at t=5' and t=30 ', whose p values were found to be greater than the threshold value of 0.05.

Conclusions: From the preliminary data collected so far, which will surely have to be expanded, we have observed that the HVLA on the cervical and thoracic district provoke statistically significant changes for some parameters, in particular with regard to heart rate.

E' necessario il genere nei percorsi di prevenzione

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Introduzione: L'analisi della mortalità fornisce informazioni sull'aspettativa di vita di una popolazione. Analizziamo lo stato di salute by gender dei residenti nel Distretto Sanitario 33 dell'ASL Napoli 1 Centro relativo al 2013.

Metodi: Sono stati usati i dati della popolazione nell'ASL Napoli 1 Centro e del Distretto 33 nell'anno 2013. I dati relativi alla popolazione regionale e nazionale di confronto e di mortalità del DS33, sono stati reperiti dal database dell'ISTAT e RENCAM rispettivamente.

Risultati: La popolazione residente nel DS33 era rappresentata dal 48.6% maschi e 51.4% femmine. I decessi sono stati 51% nei maschi e 49% nelle femmine. Rispetto all'Italia, la mortalità per entrambi i sessi mostra valori significativamente più alti (nei maschi: 11.0 nel DS33 *vs* 9.90 in ITALIA e nelle donne: 10.7 donne nel DS33 *vs* 10 in ITALIA). In particolare, nei maschi, la causa principale sono i tumori, le malattie cardiocircolatorie e le malattie respiratorie. Nelle femmine invece prevalgono le malattie dell'apparato cardiovascolare, i tumori e le patologie endocrino-nutrizionali-metaboliche.

Conclusioni: L'analisi demografica e della mortalità generale del DS33 ha dato risultati concordanti con quelli nazionali e dell'intero territorio dell'ASL Napoli 1 Centro. L'analisi della mortalità specifica per causa e by gender ha posto in evidenza che le cause di morte sono le diverse. Tale risultato porta a riflettere sulla necessità di interventi di prevenzione by gender, che potrebbero determinare un miglioramento delle condizioni di vita ed una riduzione della mortalità.

La gestione delle infezioni da KPC nei reparti internistici. Epidemiologia, microbiologia locale di due presidi ospedalieri sardi e descrizione di casi clinici

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Premesse: Nell'ultimo decennio son diventate sempre più difficili da gestire le problematiche legate all'infezione da Klebsiella pneumoniae carbapenemasi-produttrice (KPC) soprattutto nei reparti Internistici. Nei suddetti reparti son spesso presenti pazienti "difficili" con numerose comorbidità,pluriospedalizzati e spesso colonizzati da KPC con conseguente aumento di infezioni gravi e sepsi. In questa casistica limitata a due presidi ospedalieri della Sardegna (Alghero e Nuoro) si prendono in esame dati epidemiologici riguardanti il numero dei pazienti colonizzati e affetti da malattia invasiva negli ultimi 18 mesi. Tra questi assumono rilevanza clinica e microbiologica due casi clinici paradigmatici.

Casi clinici: Paziente di 86 anni diabetica, vasculopatica; ospite di RSA, ricoverata per stato soporoso, febbre e dolore lombare. Quadro clinico ed ematochimico di sepsi, con riscontro alla TC di emboli settici diffusi; emocolture positive per KPC resistente alla colistina con ulteriore difficoltà nella strategia terapeutica. Paziente di 84 anni pluriospedalizzato con numerose comorbidità, ricoverato per febbre ed IVU ; quadro di sepsi; già colonizzato da KPC, presenta un quadro clinico di malattia invasiva che è stato necessario trattare con terapia antibiotica mirata e in associazione.

Conclusioni: La nostra casistica ed i casi clinici in questione confermano un aumento delle malattie invasive da KPC, dovuta all'insorgenza di ulteriori ceppi batterici multiresistenti che rendono ancora più difficoltoso il trattamento nel paziente internistico, già di per sé complicato.

Da dove origina la leuco-piastrinopenia?

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Premesse: Le leucopenie riconoscono numerose cause come malattie autoimmuni, infezioni virali, patologie congenite, tumori, chemioterapici ed antibiotici mentre le piastrinopenie possono essere causate da sequesto splenico, aumentata distruzione o consumo infine da ridotta produzione.

Descrizione del caso clinico: Abbiamo osservato un caso di leu-

copiastrinopenia in una donna di 80 anni, affetta da ipertensione arteriosa, comizialità su base vascolare, decadimento cognitivo e ricoverata per sepsi da S hominis ed epidermidis, infezione delle vie urinarie da E coli e K pneumoniae, pleuropolmonite sin con insufficienza respiratoria ipossiemica acuta secondaria. Durante il decorso è comparsa leucopiastrinopenia che è stata considerata secondaria allo stato settico. In base agli antibiogrammi sono stati prescritti piperacillina/tazobactam, teicoplanina, poi ceftriaxone e ciprofloxacina raggiungendo una stabile apiressia. Nonostante il deciso miglioramento delle condizioni cliniche e degli indici di flogosi la leucopiastrinopenia è rimasta invariata. Rivalutando globalmente il caso si è pensato all'acido valproico come con-causa che pertanto è stato gradualmente sostituito con levetiracetam. Dopo qualche giorno si è assistito finalmente al miglioramento dell'esame emocromocitometrico.

Conclusioni: La terapia antiepilettica era in corso da tempo senza alcuna conseguenza quindi non è stata subito modificata, valutando l'acuzie infettiva come unica causa. Il decorso però ha dimostrato che in condizioni critiche anche un farmaco assunto da tempo può determinare "nuovi effetti".

Normal-pressure hydrocephalus in the elderly: don't miss the diagnosis!

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Background: Normal-pressure hydrocephalus (NPH) is a clinical condition characterized by increase in cerebrospinal fluid in the ventricles, with normal/slightly elevated cerebrospinal fluid pressure, leading to neurological symptoms such as gait disturbance, urinary incontinence and dementia.

Case presentation: A 87-year-old woman presented with severe back pain and recurrent falls without loss of consciousness. She reports history of hypertension and spinal disc herniation subjected to micro-decompression surgery. Family members also refer gait disturbance for several months and episodic night agitation. Physical examination revealed slowed speech and psychomotor retardation. Brain CT excluded acute ischemic-hemorragic lesions, x-ray of the spine showed arthrosis and old D12 vertebral fracture. Initial diagnosis of parkinsonism was made, levodopa treatment was started and titrated with occurrence of vomiting and allucination. Concomitant urinary tract infection was treated with amoxicilline-clavulanic therapy. Brain MRI showed ventricular enlargement suggestive for cerebral atrophy/NPH. Tap test was performed, motor and neuropsychological tests were administered before/after the procedure showing improvement both in motor and cognitive performance. The patient was applied for peritoneal ventricle derivation surgery.

Conclusions: Only few patients with NPH are recognized and treated successfully; early recognition of this condition is challenging especially in the elderly with confounding factors and proper treatment can prevent irreversible disability.

MNGIE syndrome

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Introduction: Neurological genetic syndromes may be unrecognized during childhood and diagnosed in adults.

Case: A 33-year old woman was admitted due to recurrent aspiration pneumonia. The patient showed a severe weight loss due to an unexplained malabsorption syndrome, waddling gait, bilateral ptosis with ophthalmoplegia, dysphagia for liquids and widespread weakness. Laboratory screening was not contributive. Electromyography was normal, but electroneurography identified axonal sensory polyneuropathy. Brain MRI showed severe bilateral confluent leukoencephalopathy with cortical and subcortical white matter alterations. Finally muscle biopsy showed several fibers with oxidative metabolism deficiency. Considering the combination of neurological features, mitochondrial alterations on muscle biopsy and gastrointestinal impairment, we suspected the mitochondrial neurogastrointestinal encephalopathy (MNGIE) syndrome. So the genetic analysis was performed and was identified the homozygous c.1160-1G>A mutation on the TYMP gene.

Conclusions: Neurological genetic diseases should be suspected also in adult patients; a multidisciplinary approach is essential for a correct diagnosis and treatment.

Pazopanib and acute liver failure: a rare case report and literature review

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Introduction: Liver failure is an uncommon but pontentially lethal adverse reaction of Pazopanib therapy, which occurs in less than 1% cases. Pazopanib is a multitarget tyrosine kinase inhibitor used as first line therapy in advanced renal cell cancer.

Case Report: 73years old patient with renal cell cancer treated with total nephrectomy and adrenal and contralateral kidney recurrence, in therapy with Pazopanib. Admitted for jaundice, asthenia and diarrhea. Blood tests showed an increase of INR and liver function tests. During the hospitalization drowsiness, acidosis and acute renal failure on chronic (serum creatinine 6 mg/dL) occurred. We ruled out other potential acute hepatitis causes such as viral and autoimmune diseases. Then, in agreement with the oncologist, in suspected Pazopanib hepatotoxicity we started high dose steroid therapy, which led to a gradual clinical, liver and kidney function tests improvement. The patient has been discharged after 10 days of recovery.

Conclusions: There's evidence from literature of many cases of Pazopanib hepatotoxicity, mostly mild forms that occur during the first two months of therapy, marked by a slight rise of liver function tests and remission with the drug discontinuation. The pathogenesis is not yet fully clear but immune-mediated processes seem to be involved, so the rare cases of sever hepatitis are treated with high dose steroid therapy.

A case report of marathon-related death...the unlucky Filippo's story...

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Background: Arrhythmogenic cardiomyopathy is an inherited cardiac disease due to a cell adhesion disorder resulting by mutations in genes encoding desmosomal proteins and characterized histologically by a progressive replacement of myocardium by fibrofatty tissue with to global dilatation and dysfunction and wall motion abnormalities.

Case Report: A 45 year-old man, non-agonist marathon runner, diagnosed as hereditary arrhythmogenic cardiomyopathy carrier (echocardiographic criteria and PKP2 gene mutation) ten years earlier, presented to our Dept for weakness and palpitations, with EKG evidence of non-sustained ventricular tachycardia. Against medical advice, he had continued to run in spite of worsening of his disease, refusing both defibrillator implant and heart transplant eligibility assessment. Cardiac-RMI revealed a severe over-trabeculated RV, thinned walls and dyskinetic areas, diastolic bulging at the inflow and outflow tract, apex and systolic function severely impaired (EF:16%) and Early gadolinium enhancement showed transmural late gadolinium enhancement in all the RV segments and trabeculae. We unsuccessfully suggested him to undergo to defibrillator implant and heart transplant eligibility assessment! He dead during his last obstinate marathon one year later...

Conclusions: The case presented herein illustrates the very end stage of the natural history of arrhythmogenic cardiomyopathy. Not adhering to physical activity restriction, the patient got worse his disease favoring the onset of possible malignant arrhythmias the last of which resulted fatal...

"Network" hospital-ambulatory care a contribute of ppropriateness and quality care. A proposal shared care-model for hospitalized patients in Internal Medicine Unit

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Background and Aim of the study: Costant and progressive increase of patient's access in Hospital's Emergency Room (ER) involve the need of appropriate resource and bed management usage to avoid improper hospitalization. Aim of the study is to propose a "network-based" care model to identify a relevant hospitalization setting and to enhance link between hospital and ambulatory care.
Materials and Methods: The present model suggest a joint patient assessment from ER doctor and Internist for a "fit" hospitalization and for to manage the patient's overflow in ER, moreover the score NEWS and MEWS is calculate for patient's eligibility and direct to department of Internal Medicine, intensive Care or to activate a ambulatory way. This patient evaluation is performed also during hospitalization, advising different and personalized care for every patient (Day Hospital, dedicated ambulatory of chronicity, Rehabilitation, Hospice, Home Care , Telemedicine) and prescribed at the discharge. This activity is shared and integrated in parallel nursing care.
Results: The care model maybe could guarantee hospitalization real-based on acute patient's level and the interdisciplinary collaboration can reduce the ER overcrowding.
Conclusions: This network-based model of hospital-ambulatory care link, may represent a useful tool for appropriate care of complex and fragile patients.

High troponin levels without ECG alterations

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Background: Cardiac troponins (cTn) are regarded as the preferred biomarkers for the diagnosis of myocardial infarction (MI). Although cTn are specific for myocardial injury, abnormal concentrations are not restricted to acute MI (AMI) but may occur with non-ischemic cardiac diseases.
Case Report: A 73-year-old man was hospitalized for reduction of muscle strength, dysphagia for solids and liquids and exertional dyspnea. For high levels of cTn, cardiac disorders were excluded. Neoplastic and infections diseas have been excluded with instrumental examinations (EGDS, colonoscopy, CT TB scan) and antibodies tests. Laboratory tests showed high levels of liver functions and CPK. Anti-signal recognition particle (SRP) were positive. Muscle biopsy confirmed a myopathies disease, in particular an immune-mediated necrotizing myopathy. The patient was treated with high dose of steroids with clinical e serological improvement.
Conclusions: Chronic skeletal muscle disease has been claimed to represent a potential cause of "false positive" cTnT elevation (3%). Idiopathic inflammatory myopathies (IIM) are immune-mediated diseases centered around destruction of muscle tissue due to distinct pathophysiological mechanism. The presence of anti-SRP is associated with severe symmetric proximal muscle disease and can be accompanied by dysphagia and interstitial lung disease.

Un caso insolito di colecistite acuta

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Premesse: La colecistite enfisematosa è un'infezione acuta della parete della cistifellea causata da organismi che formano gas (p. Es., Clostridium, Escherichia coli, klebsiella) è considerata un'emergenza chirurgica.
Descrizione caso clinico: Uomo 67 anni, accedeva in PS per dolore addominale in ipocondio destro e in epigastrio. In anamnesi: ipertensione arteriosa in terapia , ridotta tolleranza al glucosio (IGT). Non farmacoallergie. Il paziente si presentava in Ps vigile eupnoico apiretico, addome trattatabile, dolorabile in ipocondrio destro, Murphy positivo. Agli esami ematici: GB 17470 PCR 12.16 mg/dl ALT 22 AST 17 Bilirubina totale 1.54 mg/dl AST 17 ALT 22. Il paziente effettuava ecografia clinica con evidenza di colecisti distesa a pareti ispessite con addensamento del tessuto adiposo e falda fluida pericolecistica, aerobilia, materiale iperecogeno a livello infundibolare. La Tc dell'addome mostrava aerobilia a con contenuto gassoso anche a livello del coledoco, raccolta gassosa con aspetto dissecante all'interno delle pareti della colecisti, raccolta flogistica in sede pericolicistica. Il paziente veniva sottoposto a colecistectomia con evidenza di colecisti distesa a pareti ispessite e gangrenose prevalentemente a carico infundibiolare, filtranti in più punti, effettuato svuotamento della colecisti con fuoriuscita di aria e bile scura, presenza di calcoli. Effettuato colturale della bile.
Conclusioni: La colecistite enfisematosa è rara (circa 1% di casi) caratterizzata da gangrena precoce, perforazione della cistifellea e alta mortalità(15-25%)

Il percorso di cura della persona con stomia: analisi di quattro mesi di attività

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Premesse: La diffusione del problema "stomie" e l'aumentato interesse alla qualità di vita dei soggetti che ne sono portatori, evidenziano la necessità, per gli amministratori del sistema sanitario, di realizzare specifici percorsi clinico assistenziali centrati sui singoli bisogni. Il focus di cura include una precoce presa in carico attraverso programmi educativi personalizzati al fine di rendere la persona nuovamente autonoma e favorire il reinserimento sociale. In Italia oltre 70.000 soggetti sono portatori di stomia e 631 solo in provincia di Savona; questi numeri sono destinati a crescere, considerando anche il progressivo invecchiamento della popolazione ed il conseguente incremento delle malattie croniche di natura neoplastica e, o, infiammatoria.
Scopo dello studio: Implementare attività territoriali, consolidate a livello ospedaliero, con l'obiettivo di ottimizzare il percorso di cura e migliorare il grado di soddisfazione degli assistiti.
Materiali e Metodi: Sviluppo di un progetto pilota nei Distretti Sanitari Savonese e delle Bormide Asl2. Il servizio, gestito da infermieri con formazione settoriale specifica, alterna attività educative e assistenziali in ospedale, ambulatorio e al domicilio
Risultati: I casi, dal 20/10 al 31/12/2019, sono stati 116: 81 prestazioni ospedaliere, 160 ambulatoriali e 116 domiciliari.
Conclusioni: aAlla luce dei dati analizzati, si evince che il percorso è risultato valido ed efficace. Lo step successivo è estendere la modalità operativa al territorio dei Distretti Sanitari Albenganese e Finalese.

Un curioso caso di febbre e dolore lombare

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Premesse: L'endocardite associata a pacemaker è una complicanza ad elevato rischio di mortalità e morbilità.

Descrizione del caso clinico: Uomo di 75 anni giunto per febbre da 5 mesi, anemia e dolore lombare. In anamnesi: DM2, BPCO, cardiomiopatia dilatativa primitiva a FE depressa e impianto di ICD in prevenzione primaria. Nel 2015 revisione della tasca dell'ICD per infezione. Eseguiva TC della colonna lombare che documentava lesione osteolitica a livello vertebrale. TC-TB, colonscopia e gastroscopia negative per neoplasia. PET/TC: captazione patologica sulla mammella destra, del lobo sinistro tiroideo e della lesione osteolitica. Veniva effettuato ago aspirato tiroideo che risultava essere un THYR4 e biopsia mammaria positiva per carcinoma mucinoso. Durante il ricovero, comparsa di febbre, emocolture positive per Stafilococco epidermidis e, nel sospetto di endocardite, veniva effettuato ecocardiogramma transesofageo con presenza di vegetazioni a livello degli elettrocateri. Introduceva terapia antibiotica con daptomicina e rifampicina. Dopo un mese, la TC lombare di controllo documentava una riduzione della lesione osteolitica.

Conclusioni: La lesione osteolitica, che era stata inizialmente inquadrata come un secondarismo neoplastico, è risultata essere una spondilodiscite da embolizzazione settica in quanto migliorava sia clinicamente che radiologicamente dopo terapia antibiotica. Non è stato possibile effettuare una biopsia vertebrale e intervento di tiroidectomia per l'elevato rischio anestesiologico del paziente.

Casi clinici di deficit di alfa1 antitripsina

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Il deficit di alfa1 antitripsina è un'anomalia genetica sulla quale la comunità scientifica sta ponendo molta attenzione perché spesso è sottovalutata o riscontrata casualmente dagli pneumologi. I nostri due casi riguardano soggetti di anni 37 e di anni 48 anni, che senza famigliarità per epatopatia o pneumopatia, senza storia personale di eventi pneumologici, hanno eseguito la determinazione in nefelometria del dosaggio dell'alfa1 antiitripsina (65 mg/dl e 86 mg/dl rispettivamente) richiesta dall'epatologo per rilievo agli esami ematici di routine di transaminite (aumento delle gammaGT). E' stato quindi eseguito da parte del pneumologo il test alfa kit successivamente inviato al laboratorio specialistico del centro di riferimento da dove abbiamo avuto la conferma del deficit eterozigote per l'allele deficitario Z (genotipo finale PI*M1 Z e genotipo finale PI*MZ rispettivamente). I pazienti ,che sono stati inquadrati dal punto di vista funzionale respiratorio (spirometria globale e DLCO) e con radiografia del torace, al momento non presentano segni di malattia polmonare, sono stati quindi posti in follow up. Per i risvolti clinici importanti che sappiamo che questo deficit può determinare, abbiamo deciso di screenare con alfakit tutti i nuovi casi di BPCO, enfisema ed asma che verranno ricoverati quest'anno nel nostro ospedale pur sapendo che la quota di pazienti positivi rilevata potrebbe magari essere minima perché "Le scoperte consistono nel vedere ciò che tutti hanno visto e pensare ciò che nessuno ha pensato."

Iperparatiroidismo secondario con ipocalcemia da deficit cronico severo di vitamina D

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Premesse: Paziente femmina di 77 anni in sola monoterapia antiipertensiva e con anamnesi patologica remota positiva per neoplasia uterina trattata 30 anni fa chirurgicamente e con CHT/RT. La signora, che presenta altresì malnutrizione proteico-calorica e grave cifoscoliosi con deficit deambulatori, ha subito negli anni nefrectomia dx e ricostruzione uretere sx per danni post-attinici sulle vie urinarie.

Descrizione del caso clinico: 10 giorni prima del ricovero viene sottoposta a chirurgia di viscerolisi per occlusione intestinale da briglie post-attiniche. Regolare decorso operatorio e post-op. Accede in DEA per vomito con difficoltà ad alimentarsi, senza febbre nè diarrea, nè livelli idroaerei all'Rx addome. Agli esami ematici severe alterazioni idroelettrolitiche (calcemia totale:4,5 mg/dL; magnesemia:0,8 mg/dL; fosfatemia:1,5 mg/dL); deficit severo di 25-OH-Vit.D (<3 ng/ml) e iperpatormonemia (>20 volte i v.n). Presenti inoltre ipoproteinemia, deficit di acido folico,proteinuria non nefrosica all'esame urine. Scintigrafia ossea total body negativa per lesioni neoplastiche o infiammatorie. Le distonie sono state corrette con Calcio Gluconato ev e Magnesio Solfato ev (consensuale normalizzazione del fosfato), il deficit Vit.D è stato corretto con Calcitriolo per os e Colecalciferolo im.

Conclusioni: Iperparatirodismo in paziente monorene con grave deficit di vitamina D e magnesio inducente grave ipocalcemia e ipofosforemia scarsamente sintomatica per verosimile ipocalcemia cronica ad eziologia multifattoriale (deficit nutrizionale + tubulopatia renale + IR lieve).

A case of Fournier's gangrene

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Introduction: Fournier's gangrene is a rapidly fatal progressing necrotizing fasciitis involving the perineal, perianal, and genital regions and constitutes a true surgical emergency with a potentially high mortality rate.

Case report: A 77-year old man was admitted to our Hospital for fever and edema of scrotum in absence of necroting tissue with onset a week ago. Hypertension and diabetes were his comorbidities. The laboratory tests showed WBC 35.030/mmc (with 93% neutrophils), creatinine 0.80 mg/dl, C-reactive protein 25.1 mg/dl and procalcitonin 0.14 microg/L. At the beginning we started an empiric antibiotic treatment (amoxicillin and clavulanic acid) in association with fluid support. After 48 hours, the patient persisted feverish and reported pain in the genital region. Edema of scrotum and testis got worse, urine culture was negative while blood samples cultures were positive for E.coli and Fusbacterium gonidiaformans. Tigecycline and meropenem were started. Computed tomography revealed phlogosis and edema of scrotum, perineal region and bilateral paraurethral gas abscess. The surgical treatment was performed within a few hours with clinical and biochemical improvement of the patient.

Conclusions: Although computed tomography leads to an early diagnosis of Fournier's gangrene with accurate assessment of disease extent, the diagnosis is often made clinically. In most cases, a polymicrobial infection is demonstrated and prompt management is mandatory. It is important to increase clinical awareness of the Internist toward this disease to obtain reduction in mortality.

Una colica ureterale ...fuori dal comune!

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Caso clinico: Maschio di 34 anni, in abs, si ricovera per dolore colico al fianco destro irradiato in sede inguinale omolaterale. Gli ematochimici mostrano leucocitosi neutrofila, PCR 18 (v.n. 0-0,5), creatinina 0.9, presenza di nitriti urinari. Dopo evidenza ecografica di pielectasia destra, esegue Tac addome con riscontro di "agenesia della vena cava inferiore (AVCI) con evidenza di multipli circoli venosi vicarianti ectasici e trombizzati in sede retroperitoneale, con imbibizione del tessuto adiposo adiacente e compressione ab estrinseco sull'uretere destro". Intrapresa terapia con EBPM e levofloxacina, il paziente presenta progressivo miglioramento del quadro algico con evidenza angio-Tac a 2 settimane di "ricanalizzazione dei vasi trombotici, riduzione dell'imbibizione adiposa e della compressione ureterale". Lo screening per trombofilia evidenzia mutazione in omozigosi di MTHFR (gene mutante C677T)

associato a iperomocisteinemia moderata (34, v.n. <13) e deficit di folati. Il paziente viene dimesso asintomatico con warfarin secondo PT INR e supplemento di acido folico.
Conclusioni: L'AVCI è condizione rara (prevalenza 1%), per lo più a riscontro occasionale in corso di imaging sull'addome. È verosimile ritenere che una trombosi intraddominale dei collaterali venosi non avrebbe dato manifestazione clinica senza compressione ureterale. Hanno determinato il quadro clinico descritto (frequente, ma non sempre "scontato") sia la malformazione anatomica congenita con stasi venosa sia la trombofilia da iperomocisteinemia (su base genetica e carenziale).

Un modello di Governance delle dimissioni protette: "vizi e virtù" del sistema SIRTE

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Premesse e Scopo dello studio: Nella Regione Marche è stato introdotto il Sistema Informatico Rete del Territorio(SIRTE) al fine di istituire un percorso di modularità della presa in carico. Scopo dello studio è stato pertanto valutare l'applicabilità e la validità di tale sistema nella presa in carico delle dimissioni protette.
Materiali e Metodi: Dall'istituzione del SIRTE dal Gennaio 2018 al Dicembre 2019 sono stati inseriti nel SIRTE 665 su 4453 ricoverati presso la U.O.C. Medicina Interna di Jesi .Le schede assistito per ogni dimissione protette sono state rispettivamente 309 per Cure Domiciliari ,di cui 183 di tipo oncologico,e 359 per Residenzialità di cui 56 pazienti per Cure Intermedie.
Conclusioni: Il SIRTE si è sicuramente dimostrato un importante strumento di unificazione e di integrazione ospedale-territorio. Dopo due anni di applicazione e di quotidiano utilizzo sono tuttavia emerse criticità quali i tempi di attesa pre-valutazione multidimensionale,la complessità del paziente internistico con frequenti difficoltà a predefinire anzitempo il setting territoriale opportuno,nuove implementazioni per cause ovviabili,impossibilità di rete con la medicina del territorio ed altri presidi ospedalieri.

Dramatic evolution of a trivial "matter of skin"

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Background: Skin rash is common in hospitalized patients. It can be idiopathic or secondary to infections, neoplasms, allergies and drugs. Toxic epidermal necrolysis (TEN) represents a rare cause, with a high mortality.
Clinical case: A woman was admitted to our ED for acute heart failure due to arrhythmia so we started amiodarone. Just before discharge,we detected pneumonia and introduced antibiotics. Two days later,a red-violet maculo-papular skin rash appeared for which we began steroid and antihistamine treatment with quick recovery and suspension of specific therapy. Four days later influenza-like symptoms were followed by a red-violet macules so TEN diagnosis was made. We suspended amiodarone and started immunosuppressive drugs. The following days, the patient appeared febrile, with diffuse de-epithelialization (90% of BSA), conjunctival erythema, urethritis and stomatitis. A positive blood culture for Escherichia Coli was found. We started antibiotic therapy and added cyclosporine. Then, the patient developed acute respiratory failure and septic shock which lead the patient to death.
Conclusions: TEN is a severe mucocutaneous reactions, most commonly triggered by medications, involving >30% of BSA. Amiodarone is not one the most common drugs involved, however there are case reports. Patients require immediate in-hospital admission. Beyond supportive care, the are no established therapies, however some studies support the use of immunosuppressive drugs. Early withdrawal of the offending agent may improve the prognosis however the overall mortality rate is up to 50%.

Muscule metastases: an unusual secondary site of pulmonary adenocarcinoma

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Background: Lung cancer can metastasize to any organ; postmortem studies have reported a prevalence of metastatic localizations in up to 93% of lung cancer patients with end-stage disease. Major sites of metastases include liver (33-40%), adrenal glands (18-38%), brain (15- 43%), bone (19-33%), kidney (16-23%), and abdominal lymph nodes (29%). Metastases to soft tissues (STs), including skeletal muscle, subcutaneous tissue and skin, are rarely reported in the literature.
Case report: The case described is that of a 44-year-old young man, smoking, with the presence/persistence of subcutaneous swellings localized to the abdominal wall. The patient he had performed several first level tests that concluded for benign neoformations of muscle tissue. Persisting the problem was hospitalized. During the hospitalization there is an onset of further soft apainful swellings at the level of the other side. He was subjected to Total-Body TC with the detection of lung injury and confirmation of multiple hypodense formations affecting the muscle components of the abdominal wall, the muscles pelvic girdles and the left psoas.
Conclusions: Pulmonary's metastases a distance of the skeletal muscles are not frequent. Very often the presence of a soft tissue mass caused by metastatic carcinoma is mistakenly diagnosed as soft tissue sarcoma by physical examinations and imaging studies. The differentiation between a primary soft tissue sarcoma and a metastatic muscle carcinoma is important because the treatment and prognosis are significantly different.

Ecografia a letto del malato impostata sui sintomi

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Premesse: L'ecografia utilizzata ad integrazione della abituale visita, amplifica le sue proprie potenzialità diagnostiche; l'internista è, a differenza del radiologo, un clinico che ha una approfondita conoscenza del proprio paziente: si realizza integrazione dello strumento diagnostico con le conoscenze cliniche e semeiologiche del medico.
Descrizione del caso clinico: Riportiamo il caso di una donna degente per riscontro laboratoristico di leucopenia, incremento delle transaminasi epatiche in esiti di pregressa sindrome influenzale delle alte vie aeree. In corso di degenza veniva sottoposta a ad ecografia presso la radiologia ospedaliera con evidenza di linfadenopatia laterocervicale ma regolare quadro epatico e splenico. Agli esami sierologici debole positività di IGM e IGG EBV. Per il forte sospetto di mononucleosi in fase di siero-conversione veniva ripetuta in in radiologia ecografia addominale con confermava il normale precedente quadro. Inoltre eseguiva consulenza infettivologica che alla luce delle ecografie escludeva patologia mononucleosica. Al controllo sierologico normalizzazione di enzimi epatici, di leucopenia e di IGM EBV mentre titolo altamente positivo per IGG. In reparto veniva eseguita ecografia addome con risposta positiva al quesito clinico evidenziando una milza con area di sezione, corretta per statura ed età, aumentata.Si concludeva per infezione da mononucleosi in fase di siero-conversione.
Conclusioni: Il caso descritto conferma come l'ecografia sia complementare all'esame obiettivo consentendo una rapida e agevole diagnosi quando eseguita dal clinico.

Anemia acuta da emorragia spontanea dello psoas. L'importanza dell'esame ecografico nel timing diagnostico

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Premesse: Le emorragie retroperitoneali spontanee rappresentano una patologia rara. Nel 6% dei casi avvengono in pazienti in terapia anticoagulante e nel 20% risultano fatali. Le fonti emorragipare più frequenti, in pazienti scoagulati, sono i tessuti molli (muscolo ileo-psoas). La presentazione clinica è sfumata e può rapidamente precipitare in uno scompenso emodinamico.
Caso clinico: Paziente di 87 anni ricoverata per scadimento delle condizioni generali e distonia. In anamnesi FAC in NAO, diabete mellito. Rx torace: addensamento medio-basale sinistro. In prossimità della dimissione, la paziente presentava improvviso peggioramento delle condizioni generali con ipotensione e tachicardia. L'obiettività addominale era caratterizzata da un diffuso incremento della resistenza alla palpazione. Gli esami di laboratorio evidenziavano anemia acuta; non segni macroscopici di sanguinamenti gastrointestinali. L'ecografia bedside mostrava la presenza di versamento corpuscolato in ipocondrio e fianco sinistro. Alla luce del quadro clinico ed ecografico, veniva eseguita una TC con mdc d'urgenza che metteva in evidenza sanguinamento retroperitoneale attivo a probabile partenza dal muscolo ileo-psoas di sinistra. La paziente stabilizzata veniva trattata mediante embolizzazione con risoluzione del quadro clinico.
Conclusioni: L'utilizzo di un'ecografia mirata, ad integrazione dei dati clinici, può indirizzare tempestivamente verso adeguate indagini strumentali e manovre terapeutiche interventistiche "salvavita", riducendo il timing diagnostico con importanti implicazioni prognostiche.

Polineuropatia ad insorgenza acuta: cosa si nasconde oltre la Guillain-Barrè

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Descrizione del Caso: Uomo, 65 anni, giunge all'osservazione medica per comparsa da alcune ore di parestesie bilaterali con distribuzione a guanto e calza e minimo deficit stenico della mano destra. In anamnesi LLC non in terapia attiva e una recente vaccinazione antinfluenzale. Viene effettuata una TC cranio (negativa) e, nel sospetto di sindrome di Guillain-Barré, rachicentesi (negativa per dissociazione albumino/citologica) e EMG (negativa). Segnalata successiva comparsa di lesione purpurica palpabile non dolente all'arto inferiore destro: nel forte sospetto di polineuropatia a patogenesi vasculitica si ripete l'EMG (6 gg dopo l'inizio della sintomatologia neurologica) che risulta compatibile con neuropatia asimmetrica acuta assonopatica; agli EE riscontro, inoltre, di componente monoclonale IgM (alla tipizzazione: crioglobulinemia di tipo 1) che consente di fare diagnosi di multineuropatia vasculitica crioglobulinemica in paziente con LLC. Viene intrapresa pertanto terapia con corticosteroidi ad alte dosi e, dato il peggioramento del quadro neurologico (iniziale deficit nella dorsiflessione del piede destro), plasmaferesi e rituximab.
Conclusioni: La crioglobulinemia di tipo 1 è caratterizzata da una componente immunoglobulinica monoclonale spesso correlata a una MGUS o a neoplasie della linea B (mieloma multiplo, macroglobulinemia di Waldenstrom o LLC). Le manifestazioni cutanee sono i reperti più riscontrati (70-85%); tra le manifestazioni extracutanee, oltre alle più frequenti artralgie o alla compromissione renale, le neuropatie periferiche compaiono nel 20-45% dei casi.

L'anemia ferro-carenziale nella Medicina Interna:esperienza di un percorso diagnostico-terapeutico dedicato

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Premessa e Scopo dello studio: L'anemia sideropenica è una condizione con elevata prevalenza nei pazienti ricoverati in Medicina Interna. Una recente Survey evidenzia che circa il 50% dei pazienti sono affetti da anemia sideropenica e in meno del 10% viene valutato l'assetto marziale con conseguente mancato o incompleto trattamento.
Materiali e Metodi: Dal 2018 presso la UOC di Medicina è attivo un percorso diagnostico terapeutico per l'inquadramento dell'anemia sideropenica con avvio della terapia marziale in regime di ricovero e prosecuzione della stessa in regime ambulatoriale con follow-up a distanza. Risultati L'attivazione del percorso diagnostico terapeutico ha permesso di aumentare di circa il 30% la diagnosi di anemia sideropenica e quello dell'ambulatorio integrato ha contribuito a ridurre i tempi medi di degenza e migliorare il processo di cura grazie alla prosecuzione della terapia ambulatoriale.
Conclusioni: Dalla letteratura si evince che più del 50% dei reparti di Medicina Interna non dispongono di percorsi diagnostico terapeutici dedicati all'anemia ferro-carenziale, né di ambulatori dedicati. Tutto ciò rappresenta un beneficio per le caratteristiche dei pazienti internistici (età avanzata, comorbidità e fragilità) considerando che l'importanza di un rapido recupero marziale determina un netto miglioramento della qualità di vita (QoL).

Rare benign focal liver lesions: Nodular Regenerative Hyperplasia. An unusual ultrasound finding, case report

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Background: Benign liver tumors are common and usually asymptomatic and accidentally discovered at examinations carried out for other reasons. The three most frequent type of benign liver focal lesions are hemangiomas, FNH and hepatocellular adenoma. However, the spectrum of benign liver tumors includes also less known and rare pathologies that can pose problems of differential diagnosis and whose recognition can be important due to possible prognostic implications. Nodular regenerative hyperplasia is a rare form of liver benign proliferation characterized by diffuse transformation of the liver parenchyma into regenerative nodules and which can be associated to several causes. This condition is benign but can cause severe portal hypertension and require liver transplantation.
Case report: We describe the case of a 27-year-old man with a past history of Non-Hodgkin lymphoma successfully treated by chemotherapy when he was 16 years old and who came to our attention for a routine abdominal US. He was asymptomatic. Liver US showed multiple rounds isoechoic liver nodules in all liver segments with a benign pattern at CEUS evaluation. Blood tests revealed no relevant alterations. Abdominal MRI and biopsy confirmed the suspect of nodular regenerative hyperplasia which was supposed to be related to the previous chemotherapy.
Conclusions: Nodular regenerative hyperplasia is rare but it must be considered in the differential diagnosis of liver benign nodules especially in patients with potentially risk conditions in order to establish a correct follow up and to monitor its evolution.

Severe sepsis secondary to pneumonia, recurrent intestinal and urinary tract infections suggestive of common variable immunodeficiency. A case report

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Introduction: Common variable immunodeficiency (CVID) is an immune disease characterized by low Ig levels and high susceptibility to infections, that heal after antibiotic, but they relapse after the interruption of the same.
Clinical Case: A 36-y-man with mental disorder and epilepsy cames to hospital for fever, dyspnoea, abdominal pain and diarrhea. Lab-

oratory tests showed high levels of inflammation, creatininemia, cytolysis and cholestasis, suggestive of severe sepsis with MOF. CT was positive for pneumonia, so he started antibiotic. The stool's tests were positive for K. Pneum. and P. Aerugin, both sensitive to the antibiotic practiced. The increase in pancreatic enzymes led us to repeat a new CT (increase of pneumonia and pancreatitis). After 10 days the patient had again fever and the blood's culture was positive for E. faec. He started antibiotic according to antibiogram with a good clinical and laboratory response. Just one day after stopping antibiotic, the patient had a fever again and the inflammation tests was increased, so we decided to remove CVC (culture + K. Pneum. KPC). HIV test (negative), Ig deficiency and inversion of CD4/CD8 ratio gave us the suspicion of CVID. The patient started a new antibiotic treatment and immunoglobulins. At discharge he had normal inflammation values. We decided on the laboratory and CT scan check after 1 month, in the meantime the patient was hospitalized twice and he died of septic shock complications.
Conclusions: The clinical case suggest that CVID should be suspected in patients with recurrent infections, after excluding other causes of hypogammaglobulinemia.

La sicurezza e la qualità delle cure nell'assistenza primaria

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Premesse: La sicurezza dei pazienti nelle cure primarie è un campo di ricerca emergente. Scopo del lavoro è fornire un protocollo operativo per il miglioramento della qualità e della sicurezza delle cure in ambito territoriale. Descrizione: a livello territoriale viene elaborato un modello organizzativo per la gestione del rischio con strumenti di valutazione e gestione condivisi che soddisfino i requisiti minimi gestionali, le macro e le micro attività, l'adozione delle raccomandazioni ministeriali, la rilevazione e la gestione degli eventi avversi,sentinella e near miss e la gestione di tutta la documentazione per garantire la sicurezza di tutti i percorsi assistenziali. L'efficacia e la qualità degli interventi sono monitorati e misurati attraverso indicatori di struttura, di processo e di esito.
Conclusioni: E' necessario applicare e rendere operativi ed uniformi protocolli e procedure standardizzate in particolare: gestione delle infezioni, riduzione dell'accesso al ps e al ricovero, raccordo anamnestico e farmacologico, sostegno al paziente e ai suoi caregiver, gestione della compliance farmacologica e la riduzione del rischio di eventi avversi ad essa legati sia nell'ambito delle cure primarie che nelle diverse sedi assistenziali stratificandone i livelli di intensità di cure per l'accesso tempestivo e l'appropriatezza delle cure stesse. Ampio spazio deve essere dato alla implementazione della comunicazione tra le diverse realtà assistenziali che consentano un flusso di informazione più diretto tracciabile ed univoco al fine del miglioramento della qualità e della sicurezza.

Linfoadenectomia "ecoguidata" in corso di FUO

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Premesse: La febbre di origine sconosciuta (FUO) richiede un approccio multidisciplinare. Le metodiche di imaging trovano ampio spazio diagnostico; l'ecografia può rappresentare un valido mezzo per l'identificazione di neoplasie, ascessi e patologie linfoproliferative, cause di FUO.
Descrizione del caso clinico: Paziente di 90 anni giunge alla nostra osservazione per una febbre di ndd da circa 3 settimane resistente a terapia antibiotica. In anamnesi anemia in corso di studio, ipertensione arteriosa e cardiopatia ischemica. RX torace: negativa. Gli esami di laboratorio confermavano la presenza di anemia normocitica. Alla luce del quadro clinico si eseguiva un'ecografia epatosplenica e delle stazioni linfonodali superficiali. L'esame evidenziava splenomegalia ed una diffusa linfoadenomegalia. La maggior parte dei linfonodi mostrava sovvertimento strutturale con mancata evidenziazione dell'ilo e alterazioni della vascolarizzazione all'ecocolordoppler. Lo studio identificava in sede inguinale sinistra il linfonodo con caratteristiche di sospetto maggiore e di più facile accesso chirurgico. Eseguita l'asportazione del linfonodo indicato dall'esame ecografico, l'esame istologico poneva diagnosi di linfoma a cellule B di tipo mantellare.
Conclusioni: L'ecografia nelle FUO può fornire al clinico lo strumento idoneo per arrivare alla diagnosi in tempi brevi. In questo caso ha fornito un'importante chiave di risoluzione sia al clinico sia al chirurgo che ha eseguito la biopsia, asportando il linfonodo patologico più suggestivo per neoplasia, evitando i non infrequenti falsi negativi.

Un insolito e raro caso di ascite

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Premesse: La granulomatosi peritoneale è una condizione rara che può essere dovuta a tubercolosi, infezioni fungine, sarcoidosi, vasculiti o reazioni ad agenti esterni.
Caso clinico: Un uomo di 55 anni giunge per nausea, vomito e addominalgie con incremento volumetrico dell'addome. La TC addome eseguita in urgenza mostra "abbondante ascite, micropoliadenopatie mesenteriche e linfonodo di 18 mm nell'angolo cardiofrenico anteriore dx, iperdensità reticolare del tessuto adiposo mesenteriale". L'Rx del torace e gli esami di laboratorio (inclusi indici di flogosi ed autoimmunità) risultano nella norma. L'indagine PET evidenzia iperaccumulo a livello di: "linfonodo dell'angolo cardiofrenico dx, alcuni linfonodi della catena mammaria interna bilateralmente e di diverse nodulazioni tissutali periviscerali addominali (SUV max 4.8)". Viene quindi sottoposto a laparoscopia diagnostica con biopsie peritoneali. L'esame istologico descrive: "frammenti di tessuto fibroadiposo focalmente rivestiti da mesotelio con flogosi cronica granulomatosa giganto-cellulare non necrotizzanti". L'Intradermoreazione di Mantoux e l'IGRA test per BK sono positivi, ma la ricerca di BAAR e colturale su liquido ascitico risultano negativi. Il paziente viene dimesso con diagnosi di "granulomatosi mesenterica idiopatica in infezione tubercolare latente" e terapia steroidea per 6 mesi con risoluzione del quadro clinico.
Conclusioni: L'istologia, pur essendo fondamentale per escludere patologie quali neoplasie o infezioni, non sempre consente una diagnosi specifica nelle malattie granulomatose in sedi atipiche.

Just stones?

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A 73 years-old woman presented to our Emergency Departement claiming persistent lumbar pain since 7 days. Her medical history included previuos abdominal tubercolosis, nephrolithiasis and chronic renal failure. Laboratory showed increased creatinine levels (2,5 mg/dl) and mild hypercalcemia (12,5 mg/dl). A CT scan showed calcific mediastinal lymphoadenopathies, bilateral mold stones and enlarged confluent abdominal adenopathies, suggestive for abdominal lymphoproliferative disease. PET-FDG confirmed this suspect. A laparoscopic escissional biopsy of abdominal adenopathy was performed. Histology revealed non-caseating epithelioid granuloma, suggesting sarcoidosis. Glucocorticoid therapy was started with sudden improvement in renal function and hypercalcemia. The patient was referred to Urologist for surgical therapy of obstructive renal disease. Sarcoidosis must always be considered in differetial diagnosis of hyeprcalcemia.

Uno strano caso di artrite isolata

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Case report: Un uomo di 79 anni giunge in ambulatorio per dolore urente ai piedi che migliorava con il freddo. Aveva già eseguito un

RM del piede che documentava presenza di artrite poliarticolare con elettromiografia negativa. Iniziava terapia steroidea con miglioramento. Circa 2 mesi dopo torna per comparsa di instabilità posturale, lieve dispnea, mioclonie e disturbi disautonomici. Eseguiva TC torace che documentava lesione discariocinetica nel LLS e embolia polmonare subsegmentale. La TC cranio e addome negative. Un ecocolordoppler dei vasi del collo evidenziava trombosi completa della vena giugulare interna di sinistra. Si eseguiva neuroelettromiografia che documentava neuromiotonia. Si iniziava terapia steroidea ad alto dosaggio in attesa della risposta del dosaggio degli anticorpi VGKC-complex (risultati positivi). Si assisteva a netto miglioramento e si organizzava biopsia della lesione polmonare per tipizzazione, non eseguita per peggioramento delle condizioni cliniche con successivo exitus.

Conclusioni: La diagnosi formulata fu "sindrome di Morvan paraneoplastica". La sindrome di Morvan è una malattia neurologica acquisita rara e letale, caratterizzata da iperattività del sistema nervoso centrale, alterazioni del sistema autonomo (variazioni della pressione sanguigna, iperidrosi) e periferico (crampi dolorosi, miochimia) e segni sistemici (perdita di peso, prurito, febbre). A patogenesi autoimmune, è legata alla presenza di auto-anticorpi diretti contro strutture del cervelletto.

Un banale caso di scompenso cardiaco?

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Una donna di 79 anni giunge al ricovero per dispnea ingravescente ed edemi declivi arti inferiori. In anamnesi ipertensione arteriosa da molti anni e fibrillazione atriale permanente. Durante il ricovero è stata sottoposta a terapia medica con diuretici con parziale miglioramento della sintomatologia. Visto il persistere della sintomatologia, nel sospetto di una cardiopatia dilatativa, si eseguiva ecocardiogramma che documentava bioatriomegalia, ventricolo destro dilatato, ipocinetico, ipertrofia concentrica del ventricolo sinistro con FE conservata con aumentata pressione di riempimento ventricolare sinistro. Si richiede biopsia del grasso peri-ombelicale che documentava la presenza di rare zone di birifrangenza verde mela alla colorazione rosso congo. Veniva eseguita risonanza cardiaca che evidenziava un reparto compatibile con amiloidosi cardiaca. La paziente è stata quindi inviata ai colleghi dell'Ematologia per iniziare terapia specifica. Le amiloidosi rappresentano un grande gruppo di malattie caratterizzate dall'accumulo patologico, in sede extracellulare, di materiale proteico insolubile, denominato amiloide o sostanza amiloide. Si tratta, in genere, di malattie multisistemiche che compromettono la funzionalità di vari organi vitali, in modo particolare di reni, cuore, apparato gastrointestinale, fegato, cute, nervi periferici e occhi. Attualmente, si conoscono circa 30 tipologie di amiloidosi, ereditarie o meno, classificate in base ai segni clinici e alle caratteristiche biochimiche della sostanza amiloide coinvolta.

Una strana bolla

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Premesse: La granulomatosi con poliangioite (granulomatosi di Wegener, GPA) è una infiammazione granulomatosa dell'apparato respiratorio con vasculite necrotizzante dei vasi di piccolo e medio calibro, spesso associata a glomerulonefrite.Sono possibili forme limitate (in genere alle vie respiratorie).E' classificata nell'ambito delle vasculiti caratterizzate dalla presenza nel siero di autoanticorpi anti-citoplasma dei neutrofili (ANCA).

Descrizione del caso clinico: Donna che all'età di 27 anni,venne sottoposta a lobectomia polmonare per distrofia bollosa. Nel 2015 comparivano sfumati sintomi di malattia reumatica (fenomeno di Raynaud, xeroftalmia, noduli fibrotici alle estremità) e si documentavano ANCA atipico positivo,antiPR3 positivo ed emazie nel sedimento urinario. Nel 2019 una revisione dei vetrini del preparato istologico dell'intervento descriveva flogosi cronica e fenomeni vasculitici con infiltrazione eosinofila, compatibile con GPA. Data la sostanziale stabilità di malattia e comunque l'efficacia del trattamento chirurgico sull'impegno polmonare non si impostavano trattamenti specifici e manteneva il follow up.

Conclusioni: La GPA è una malattia rara che può mostrarsi in forme subdole. Dovrebbe essere posta in diagnosi differenziale con le condizioni che possano simulare la granulomatosi con poliangite o una vasculite: assunzione di cocaina,distrofie bollose,TBC,sarcoidosi,neoplasie tra le altre. L'eliminazione chirurgica del focolaio flogistico può anche portare a sostanziale remissione (o comunque basso livello di malattia) del quadro flogistico.

L'importanza della diagnosi differenziale in un mondo di malattie rare, veramente rare

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Premesse: La diagnosi differenziale (DD) è fondamentale nella pratica medica:se una malattia non è inclusa nella DD,è improbabile che venga diagnosticata ma lo spettro delle patologie diagnosticabili è talmente ampio che spesso le malattie rare non vengono considerate.

Descrizione del caso clinico: Donna di 68 anni. Per macrocitosi eseguita BOM che mostrava diseritropiesi, granulocito-displasia e delezione clonale interstiziale del braccio lungo del cromosoma13. Quindi riscontro di aptoglobina consumata,incremento di LDH, reticolocitosi ed anemia microcitica sideropenica. Ripeteva BOM e citogenetica:clone PNH di tipo III sul comparto eritrocitario pari al 33% e nel comparto neutrofilo e monocitario pari al 75% e al 65%. Si concludeva per emoglobinuria parossistica notturna (EPN).

Conclusioni: L'EPN è causata da mutazione acquisita nel gene PNH delle cellule staminali ematopoietiche comportante disregolazione del sistema del complemento con emolisi intravascolare, insufficienza midollare e trombosi.I sintomi sono aspecifici e sistemici;porta alla produzione di urine scure e possono esserci IRC ed ittero.La DD si pone con anemie e patologie trombotiche dei grossi vasi.Il trattamento è sintomatico (trasfusioni, eritropoietina, glucocorticoidi, anticoagulanti) ma sono disponibili 2 anticorpi monoclonali, eculizumab e ravolizumab,che riducono sintomi e fabbisogno steroideo. E'una malattia rara e può sfuggire alla comune DD: un approccio multidisciplinare è fondamentale per giungere ad una conclusione soddisfacente. La paziente attualmente ha iniziato il trattamento con eculizumab.

Il corso avanzato teorico-pratico di management del paziente con scompenso cardiaco in Medicina Interna ed in Medicina Generale: un'opportunità per accrescere le proprie competenze nell'ottica del "saper fare" e della "best practice"

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Circa 14 milioni di europei sono affetti da scompenso cadiaco (SC), con mortalità del 6%/anno, 23%/anno in pz ospedalizzati,circa 50% a 5 anni dalla diagnosi. Più del 70% dei casi sono gestiti dalle UO di Medicina Interna (pz più anziani e comorbidi rispetto alle cardiologie). E' necessario che l'internista sia capace di riconoscere la disfunzione ventricolare sinistra mediante ecografia cardiaca "bedside"/POCUS,così come fondamentale risulta essere la "presa in carico" del pz sul territorio in ambulatori dedicati, insieme al MMG. Il corso (ospedale di Osimo-INRCA IRCCS) prevede 40 ore di lezioni teorico-pratiche:sono gli

stessi discenti ad effettuare un'ecoscopia guidati dai tutors. 4 gruppi di 5 discenti hanno a disposizione una macchina per le esercitazioni.
Obiettivi: - Effettuare autonomamente un'ecoscopia cardiaca focalizzata (ECF) nel paziente con SC; - Saper riconoscere lo SC a FE depressa e/o disfunzione diastolica,implementando la terapia specifica; - Conoscere razionale,indicazioni e modalità di applicazione pratiche della metodica ecografica nello SC acuto,de novo e riacutizzato (ECF,polmonare, CUS, addome); - Implementare le linee guida delle principali società scientifiche; - Attuare strategie per ridurre ricoveri e re-ricoveri di pz potenzialmente gestibili in altri setting assistenziali, oltrechè la mortalità; - Saper affrontare le principali comorbidità e condizioni presenti nel paziente acuto affetto da SC (sepsi/shock settico,congestione polmonare grave,fibrillazione atriale). Dopo superamento delle prove finali,si rilascia attestato di partecipazione e riconoscimento di 50 crediti ECM.

Eritema nodoso iatrogeno in corso di pancreatite acuta

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Premesse: L'eritema nodoso rappresenta la forma di panniculite di più frequente riscontro, si manifesta con noduli eritematosi caratterizzati da spiccata dolorosità e dolorabilità, la patogenesi dell'eritema nodoso non è ancora del tutto chiarita, ma si è propensi a considerarla come una reazione di sensibilità ritardata a svariati antigeni.
Descrizione del caso clinico: Paziente di 39 anni, consumatore abituale di alcolici che giunge in PS per dolore addominale, agli esami ematici rialzo di AST, ALT, LDH, glicemia e amilasi, leucocitosi neutrofila, all'ecografia clinica pancreas di spessore aumentato a struttura inomogenea con sottile falda liquida peripancreatica. Ricoverato in Medicina per pancreatite acuta lieve. Nelle ore successive si osserva un incremento degli indici di flogosi, febbre ed iniziale instabilità emodinamica. Ranson 5, mortalità predetta 40%, alla TC addensamento parenchimale basale sinistra come da polmonite nosocomiale. Impostati meropenem e vancomicina e dopo tre giorni comparsa arti inferiori di lesione tipo eritematosa rosso-violacea, calda, aspetto bozzuto e dolore disabilitante. Eseguiti wash out da antibiotici e corticosteroidi endovena con calo degli indici di flogosi e risoluzione della lesione.
Conclusioni: È spesso difficile risalire con certezza ad un'eziologia dell'eritema nodoso, in quanto le possibili cause sono molteplici. Un corretto inquadramento eziologico è di fondamentale importanza poiché l'eritema nodoso rappresenta sempre una reazione tissutale ad uno stimolo, la cui definizione eziologica permette una terapia mirata.

Un caso di dolore addominale: sintomo frequente, causa non usuale

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Premesse: Il dolore addominale è un sintomo frequente dovuto a molte malattie da benigne a potenzialmen- te mortali.
Descrizione del caso clinico: Donna di 60 anni giunge al PS per dolore addominale localizzato nei quadranti inferiori di destra. Esame clinico in PS: addome trattabile, dolorabile in ipocondrio e fianco destro,peristalsi presente. Esami ematochimici in PS: globuli bianchi 15800/mm3 (NEU 82,5%), creatinina 0,59 mg/dl, AST 35 U/l, ALT 67 U/l, LDH 380 U/l, PCR 13,7 mg/dl .Sedimento urinario:440 globuli rossi, 98 globuli bianchi, proteinuria. TAC addome senza mdc: nulla di rilevante. Ricoverata con diagnosi: dolore ad-dominale. Viene iniziata terapia con Ceftriaxone 2 g/ev/die e Metronidazolo 500 mg x3 ev/die. Successiva TAC addome con mdc: presenza in corrispondenza del polo inferiore del rene destro di alterazione in prima ipotesi su base vascolare. Successiva RM addome: la lesione segnalata ha caratteristiche compatibili con le- sione vascolare ischemica. Trombosi completa dell'arteria renale destra. Dopo una settimana la sintomatologia dolorosa è completamente regredita, gli esami ematochimici dimostrano assenza di leucocitosi, normalizzazione di PCR, ALT, LDH, assenza mutazione fattore V Leiden, normali valori di proteina C e proteina S.
Conclusioni: L'infarto renale è raro, ma la sua frequenza è probabilmente più elevata a causa della difficoltà della diagnosi clinica, e spesso è ritardata in quanto la tipica presentazione clinica con dolore al fianco o addominale pone tale condizione in diagnosi differenziale con altre patologie molto più frequenti .

Clinical reasoning: A skill misunderstood. Clinical applications: how the diagnosis changes in pericardial effusion

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Background: Diagnostic reasoning is often a misunderstood skill because of therapeutic phase is preferred, ward round is discontinous, DRG system does not value qualitative data . This cause treatment errors and cost increase.
Case report: Two women (X,Y) presented with fever, atromyalgia, biologic inflammatory syndrome. Both had been treated empirically and had pleuropericardial effusion on POCUS US. According to problem solving method, these are preliminary diagnostic/management questions: 1. Pericardial effusion identify always acute pericarditis? Diagnosis includes two criteria: chest pain, pericardial rub, ECG changes, pericardial effusion. X had acute pericarditis, Y pericardial effusion. 2. What is the diagnostic step? Evaluation of hemodynamic impact, etiology and inflammatory signs. X had cardiac tamponade without inflammatory signs: likelhood ratio for malignant etiology was 2.9. Y had a pericardial effusion: etiological research was necessary for treatment. 3. Are there predictive factors of hospitalization and timely approach? In pericarditis risk factors of poor outcome are: high fever, subacute course, significant effusion, failure to response to NSAIDs. Prognosis of effusion is related to etiology, to entity, to course. Given clinical stability, patient Y was discharged with follow-up, patient x underwent pericardiocentesis.
Conclusions: Diagnosis of X was sarcoma infiltration, of y serositis in rheumatoid arthritis with favorable outcome. Both cases are characterized by initial misdiagnosis because of empirical treatment is dissociated from diagnostic methodology.

Uno shock non del tutto settico

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Premesse: Quadri clinici routinari possono sottendere patologie rare sospettabili grazie a una attenta anamnesi e a una scrupolosa valutazione di sintomi e segni.
Descrizione del caso clinico: Un paziente di 74 anni giunge in DEA per recidiva di episodio sincopale con trauma cranico, febbre, cefalea. In anamnesi patologica remota ipertensione arteriosa e prostatectomia con incontinenza urinaria. AngioTC encefalo negativa. Liquor: lieve proteinorrachia. Rx torace: negativo. E' ricoverato con diagnosi di sepsi da sospetta infezione delle vie urinarie; emocolture ed urocoltura risulteranno negative. Sviluppato quadro di shock con PCR 404 e PCT 4.31 viene trasferito in Rianimazione. Al rientro in Medicina, a risoluzione della sepsi, presenta importante poliuria, bilancio idrico negativo, persistenza di ipotensione, astenia, rallentamento ideomotorio. Il persistere di ipotensione e poliuria con osmolarità urinaria bassa anche dopo test dell'assetamento hanno fatto sospettare deficit di ADH. La rivalutazione della TAC encefalo ha messo in evidenza sella vuota parziale. TSH, ACTH, FSH, LH, cortisolo, testosterone sono risultati ridotti. E' stata iniziata terapia sostitutiva (cortisone acetato, tiroxina, desmopressina) con netto beneficio.
Conclusioni: Questo caso ci insegna che la rivalutazione di anamnesi e segni clinici alla ricerca della "causa unificante" permetta di formulare ipotesi diagnostiche alternative.

A rare case of pulmonary embolism in patient with severe persistent hypereosinophilia

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Background: Acute pulmonary embolism (PE) is a common and life-threatening disease in patients of Medicine departments. There are many well-known predisposing factors for deep vein thrombosis (DVT) and thromboembolism, but some cases still remain of uncertain etiology.
Case presentation: We report a case of PE in DVT in a 57 years old man with a severe persistent hypereosinophilia (HE, 7.20 x 10,9/L). During hospitalization patient developed progressively crippling erythema, edema and pain of the lower extremities. In the diagnostic work-up several investigations have been performed, in particular hematologic (*i.e.* bone marrow biopsy) and infectious tests indicated a possible idiopathic HE. Paraneoplastic cause was excluded by PET CT scan. The muscular biopsy showed a histological pattern suggestive for myositis, but without eosinophilic infiltration. Myotonic dystrophy, suspected for some electromyographic pattern, was excluded by a negative genetic test. In conclusion, we supposed a PE in DVT caused by HE. Muscular involvement has not been completely explained, and a cardiac MR is going to be performed. We started anticoagulation with apixaban and steroidal therapy with rapid normalization of eosinophilic count and a partial improvement of the cutaneous and muscular symptoms.
Conclusions: Physicians must be aware that HE predisposes to thromboembolic events. Making a correct diagnosis is challenging and really important for the patient, because treating reversible causes can prevent further thromboembolic events and other complications related to eosinophilic tropism.

Gestione di una delle principali urgenze nella drepanocitosi

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Premesse: La drepanocitosi si definisce come anemia a cellule falciformi ed è caratterizzata da un'emoglobina anomala che determina crisi vaso-occlusive. E' una malattia ereditaria autosomica recessiva e si manifesta con anemia emolitica, ictus, ulcere ischemiche agli arti, sindrome nefrosica. Diffusa nelle regioni equatoriali del mondo e con i fenomeni migratori è maggiormente presente nei nostri reparti.
Descrizione del caso clinico: Uomo di 30 anni del Ghana, accede in PS dell'A.O.U. Senese per comparsa di dolore violento non solo a livello lombo-crurale ma anche all'anca destra (VAS 9/10), da richiedere terapia anlgesica con morfina e ketorolac. In anamnesi: anemia falciforme, monorene; in terapia con acido folico e idrossiurea. Ricoverato nell'UOC Medicina 1 dove viene confermata la diagnosi di drepanocitosi. Effettua esami ematici che mostrano un lieve incremento dell'LDH, delle CK, bilirubina e anemia. Un RM del femore sn mostra alterazione della midollare ossea metadiafisaria sn e iperintensità del periostio. Una successiva PET-TC confermava ipercaptazione del tratto distale della diafisi in sede midollare ed assenza di ipercaptazione in sede midollare nei 2/3 prossimali con fissazione corticale. Dimesso con la seguente terapia: Idrossiurea 15 mg/Kg, Acido Folico, Ferro, Colecalciferolo 50.000 UI al mese.
Conclusioni: La drepanocitosi, seppur rara, è una malattia cronica con complicanze acute potenzialmente letali e progressivo danno d'organo. Pertanto, una gestione accurata e tempestiva di tali eventi consente un notevole miglioramento del decorso clinico.

Tutte le lesioni escavate polmonari sono tubercolosi?

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Premesse: Le infezioni da MRSA sono purtroppo diventate comuni nei pazienti ricoverati o con fattori di rischio. Ma nelle persone sane quanto sono frequenti? E ne conosciamo davvero le complicanze?
Descrizione del caso clinico: Una giovane donna di 30 anni, si presentava in Pronto Soccorso per una raccolta sottocutanea addominale dopo puntura di insetto, drenata con isolamento su materiale drenato di Staphylococco Aureo e trattata con terapia antibiotica mirata per via orale al domicilio. Nuovo accesso dopo 3 settimane per febbre con riscontro di sepsi da Staphylococco Aureo MRSA con polmonite a focolai multipli trattata in regime ospedaliero con Linezolid secondo antibiogramma con successo. Al controllo dopo la dimissione riscontro di lesione escavata polmonare con Quantiferon test positivo. Eseguita broncoscopia che escludeva TBC, patogeni o patologie neoplastiche. Screening di II livello immunologico, virale ed ematologico negativi. Al controllo TC torace a tre mesi risoluzione del quadro.
Conclusioni: La paziente pur non essendo immunodepressa e non avendo fattori di rischio ha sviluppato una sepsi polmonare da MRSA con lesione escavata.

La ventilazione non invasiva in Medicina Interna: le scelte sono sempre semplici?

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Premesse: L'impiego della ventilazione non invasiva e di supporto alla ventilazione nell'insufficienza respiratoria in Medicina Interna è noto utile ed efficace. I risultati degli studi sono concordi sulla loro utilità nell'edema polmonare e nella BPCO riacutizzata; risultati incerti sulla polmonite e ancor meno sulle altre patologie respiratorie. Ma se i problemi respiratori sono molteplici?
Descrizione del caso clinico: Una donna di 55 anni con anamnesi muta viene ricoverata in ospedale per dolore agli arti con riscontro di trombosi venosa profonda agli arti inferiori bilaterale e conseguente riscontro di neoplasia polmonare (carcinoma adenosquamoso), lesioni ripetitive epatiche e TEP sub segmentaria destra. Impostata terapia con fondaparinux e ossigeno in cannula nasale, ma successivo peggioramento degli scambi respiratori con riscontro di CID ed emorragia alveolare. Sospesa eparina e successiva estensione dell'embolia polmonare e polmonite nosocomiale. Come supportare la ventilazione in questa paziente? Quali sono le evidenze in termini di NIV, CPAP, HFCN e IOT in pazienti con emorragia alveolare, polmonite e TEP? Quale riteniamo piu' corretta dal punto di vista etico in caso di neoplasia avanzata?
Conclusioni: La paziente ha alternato NIV, CPAP e HFCN in base al quadro clinico ed emogasanalitico e ha rifiutato IOT. Tuttavia la scelta della piu' corretta via di ossigenazione in caso di molteplici patologie respiratorie e in casi di palliazione non sono facili ed univoche.

Il rischio trombotico in paziente con mutazione del gene MTHFR e OSAS

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Premesse: Pz uomo di 36 anni normopeso in apparente stato di buona salute.
Descrizione del caso clinico: Il pz giungeva alla nostra osservazione per dolore addominale. Si eseguiva ecografia addome che mostrava trombosi della vena porta e della vena mesenterica superiore. Si avviava terapia anticoagulante con antagonisti della vitamina K. Alle indagini di laboratorio evidenza di poliglobulia (GR 6250000 mmc, Hb 19.1 g/dl, Hct 53%), trattata con ripetuti salassi, ed iperomocisteinemia. Si effettuavano test genetici che evidenziavano mutazione del gene MTHFR (C677T) in omozigosi, quindi aumentato rischio trombotico. Si eseguiva striscio periferico, dosaggio dell'EPO e ricerca mutazione del gene JAK-2, risultati nella norma; spirometria, anch'essa non patologica; polisonnografia che mostrava quadro compatibile con OSA grave in paziente con alterazioni anatomiche delle vie aeree superiori.
Conclusioni: Alle indagini strumentali di controllo si assisteva a com-

pleta risoluzione del quadro trombotico. Si avviava terapia con C-PAP con progressivo miglioramento dei valori emocromocitometrici.

An insidious and long standing case of insulinoma

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Insulinoma is a rare neuroendocrine tumor that causes inappropriate release of insulin resulting in episodes of hypoglycemia with neuroglycopenic and autonomic sympathetic symptoms.
Case Report: A 71-year-old woman was admitted to Internal Medicine Department due to recurrent episodes of confusion, light-headedness, palpitations and shakiness for more than seven years. These symptoms emerged away from meals and were relieved with eating something. CT scan and MRI of the abdomen had been negative several times. Physical examination showed a woman with a BMI of 39,8 kg/m^2. Blood laboratory tests demonstrated a low initial glucose level, a high plasma insulin level and a high C-peptide level. Prolonged supervised fasting test produced symptomatic hypoglycemia with hyperinsulinemia. Abdominal CT scan demonstrated a single enhancing lesion of 2 cm in diameter in the body of pancreas, no distant metastases were identified. MRI of brain was negative. Other hormonal studies including serum cortisol level, parathormone level, adrenocorticotropic hormone level, and thyroid function were normal. The patient was operated and a small tumoral mass was removed from the body of pancreas. Histopathological examination showed a consistent neuroendocrine pancreatic tumor, and the tumor cells were positive for synaptophysin and chromogranine. Ten months after the surgery the patient does not show any symptoms.
Conclusions: This case demonstrates that insulinoma is often difficult to detect because the symptoms appear before a tumor mass is evident therefore a clinical follow up is needed.

Uno stroke con coinvolgimento sistemico

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Premesse: Abbiamo valutato una donna di 73 anni per febbre , anemia, aumento VES e PCR. Storia di artrite, ipertensione arteriosa, recente ictus ischemico emisferico sinistro, con riscontro di aumento degli indici di flogosi, non indagato ulteriormente.
Descrizione: La paziente entrava in reparto per febbre , anemia e aumento PCR e VES con funzionalità renale ed epatica nella norma. Eseguiti accertamenti per esclusione di patologia infettiva (PCT, TC body, ecocardio, emo- e urinocolture) ; inoltre, sulla base dei dati anamnestico-clinici e del recente ictus nel sospetto di vasculite eseguiti ANA, ENA, ANCA, FR, anti CCP, LDH (negativi); eseguita PET-TC 118 FDG con accumulo patologico del tracciante a livello dei grossi vasi, in particolare aorta toracica, tronchi sovraaortici, arterie ascellari. Posta diagnosi di vasculite dei grossi vasi a tipo GCA (Giant Cell Arteritis) e prescritto prednisone 1 mg/Kg/die con rapido miglioramento. Nel follow-up è stata documentata completa remissione clinica e strumentale; nel 2018 ricaduta clinico-laboratoristica (aumento PCR e positività PET-TC) è stata diagnosticata anche severa insufficienza aortica di nuova insorgenza. E' stata reimpostata terapia steroidea con induzione di nuova remissione ed è stato effettuato intervento di sostituzione valvolare aortica con bioprotesi; aggiunto tocilizumab 162 mg/settimana con attuale completa remissione clinica e strumentale.
Risultati: La diagnosi differenziale dell'ictus ischemico deve sempre tenere in considerazione l'ipotesi di eziologia vasculitica.

Una gravidanza difficile: un caso di encefalopatia di Wernicke

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Premesse: In corso di gravidanza il fabbisogno di tiamina è aumentato. L' iperemesi gravidica può causare encefalopatia di Wernicke. Tale condizione ha una prognosi sfavorevole sia per la madre che per il bambino.
Descrizione del caso clinico: Una primipara di 30 anni, all'undicesima settimana, si recava in PS per nausea, vomito ed epigastralgia. Veniva posta diagnosi di iperemesi gravidica, reflusso gastroesofageo e sludge biliare. Durante la degenza sviluppava gradualmente anoressia, disinteresse verso la gravidanza, ridotta interazione col personale medico, riduzione della mobilità attiva con conseguente allettamento. Una consulenza psichiatrica suggeriva trattamento con trazodone. Nei giorni successivi la paziente sviluppava disfagia, scialorrea, nistagmo orizzontale, paralisi periferica del VII nervo cranico di destra ed infine sopore. Venivano effettuate EEG, RM encefalo che descrivevano un quadro di encefalopatia tossico-metabolica. Nel sospetto di encefalopatia di Wernicke iniziava terapia con tiamina. Nelle settimane successive si assisteva al miglioramento del quadro clinico e strumentale.
Conclusioni: L'encefalopatia di Wernicke in corso di gravidanza è una condizione poco frequente, spesso misconosciuta, potenzialmente invalidante e letale. In gravidanza è opportuno effettuare terapia con Tiamina precocemente in caso di vomito prolungato e severo. La supplementazione è giustificata dall'elevato profilo di sicurezza terapeutica e dall' outcome potenzialmente infausto sia per la madre che per il feto.

Non solo dolori muscoloscheletrici

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Premesse: In Medicina Interna è frequente il ricovero di pazienti anziani sintomatici per astenia e dolori osteoarticolari diffusi e persistenti che spesso sottovalutiamo attribuendoli all'età e a patologie muscoloscheletriche degenerative.
Descrizione del caso clinico: Donna 82 anni, autonoma fino a qualche settimana prima del ricovero, affetta da mielodisplasia in terapia con oncocarbide, sintomatica da alcuni mesi per astenia, saltuaria febbricola e dolori al cingolo scapolare e pelvico. La prima ipotesi diagnostica è stata un'evoluzione del quadro ematologico, esclusa successivamente da BOM, immunofenotipo ed esami laboratoristici. Abbiamo quindi sospettato una polimialgia reumatica dato che la paziente era in possesso di tre dei quattro criteri diagnostici (dolore tipico, età avanzata, VES elevata), per cui abbiamo iniziato la terapia con corticosteroidi ad alte dosi assistendo ad un rapido miglioramento della sintomatologia algica e dell'impotenza funzionale, confermando dunque il nostro sospetto. La paziente ci ha riferito successivamente di aver sofferto anche di cefalea nell'ultimo periodo, quindi nel sospetto di Arterite di Horton associata alla polimialgia reumatica, abbiamo eseguito una valutazione ecocolordoppler che è risultata positiva per processi arteritici a carico di entrambe le arterie temporali.
Conclusioni: Nonostante nella popolazione anziana il dolore osseo e articolare abbia più frequentemente un'origine muscoloscheletrica degenerativa o neoplastica, devono essere tenute in considerazione anche le patologie reumatologiche.

Viral respiratory tract infection and acute respiratory failure in an older patient: not only influenza!

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Introduction: Human metapneumovirus (hMPV) is a respiratory virus that causes upper respiratory infection. In patients aged ≥65 years, the rate of hospitalizations associated with HMPV was higher than the rates for influenza. Patients over the age of 75 or that have compromised immune systems are at risk for more severe pneumonia following this infection.

Case report: We report a case of an elderly patient aged 92 years old admitted to hospital for acute hypoxic respiratory failure. She presented before the admission cough, dyspnea, wheezing and fatigue. She performed Chest CT, echocardiography, blood gases evaluation, procalcitonin, blood cultures, urinary antigens for streptococcus pneumoniae and Legionella pneumophila. The CT scan was negative for pulmonary infiltrates and pneumonia, as well as the cultures, were all negative. The patient performed a nasopharyngeal culture for detection of influenza virus A and B, Respiratory Syncytial virus A and B, Influenza virus H1N1 and H1N1 pdm 09, Influenza A virus H3N2, Adenovirus, Parainfluenza virus 1,2 e 3 and Metapneumovirus. The unique virus detected was metapneumovirus. The treatment with cortisone, antivirals and O2 therapy and Non Invasive Ventilation lead a progressive improvement of the patient's health state. She discharged home after ten days.

Un caso inusuale di vomito incoercibile

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Premessa: Tra le innumerevoli sintomatologie che possiamo riscontrare in una Struttura di Medicina Interna il vomito è sicuramente tra le più frequenti. Questo caso sottolinea l'importanza di porre in diagnosi differenziale anche le cause più rare di vomito.
Descrizione del caso: Donna di 30 anni, accede in Pronto Soccorso per vomito alimentare e biliare da sette giorni. In anamnesi risulta assunzione di terapia ormonale sostitutiva in seguito ad asportazione chirurgica di adenoma ipofisario ACTH-secernente recidivato. Viene eseguita TC cranio che mostra: "Lesione di 7 mm a livello del pavimento della sella turcica..." non presente ad un precedente controllo tomodensitometrico. All'arrivo in Reparto una RM encefalo conferma la presenza di tale reperto, ponendo il sospetto di sanguinamento intracranico. Si intraprende terapia antiemetica (ondansetron) senza alcun beneficio clinico. Nei giorni successivi compare una marcata ipotensione ortostatica associata a iperkaliemia. Gli esami ematochimici documentano una grave ipocortisolemia. Nell'ipotesi di un mancato assorbimento di cortone acetato, si inizia supplementazione parenterale di steroide con immediato beneficio clinico.
Conclusioni: Il quadro clinico della paziente è esordito con vomito da gastroenterite, il quale ha evitato un corretto assorbimento di cortone acetato: ciò ha determinato una sindrome di Addison iatrogena che ha perpetuato la sintomatologia rendendola non responsiva all'antagonista serotoninergico permettendo invece un miglioramento clinico solo dopo l'introduzione di terapia steroidea.

Psycogenic Pseudosyncope: a case report

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Introduction: Psychogenic pseudosyncope (PPS) is the appearance of transient loss of consciousness (TLOC) in the absence of true loss of consciousness.
Case Report: A 58-year-old man came to the emergency room after an episode of loss of consciousness, lasted over 30 minute while he was sitting on the sofa. Fall to the ground, plastic rigidity and loss of sphincter control were reported by his wife. At the visit he appeared oriented with a slight sign of morsus. He described similar episodes in the past with and without loss of consciousness for which benzodiazepines had been prescribed. Brain CT and EEG were normal. Then he was referred to our Day Hospital; on admission the patient was on treatment with escitalopram. Blood exams (including glycemia), ECG, Holter ECG, 24-h blood pressure monitoring, active standing test, Echocardiography and epiaortic ultrasound resulted normal. Additionally, RM brain was normal too. Interestingly, during Head-up tilt test he experienced the above mentioned symptoms in the absence of significant hemodynamic modifications. Moreover, Transcranial Doppler did not show the presence of paradox shunt and vestibular tests were negative.
Conclusions: The incidence of PPS is likely underestimated because this disorder is under investigated in the unexplained syncope population. Since diagnosis of PPS may be associated with psycosocial dysfunction and disability, identifying these patients is important to offer appropriate treatment and to improve quality of life.

Cosa c'è sotto a questa urosepsi?

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Premesse: La sepsi può avere origine da molti siti anche se i più frequenti sono le vie respiratorie o urinarie.
Descrizione del caso clinico: È stata ricoverata in stato di insufficienza multiorgano su base settica una donna di 55 anni, affetta da grave obesità. Nei giorni precedenti aveva sofferto di lombosciatalgia trattata prima con FANS e miorilassanti poi con steroidi; per intenso dolore lombare da seduta riferiva episodio di presincope. E' stato isolato subito nei primi giorni S aureus sia dal sangue che dalle urine: si configurava quindi una "comune" urosepsi peraltro responsiva a piperacillina/tazobactam con linezolid e poi amoxicillina/acido clavulanico. Tuttavia vista la tipologia del germe è stato indagato ulteriormente il sito di origine con ecocardiogramma (esclusa endocardite), ecografia addome, TC colonna lombare (esclusa spondilodiscite). Persistendo il sospetto di quest'ultima è stata eseguita PET total body con dimostrazione di lesioni infettive a vari dischi lombari, sincondrosi sacro-iliaca dx inoltre raccolta purulenta lungo i muscoli dorsali fino al sacro. E' stata quindi aggiunta gentamicina e poi teicoplanina (terapia per 6 settimane in totale). Non è stata posta indicazione a manovre chirurgiche sulla raccolta e neppure di drenaggio. Si è provveduto a graduale mobilizzazione dopo valutazione ortopedica e fisiatrica con corsetto di stoffa e stecche infine la pz è stata dimessa per ricovero riabilitativo.
Conclusioni: Solo il ragionamento clinico, contro esami radiologici negativi, ha permesso in questo di caso di porre la diagnosi corretta.

Unexplained and significant diarrhea

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Background: VIPomas are rare functioning neuroendocrine tumors that secrete vasoactive intestinal polypeptide (VIP). VIPomas are detected in 1 in a million people per year. VIPomas are intrapancreatic in over 95 percent of cases. The majority of patients with VIPoma have VIPoma syndrome, which is also called the pancreatic cholera syndrome, Verner-Morrison syndrome, the watery diarrhea, hypokalemia, and hypochlorhydria or achlorhydria (WDHA) syndrome. VIPoma syndrome is characterized by watery diarrhea that persists with fasting. The diagnosis of a VIPoma is suspected in patients with unexplained high-volume secretory diarrhea (>700 mL/day).
Case presentation: A 73-year-old woman was admitted to the hospital for nausea, abdominal pain and with unexplained high-volume secretory diarrhea for about 40 days. The gastroenterologist had already made a request for gastrin (within normal limits) and VIP (375 pmol/L, upper limit 30). Integrated PET/CT scanning using Ga-68 DOTATOC was the chosen modality to stage and localize the tumor. The images showed pathological increase against an exophytic nodular formation located at the level of the jejunum. In laparoscopy, the patient was subsequently subject to distal pancreasectomy. The patient is currently in good general conditions. She has been discharged from surgery and she is waiting for a visit with the oncologist.
Conclusions: The average survival of patients with VIPomas is 96 months. Prognosis is largely dependent on VIPoma tumor grade, staging, and surgical resectability.

A case of bladder wall pneumatosis

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Background: Emphysematous Cystitis (EC) is a rare form of complicated urinary tract infection. It is usually associated with immunosuppression, poorly controlled diabetes mellitus, and other risk factors such as previous urinary tract infection and/or recent instrumentation of the urinary tract. Patients with EC present with variable clinical manifestations ranging from asymptomatic to severe sepsis. Escherichia coli and Klebsiella pneumoniae are often isolated from urine cultures.
Case report: A 65-year-old woman was admitted for postural instability and frequent falls. The patient was not diabetic. Her vital signs were normal, admission laboratory values were within normal levels. Cervical magnetic resonance documented a spinal stenosis (C3); neurosurgical advice recommended antalgic therapy, pregabalin. During the second night, haloperidol was used because the patient was confused. The bladder catheter was inserted the following afternoon. After about 7 hours, the patient was dispnoic, tachicardic, and hypotensive. An acute coronary syndrome was ruled out. Initially, a load of fluids had increased blood pressure but after 1 hour the patient was shocked. The result of TC total body was «a bladder wall pneumatosis associated with pneumatosis of contiguous extraparietal tissues». The patient died of septic shock approximately 32 hours later.
Conclusions: We never expected such an adverse event. EC is potentially life-threatening, with a mortality rate of 7%.

Valore della raccolta anamnestica e della anamnesi famigliare in particolare, nella diagnosi di sindrome coronarica acuta: case report

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Il calcolo del rischio cardiovascolare (RCV) è uno strumento importante, algoritmo frutto di una ricerca dell'Istituto Superiore di Sanità stima la probabilità di andare incontro a un primo evento CV maggiore (infarto del miocardio o ictus) nei 10 anni successivi, vede 8 fattori di rischio: peso, sesso, età, diabete, abitudine al fumo, pressione arteriosa sistolica, colesterolemia tot e HDL, terapia antipertensivo in corso. La famigliarità per malattie CV, sedentarietà e stress non sono comprese. Un uomo di 55 aa, senza co-patologie giunge coi propri mezzi, in PS per tosse, secca e malessere, 4 giorni prima era stato a 2000 m. di quota, e camminando in salita al freddo, ha presentato dispnea e bruciore in sede torace anteriore, irradiato ad entrambe le spalle, regredito, durato 10 min, non si era ripresentato. In triage ECG 12 derivate negativo per alterazioni ischemiche acute, confermata la non urgenza. PA 120/70, FC 70 rs, SPO2 94% in aa, TA 36,7C°. All'EO crepitii base destra. L'rx torace: polmonite inferiore destra. Dall'anamnesi famigliarità per cardiopatia ischemica: padre deceduto a 47 aa e fratello con infarto miocardico a 58 aa. Mai fumatore, professore di matematica, riconosce un periodo di stress lavorativo. Normopeso, colesterolo tot. 240 mg/dl. Pratica abituale attività fisica. Dagli esami: troponina 18840 pg/mL, e CPK, LDH, AST compatibili con sindrome coronarica acuta. Trasferito in UTIC sottoposto ad angioplastica coronarica con beneficio. Si ritiene pertanto che l'anamnesi, anche famigliare debbano avere un peso maggiore nel RCV nelle strategie diagnostiche.

Uso pratico di una cartella infermieristica di sedo-analgesia ambulatoriale in endoscopia digestiva

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Background: L'obiettivo del presente studio è valutare la sicurezza e l'efficacia della sedazione effettuata durante l'endoscopia digestiva diagnostica ed operativa utilizzando una cartella infermieristica dedicata.
Metodi: Sono stati arruolati 100 pazienti di età media pari a 64,43±18.87, 56 maschi e 46 donne, sia ricoverati che ambulatoriali o inseriti nei programmi di screening. I pazienti sono stati confrontati per le variabili: età, sesso, patologia presentata e grado di autonomia. Sono state effettuate 46 EGDS e 54 colonscopie; 54 hanno piena autonomia, 28 un'autonomia semi compromessa e 18 un'autonomia compromessa.
Risultati: Le donne affrontano l'esame endoscopico con maggiore ansia rispetto agli uomini (p=0,06 ; OR: 0,27 95% CI 0,05-0,72) e necessitano di essere sedate profondamente rispetto agli uomini (F=15,43; OR: 0,20 95% CI 0,05–0,72 ; p<0,01). Abbiamo inoltre osservato che nei pazienti con autonomia compromessa dopo sedo analgesia hanno riportato un grado di alterazione dello stato di coscienza significativamente più marcato rispetto ai pazienti con autonomia conservata (86% *vs* 35%) OR:12.28 95% CI:4,41–34,19, p<0,0001.
Conclusioni: La popolazione femminile e i pazienti con autonomia compromessa necessitano di maggiori attenzioni durante le procedure di sedo-analgesia in endoscopia digestiva.

An observational register on decompression illness during recreational diving activity in Maldives

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Introduction: The decompression illness (DCI) is an infrequent event. The aims of our register is a prospective observational study on recreational diving activities.
Materials and Methods: A questionnaire to collect data related to diving experience and medical characteristics has been administered. When a DCI occurred, data on the symptoms, physical conditions and on current and the previous 48 hours dives were registered.
Results: Among Oct 2018-May 2019, 248 subjects has been registered (total dives 5,331). A significant datum on the analysis of cohort is represented by Body Mass Index (BMI); the mean BMI was above superior limits of normal values. 9 DCI events were reported with a rate of 1.6/1,000 dives. 7 of these cases were classified as type 1 (cutaneous and muscular involvement) and 2 as type 2 (neurological symptoms). All the events were self-limited and regressed in short time. DCI events were predominantly present in male and overweight subjects. The DCI cases showed a deeper dive, had the same length and reported higher perception of fatigue than controls.
Conclusions: Our data confirm a low incidence of DCI, generally of mild severity. A local treatment with normobaric oxygen administration, general support and hydration obtained a complete resolution of symptoms in a short time. Our register has allowed us to collect also data on population engaged in recreational diving activity. We emphasize the importance of medical control in the subjects who perform diving activities, particularly in presence of some cardiovascular risk factors, such as an overweight BMI value.

Alcohol-related presentations to Emergency Department: an observational retrospective study with particular regard to adolescent population

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Introduction: Alcohol consumption is increasing and represents a big problem for young people. We present an observational retrospective analysis on patients presented in the Emergency Department (ED) because of alcohol abuse; in particular, this analysis is referred to adolescent people.
Methods: We analyzed data of ED presentation in the period

01/01/2015-31/07/2019. Data collected included age, time of arrival, clinical conditions (MEWS), concomitant injury, other substance abuse, admission in hospital or discharge. We subdivided the cohort in 2 groups: young people <18 years (group 1) and adults (group 2).

Results: We analyzed 989/252027 accesses; 64 pts in group 1 (17.2%<15 yrs). The percentage of accesses of this group shows an increasing in the last years (2015-2017, 0.08%; 2018, 0.11%; 2019, 0.18%), while in the group 2 this percentage is stable (0.39%). The MEWS on arrival in group 1 was higher than group 2 (1.53±1.13 *vs* 0.78±1.05; p<0.0001).The time of stay in ED was lower in group 1 (203'±124' *vs* 365'±334'; p<0.0001).There were not significant differences for rate of discharge, concomitant trauma, or polyabuse.

Conclusions: This study confirms a high rate of alcohol use among adolescents, revealing an easy access to alcohol at this age. The initiation and continuing use of alcohol in this age may have detrimental consequences. Actually, in Italy the sale of alcohol is forbidden for people <18 years of age (Law No. 189, November 8, 2012).The integration of alcohol use prevention programs in community and education systems should be encouraged and implemented.

Association between sarcoidosis and *Borrellia burgdorferi*: a clinical case

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Premises: We present a case of sarcoidosis in recent contact with *Borrelia burgdorferi*.

Description of the clinical case: The patient with congenital factor X deficiency, type 2 diabetes and heterozygosity for H63D mutation in the hereditary hemochromatosis gene has come to our observation for weight loss, night sweats, fever and itching. The physical examination and the radiological tests showed a hepatosplenomegaly, with inhomogeneous and micronodular spleen, mediastinal and abdominal lymphadenopathies. The liver biopsy showed sarcoid granulomas and serum ACE, BAL and PETTC were suggested sarcoidosis with negative findings for alternative onco-haematological pathologies. In infectivology tests a seropositivity for *Borrelia burgdorferi* has appeared. We started treatment with doxycycline and then with steroids observing a regression of symptoms.

Conclusions: Sarcoidosis is a multisystem granulomatous disorder of unknown aetiology. This case proposes again the possible association between *Borrelia burgdorferi* and sarcoidosis. This association has been repeatedly reported, but its statistical significance is debated. The diagnostic path has led to the conclusion of a case of sarcoidosis with hepatic, splenic and lymphonodes involvement. Splenic involvement is a negative prognostic factor with an increased tendency towards chronicity. Currently the patient seems to have responded well to the treatment, but in consideration of the above elements is in strict clinical, hematochemical, and instrumental monitoring.

A red eye of interest to Internal Medicine

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Premises: We present a clinical case of uveitis. The case was brought to our attention because of the appearance of ingravescent systemic symptomatology.

Description of the clinical case: A 58-year-old woman sought an eye examination because of the appearance of redness in one eye and visual acuity disorders. She was diagnosed with uveitis and started a systemic and local steroid therapy which was beneficial. When the steroid therapy was discontinued, however, the ocular symptoms relapsed and asthenia, generalized malaise, fever, arthromyalgias, and headache appeared in the absence of signs of meningeal irritation. The oculist confirmed a non-granulomatous posterior panuveitis. An anamnestic review revealed recurrent aphthous manifestations in the oral cavity and a previous ulcerative genital lesion. The association of non-granulomatous uveitis with aphthous manifestations and genital ulcers, as well as the finding of positive HLA B 51 supported the hypothesis of Behcet's Syndrome. Therefore, we again administered steroid therapy, observing a progressive regression of symptoms. The patient was then referred to the rheumatologists who started therapy with adalimumab. Given the presence of headache, cerebral RNM was performed. It showed areas of hyperdensity in the left occipital white matter, lesions which regressed during the control RNM performed after six months of therapy.

Conclusions: The manifestations and the clinical evolution of the case reflect Behcet's Syndrome with ocular, nervous and systemic manifestations.

Is this "still" FUO?

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Premesse: Uno tra gli enigmi più intriganti per l'internista è la FUO. Nei giovani adulti le cause sono svariate e l'iter diagnostico è complesso (30-35% la causa resta ignota). Ci sono casi intricati in cui due cause di FUO si incrociano aggiungendo complicazioni diagnostiche al medico e cliniche al paziente.

Descrizione del caso clinico: Maschio di 45 anni ricoverato in Malattie Infettive per febbre con brivido con cadenza quotidiana, sudorazione, mialgie, astenia non responsive a terapia antibiotica. Tra i vari accertamenti eseguiti si riscontrava neoplasia renale, veniva sottoposto a nefrectomia con diagnosi di carcinoma a cellule renali variante associata a malattia cistica acquisita. Dopo qualche settimana ripresa della sintomatologia e peggioramento delle condizioni generali. Falliva nuovamente la terapia antibiotica e visto l'ulteriore peggioramento del quadro clinico (CID) si avviava terapia steroidea con rapido beneficio. Si sospettava malattia di Still dell'adulto per la clinica (febbre, artralgie, leucocitosi neutrofila, linfoadenopatie laterocervicali) gli esami ematici (ferritina elevata) e gli esiti negativi di altri accertamenti (biopia linfonodale, PET, BOM).

Conclusioni: La malattia di Still dell'adulto è una condizione rara che colpisce preferenzialmente il sesso femminile. Si può presentare in modo variabile ma è spesso caratterizzata da puntate febbrili, artralgie o artriti, rash cutaneo color salmone. La causa scatenante è ignota. Le complicazioni severe dalla malattia sono rare (CID, PTT, emorragia alveolare diffusa e la miocardite).

Il frequentissimo riacutizzatore

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Premesse: Il frequentissimo riacutizzatore di BPCO è un paziente complesso per età avanzata e per multimorbidità. La terapia del frequente riacutizzatore impone la combinazione di tre farmaci inalatori e l'associazione di altri farmaci sistemici come gli inibitori della fosfodiesterasi-4, i macrolidi, i mucolitici. Il compito del medico internista è quello di trattare al meglio la fase acuta e di dimettere il paziente non solo con la terapia appropriata, ma anche raccomandando un follow-up adeguato in modo da allontanare nel tempo la riacutizzazione successiva.

Descrizione del caso clinico: Uomo di 79 anni con BPCO nota da 12 anni e in terapia con salbutamolo al bisogno. Dopo una prima severa riacutizzazione non viene modificata la terapia. Dopo altre 3 riacutizzazioni gestite dal MMG a domicilio viene avviata terapia con LABA/ICS. Alla successiva severa riacutizzazione viene impostata triplice terapia con LABA/ICS + LAMA. Dopo qualche mese il paziente sviluppa una polmonite con necessità di ricovero ospedaliero. Viene dimesso con duplice broncodilatazione (LABA/LAMA) senza ICS e viene avviata terapia con azitromicina e N-acetilcisteina. Dopo 2 mesi di follow-up si decide di reimpostare triplice terapia erogata da un unico device.

Conclusioni: Le linee guida e i vari lavori in letteratura non chiariscono come comportarsi dopo una polmonite nel paziente con BPCO frequente riacutizzatore in terapia cronica con ICS. La nostra decisione è stata di riavviare ICS associato a LABA/LAMA (in un

solo device) dopo un tempo adeguato mantenendo la terapia con mucolitico e azitromicina.

Sindrome neuroalgodistrofica: case report

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Premesse: La sindrome neuroalgodistrofica (Complex Regional Pain Syndrome, CRPS) è una rara patologia caratterizzata da dolore invalidante del segmento distale di un arto, iperalgesia, edema, alterazioni cutanee e osteoporosi maculata. Compare solitamente dopo un trauma, un'immobilizzazione prolungata, neoplasia.
Descrizione del caso clinico: donna, 68 aa, giunge per dispnea in associazione ad algia dell'arto superiore sx con segni di flogosi. In APR: ipertensione arteriosa polmonare classe 3, DM tipo 2, dislipidemia. All'arrivo in reparto si presentava dispnoica a causa del dolore continuo e urente della mano sx, tumefatta e arrossata. All'RX dell'arto superiore sx osteopenia distrettuale del polso; all'ETG edema dei tessuti molli con falda di versamento a livello del carpo. Agli ematochimici VES e PCR aumentate. Veniva eseguita valutazione reumatologica che concludeva per verosimile forma paraneoplastica di artrite microcristallina. Dosati markers neoplastici, negativi. Eseguiva quindi RMN arto sx con riscontro di diffuso edema midollare osseo delle ossa di mano e polso sx, con evidenza di alterazione endomidollare ad aspetto serpiginoso. Reperti compatibili con sindrome neuroalgodistrofica. La paziente praticava terapia parenterale con clodronato 300 mg/die per 7 giorni e ciclo di fisiokinesiterapia con graduale beneficio sino alla dimissione.
Conclusioni: L'eterogeneità della CRPS la rende una malattia "trasversale" a molti campi della medicina. Questa trasversalità richiede una collaborazione tra specialisti, che dovrebbero lavorare in un team multidisciplinare.

Un caso di prurito: quando trattare il sintomo ritarda la diagnosi

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Premesse: Il prurito è espressione di malattie dermatologiche e sistemiche.
Descrizioni del caso clinico: Donna di 80 aa, giunge per prurito in terapia con predinisone e calo ponderale di 10 kg. Riferiva versamento pleurico parapneumonico, vasculopatia cerebrale cronica e ipertensione arteriosa. Terapia: ramipril, furosemide, prednisone e rupatadina. EO, ecocardio, EGDS e colonscopia negativi. Durante il ricovero, per insufficienza respiratoria acuta si trasferiva in UTI. ECO Torace negativo. Ecocardiogramma: aumento del diametro dell'atrio dx e sx, ipertensione polmonare lieve, D-dimero 3.2 mg/L, T-hs 0.032 ng/ml. Pur essendo AngioTC polmonare negativa, nel sospetto di microembolia polmonare effettuava, prima cicli di NIV e terapia eparinica, poi Rivaroxaban. Dimessa con riduzione e sospensione del cortisone (CSC). Dopo un mese ritorna per ricomparsa di prurito, dispnea e lesioni nodulari sottomandibolari. EO: linfonodi non mobili, di consistenza lignea. Eco linfonodi: a sx nel III compartimento, linfonodi ipoecogeni senza echi ilari e con modulo cromatico sovvertito. In sede labiale superiore nodulo ipoecogeno vascolarizzato. In sede lombare formazioni ipoecogene. TC-TB, PET-FDG e biopsia linfonodale dirimenti per Linfoma Follicolare di basso grado.
Conclusioni: Il linfoma follicolare è l'istotipo più frequente dei LNH. Il prurito non è più considerato sintomo B tra i criteri di Ann Arbor, ma è importante se ricorrente, generalizzato e inspiegabile. L'uso indiscriminato di corticosteroidi può mascherare e ritardare la diagnosi di tali patologie.

Fenomeno o sindrome di Brugada?

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Premesse: La sindrome di Brugada è una rara aritmia cardiaca caratterizzata da blocco di branca destra ed elevazione persistente del tratto ST nelle derivazioni precordiali destre. Si associa ad aritmie ventricolari ed elevato rischio di morte cardiaca improvvisa. I patterns elettrocardiografici, pur non essendo sempre riconosciuti, possono manifestarsi sia in basale che dopo induzione farmacologica.
Descrizione del caso clinico: Uomo di 43 anni giunge alla nostra osservazione per screening cardio-metabolico in paziente con diabete mellito tipo 2, obesità II grado, ipertensione arteriosa, iperuricemia e insufficienza renale cronica II stadio. Anamnesi familiare positiva per morte improvvisa (non eseguite autopsie). ECG pattern tipo 3. Ecocardiogramma: ipertrofia del SIV 1.2 cm e lieve incremento delle sezioni destre. Nel sospetto di sindrome di Brugada veniva sottoposto a test farmacologico con Ajmalina che slatentizzava un pattern tipo 1.
Conclusioni: La diagnosi di sindrome di Brugada si pone in base alla presenza del pattern elettrocardiografico e di una delle seguenti condizioni: storia familiare di morte cardiaca improvvisa in un membro della famiglia di età <45 anni o ECG tipo 1, sintomi correlati ad aritmie (sincope, convulsioni o respiro agonico notturno), aritmie ventricolari. Il caso clinico presentato conferma la necessità di integrare il dato strumentale con il dato anamnestico e nei soggetti che presentano familiarità per morte improvvisa porre attenzione anche ad alterazioni elettrocardiografiche non francamente suggestive di sindrome di Brugada.

Riflessioni e valutazioni su un raro caso di ematoma subdurale acuto puro

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Premesse: L'ematoma subdurale acuto si riscontra nel 10-15% dei TCE da causa traumatica (90-95%) e non (5-10%).
Descrizione del caso clinico: Donna 35 anni, in PS per cefalea. Visitata e dimessa. Dopo 10 giorni si reca in altro PS per forte cefalea e nausea, TC cranio negativa e dimessa. Dopo 8 giorni giunge in altro PS, all'E.O.: soporosa, risvegliabile, lagoftalmo destro senza deficit neurologici. La TC cerebrale mostra *"raccolta extrassiale ematica isodensa emisferica dx, effetti compressivi su ventricolo lat. dx, shift della linea mediana verso sn e piccolo aneurisma, non rotto, della faccia post. sifone carotideo dx"*. Sottoposta a svuotamento di ematoma, craniectomia decompressiva, TC, panangiografia cerebrale ed embolizzazione aneurisma cerebrale. Successivo peggioramento con ipertermia, difficoltà respiratoria, coma, processi infettivi broncopolmonari, CID, decesso ed autopsia.
Conclusioni: L'associazione di E.S.A con ematoma subdurale acuto per rottura aneurismatica è molto rara (0,5-7,9%) mentre la presenza di ematoma subdurale acuto puro senza E.S.A rappresenta un evento ancora più eccezionale (0,1-2,9%). Raramente l'ematoma subdurale acuto può essere associato a E.S.A da rottura aneurismatica per lacerazione dell'aracnoide, come nel caso in esame. La paziente presentava aneurisma cerebrale di AcoP con rottura che non ha determinato in alcun momento un'E.S.A. Si è rilevato un ematoma subdurale acuto, che solitamente consegue a trauma cranico, ma che in rari casi, descritti in letteratura, può essere effetto di rottura aneurismatica, anche senza concomitante E.S.A.

COVID - ORAL COMMUNICATIONS

Positive rate of RT-PCR detection of SARS-CoV-2 infection in 1850 cases from the Regional General Hospital "F. Miulli", in Apulian Region, Italy from March to April 2020

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Background and Aim of the study: The COVID-19 pandemic is rapidly spreading throughout the globe. Recent reports suggest that 10-30% of SARS-CoV-2 infected patients are asymptomatic. Here, we reported the positive rate of COVID-19 tests supported on RT-PCR, from March 14 to April 15 in General Hospital "F. Miulli" (South of Italy). We observed a ~18% SARS-CoV-2 positive rate from 912 tests.

Methods: The study was a retrospective study conducted in Regional General Hospital "F. Miulli" (Acquaviva delle Fonti, BA), which was a chosen hospital for Covid-19 patients. The diagnosis of Covid-19 was according to World Health Organization interim guidance and confirmed by RNA detection of the SARS-CoV-2 in onsite clinical laboratory.

Results: Nasopharyngeal swabs showed poor positive rate in 912 cases, 163 out of 912 (17.9%) were positive by RT-PCR test with their respiratory specimens. Among this, 92.8% were positive for all the three target genes. Male had a higher positive rate than female in the total 912 cases. The male patients are 107, female are 56. The Positive Rate were significantly higher in male than in female cases ($p < 0.01$). When we analyzed the positive rate according to age, we could see that positive rate increased from 0.6% (age 18–30) to 25.0% (age >70) and 30.8% (age 50-59). Gender and age are two risk factors for SARS-CoV-2 infection.

Conclusions: Therefore, consistent with other reports, we could conclude that for suspect SARS-CoV-2 infection, positive percentage would be higher in male and old, but in Fever Clinics, gender was not a risk factor.

Clinical immunity in discharged medical patients with COVID-19

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Background: Most studies on SARS-CoV-2 infection show that people who have recovered from COVID-19 have antibodies to the virus. No study has evaluated whether the presence of antibodies to SARS-CoV-2 confers immunity to the infection relapse but however, to date, no human reinfections with SARS-CoV-2 have been confirmed.

Materials and Methods: In our prospective, multicenter, cohort study we investigated within three months all patients, with confirmed COVID-19, discharged from two Hospitals (Legnano and Magenta Hospitals), in an area of Italy severely affected by the infection. Telephone follow-up at 1 and 2 months and clinical contact within 3 months was initiated; demographic, clinical, radiologic and laboratory data were recorded in electronic medical records and updated.

Results: Of 1081 patients involved, 804 (74.3%) were discharged alive. For all these patients we obtained follow-up data. In particular we reviewed the signs and symptoms of acute SARS-CoV-2 infection, extending our attention also to the skin, the cardio-circulatory system, the gastro-enteric, psychic and nervous apparatus. At 1 and 2 months none has died and none has had any signs of recurrence of infection at both telephone interview and clinical visit.

Conclusions: We are aware that our follow-up is still short, incomplete and lacking of the immunological data that will be investigated in the next months, but with our clinical observation we think we have confirmed two basic points: the reinfection is very unlikely and any antibody immunity protects against recurrence, at least in the short term.

An outpatient follow-up for post-COVID-19 patients

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Background: COVID-19, the disease caused by SARS-CoV-2, is characterized by multiple lung infiltrates and extensive venous and arterial thromboembolism. Little is known about the natural history of the disease, so we plan an outpatient clinic to follow COVID-19 patients.

Materials and Methods: All patients discharged alive who has developed respiratory insufficiency (*i.e.*, arterial pO2 less than 60 mmHg), or have needed mechanical ventilation for at least 72 hours, or had lung infiltrates >40% of pulmonary parenchyma was eligible for the study. All those patients were re-evaluated at 1 and 3 months after discharge with high-resolution CT (HRCT) of the chest, blood gases, blood chemistry, and Doppler color flow of the involved vessels.

Results: Between February and May 2020, seventy-one COVID-19 patients were re-evaluated. Of these, with HRCT study, 12 (17.14%) had pulmonary fibrosis, 19 (27,14%) had ground-glass opacities and 25 (35%) had multiple lesions; 15 (21,43%) was normal; 52 (73%) had persistent hypocapnia (mean pCO2 35.9; SD 3.26); 14 had to start steroid therapy again; all patients had complete vein recanalization at CUS.

Conclusions: Our preliminary report showed that an outpatient clinic for patients convalescent from COVID-19 is highly advisable and may result in better knowledge of the natural history of the disease and may help to clarify which patients will need in prolonged treatment and interventions. Furthermore, we speculated that a high incidence of persistent hypocapnia may result from pulmonary venous vessel microthrombosis.

Covid-like: what is it?

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Background: 2019-coronavirus infected disease (COVID-19) is an infectious illness with wide range of symptoms; fever, cough, weakness, dyspnea and diarrhea occur frequently. Typical radiological feature is initially represented by bilateral interstitial infiltrates.

Methods: From 7th March to 5th June 2020, 490 consecutive patients complaining of symptoms and radiological findings compat-

ible with COVID-19 were admitted to Rovereto's COVID Hospital.

Results: In 470 patients (96%) the diagnosis was confirmed by a positive nasopharyngeal swab for SARS-CoV2. In 20 patients (4%), named COVID-like, investigations for SARS-CoV2 infection were negative and an alternative diagnosis was made. Specifically in 11 cases an infectious disease was identified (intracellular pathogens pneumonia, AH3 flu, tuberculosis, pneumocystosis, Campylobacter colitis), 4 cases were due to cardiac causes (heart failure), 2 cases to rheumatological disease (sarcoidosis, Wegener's granulomatosis), in 2 cases a iatrogenic etiology was documented (pulmonary fibrosis by amiodarone, interstitiopathy by methotrexate) and finally, 1 case was due to idiopathic pulmonary fibrosis.

Discussion: COVID-19 mimics many other conditions, like infectious and noninfectious disease. Therefore, caution should be taken also in pandemic era when symptoms and imaging features could induce a misdiagnosis. The mimicry of COVID-19 requires a careful anamnestic, clinical and instrumental evaluation of the patient in order to seek and identify alternative diagnoses.

Diabetes and Telemedicine during COVID-19 pandemia: a practical experience

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Background and Aim of the study: Lock-down for COVID-19 pandemic resulted in a shut-down for most outpatient consultations. For diabetic patients this could have been a big issue. Thanks to a previous experience with a teleconsultation project for pregnancy with diabetes, a structured on-line nurse-physician consultation has been established in our Departmental Unit of Diabetology in Trento.

Materials and Methods: The on-line consultation was mainly performed by phone. Photos or video-call were used for physical evaluation (eg. screening of diabetic foot) or glycemic controls review (photos of glycemia diaries, download of this data from dedicated apps). A pre-call was made by our nurses to confirm the scheduled consultation even if in a different mode.

Results: We managed 593 control visits in March (544 March 19), 499 in April (541 April 19) and 571 in May (669 May 19). 115 on-line first consultations were made *vs* 80 first consultation in 2019. Good figures were scored, during this time, even for diabetic foot screening, to reinforce education about insulin therapy or self monitoring blood glucose or for dietetic counselling.

Conclusions: During pandemic our patients and we rapidly adopted new technology and also local health authorities had come up, almost overnight, with new billing codes for virtual patient care. The prescriptions burdens (*e.g.* devices, drugs, prescription's plan) were made easier by implementing administrative interfaces among stake-holders. From now on it would be appealing to keep working on improving this kind of organizational implementation.

COVID - POSTERS

A puzzle at the time of COVID 19

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Introduction: The COVID-19 pandemic has affected virtually all aspects of patient care.
Case report: In April a 79-year-old patient, non-smoker, former farmer, goes in Emergency Area for dyspnea without hypoxia. From March 2020 onset of exertional dyspnea with positive test walking. Negative anamnesis for epidemiological links and for suspicious contacts. He has no fever, cough, sputum production, anosmia or ageusia. The chest CT is suggestive for pulmonary interstitial disease. No detection of SARS-CoV-2 RNA by RT-PCR in nasopharynx sample. We practice antimicrobial and steroid therapy and the patient chooses to return to his home. For the recurrence of dyspnea he is hospitalized in another Hospital where, after performing a new negative nasopharynx sample, he is discharged after a few days without any therapeutic indication. He comes back to us for the persistence of dyspnea and is sent for evaluation for suspected pulmonary fibrosis to the Regional Reference Center for pulmonary fibrosis. Serological tests for SARS - COV2, positive for IGM/IGG, were performed at this Center. Therefore he was again discharged with an indication to repeat the nasopharynx sample extending the examination to family and successively will can be subjected to HT- CT. The third swab was negative and the second serological always positive; family members' serological tests were negative. To date, the patient is in home isolation; will be subjected to HT-CT after negative sierological test for IGM per SARS - COV2.
Conclusions: The case poses questions of path and outcome governance.

Holistic approach in Covid patients with major comorbidities

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Introduction ad Aim of the study: Several evidences emphasize that Covid-19-mediated mortality are higher in subjects with major comorbidities. So, these patients are unlikely to be candidates for intensive care. We analyze survival data of comorbid patients in our experience.
Material and methods: Retrospective analysis of 117 consecutive COVID patients admitted at Internal Medicine Wards of "Carlo Urbani" Hospital Jesi since 12 March to 10 May 2020.
Results: 117 consecutive patients affected by SARSCOV2 infection with respiratory failure were considered. 34 patients, mean age 80 years, 21 male with acute respiratory distress syndrome were not considered eligible for intensive care because of several comorbidities, often indicating in these cases a sedo-analgesia procedure. So, we tried to treat these patients with a "kind" non-invasive ventilation, enoxaparin 100 UI/Kg/die, immunosoppressive and steroid therapy with great attention to infectious and hemodynamic complications and concomitant comorbidities. 22 patients (65%) were discharged in satisfactory clinical condition after an average hospitalization of 24 days, while 12 patients died.
Conclusions: In this experience, a holistic approach in Internal Medicine wards is resulted to overturn an unfavorable outcome in patients affected by SARSCOV2 with severe respiratory failure and major comorbidities. Now we are monitoring if residual disability and worsening of quality of life will appear in such patients.

Covid-19 differences by gender: an experience by Covid- Hospital Lazio

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Background: The Italian data on the COronaVIrus Disease 19 suggest a larger number of people infected, especially in the elderly. In addition, the case-fatality rate increases with age, especially in the over-69s and in male patients.
Methods: We report the data of the 256 patients Covid-19 positive (44% female), with mean age 71±28 years old, enrolled on the Covid Hospitals Lazio, Italy, between March and April 2020.
Results: We report that aren't significative gender differences in the P/F ratio (p: ns), but we describe a significantly gender differences into epidemiological link. In particular male patients were infected into closed community and rehabilitation (1.4% *vs* 0.0%, p<0.022; 10.5% *vs* 8.8%, p<0.022 respectively) compared to female subjects. However, there aren't significantly gender differences in symptoms (p:ns). Instead we reported a significantly gender differences on the atypical chest X-ray. In particular, in the female subjects we observed this issue in the 6.2% compared to 1.4% male patients (p<0.05). However, we report that in male subjects, the arterial hypertension is present in 53.8% compared to 40.7% of female patients (p<0.037) and in the male patients we describe a larger use of O_2 therapy compared to female patients (72% *vs* 59%, p<0.05).
Conclusions: These data describe that the arterial hypertension and larger use of O_2 therapy could indicate the severity disease in male Covid-19 patients and the atypical chest X-ray in female subjects could indicate the different presentation of Covid-19 disease by gender.

Immunological features in Covid-19 patients at admission and clinical outcome: what can we expect?

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Introduction and Aim of the study: The unexpected COVID-19 pandemic began in December 2019 in Wuhan and rapidly spread worldwide, continues to challenge the medical community. The understanding of host characteristics at presentation could lead the way towards a better management. We analyzed data collected form a cohort of patients admitted for Sars-CoV-2 infection to evaluate the determinants of disease severity.
Materials and Methods: Data were collected retrospectively from medical records of patients admitted at F. Miulli General Hospital COVID department from February to May 2020. CD3, CD4, CD8, CD19, CD56, WBC, lymphocytes on admission were analyzed in respect of on the basis of outcomes and need for resuscitation or

not. A descriptive analysis was performed (t-test for continuous data with normal distribution).

Results: We studied 127 patients, 80 M, 47 F, mean age 66±15 years. A statistically significant higher in CD3 (p <0.01-0.01), CD4 (p<0.01-0.04), CD8 (p <0.01-0.0.05) and lower in lymphocytes count (p <0.01-0.001) decrease was observed in patients with fatal outcome and in ones who need for resuscitation (in brackets the respective p values). WBC counts only show a significant reduction in the recovery analysis (p<0.01-0.11).

Conclusions: Our results confirm that a different immunologic profile can predict the clinical course of the disease. These evidences could help to assess an individualize therapeutic management of COVID19 patients.

COVID-2019: role of the epidemiological criterion in the diagnostic work-up

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In April, a 58-year-old woman was admitted to our hospital for dyspnea. She was a healthy nonsmoker. She lived in a place with a high burden of Covid disease. The symptoms started in early March, when her husband was found positive for Sars-CoV2 infection and was transferred to the Covid Hospital. Her asymptomatic daughter was also found to have a positive nasal swab, whilst the patient turned out to be negative. For the persistence of dyspnea, she arrived to our hospital and isolated in the restricted Covid area, based on the epidemiological criterion. A second swab performed, which was negative. ABG and walking test were within normal limits. Laboratory tests showed normal blood cell counts, PCR, PCT and D-dimer were normal. H1N1 was not detected. ChestX-ray showed a limited area of thickening in the right middle lobe. Dyspnea was still the main complaint. Thus, a test for IgM/IgG against Sars-CoV-2 was ordered, which revealed the presence of serum specific IgG;CT scan showed widespread reticular thickening of the peripheral interstitium. The patient was transferred to the internal medicine ward and was maintained in isolation. Therapy with azithromycin and hydroxychloroquine was begun; a third nasal swab eventually yielded a positive result for Sars-CoV2 infection. The patient was finally transferred to the Covid Hospital and discharged home after one month. This case shows that: 1) the epidemiological criterion remains paramount for diagnosis of Covid19 infection; 2) the latency period of the virus may vary; 3) CT scan is a relevant tool in the diagnostic work-up, particularly in doubtful cases.

Effects of glucocorticoids on 11 patients COVID 19 positive with worsening dyspnea

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Objectives: COVID-19 is a viral-induced illness whose outcome seems to be determined by a cytokine storm that produces damage to tissues and organs such as ARDS, pneumonia, MODS. In this study we report the effects of steroids at low dosage and continuos infusion in patient with progressive Respiratory failure due to SARS-COV2.

Patients and Methods: This is a case series of patients with severe pneumonia or ARDS due to SARS COV2 treated with infusion of methylprednisolone. Patients were also treated with anticoagulant therapy with enoxaparin 6000 IU/day or 100 IU/kg/bid in patients with documented pulmonary embolism via subcutaneous injection, hydroxychloroquine 800 mg/day as loading dose for the 1st day, than 400 mg/day, azithromycin 500 mg/ day, and oxygen supplementation.

Results: We treated eleven COVID-19 patients with severe pneumonia or ARDS. All patients showed clinical improvement after an average of 5 days. Mean ferritin decreased from 669,475 ng/ml to 400,425 ng/ml and the mean duration illness was 27 days.

Conclusions: The early use of corticosteroids at the onset of the respiratory failure in patients with SARS COV 2 infection seems to block the cytokine storms and may reduce mortality. Clinicians should pay close attention to the impact immune inflammatory factor release.

Impact of gender on the immune response in SARS-CoV2 infection

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Background and Aim of the study: Data on the recent SARS-Cov-2 pandemic show that women have a lower incidence of infections and more favorable outcomes. It is not clear whether the sex disparities occur in all age groups and whether it may depend on a different immune response. The aim of the study was to verify the differences between males (M) and females (F), comparing the immune response and the outcomes in the two groups.

Methods: We studied all SARS-Cov-2 infected patients hospitalized from the 10th of March to 31th of May 2020. At the time of admission, in addition to the common laboratory tests and inflammatory parameters (IL6, CRP), we evaluated B and T cells (CD3), helper/suppressor ratio (CD4/CD8), and NK cells (CD56).

Results: 152 patients, 91 M (59.8%) were analyzed. The average age was 68±17 years; the F group was older (76±14 *vs* 63±16; p <0.001), with a higher percentage of subjects >75 years: 59% *vs* 27.9% (p <0.001). A higher CD4/CD8 ratio was found in subjects >75 years of age compared to those aged 60-75 (2.3±1.2 *vs* 1.9±1.4; p<0.05) and in F group (2.8±2.3 *vs* 2.2±1.4; p<0.05). Interestingly, an inverse correlation between IL6 and CD3 was found in both sexes, but highly significant in the M group (p<0.001; r-0.48). Finally, a higher number of in-hospital deaths were found in the F group: 23.9% *vs* 9.9% (p <0.03).

Conclusions: SARS-Cov-2 infection affects mainly M subjects, that show an inverse correlation between IL6 and CD3 cells. The F group over 75 years has a higher CD4 / CD8 ratio and higher mortality.

Pericardial and neurological localization of persistent SARS-CoV2 infection: the case of a patient with coexistence of pericarditis and Guillain-Barrè Syndrome

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Background: SARS-CoV2 infection is frequently associated with cardiovascular and neurological manifestations, but pericardium and Peripheral Nervous System (PNS) are rarely involved.

Case Report: A 61 year-old man was admitted in March 2020 to the Covid Unit of Miulli Hospital in Acquaviva delle Fonti (Bari) for fever, cough and oropharyngeal swab positive for SARS-CoV2. His comorbidities were hypertension and obesity. Laboratory tests showed high levels of inflammatory proteins and the presence of IgM for Chlamydia. Computed Tomography (CT) documented pneumonia with bilateral peripheral and central ground glass opacities and little areas of consolidation. He was treated with hydroxychloroquine, ritonavir and quinolone. Despite an early clinical and radiological remission, the swab became negative after two months. In May the patient returned for chest pain and fever. SARS-CoV2 swab resulted positive again. Transthoracic Echocardiography (TTE) documented mild pericardial effusion that reduced after ibuprofen. In June the patient presented to the Emergency Department for weekness in both legs and arms, severe fatigue and evidence of simmetric iporeflexia. He tested negative for SARS-CoV2. Cerebrospinal Fluid (CSF) and Electromyography (EMG) were diagnostic for Guillain-Barrè Syndrome (GBS), Acute Inflammatory Demyelinating Polyradiculoneuropathy (AIDP) type, so we started infusion of human immunoglobulins.

Conclusions: The persistence of SARS-CoV2 viral RNA induces an abnormal immunological activation that may damage pericardium and Peripheral Nervous System (PNS).

Trovarsi ad operare in un'area rurale del Kenya al tempo del Coronavirus... La nostra esperienza

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Premesse e Scopo dello studio: L'Associazione PolePole opera da 10 anni nelle aree rurali del Kenya, ove la popolazione è gravata da bassa scolarizzazione e minima conoscenza delle norme igieniche. Con la collaborazione di Medici e Infermieri dell'Università Politecnica delle Marche e il contributo dell'Ordine dei Medici di Ancona, sono state trasmesse e diffuse fra la popolazione locale misure di prevenzione efficaci in corso di pandemia da SARS-CoV2.

Materiali e Metodi: Sono stati organizzati incontri e lezioni teorico-pratiche e dimostrative con partecipazione attiva di studenti e famiglie che gravitano nell'area di Kerecha, sul regolare lavaggio delle mani, adeguato distanziamento sociale e corretto utilizzo dei dispositivi di protezione individuali.

Risultati: Grazie alle metodologie di coinvolgimento attivo impiegate, attuando 250 interventi educativi e distribuendo 1000 saponette e 800 mascherine chirurgiche, sono stati formati 250 studenti (6-14 anni), 400 genitori (18-50 anni), 10 unità del personale ausiliario e 12 insegnanti. Al momento nell'area di Kerecha non si sono registrati casi accertati di infezione da SARS-CoV2. Si è inoltre osservata una notevole riduzione di richieste di prestazioni ambulatoriali per sintomi riferibili a infezioni gastrointestinali.

Conclusioni: Anche nel Kenya rurale l'educazione sanitaria di base, mediante la diffusione capillare delle tecniche del lavaggio delle mani, delle norme di distanziamento e l'adeguato utilizzo dei dispositivi di protezione individuale, ha contribuito di contrastare la diffusione del coronavirus.

Clinical features of a cohort of patients with Coronavirus Disease 2019 and severe respiratory failure treated with C-PAP support

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Background and Aim of the study: From March 2020 to May 2020 we treated 133 SARS-CoV-2 patients in our COVID Unit at "F. Miulli" Hospital, 15 of these were also affected by severe acute respiratory syndrome that needed CPAP support. The aim of the study was to evaluate the clinical features of patients with severe respiratory failure treated with CPAP compared to those with milder one that didn't require it.

Materials and Methods: A retrospective observational study on 133 patients was performed. Patients have been divided into two groups: those who needed CPAP (15) and those who didn't (118) to compare comorbidities and the supportive medical therapy.

Results: 80% of the patients treated with CPAP were males (age 71 ± 12). Only 13% were smokers; the most frequent comorbidities were heart failure (20%) and renal failure (40%); pre-existent respiratory diseases, high blood pressure and diabetes mellitus didn't show a significant impact on the respiratory outcome. Comparing the 2 groups we found a significant difference about the probability to be transferred in Intensive Care Unit, higher in CPAP treated patients (p 0,034). We also found differences between the two groups about the medical therapy support, in particular the use of diuretics, resulted significantly higher (p 0,002) in CPAP treated patients.

Conclusions: A severe respiratory failure related to COVID 19 appears to be more frequently associated with kidney and heart disease rather than pre-existing worst respiratory situation and so requires in association with C-PAP support also a more substantial medical therapy.

Myocarditis in patients with COVID-19: a multicenter case series

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Background: Although myocarditis can be a severe cardiac complication of COVID-19 patients, few data are available in the literature about the incidence and clinical significance in patients affected by SARS-CoV-2

Methods: This study aims to investigate the incidence and the clinical-laboratory features of myocarditis in a cohort of patients hospitalized for COVID-19. We retrospectively evaluated all the consecutive patients admitted for COVID-19 in our Medicine Department between March 4 to May 20, 2020. Age, sex, in-hospital death, length of stay, comorbidities, serum cardiac markers, interleukin-6, electrocardiogram, echocardiogram and therapy were recorded.

Results: 1169 patients with COVID-19 were included in the study period; no one was excluded. 12 patients (1%) had acute myocarditis; 5 (41.7%) were men, mean age was 76 (SD 11.34); length of stay was 38 days on average (SD 8); 3 (25%) patients died. 8 (66.7%) had a history of cardiac disease; 7 (58.33%) patients had other comorbidities like diabetes, chronic obstructive pulmonary disease, or renal insufficiency.

Conclusions: COVID-19 patients who experimented myocarditis were older, had a higher frequency of previous cardiac disease and significantly more prolonged hospitalization and a lower value of interleukin-6 than myocarditis patients without comorbidities. This is suggesting different myocarditis related pathogenetic mechanisms. Further studies, specifically designed on this issue, are warranted.

Ferritin: a promising marker for the management and follow-up of patients with SARS Cov-2 infection. A retrospective observational study

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Background and Aim of the study: We report the data of a study whose aim was to evaluate the discriminative ability of different markers to identification patients destined to serious/fatal forms of COVID-19.

Materials and Methods: We studied 67 patients of our COVID Center with a Pneumonia by SARS Cov-2. Based on clinical severity patients were divided into 2 groups; for each, data and clinical information were analyzed, with a comparison between results and groups, subsequently highlighting their characteristics and differences.

Results: Of many markers evaluated, a significant increase of serum ferritin (FER) was detected in severe (33/52) and fatal (11/33) disease; the high values (652-5,841 ng/mL) were found to be proportional to clinical severity, to interstitial damage and to the use of mechanical ventilation. In the patients with fatal disease extremely high values were found (944-2,535 ng/mL). Other markers were also found to be related to severe forms, but not as FER. The same study also found that a value >650 ng/mL corresponded to a persistent positivity to NP swab; this finding guided us in the timing for the discharge of patients. Ferritin increase in COVID seems to be related to cell damage (activation of the RE system).

Conclusions: In our study FER dosed proved to be the most reli-

able and sensitive marker in patient monitoring, in the evaluation of virus persistence and in recognition of potentially fatal forms. Further studies are needed to understand the application of its use in SARS Cov-2 infection, but FER appears to be a reliable marker if associated with the clinical practice and in combination with other tests.

Cumulative incidence of thrombotic complications in severe Covid 19 disease. The Trento sub-intensive care unit cohort

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Background and Aims: A pro-thrombotic state has been shown to be part of the spectrum the SARS-CoV2 infection. We aimed to investigate the incidence of thrombotic events in a cohort of patients admitted to the sub-intensive care unit - SICU in Trento.

Methods: Venous ultrasonography of the lower limbs was systematically performed in all COVID19 patients admitted to the SICU at S. Chiara Hospital, Trento, from March 21st to May 4th. In-hospital cumulative incidences (CI) of thrombosis and major bleeding (ISTH definition) were calculated.

Results: 46 consecutive patients were included (male 35/46, 76%; mean age 63, IQR 55-74). All but 5 were treated with CPAP. Mean d-dimer, PLT and PCR levels were 657 ng/ml (IQR 294-658), 241x10^9/L (IQR 168-294), and 108 mg/L (IQR 60-150), respectively. All patients received low molecular weight heparin (LMWH) at intermediate dosage (100 UI/kg/24h), irrespective on the d-dimer level. The CI of venous thromboembolic events was 6.5% (3/46; one pulmonary embolism associated with calf thrombosis, one subclavian vein thrombosis, one isolated calf thrombosis). No patient had arterial thrombosis. All thromboses developed at the ICU (19% of all patients stepped-up to the ICU, 3/16). Overall, the CI of major bleeding was 4.3% (2/46, one gastrointestinal bleeding, one CNS bleeding after pulmonary embolism).

Conclusions: In our experience of SARS-CoV 2 patients treated with an intermediate dose of LMWH, we observed thrombotic complications only in those who required invasive ventilation. The balance between thrombosis and bleeding should always be taken into account.

Clinical presentation and management of patients with Severe Acute Respiratory Syndrome Coronavirus 2 Infection in a Sub-intensive COVID Unit of South-Italy

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Background and Aim: As of 22 June 2020, Italy had 238.499 cases of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) infections, with about 35.000 deaths. A single-center observational cohort study was conducted to evaluate epidemiological, demographic, clinical and laboratory data of SARS-CoV-2 patients who were admitted to the sub-intensive therapy unit of the COVID Unit Hospital F. Miulli (Acquaviva delle Fonti, Bari, Italy), from Mar 17, 2020 to May 17, 2020.

Materials and Methods: Demographic data, symptoms, laboratory values, comorbidities, treatments, and clinical outcomes were all collected and analysed.

Results: A total of 143 SARS-CoV-2 patients, 60.4% males, mean age 68 yrs , were included. Twenty-seven patients (19%) had clinical signs of severe pneumonia and 6.3% had an ARDS, ICU admissions were 2.9%. The most represented comorbidities were: chronic heart failure (10.3%), diabetes (15.5%), chronic obstructive pulmonary disease (17.8%), cancer (13.2%), kidney chronic failure (28.2%). The used drugs have been distributed as follows: lopinavir/ritonavir (30.4%), hydroxychloroquine (67.8%), steroid (21.2%), tocilizumab (4%). Length of stay was 21 days and the average negative time of the second nasopharyngeal swab was 18 days. In our study, a total of 20 patients (13.9%) died, with mean age 86 yrs .

Conclusions: Our findings show that SARS-CoV-2 infection may be severe, requiring intensive care admission, expecially in older patients and in those with comorbidities

Co-infections in patients with COVID-19

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Background and Aim of the study: Several studies show that microbial co-infection increases the risk of disease severity in humans, but there is limited knowledge on co-infection among patients with coronavirus disease 2019 (COVID-19). The aim of the study was to evaluate co-infections with other pathogens among COVID-19 cases.

Methods: In this study, we analyzed the laboratory-confirmed COVID-19 consecutive patients admitted at Miulli General Hospital from the 17th of March to the 31th of May 2020. We included patients in all settings, either in Covid wards and in ICU. We sought to define the prevalence of patients with bacterial and fungal co-infections.

Results: Overall, 233 patients (M 59%; age 67±18 years) were examined; 52 (22.3%) of them were co-infected with one or more pathogens; in total 27 respiratory pathogens were found. Co-pathogens included different bacteria such as Staphylococcus aureus, Klebsiella pneumoniae, Mycoplasma, Chlamydia and Candida species. In addition, 7.7% of patients had pathogens with resistance genes. Most co-infections occurred within 5 days of onset of COVID-19 disease. A higher prevalence of ICU patients had bacterial co-infections than patients in a mixed ward (72.7% *vs* 17.1%; p<0.001), and the fungal co-infections and bacterial-fungal co-infections were more prevalent in severe COVID-19 cases.

Conclusions: A low proportion of COVID-19 patients have a bacterial co-infection; while in ICU the prevalence increases. These results suggest that routine antibiotics might not be indicated in patients with COVID-19.

The voice as a bio-marker of Covid-19: Preliminary results of the CO-VOICE-19 study

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Background: Covid-19 has an impact on lung function and, consequently, on voice emission. By registering an adequate number of patients with Covid-19, we can "train" artificial intelligence algorithms in order to highlight the disease status of any person whose voice is registered. Impact on voice increases with disease progression, allowing staging.

Materials and Methods: Prospective pilot study to evaluate the condition of Covid-19 affection of critically ill patients hospitalized and monitored by evaluating their speech capacity through measurement and recording of the voice. Primary End Point: remotely locate people infected with Covid-19. Secondary end-points: establish the presence of any geographic areas with "outbreaks", by "crossing" the geo-location data, staging the disease.

Results: 85 patients evaluated and 18 (10F and 8M) recruited, average age 62, subjected to intubation 3/18. WHO stage 2: 50%; comorbidity>3: 61%; only 2 with P/F<200.

Conclusions: Recruited patients have features of lower functional impairment than other patients, however a high incidence of previous intubation. Preliminary audio signal analysis of the patient's

voice recordings are underway and will be treated with Artificial Intelligence algorithms in order to select voice parameters that can identify the presence of the disease. By training appropriate machine learning and data classification systems it will be possible to determine whether the recorded voice belongs to a healthy subject or affected by Covid-19 and use these skills to screen suspect patients by telephone triage.

Monocentric study: clinical, laboratory test and PCR of SARS-CoV2 swabs in patients admitted to COVID Unit

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Background: COVID19 is a pandemic disease caused by SARS-CoV2. The disease causes flu-like symptoms. It can worsen up to severe respiratory failure that can result in death. Oro-nasopharyngeal swab (OP - NP) is one of the main methods used for the diagnosis and healing of patients.
Materials and Methods: Patients admitted to our COVID Unit were enrolled. The variables evaluated were: demographic, laboratory tests and OP - NP swabs. Through swabs was assessed the viral load of the three SARS-CoV2 genes (Gene E, N and RdRP). These variables were assessed at the beginning (T0) and during (T1) hospitalization and discharge (T2). Linear regression was used for the analysis.
Results: 65 patients (39 women and 26 men) were enrolled. High viral load of the 3 SARS-CoV2 genes has been demonstrated in the following cases: patients under 70 years old, female, prolonged hospitalization and number of concomitant pathologies. High viral load was also correlated with increase in ferritin, NT-proBNP, INR elongation, thrombocytopenia. These patients had a more compromised clinic with major bilateral pneumonia viral expression correlated with the need for oxygen therapy.
Conclusions: In this study, patients who had a high viral load of the E, N and RdRP genes had alterated laboratory test in coagulation and inflammation with severe disease presentation. Patients with polypathologies, alterated laboratory test and a higher viral load through PCR (OP – NP swab) should require more intense observation. Additional research is needed to elucidate viral and host factors in the pathogenesis.

Monocentric observational study. Psychosocial impact of COVID19 and isolation in hospitalized patients. Cognitive, affective, behavioral and social aspects

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Background: COVID19 has forced people infected to isolation. Literature agrees on negative psychological effects of disease and isolation (post-traumatic stress disorder, confusion, anger). Psychological intervention represents an important clinical and social protective factor.
Materials and Methods: The psychologist has evaluated patients admitted to COVID Unit of our Hospital to provide support in dealing with the disease. The tool used was the clinical interview to improve emotions and facilitate adaptation to new situation, enhancing the family network through videocalls. The demographic and neuropsychological characteristics of the patients were correlated, in particular the cognitive and affective state. The data were analyzed with multiple regression models.
Results: 72 patients (41 women and 31 men) were evaluated. 54.2% used passive strategies (35.9% male and 64.1% female). 18% had anxiety and depression at the admission. Of these 62% has worsened (84.6% used passive strategies). 23.6% had a previous diagnosis of dementia. The worsening was in 64.7% for cognitive state (100% used passive coping) and 47.1% for affective state. Also worsening of cognitive (54.3%) and affective (77.1%) state was occurred for days longer than 20 days.
Conclusions: In this monocentric study, hospital isolation has worsened the psychophysical condition of most of the fragile patients and in 22% of patients with intact psychological picture. The use of active coping has demonstrated significance for reducing the risk of cognitive and affective deterioration.

Does lung ultrasound score correlate with severity of CoViD-19 pneumonia assessed by CT scan?

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Background: The Lung Ultrasound Score (LUS), is a semiquantitative score to measure the lung aeration loss and represents the sum of the scores of different pulmonary regions. LUS has been previously employed in evaluation of patients with CoViD-19. The aim of our analysis was to compare the severity of LUS findings with computed tomography (CT) scan, when available, and its distribution in pulmonary areas.
Methods: We analysed the patients with confirmed CoViD-19 pneumonia admitted in the High Intensity Internal Medicine Unit, Santa Maria del Carmine Hospital (Rovereto -TN), between 7th March and 18th April 2020. 32 patients were enrolled, and in a subgroup of 12 patients it was performed CT scan, within 36 hours from admission.
Results: LUS score was directly related with CT score (r 0.71, p=0.006). The LUS score was not uniformly distributed in the pulmonary regions. The score increases from anterior-superior regions to posterior-inferior with a p <0.001 and from anterior to lateral regions with a p<0.05. Right *vs* left scores were similar.
Conclusions: our study demonstrates that lung ultrasound score correlates with severity of CoViD-19 pneumonia assessed by CT scan. LUS might help the risk stratification of the disease, especially in settings where CT scan is not available; certainly other studies will be needed in order to confirm our results.

Radiological features of SARS-CoV2 associated pneumonia in a cohort of patients admitted in COVID Unit

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Background and Aim of the study: A novel coronavirus (SARS-CoV2) in 2019 has been recognized as the responsible of an interstitial pneumonia characterized by a severe acute respiratory syndrome initially reported in China with a subsequent pandemic outbreak. Aim of this observational retrospective cohort study was to describe the CT findings of this new disease in a cohort of patients treated in our COVID Unit.
Materials and Methods: TC scan of 49 patients with naso-pharyngeal swab confirmed SARS CoV2 pneumonia admitted to COVID Unit of F. Miulli General Hospital from 19th March 2020 to 03rd May 2020 were retrospectively analyzed.
Results: The cohort included 49 patients (42 males, 86%; 7 female, 14%); mean age 63,2 years (SD 14,8). Radiological findings distribution was bilateral in the whole cohort; peripheral involvement was constant (n=46 [93%]), in some cases exclusively subpleural (n=10; 20%), with pleuric sparing in few cases (n=7, 14%). 2 patients had central distribution of alterations (4%). The great part of the cohort showed mixed (central/periferic) distribution (n=29 [60%]). Radiological phenotypes were: predominant ground-glass (GG) (n=20 [41%]), consolidative (C) (n=3, 6%) and mixed pattern (n=23, 47%).
Conclusions: SARS-CoV2 is characterized by a wide range of CT features with a frequently mixed presence of ground glass and

consolidative with a periferic and central – usually bilateral – distribution. Combining assessment of imaging with clinical and laboratory findings could facilitate early diagnosis of COVID-19.

Tocilizumab treatment for SARS-CoV2 Pneumonia: report of a single centre real-life experience

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Background and Aim of the study: Tocilizumab (TCZ), a monoclonal antibody against IL-6 receptor, has been recently employed as a treatment for SARS-Cov2-associated pneumonia (COVID), due to the central role of IL-6 on the citokyne-storm associated hyperinflammatory syndrome. Aim of this observational retrospective study was to evaluate effectiveness and safety of TCZ for the treatment of COVID.

Materials and Methods: We retrospectively evaluated, from 16th March 2020 to 7th April 2020, outcomes of 16 patients affected by nasopharyngeal swab-confirmed SARS-COV-2 Pneumonia who received TCZ i.v. treatment (8 mg/kg once or twice in 12 hours). We evaluated clinical features, Arterial Blood Gas Test (ABG), laboratory findings collected at baseline and after consecutive two days.

Results: We analyzed 16 patients (M/F: 12/4) with mean age (± SD) 69±9 years and mean disease duration 15±5 days. At baseline, mean CRP level was 14±10 mg/dl and IL-6 249±264 pg/ml. To evaluate respiratory improvement after treatment, we collected ABG data at 6,24 and 48 hours; we observed a rapid improvement of P/F ratio to 165,6±55,4 mmHg (p=0,01). We also observed a significant reduction of CRP levels to 6±6 mg/dl (p=0,0002) and a rapid increase of IL-6 serum levels to 941±1317 pg/ml (p=0,05). Clinically we observed a global improvement in ten patients, while six died for infective complications. No adverse event was detected following TCZ administration.

Conclusions: In our real-life experience TCZ treatment was effective and safe in a group of patients affected by SARS COV2-associated pneumonia.

Two-step analysis of the COVID19 pandemic: has the virus reduced its lethality?

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Background and Aim of the study: In the course of the epidemic, COVID 19 disease first appeared severely and then with a gradual reduction in symptoms. Aim of the study was to compare the clinical characteristics of patients hospitalized in two different periods from March to May.

Materials and Methods: 174 patients, 161 subjects admitted in the period March 17 / April 17 and 13 subjects admitted in the period April 17 / May 17, at the Covid Unit of F. Miulli Hospital in Acquaviva delle Fonti (Ba), were studied.

Results: From the comparison of the two periods, there is a clear reduction in hospitalizations (161 *vs* 13). The number of asymptomatic or mildly complicated patients is significantly greater in the second group. The rate of patients hospitalized with severe pneumonia (19.9%) or ARDS (6.8%) in the first period is higher than the patients of the second period (7.7% and 0%). In March / April, 3.1% of patients needed ICU admission while no patient was admitted to ICU in the past thirty days. The length of stay was also significantly higher in the first period (21 ± 8 days *vs* 8 ± 2 days) as well as mortality (14% *vs* 11%). IL 6, d-dimers and fibrinogen values were lower (but not statistically significant) in the April / May period.

Discussion and Conclusions: Our sample, although of limited size, shows a significant difference in the clinical evolution of the COVID 19 infection in the two study periods. The reduction in length of stay, severe respiratory failure and mortality indicate a likely attenuation in coronavirus virulence in the last month of the pandemic spread.

Efficacy of hydroxychloroquine in a group of subjects with SARS-CoV 2 infection

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Introduction and Aim of the study: Hydroxychloroquine has been authorized in the therapy of patients with COVID-19. Many publications have not clarified the real efficacy of the drug. Really, the drug was widely used during the pandemic. A single-center observational cohort study was conducted to evaluate the effectiveness of hydroxychloroquine therapy in a group of subjects admitted in the sub-intensive therapy of the COVID Unit Hospital F. Miulli (Acquaviva delle Fonti, Bari, Italy) from 17 march to 17 may 2020.

Materials and Methods: The data contained in the medical records were studied. The sample was divided into two groups with respect to therapy with or without hydroxychloroquine". Clinical and laboratory data were analyzed.

Results: A total of 174 patients hospitalized (60.4% males), mean age 68 yrs, with diagnosis of SARS-CoV2, were analyzed. 118 patients were treated with hydroxychloroquine. The treatment group consisted of 66.1% males, mean age 63 years. The two groups were homogeneous in comorbidity and in the severity of clinical presentation of SARS-CoV2 infection. The death rate was significantly higher in the group of untreated than in those receiving hydroxychloroquine, 40% *vs* 2.6% respectively. There were no significant differences on QTc prolongation between the two groups (467+47 ms control group, 446 + 35 ms, treatment group).

Discussion and Conclusions: The data of our study, although referring to a reduced sample, show the effectiveness of hydroxychloroquine in reducing mortality in subjects suffering from SARS-CoV2 infection.

Laboratory characteristics of patients affected by SARS-CoV2 pneumonia after tocilizumab treatment

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Background and Aim of the study: Tocilizumab (TCZ), an IL-6 receptor (IL-6R) blocker, emerged as an effective drug for patients with severe COVID-19 associated Pneumonia. The aim of this observational retrospective study was to evaluate the laboratory characteristics of patients who received i.v. TCZ treatment.

Materials and Methods: We collected serum levels of IL-6, procalcitonin (PCT), C-reactive protein(CRP), D-Dimers and CD4/CD8 ratio, to evaluate the systemic inflammatory state, of 16 patients affected by nasopharyngeal swab confirmed SARS COV-2 Pneumonia who received TCZ (8 mg/kg once or twice in 12 hours). Blood samples for analysis were collected before and after the administration.

Results: Baseline serum levels of laboratory parameters were: CRP 14±10 mg/dl,IL-6 249±264 pg/dl, D-dimers 1872±1833 pg/ml, CD4/CD8 ratio 2,4±1,2, PCT 0,61±0,91 pg/ml. After TCZ administrations we observed a rapid increase of IL-6 serum levels to 941±1317 pg/dl (p=0,05), CD4/CD8 ratio to 3,1±2,3 (trend p=0,07) while D-Dimers didn't decrease significantly. CRP levels, after the administration, decreased to 6±6 mg/dL(p=0,0002) while PCT levels showed no significant variations.

Conclusions: The anti-inflammatory effect of TCZ administration is suggested by the variations in laboratory characteristic, most of all represented by a decrease of CRP levels and an increase of IL-6 levels, as a result of the displacement of the interleukin from its receptor.

Anti-IL6 treatment of serious COVID-19 disease

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Background and Aims: COVID-19 caused a high influx of patients suffering from respiratory complications showing a picture of cytokine perturbation with high levels of IL-6. Anti-IL6 drugs tocilizumab and sarilumab are under investigation to understand their effectiveness.

Materials and Methods: We retrospectively collected data about 112 consecutive hospitalized in our center:50 (IL6 group) treated with tocilizumab or sarilumab and 62 treated with the standard of care (CONTROL group), with the aim to determine whether anti-IL6 drugs are effective in improving prognosis and reducing hospitalization times and mortality.

Results: To date 84% of IL6 group patients have been discharged and only 2 are still recovered in Intensive Care. 6 patients died: 3 due to severe respiratory failure within a framework of severe ARDS, One suffered an acute myocardial infarction and one died of massive pulmonary thromboembolism. There were no serious adverse events or infectious complications. Compared to the CONTROL group they showed a lower mortality rate, same complications and days of hospitalization.

Conclusions: Anti-IL6 drugs seem to be effective in treatment of medium to severe forms of COVID-19 pneumonia reducing the risk of mortality due to multi-organ failure, acting at the systemic level and reducing inflammation and microvascular complications. However, it is essential to identify the best time for treatment, which, if delayed, is useless and counterproductive. Further studies and ongoing clinical trials will help us to better define patients eligible as candidates for more aggressive intervention.

La gestione dei casi "grigi" nella pandemia da COVID-19: la descrizione di 2 casi clinici"

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Premesse: I cosiddetti casi "sospetti o grigi" hanno rappresentato una ulteriore sfida all'interno della pandemia da COVID-19; in questo setting le medicine interne hanno svolto un ruolo determinante. Per caso "sospetto o grigio" si intende un paziente con un quadro clinico suggestivo, radiologico con polmonite interstiziale, aumento di alcuni indici di flogosi specifici e del D-dimero, linfopenia, un possibile criterio epidemiologico (successivamente), tampone naso-faringeo per SARS-CoV-2 negativo.

Descrizione del caso clinico: Due pazienti consecutivi, uomini di 65 e 61 anni, con un quadro di polmonite interstiziale bilaterale con febbre persistente, quadro laboratoristico suggestivo, negatività del tampone naso-faringeo per SARS-CoV-2. Entrambi hanno assunto terapia con azitromicina e idrossiclorochina con scarso beneficio. Fra la decima e la quattordicesima giornata dall'esordio dei sintomi si è assistito ad un peggioramento del quadro con severa insufficienza respiratoria acuta. Entrambi sono stati sottoposti a terapia con tocilizumab alla dose di 8 mg/kg ev in 2 somministrazioni distanziate di 12 ore, hanno risposto con graduale miglioramento clinico e laboratoristico senza ricorrere ad intubazione. Uno dei 2 pazienti è risultato successivamente positivo al tampone naso-faringeo, nell'altro abbiamo osservato positività della sierologia.

Conclusioni: La gestione dei pazienti con COVID-19 è stata ulteriormente complicata dalla presenza dei casi "grigi"; la condotta multidisciplinare e talora sperimentale è fondamentale per una possibile evoluzione in senso positivo.

Self-perception of psychological distress during the lock-down period of COVID-19 pandemic crisis

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Background and Aim: We evaluated the psychological distress (PD) associated with self-perception of personal and family resources, loneliness, and aging during a lock-down period at home.

Materials and Methods: 697 subjects answered a questionnaire. We registered age, gender, family status, working status and measured several items associating various validated tests. We measured the self-perception: a) of stress factors such as occupational risk and fear about own health; b) of one's personal and family resources, related with emotion regulation, behavioral, and social coping strategies; c) of loneliness and psychological distress; d) toward own aging. Analysis was performed by measuring a score calculated for groups of subjects subdivided by gender, age groups, family status and working position. Student's T-test for a comparison between means and Chi-square test for a comparison between percentages were used. A p value <0.05 was considered significant.

Results: Women perceive PD more than men ($p<0.004$); younger people more than older people ($p<0.02$); those who live with more than 2 family members perceive PD more than those who live alone or with one family member ($p<0.001$); among the categories that remained at home (students, housewives and retirees) students perceive greater PD ($p<0.01$); those who have to go to work perceive PD more than those did smart working ($p<0.003$).

Conclusions: In the event of a lock-down it is necessary to pay more attention and offer psychological support to the women, the young subjects, in those who work outside, and in those who live in numerous families.

COVID - ABSTRACTS

Amiodarone-induced acute liver injury: a case report

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Background: Amiodarone is an effective treatment for a wide spectrum of tachyarrhytmias. Although toxicity by long-term oral therapy is known, it is rare to observe acute toxicity correlated to intravenous (IV) use.

Case report: 83-year-old male, with past medical history of hypertension, was admitted complaining of dyspnea and lower limb edema. Physical examination showed normal blood pressure, oxygen saturation 95% on air, temperature 36,2°C, heart rate 130 bpm and moderate lower limb edema. Admission ECG showed atrial fibrillation with rapid ventricular rate (130 bpm); chest X-ray revealed mild bilateral pleural effusion; echocardiography showed left ventricular ejection fraction of 35%. Laboratory tests: blood cell count was normal, as well as coagulative, liver and kidney function; serum PCR was 21 mg/dL. IV amiodarone was started as a 150 mg bolus followed by continuous infusion of 900 mg over 24 h. Serum controls performed 36 h later showed a sudden rise in aminotransferases (AST 8201 U/L, ALT 4347 U/L), LDH (9643 U/L), bilirubin (5.8 mg/dL) and INR (3.8). Extensive investigations by abdominal ultrasonography, viral hepatitis serologies and autoimmune markers (ANA, AMA, ASMA, LKM) were unremarkable. Amiodarone infusion was stopped, but the patient progressively worsened and died because of liver failure 5 days later.

Conclusions: Acute hepatotoxicity is a rare, but potentially fatal, complication of IV amiodarone treatment; hepatotoxic mechanisms are still unclear. Physician should be aware of this side effect and check for its occurrence by performing serial liver tests.

Atypical clinical presentation of COVID-19: a case of Guillain-Barrè Syndrome related to SARS-CoV-2 infection

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Background: Emerging evidence indicates that SARS-CoV-2 infection may cause neurological complications.

Case Report: 63-year-old male was admitted for acute progressive symmetric ascending weakness. He denied fever, cough, respiratory symptoms and his past medical history was unremarkable. Physical examination showed normal blood pressure, oxygen saturation 98% on air, temperature 36,4°C, heart rate 96 bpm and severe weakness in all limbs. Chest X-ray, echocardiogram and abdominal ultrasonography were normal; ECG showed sinus rhythm (96 bpm). Cervical and brain magnetic resonance revealed enhancement of the nerve roots. Abnormal laboratory tests were: PCR 447 mg/L, ferritin 1857 ng/mL, D-dimer 935 ng/mL, fibrinogen 1013 mg/dL, platelet count 69000/µL and lymphocytopenia (260/µL). Viral serologies and autoimmune markers were negative. Cerebrospinal fluid analysis showed normal cell count and lack of albumin-cytological dissociation. Guillain-Barrè Syndrome (GBS) was suspected and therapy by intravenous immunoglobulin and steroid was started. A nasopharyngeal swab was performed, which resulted positive to SARS-CoV-2 on RT-PCR assay. The patient was transferred to Infectious Diseases Unit to begin treatment by tocilizumab, hydroxychloroquine and plasmapheresis.

Conclusions: GBS is immune-mediated disease often triggered by various infections. Since SARS-Cov-2 may lead to a massive release of inflammatory cytokines, it could be hypothesized that an aberrant immune response to SARS-CoV-2 infection induces inflammatory damage in peripheral nerves with molecular mimicry reaction.

An atypical presentation of pulmonary embolism in a patient with SARS-CoV-2 pneumonia

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Background: Thromboembolic disease is strongly associated with, or even an integral part of, COVID-19 pneumonia. Indeed, endothelial/microvascular damage to pulmonary capillaries seems to be the main trigger of the pneumonia.

Description of case: A 51-year-old man was referred to our emergency department for vomiting, fever and loss of appetite for a week, cough and atypical chest pain towards the top of his sternum. Blood gas analysis revealed: pH 7.4, pCO_2 40 mmHg, pO_2 73.9 mmHg, P/F 352, and alveolar–arterial gradient 26 (expected value for age: 17). Lung ultrasound showed minimum pleural effusion in the right basal field, while a round pleural-based consolidation was present with some B lines in the right field. A chest CT scan was therefore performed and showed filling defects compatible with non-occlusive bilateral thromboembolism. The nasopharyngeal swab was positive for SARS-CoV-2 infection. The echo color Doppler did not reveal any venous thrombosis in the limbs.

Conclusions: The final diagnosis was bilateral pulmonary embolism in a patient positive for COVID-19. Reports in the literature have shown that thromboembolic disease is strongly associated with, or even an integral part of, COVID-19 pneumonia. Indeed, endothelial/microvascular damage to pulmonary capillaries seems to be the main trigger for pneumonia. Virus binding to pneumocytes via the ACE-2 receptor causes pneumocytic damage with activation of the inflammatory response and release of prothrombotic factors.

Effectiveness of three-month social distancing measures to control the COVID-19 infection in Italy

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Background and Aim of the study: After the outbreak in China, Italy was the first country facing COVID-19 pandemic. The earliest identified cases in Lombardy at mid-February, 2020 have promptly given the idea of a dramatic infection. During the first decade of March the Italian Government introduced drastic measures of social isolation to contain the spread of contagion, to prevent the collapse of healthcare system, and to reduce deaths. We evaluated the geographic differences in COVID-19 cases, hospitalizations, and deaths as well as compared to the initial stage of diffusion across Italian regions.

Materials and Methods: We assessed data daily released by Italian Civil Protection Department since February to May, 2020. We compared six geographic repartitions of similar population size after the first 1000 cases in each macro-area.

Results: Out 227364 patients infected by COVID-19, 32330 (14.2%) dead. Time to double infections was initially very short. The northern regions nearest to the epicenter showed the major percentage of cases, hospitalizations and fatal events.
Conclusions: The COVID 19 infection represents an unexpected health-care challenge. Although the spatial heterogeneity of COVID-19 diffusion through Italy, prompt containment measures have produced positive results, in particular for southern regions. This aspect is due to holographic isolation, delay in spreading the virus and social restrictions. The adopted strategies by the Italian Government have been relevant to control the unpredictable and potential fatal evolution of infection in our regions.

Changes in antibiotic stewardship during COVID 19 pandemic: experience in Internal Medicine

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Background and Aim of the study: Emergence of SARS-CoV-2 required enormous effort to control the spread of infection and protect the most fragile within society. This has generated an hospital focus on the threat of known and emerging infections likely by loosening some infection control and antimicrobial management policies. The current pandemic appears to result in an increased risk of antibiotic resistance. Many patients receive antibiotics to keep secondary bacterial infections under control and for the need to perform invasive procedures. The stressful conditions to which staff are subjected may reduce the effectiveness of antimicrobial stewardship programs, and the massive use of teleconsultation may have caused overprescription of antibiotics.
Materials and Methods: We assessed the consumption of antibiotics, and the class of antibiotics consumed, also in relation to the documented positivity of the culture tests,in relation to the change in the epidemiological situation on March and April 2020 compared to the same period of 2019.
Results: We have documented only an increased use of macrolides and cephalosporins but an overall reduction in the use of antibiotics in 2020 compared to the same period of 2019, even more evident if we consider some classes of antibiotics,in particular carbapenems.
Conclusions: It is unclear whether the consequences of these changes will have a positive or negative net impact on antimicrobial resistance rates;attention must be paid to controlling this pandemic but sustained efforts to address the long-term global threat of antimicrobial resistance should not be overlooked.

Searching for find

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Background: COVID19 pneumoniae presented, especially at the beginning of pandemia, diagnostic difficulties dues to the frequent swabs negativity (in contrast with clinic and imaging) and the not widespread availability or doubtful interpretation of serological tests.
Clinical case: 52 years old man with cough and fever for a week, admitted to our Medical Ward for acute respiratory failure on March 24, 2020. Positive history of epidemiological contact, obesity and hypertension. Laboratory tests showed an increase in PCR, LDH and ferritin. EGA showed pO2 62%, pCO2 37% and P/F 298 and oxygen therapy was started (Venturi mask 6 l/min). Chest X-ray was positive for interstitial pneumonia. Lung ultrasound showed diffuse B lines (especially in posteral basal fields) and irregular pleural line with small subpleural thickenings. Despite a first negative swab, we considered the patient affected by Covid19 pneumoniae and started therapy: hydroxychloroquine 600 mg die, azithromycin 500 mg die and fondaparinux 2.5 mg die for 7 days with rapid clinical improvement. Swab repeated after a week was negative but COVID19 search in sputum was doubtful two times. Diagnosis was definitely confirmed three weeks after discharge, when our laboratory was finally able to perform serological tests for COVID 19 on blood samples collected at the admission. Both IgM and IgG were high titer positive.
Conclusions: This case report highlights how COVID19 pneumoniae diagnosis needs combination of epidemiology, clinical manifestations, laboratory tests, imaging and how swab negativity can't exclude it.

Organization of a COVID ward, the model of the F. Miulli Hospital

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Background: SARS-CoV2 pandemic has led to a profound reorganization of hospitals to accommodate a large number of patients. It was essential in the organization to combine both the need to make patients and health workers safe and allow normal routine hospitalization.
Materials and Methods: The F. Miulli Regional General Hospital with about 600 beds
Results: The Hospital has been literally divided in half vertically so as to create a COVID Unit. On 4 floors, 240 beds have been created, completely separate from the rest of the hospital, with dedicated entrances for patients, operators and suppliers. Three dedicated elevators have been identified. The 4th and 3th floors were dedicated to sub-intensive therapy, the first floor to intensive care, while on the second floor there was the undressing and refreshment area with changing rooms and showers for operators. The dressing procedure instead was arranged in the basement which was also equipped with an independent entrance. Access to the COVID area was via an external tunnel. The organization of the "new" hospital also included two operating rooms and a CT room dedicated, independent and with dedicated paths. Moreover, an area dedicated to obstetrics was created with a dedicated delivery room. In this way patients and operators were isolated but could enjoy the same structural standards as the rest of the hospital. The action of all the staff of the health management and the engineers, meant that in a week after the pandemic began, the structure was ready to welcome patients.
Conclusions: The Hospital was in full swing from March 16 to June 26 the day the last patient was discharged.

Prevalence of comorbidities in hospitalized population with COVID-19: our experience

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Background and Aim: Our objective was to evaluate the prevalence of comorbidities in our hospitalized population with COVID-19.
Materials and Methods: Forty-two patients (64.29% males, 25.71% females; mean age of 70.75 ±13.73 yrs), admitted to our Hospital between March and June 2020, had been identified as having laboratory-confirmed 2019-SARS-CoV infection.
Results: On admission 83.33% of patients presented with dyspnea, 80.95% with cough and 78.75% with fever. Diarrhea was uncommon (19.05%). Patients were classified according to their BMI (kg/m2) as lean (18.5-25) or affected by grade 1 obesity (25-29.9), grade II obesity (30-34.9) and grade III obesity (≥

35). Obesity was present in 50% of cases; grade I 35.71%, grade II and grade III 11.90% and 2.38%, respectively. Hypertension was present in 92.86% of patients, COPD in 54.76%, *chronic kidney disease* in 45.24%, ischemic heart disease in 35.71%, diabetes in 33,33%, dementia in 30,95% and atrial fibrillation in 7.14%. On admission to the hospital lymphocytopenia was a frequent laboratory finding (97.62%). The coagulation profile revealed an elevation of fibrinogen (66.67%) and D-dimer (85.71%) levels despite a normal PT and APTT. The elevation of the pro BNP levels was observed in 61.90% and troponin levels were at the same time elevated in 13.16% of COVID-19 patients. Twelve patients (28.5%) died. Coronary artery disease was found in 70% of them.
Conclusions: Comorbidities are common in patients with COVID-19. Although COVID 19 has been initially associated to a respiratory disease, it may involve the cardiovascular system with a dramatic impact.

A nephrologist's look at hypertensive disorders of pregnancy

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Background and Aims: The relationship between preeclampsia (PE) and chronic kidney disease (CKD) is not entirely understood. PE is a marker of cardiovascular and kidney health in the long term. We reviewd the data of women with hypertensive disorders of pregnancy (HDP) at our institution, to identify need and to organize a conjoint activity in our setting.
Methods: We retrospectively reviewed the medical charts of the patients hospitalized in the last two years for HDP in our Hospital. The cohort was divided into two groups: gestational hypertension (GH) and PE. A descriptive analysis of the clinical-laboratoristic was performed (t-test for continuous data with normal distribution).
Results: We identified 93 cases of HDP on a total of 3279 deliveries (2.8%), 47 GH and 46 PE. These two groups showed similar mean age: 33.5±6 *vs* 34.9±6 years (p value=0.25); creatinine (sCr) and uric acid at admission were statistically different, higher in the PE group (sCr 0.57±0.15 and 0.66±0.2-p=0.01and uric acid 4.5±1.38and 5.6±1.47 – p=0.01).
Comorbidities were frequent in the PE group (thyroid disfunction, coagulation abnormalities, gestational diabetes, nephropathy; none of these patients had been identified as at high risk for PE. At hospital admission 54% of the patients were on antihypertensive treatment, 24% with anticoagulant or antiplatelet prophylaxis. All but one children live-born.
Conclusions: Our series underlines a high prevalence of comorbidity or risk factors and the lack of recognition of at risk patients. A synergic approach between nephrologist and obstetricians is needed.

COVID-19 or "COVID-19-Like"? Still much to learn...

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Description of the case: In March 2020 an 84-year-old man was hospitalized for fever and dyspnea. He had no history of respiratory disease. Lived in a place where Covid-disease was highly prevalent. He was brought in the restricted Covid area. Mild leukocytosis with lymphopenia, elevated PCR and D-dimer were observed. Severe hypoxia and low P/F were recorded on ABG. ChestX-ray showed bilateral areas of parenchymal thickening. The nasal swab was negative for SARS-CoV-2. Therapy with oxygen, azithromycin, hydroxychloroquine and lopinavir/ritonavir was started. During hospital stay, the patient tested negative for SARS-CoV-2 on two separate occasions. CT showed severe bilateral interstitial disease with a centripetal ground glass pattern. He was moved to the medicine ward where he was maintained in isolation. Therapy also included meropenem and heparin. A fourth nasal swab was still negative. A repeat CT confirmed amelioration of the interstitial involvement. The patient was discharged home 35 days later with no supplemental oxygen prescription.
Conclusions: This case shows the existence of patients fulfilling all epidemiological, clinical, laboratory, and radiological criteria for COVID-disease, despite persistently negative nasal swabs. Moreover, the so-called COVID treatment led to improvement of disease and discharge from hospital in the patient depicted here. Is it therefore a COVID-19-like or "true" COVID-19 disease, where the clinical manifestations were possibly due only to a hyper-immune stimulation, with the virus meanwhile being no longer detectable? Further studies are thus needed to clarify these issues in this subgroup of COVID-like patients.

Gender differences in patients with SARS-CoV2: a retrospective observational cohort study

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Background and Aim of the study: The SARS-CoV 2 pandemic involved about 230.00 people in Italy with about 35.000 deaths. In China the lethality rate of confirmed cases is 4.7% in men compared to 2.8% in women. In Italy women represent 34.0% of the total and are older than men (respectively 83 years *vs* 79). A single-center observational cohort study was conducted to evaluate gender differences in clinical features, laboratory, length of stay and mortality in patients admitted in sub-intensive COVID Unit of F. Miulli Hospital (Acquaviva delle Fonti, Bari, Italy) from 17 march to 17 may 2020.
Materials and Methods: The data contained in the medical records were studied.
Results: A total of 174 patients were analyzed. Females account for 39.6%. The average age was 66 yrs and 70 yrs respectively in males and females. No difference was observed with respect to the main inflammation markers (IL6, d-Dimer, CRP); the length of hospital stay was similar, 20 days in females and 21 days in males. Chronic heart failure, COPD, diabetes, chronic renal failure, were equally represented in the two groups. Disease severity and mortality were similar. The only significant difference ($p < 0.02$) was in the use of hydroxychloroquine, prevalent in the group of male subjects.
Discussion and Conclusions: The data of our study, although with a limited sample of subjects, do not show significant differences between males and females. Length of stay and mortality are not influenced by gender. We could conclude that when women get sick they feel the disease in the same way as men.

COVID-19: l'evoluzione spaziale dell'epidemia in Italia

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Background: In Italia, la regione più colpita è stata la Lombardia, il numero di infezioni e decessi è aumentato rapidamente.
Materiali e Metodi: Nella lotta contro COVID-19, i Geographic Information Systems (GIS) e le tecnologie dei big data hanno svolto un ruolo importante in molti aspetti, tra cui la rapida aggregazione di big data multi-source, la visualizzazione rapida di informazioni epidemiologiche, la georeferenziazione spaziale delle tipologie di casi da COVID-19 sia a livello mondiale e sia a livello locale, modelli di previsione della contaminazione territoriale, creazione di ipotesi di correlazioni spaziali tra i fattori ambientali e i fenomeni di diffusione dell'epidemia. il risultato, mappe intelligenti, potrebbero essere un solido supporto per i processi decisionali durante la gestione dello stato di emergenza e post-emergenza per fronteggiare un possibile ritorno dell'epidemia. Attraverso il GIS si è sviluppata in modo rapido una metodologia per la costruzione di piattaforme per la realizzazione di mappe fruibili via web.
Risultati: Questo studio dimostra la correlazione spaziale tra le

province attraverso l'indice I di Moran, soprattutto nelle zone con un alto indice di densità di popolazione e valuta il tasso alto di contagio nelle zone in presenza di strutture sanitarie.
Conclusioni: Nell'era dei big data, le fonti dei dati sono diverse, dalle informazioni del governo a quelle delle imprese. Di conseguenza, l'uso del GIS potrebbe gestire le difficoltà nell'acquisizione dei dati e l'integrazione dei dati eterogenei.

The SARS-Cov-2 pandemic in the area of the Destra Secchia of Mantuan "Oltrepò"

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Background and Aim of the study: The trial aims to investigate the development of SARS-Cov-2 pandemic in the area of Destra Secchia of Mantuan "Oltrepò", a district comprising 13 municipalities with about 45.000 inhabitants, with low population density. In the area there are also several nursing home and one hospital, with the characteristics of first level emergency and urgent care.
Materials e Methods: After a demographic survey, we considered the general mortality data, from January 1st to April 15th 2020, comparing it with the average of the years 2015/19. We evaluate the onset of the disease in the area, with temporal, topographical and demographic criteria. We studied the event in the hospital, analyzing hospitalizations for COVID-19, from February 21st to April 21th 2020, detecting the specific characteristics of patients and their outcomes.
Results: During the all period the increase in the general mortality was 39.5% with a slight prevalence in men and in the old age. 313 patients were counted on the territory, with a prevalence of women, of whom 58 died. Lethality was 18.5%. Among the 233 hospitalizations, there were 60 deaths with a prevalence of men. The more advanced ages and the presence of comorbidities, in particular the number of associated comorbidities and the presence of heart disease, have all conditioned the poor prognosis ($p<0.05$).
Conclusions: The trial allowed to know the temporal evolution of the phenomenon in the Destra Secchia district, showing an increased mortality, especially in the older age and in multi-comorbid patients.

Assessment of Cardiac and pulmonary consequences in patients recOvered from a COVID-19 infection: lo studio ACOD-19

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Premesse e Obiettivi dello studio: Il 30 Gennaio 2020 il Direttore Generale dell'OMS ha dichiarato la malattia da coronavirus un'emergenza di sanità pubblica di rilevanza internazionale. In fase di remissione emerge la preoccupazione della possibile evoluzione negativa degli esiti della malattia. Obiettivo primario del nostro studio è la valutazione delle possibili sequele cardiovascolari e polmonari in pazienti ricoverati per infezione da COVID-19 dal 1 Marzo al 1 Giugno 2020 presso le AREE Gialle ospedaliere dell'ASL 2 Savonese. Obiettivi secondari saranno la valutazione delle condizioni cliniche globali, la qualità di vita e la valutazione dell'incidenza di eventi con conseguente ricovero ospedaliero.
Materiali e Metodi: I pazienti arruolati verranno sottoposti a 4 visite (dopo 3, 6 , 12, 24 mesi dalla dimissione) nell'arco di due anni. Ad ogni visita lo sperimentatore otterrà le seguenti informazioni: eventuali ricoveri ospedalieri nel periodo di osservazione, qualità di vita, esecuzione ECG, 6' walking test (6MWT), stato infiammatorio, funzionalità renale e stato coagulativo. Verranno inoltre eseguiti spirometria (a 6-12-24 mesi), ecocardiogramma (a 6-12-24 mesi), TC torace HCT (a 12 e 24 mesi) e Rx torace (a 3 mesi). La copertura economica della presa in carico di questi pazienti nella Regione Liguria è garantita dalla recente approvazione dell'Atto N° 476-2020 della Giunta Regionale della Regione Liguria che consente l'implementazione di specifiche attività di monitoraggio da svolgersi sia in ambito ambulatoriale che in ambito di Day Hospital senza oneri a carico degli assistiti.

Telemedicina al tempo del COVID-19

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Premesse e Scopo dello studio: Nel periodo pandemico avevamo in corso il progetto sulla cronicità. 178 pz, fragili, con più co-morbilità, e ripetuti ricoveri per scompenso cardiocircolatorio e versamento pleurico. Abbiamo selezionato dei criteri e dei parametri per monitorarli dal proprio domicilio. Creando una reperibilità sanitaria tramite chat, telefono e sms.
Materiali e Metodi: Dandoci delle priorità abbiamo individuato 26 pz fragili. Definita la scheda dei parametri: peso corporeo, SatO2, PA, glicemia, presenza di fovea, e quantità urine 24 ore, i pz dovevano riportarli con verifica in video-chat. Adeguavamo la terapia. Eventuale invio ospedaliero o modifiche terapia ex adiuvante. Attraverso una rete sociale era possibile consegna dei farmaci a domicilio.
Risultati: 24/26 pz hanno mantenuto un equilibrio emodinamico. 1/26 ricoverato per IMA. 1/26 esami a domicilio.
Conclusioni: La telemedicina ha permesso la gestioni con buoni risultati di pz critici al domicilio, riduzione delle pratiche burocratiche (ricette telematiche). Ha protetto i pz fragili da rischi di infezione ambulatoriali.

Viral clearence in COVID 19 patients treated with immunomodulators

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Background and Aim of the study: In COVID-19 patients, the aberrant host immune response results in uncontrolled release of cytokines (CKs) and systemic hyper-inflammation. When first-line therapy (antiviral and hydroxychloroquine/chloroquine) did not demonstrate effects, high doses of glucocorticoids and/or biological agents (tocilizumab - TCZ, canakinumab - CAM etc.) mostly given in an early inflammatory phase, improved the clinical condition in patients with moderate to severe disease. Some Authors have argued that glucocorticoid therapy interfere with viral clearance, but it is not known whether the same occurs for patients receiving immunomodulators treatment.
Materials e Methods: We admitted to our Institution 138 COVID-19 patients (age 61,6 +/- 15,5 yrs) from March to May 2020.
Results: During the hospitalization, some patients developed a progressive respiratory failure. All patients were treated with idroxicloroquine (400 mg/day), darunavir/ritonavir (800/100 mg/day) and enoxaparin (4000 UI/day) and, after discharge made nasal swab to verify negativization. 21 patients (age 55,9 +/- 14,8 yrs) with respiratory failure (P/F <300, respiratory rate >30/min, saO2 <92%) received additional therapy with TCZ (14 pts) or CAM (7 pts). All patients showed a resolution of fever, improvement of respiratory function, radiological imaging and reduction of the inflammatory parameters.
Conclusions: We did not see a significant difference in viral clearance, assessed with nasal swab sample, between patients treated with immunomodulators and the other that not receive this treatment: 33,1 +/- 7,6 days *vs* 30,2 +/- 10,2 days.

A complete atrioventricular block case during SARS COV2 pneumonia. Case Report

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Description of the case: A 83-year-old man has been hospitalized

for fever, cough and dyspnea in our UOC pneumology Covid for nasopharyngeal swab positive for SARS COV2. In anamnesis it presented hypertension, COPD and atherosclerotic vasculopathy. At the entrance it has dyspnoea, BP 130/80 mmHg, CF 72 bpm, no heart failure symptoms, Ps 02 89% in ambient air. Pulmonary auscultation demonstrated the presence of ronchi spreads to chest with hypomobile bases. At ECG sinus rhythm was 65 bpm with repolarization anomalies QTc470 ms. Echocardiography was compatible for hypertensive heart disease. Bilateral thickenings with an emery glass appearance in the bilateral basal middle field at the chest CT scan. Laboratory showed the signs of inflammation. He begins antibiotic and antiviral therapy with lopinavir, LMWH, dexametazone and O2 therapy with integral mask with fi02 50% peep 10 mmHg. The respiratory symptoms have improved but it showed up steep edema, asthenia, bradycardia with difficulty speaking. Ecg presents complete atrioventricular block with junctional escapement at 35 bpm. Bilateral thickenings with an emery glass appearance in the bilateral basal middle field at the chest CT scan. Laboratory showed the signs of inflammation. He begins antibiotic and antiviral therapy with lopinavir, LMWH, dexametasone and O2 therapy with integral mask with fi02 50% peep 10 mmHg. The respiratory symptoms have improved but it showed up steep edema, asthenia, bradycardia with difficulty speaking. ECG presents complete atrioventricular block with junctional escapement at 35 bpm. Ps O2 94% in O2 at 4 l / m. The patient was promptly taken to the electrophysiology room for the definitive single-chamber pacemaker implant. Clinical and hemodynamic conditions have improved as well as lung and ventilator conditions.

Conclusions: In our experience we have observed the presence of numerous cases of heart rhythm disturbances both in the bradycardic and tachycardic sense not only iatrogenic but also suggestive of a direct action of the SARS-CoV2 virus on the cardiac conduction system.

Is acute pericarditis associated with long-term persistence of nasopharingeal swab positivity with Covid-19?

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Background and Aim of the study: The SARS-CoV2 associated interstitial pneumonia characterized by acute respiratory failure and other symptoms affecting different organs and systems. Among these also the cardiovascular system.

Materials e Methods: More than 250 patients were hospitalized in our Covid Unit to 15 March from 15 May 2020, divided between Covid pulmonology, Covid infectious diseases and Covid intensive care unit.

Results: Of the patients discharged, more than 200 from the various units, between the end of May and June 15, 10 patients were readmitted to the covid unit for the re-positivity of the nasopharyngeal swab. Among them, 4 patients (40%) 3 males (54, 24 and 42 years) and 1 female (50 years) had clinical, instrumental and laboratory signs indicative of acute pericarditis, absent previously and at discharge. They were treated with anti- inflammatory and colchicine therapy with clinical and instrumental improvement and re-discharged to subsequent negativity with clinical follow-up programming.

Conclusions: It is suggestive that the long-term persistence of positivity to SARS-CoV2, perhaps because it is linked to a greater persistence over time of the inflammatory state linked to the viral infection, triggers a local inflammatory reaction to the pericardial sheets, especially in subjects of a younger age.

Assessment of taste and smell in patients affected by COVID 19 infections

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Background and Aim of the study: Partial or complete ageusia and anosmia have been observed as initial and sometimes unique symptoms of COVID-19 infection, especially in paucisymptomatic patients. A single-center observational cohort study was conducted to evaluate taste and smell in a group of subjects admitted in the sub-intensive therapy of the COVID UNIT Hospital F. Miulli (Acquaviva delle Fonti, Bari, Italy) from 8 april to 11 may 2020.

Materials e Methods: A questionnaire was administered to a group of patients, with normal cognitive system. The laboratory and clinical data contained in the medical records were studied.

Results: 53 patients, 35 male and 18 female aged between 23 and 82 replied to the questionnaire. 19 patients reported no loss, 3 reported only loss of smell and 31 loss of taste; of these, 23 also reported an associated loss of smell (9 partial loss and 14 total loss). Patients with olfactory deficits complained of nasal congestion and the need to breathe through the mouth in 23% of cases and rhinorrhea in 15%. The loss of taste was rarely associated with a decrease in appetite (3%) and in 65% this deficit was total. The division of patients into 4 phenotype groups (based on the severity of the clinical presentation) did not reveal significant differences between the groups.

Conclusions: The data of our study, although referring to a reduced sample, show that olfactory and gustatory deficits are associated with SARS-CoV2 infection in a high percentage of patients. The phenotype did not show a role in the development of these symptoms.

SARS-CoV2 in a population over 75 years old: differences with young people

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Background and Aim of the study: As of 17 June 2020, Italy had 237.828 cases of SARS-CoV-2 infections, with about 35.000 deaths; median age of cases 61 years, median age of deceased 81 years. A single-center observational cohort study was conducted to evaluate clinical features, laboratory characteristics comparing two groups of subjects by age (>75 and <75 years) admitted in the sub-intensive therapy of the COVID Unit Hospital F. Miulli (Acquaviva delle Fonti, Bari, Italy) from 17 march to 17 may 2020.

Materials and Methods: The data contained in the medical records were studied.

Results: A total of 174 patients hospitalized (60.4% males), mean age 68 yrs, with diagnosis of SARS-CoV2, were analyzed; they were divided into two groups >75 years and <75 years (110 pts and 64 pts respectively). The group of older subjects had a higher prevalence of comorbility (heart, kidney failure, COPD); mortality was more significant in subjects >75 years (37.3% *vs* 0.9%) compared to young people. No difference was observed in the length of stay (21 days on average), while the younger subjects were treated with hydroxychloroquine more than the elderly (83.6% *vs* 40.6% respectively) as well as with lopinavir / ritonavir (39.4% *vs* 14.5%).

Conclusions: Our data, although referring to a small sample of subjects, show that patients over 75 years of age are more fragile (die more), have better comorbidities and have been under treated compared to younger subjects.

Monocytes - macrophages CD11b expression in Covid19: a bridge between inflammation and thrombosis. A hypothesis

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Background and Aim of the study: To speculate on the role of CD11/CD18 on inflammation and prothrombotic state induced by COVID19.

Patient sand Results: In a 65-year-old patient affected by

COVID19 we studied the expression level of CD11b on peripheral blood CD14+ monocytes. At admission the expression of CD11b was 8231 MFI (Mean Fluorescence Intensity) units. The patient was treated with enoxaparin and tocilizumab.CD11b, expression fell to 4582 MFI units over 7 days. In accordance with this, IL6 values were also hyper – expressed (IL6 243,4 pg/mL; L<7 pg/mL) while value after 8 days was 18 pg/mL, showing a reduction in value, congruent with the improvement of the patient.

Conclusions: Physiological significance of factor X and fibrinogen binding with activated CD11b/CD18 *in vivo*, is one of the possible bridges between inflammation and thrombosis. The role of anti IL6 drugs on the expression of CD11bCD/18 on monocytes macrophages was previously studied in inflammation in atherosclerosis and in myocardial ischemia; our data seems to confirm the hypothesis that the interaction between CD11b/CD18, endothelial cells platelets, factor X and fibrinogen plays a fundamental role in favoring inflammation and thrombosis. Overproduction of early response proinflammatory results in what has been described as an inflammatory storm. Advances in cytokine biology and molecular biology have led to the development of novel immunologic approaches to the treatment of COVID19 lung injury that target the cytokine. Increasing expression of CD11b/CD18 induced by COVID19 play a key role in in bridging inflammation and thrombosis.

Neurological involvement in SARS-CoV2 infection

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Description of the case: We report a case of stroke in old patient who presented to our emergency room due to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection. Cough, headache, and chills lasting 1 week developed in a 81-year-old woman. She then had progressive dysarthria with numbness and weakness in the right arm over a period of 24 hours. When she re-admitted to the hospital, score on the National Institutes of Health Stroke Scale (NIHSS) was 0 (scores range from 0 to 42, with higher numbers indicating greater stroke severity), and computed tomography (CT) showed absence of hyperdensity lesion intra and extra-assial. Symptoms rapidly ameliorated with anticoagulation therapy and resolved clinical issue in three days.

Conclusions: Coagulopathy and vascular dysfunction have been proposed as complications of Covid-19. The association between large-vessel stroke and Covid-19 requires further investigation. The more dramatic neurologic symptoms, such as stroke, ataxia, seizure, and depressed level of consciousness, all were more common in severely affected patients, accounting for the increased incidence in these patients. However, these associations should be considered in light of our understanding that patients with severe complications from SARS-COV-2 are more likely to have medical comorbidities, especially vascular risk factors such as hypertension. The occurrence of cerebrovascular events in critically ill patients with underlying high blood pressure and cardiovascular disease is therefore potentially unrelated to a direct effect of the infection itself or an inappropriate host response.

Non tutte le interstiziopatie polmonari sono dovute a SARS-CoV2

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Premesse e Scopo dello studio: Le interstiziopatie polmonari sono divenute le forme più diagnosticate di polmonite nel 2020 a causa della pandemia da COVID-19. Lo spettro delle interstiziopatie è ampio e include malattie idiopatiche e forme secondarie

Descrizione del caso: Nell'aprile 2020 un uomo di 36 anni si ricovera presso il nostro reparto per artralgie, febbre, astenia, tosse e dispnea. A gennaio 2020 comparivano febbre, tosse, artralgie e astenia. Ad aprile le sue condizioni generali peggioravano con sviluppo di macroematuria, malessere, astenia intensa. All'ingresso, il paziente si presentava pallido, astenico e sintomatico per dispnea e artralgie. Si obiettivava dolore articolare alle piccole articolazioni delle mani, al gomito e alle ginocchia con rigidità mattutina e riduzione della forza. La TC del torace documentava opacità a vetro smeriglio in entrambi i campi polmonari. Effettuava 2 tamponi per SARS-CoV2, negativi. Agli esami ematochimici: IgM 332 mg/dL e ferritina 700.2 ng/ml. Allo striscio di sangue venoso periferico, agglutinazione degli eritrociti. La sierologia (IgM) per M. Pneumoniae risultava positiva con riscontro di agglutinine nel siero; iniziava quindi Doxaciclina. Si assisteva ad una progressiva normalizzazione dei livelli di emoglobina e le agglutinine fredde gradualmente si riducevano e non venivano più riscontrate a 15 giorni dall'inizio del trattamento. Ad un mese dalla dimissione, la funzione polmonare era pienamente recuperata così come era risolto il quadro di anemia emolitica dovuto alle agglutinine fredde.

Effetti psicologici in soggetti ricoverati per infezione da COVID 19

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Premesse e Scopo dello studio: Il ricovero ospedaliero per infezione da Covid 19 rappresenta un evento estremamente traumatizzante non solo sul piano fisico ma anche psichico per l'individuo e può determinare effetti e sequele nel medio e lungo termine anche sulla salute mentale, con insorgenza di sintomatologia psicopatologica significativa e compromissione del funzionamento personale e del benessere globale. Scopo della presente indagine è approfondire, in un campione di soggetti che hanno vissuto tale esperienza, possibili effetti sul funzionamento psicologico, cognitivo e sulla qualità di vita.

Materiali e Metodi: Sono stati arruolati 15 soggetti ricoverati per Covid 19 presso l'Ospedale C.Urbani di Jesi tra marzo e maggio 2020. Ogni soggetto ha effettuato valutazione psichica tramite colloquio e testistica SF-36 (Questionario di valutazione della qualità della vita); IES-R (Impact of Event Scale Revised) , MMSE (Mini Mental State Examination) per indagare i livelli di stress post-traumatico, funzionamento cognitivo e qualità di vita.

Risultati: 1/3 dei soggetti ha evidenziato la presenza di disagio psichico, successivamente all'esperienza di ricovero, meritevole di approfondimenti e cure: 3 soggetti hanno richiesto presa in carico psicologica; 2 soggetti, già in cura precedentemente al ricovero, hanno avuto necessità di riprendere il percorso terapeutico.

Conclusioni: La raccolta di informazioni e dati di questo tipo sembra essere utile anche per ridurre lo stigma e favorire l'attuazione di interventi di sostegno alla persona che ha subito ricovero per Covid 19.

Family cluster with heterogeneous symptoms

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Background and Aim: We present the heterogeneous clinical features of SARS-CoV-2 infection in a family cluster of Varese. Two of the five members were healthcare workers, and all of them were treated at home.

Description of cases: First case was a 29-year woman, who was diagnosed with COVID-19 after close contact with affected patients at work, despite absence of symptoms at time. She lived with her family. The day after testing (day 1) she developed fever and malaise, followed by arthralgia, headache and sudden loss of smell and taste by day 2. On day 3 her father, a 53-year old ex-smoker with history

of hypertension, presented with fever for 5 days with subsequent apparent recovery. On the same day, her mother, a 53-year old physician, developed arthralgia and cough without sputum. On day 5 one of her brothers (26 years old) had fever and diarrhoea. On day 11 her father presented new onset of fever (up to 41.8°C), dysgeusia, dyspnoea and desaturation on air. According to local protocol he was treated with idrossicloroquine, antibiotics, a course of steroids, heparin and mild oxygen support with progressive improvement of respiratory function. On day 17 the other brother (22-year-old) reported headache, anosmia and dysgeusia. Serological testing confirmed COVID-19 infections.

Conclusions: Three weeks later her father underwent a CT scan showing sparse pulmonary infiltrates suggestive of resolving COVID-19 pneumonia. All members recovered, but our patient, her father and brother still complain of hyposmia and dysgeusia after over three months.

Applicazione della tecnica di Recoil diaframmatico nei pazienti con esiti da COVID-19

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Background e Obiettivo dello studio: Valutare se il trattamento di Recoil diaframmatico con High Velocity Low II e HVLA (R.HVLA) migliori la meccanica respiratoria reclutando gli sfondati costofrenici nei pazienti con esiti di interstiziopatia da CPOVID-19. In questi infatti anche senza una conclamata fibrosi polmonare la funzione respiratoria risulta compromessa nella convalescenza e forse anche in seguito.

Materiali e Metodi: Abbiamo proposto le manovre R.HVLA dopo esecuzione della spirometria a 5 pazienti, 2 uomini e 3 donne, di età compresa tra i 37 e i 76 anni, nell'ambito delle indagini ambulatoriali eseguite a distanza di almeno 6 settimane dalla guarigione da COVID-19. I pazienti seguiti ambulatorialmente per la pneumopatia sono anche stati sottoposti a parametrazione, a test del cammino, ecografia del torace, esami ematici (emocromo, Dimero-D, ferritina, LDH) e spirometria. Le valutazioni spirometriche sono state eseguite in due momenti differenti prima e 5 minuti dopo trattamento.

Risultati: Gli esami eseguiti sono risultati tutti ai limiti della norma e si sono valutate il FEV1, il PEF, le piccole vie FEF 25-75% e la curva flusso volume sia inspiratoria che espiratoria prima e dopo R.HVLA con un guadagno dal 3 al 13% su tutti i parametri considerati.

Conclusioni: Le tecniche di R.HVLA possono essere utilizzate, inoltre si evidenzia miglioramento sulle piccole vie FEF 25-75%, miglioramento sulla curva flusso volume espiratoria, miglioramento sulla curva flusso volume inspiratoria, miglioramento sul FEV1 e sul picco di flusso.

Outcome of a cohort of critically ill patients with severe acute respiratory failure in COVID19 pneumonia. The Trento sub-intensive care unit (SICU) experience

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Background and Aim: The COVID19 pandemic affected predominantly north Italian regions, including Trentino-Alto Adige. We aimed to investigate the outcomes of severe acute respiratory failure COVID 19 patients.

Materials and Methods: We performed a cohort study of SARS-CoV2 infected patients consecutively admitted to the SICU at S. Chiara Hospital, from March 21st to May 4th. In-hospital cumulative mortality was calculated.

Results: 46 patients were included (male 76%; mean age 63, IQR, 55-74). Of those 30 (65%) had comorbidities. All but 5 were treated with CPAP (helmet 37/41, 90%). Overall, 16 (35%) were stepped-up to the intensive care unit (ICU), of those 3 died. Of the remaining, 7 died in SICU. Those who died were older (age 78, IQR 72-86), and with comorbidities. The overall mortality was 22% (10/46). Compared with patients treated with non-invasive ventilation (NIV), those admitted to the ICU had a lower PaO2/FiO2 ratio (163 *vs* 208), and a lower benefit after a CPAP trial (delta PaO2/FiO2 +22 *vs* +46). No difference was found in the time between symptoms onset and hospital arrival (7 days, IQR 5-9, *vs* 7 days, IQR 4-9), as well as in biochemical parameters. The overall hospital length of stay was 39 days (IQR 33-40) for those admitted to the ICU, and 19 days (IQR 13-21) for those treated with NIV.

Conclusions: In our experience 1/3 of patients admitted to the SICU required invasive ventilation. Delay from symptoms onset to hospital arrival did not correlate with step-up to ICU, whereas baseline PaO2/FiO2 and its increased after a CPAP trial did. Overall, 1 by 4 patients died.

The metamorphosis of the field facilities organizational model for vulnerable population protection in COVID-19 infection: mortality risk factors and management solutions

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Background: Asl Roma 6 (population served 531,177 inhabitants) is a healthcare company characterized by strong hospital-field integration due to the presence of 4 hospitals, 6 districts and over 36 low-intensity field facilities for frail elderly. Equipped with Covid Hospital within an active field surveillance system.

Materials and Methods: Retrospective evaluation of the mortality of patients admitted to Covid Medicine with identification of risk factors and proposal of innovative risk reduction models.

Results: 85 patients admitted (49F, 36M); average age 77 years; 68% with>3 comorbidities; deaths 28% with average age 86.8 years. Main risk factors: transferred from low intensity field facilities (100%), old age and comorbidities>3 (100%), followed by Covid-19 WHO Stage 3 (70%); IRC (58%); neoplasm (41%), D-Dimer at the entrance>500 (50%).

Conclusions: To effectively carry out emergency preparedness actions it is necessary to introduce new organizational models aimed at the reorganization of activities specifically within the field facilities for the elderly currently implemented in Asl Roma 6: 1. acceptance only after 2 negative swabs; 2. isolation with quarantine inside the structure and subsequently accomodation with other patients; 3. monitoring by periodic swabs; 4. social distancing and PPE (Personal Protective Equipment) use. Prevention with selective isolation of vulnerable patients is the best option to reduce mortality as intensive care was not effective in avoiding deaths (10% of patients undergoing NIV- Non Invasive Ventilation with little benefit).

The activity of the "Gray Area" in the era of SARS-Cov2

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Background and Aim of the study: The sensitivity of genomic tests for the diagnosis of SARS CoV2, (RT-PCR) can be estimated at around 60%, therefore it is inevitable to find negative subjects. A lot of patients, in the absence of a clear virological diagnosis, during an epidemic, were hospitalized in a "gray area" to defined the real negativity. A retrospective observational cohort study was conducted to analyze the clinical and laboratory characteristics of a group of patients hospitalized in the gray area of F. Miulli Hospital (Acquaviva delle Fonti, BA)

Materials and Methods: A cohort of 42 (23 M, 19 F, average age 78.6 years) patients was studied retrospectively with respect to clinical and instrumental findings.

Results: All patients had fever and in 14 of them also acute hypoxemic respiratory failure. The most represented comorbidities were: hypertension 14, ischemic heart disease 2, diabetes 4, ar-

rhythmias 4, renal failure 4,. The radiological pictures observed were of: radiological alterations with areas of "ground glass" in 14 subjects; outbreak bronchopneumonia in 26; bronchiolitis ("tree in bud") in 1 patient. Only one patient tested positive for SARS CoV2 virus infection detected by the third swab.

Conclusions: Subjects hospitalized in "gray area" were characterized by nonspecific elements, negative RT-PCR genomic test and radiological findings correlated with an intermediate probability for SARS CoV2 virus infection (radiological pictures indeterminate but suggestive). Most of the clinical and radiological pictures were therefore related to other infections.

Tocilizumab treatment for SARS-CoV2 pneumonia: when and where?

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Background and Aim of the study: Intravenous administration of Tocilizumab (TCZ), a monoclonal antibody against interleukin-6 (IL-6) receptor, has been proven to be an effective treatment for Sars-COV2-associated pneumonia. In our observational retrospective study we compared different outcomes measures in patients with different settings and timing of treatment.

Materials and Methods: We included patients affected by nasopharyngeal swab-confirmed SARS COV-2 pneumonia who received TCZ treatment admitted to the COVID Unit of F. Miulli Hospital (BA), from 16th March to 7th April 2020. Outcome measures were pO2/FiO2 ratio (P/F) and CRP serum levels at baseline and at 6,24 and 48 hours after intravenous administration of TCZ. We compared patients treated in intensive care unit (ICP) and non-intensive unit (NICP) even with respect to the duration of the disease, shorter (SD) or longer (LD) than 16 days.

Results: We analyzed 16 patients; mean disease duration 15±5 days. At baseline, mean CRP was 14±10 mg/dl and P/F 144±44 mmHg. 6 hours after TCZ P/F improved significantly in NICP (p=0.03) but not in ICP, confirmed at 48h (NICP p=0.002, ICP p=0.23). Comparison between SD and LD showed that P/F early improved(24h) only in SD (p=0.03). At 48 h, P/F improved in both groups (SD p=0.05, LD p=0.03). CRP decreased both in ICP (p=0.01) and NICP (p=0.04); in regard of timing, only in SD patients (p=0.002) it decreased significantly.

Conclusions: Our real-life experience suggests that TCZ administration is effective when early performed in subjects admitted to non-intensive therapy.

Ambulatorio Integrato post-Covid ASUR Marche: una nuova vision di presa in carico e di follow up

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Introduzione e Obiettivi: Dopo la fase acuta della pandemia da CoV2 quali saranno le evoluzioni clinico-radiologiche dei vetri smerigliati? Quali le sequele sistemiche? Quale l'impatto sulla dinamica respiratoria e muscolare? Quali le ripercussioni psicologiche? Alla luce di tali considerazioni è emersa la necessità di strutturare una nuova modalità di presa in carico al fine garantire un management integrato dell'interessamento polidistrettuale del paziente Covid nonché la valutazione di effetti indesiderati a lungo termine.

Materiali e Metodi: E' stato instituito un Ambulatorio Integrato post-COVID comprensivo di expertise internistiche, infettivologiche, pneumologiche, riabilitative, psicologiche e farmacologiche quale valutazione baseline post-dimissione. Nel caso di indisponibilità del paziente viene garantita la continuità assistenziale con tecnologie digitali. In seguito il paziente viene indirizzato verso specifici percorsi di cura. Il team si avvale di procedure di referral per altri specialisti e per il MMG.

Risultati: Ad oggi sono stati sottoposti a visita baseline con imaging, funzionalità polmonare e valutazione psicometrica 15 pz; 6 sono stati prenotati per approfondimenti cardiologici/neurologici, 2 riaffidati al MMG, 3 hanno ricevuto una riconciliazione farmacologica, 2 un programma di riabilitazione fisica e 2 una visita nutrizionale; 1/3 ha evidenziato un disagio psichico meritevole di sostegno.

Conclusioni: Questo innovativo quanto olistico approccio ci permetterà di ottenere informazioni utili sia per il follow up dei pz COVID sia nell'affrontare in futuro nuove pandemie.

Utilizzo di integratori come coadiuvanti alla terapia in pazienti anziani ricoverati in residenza sanitaria assistita durante la pandemia da nuovo coronavirus 2019

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Premessa e Obiettivo dello studio: I livelli nella norma di VD si associano a riduzione del rischio di contrarre una forma grave di Covid-19 del 16% circa, è stata trovata una relazione fra la quantità di vitamina D (VD) nel sangue ed il valore di proteina C reattiva, negli anziani con sindromi carenziali, la VD non eviterebbe il contagio ma ridurrebbe in parte la gravità dei sintomi, potenziando in modo generico l'immunità innata e modulando la produzione di citochine. Anche lo zinco, un microelemento entra in centinaia di complessi enzimatici, la presenza è importante sia per stabilizzare le membrane nella risposta immunitaria. Obiettivo dello studio era quello di introdurre per gli ospiti di RSA in Lombardia dove il COVID-19 è stato elemento di criticità per l'età avanzata, VD e ZN nelle terapie e valutarne la mortalità.

Materiali e Metodi: Dal 18-04 al 18.05 2020, su 106 pazienti con COVID-19 in 3 RSA (Laveno Mombello, Il Ronco di Casasco, Morbegno), abbiamo aggiunto supplemento di vitamina D 50.000 U alla settimana e zinco 50 mg al dì, accanto alla terapia convenzionale con EBPM e steroide.

Risultati: Hanno contratto il COVID-19 106 pazienti 34m,62f, 63-102 anni, media 85.98, 31/106, il 29.25% deceduti. 10 pazienti polmonite da COVID-19, oltre a diabete, cardiopatia ischemica, altre 2 diagnosi croniche neurologiche. Per gli altri 21 pazienti COVID-19 ha rappresentano soltanto un'aggravante di patologie più severe che hanno determinato il decesso, forse sarebbero morti anche con una semplice sindrome influenzale.

Conclusioni: La supplementazione di ZN e VD può migliorare outcome in RSA in caso di infezione da COVID-19.

Role of corticosteroids in the treatment of pneumonia from SARS-COV-2: experience of Jesolo COVID Hospital

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Background and Aim of the study: The first studies on the role of corticosteroids in the management of severe cases of SARS-CoV-2 pneumonia have observed a worse outcome in patients receiving corticosteroid treatment. Such inconclusive clinical evidence is not a sufficient reason not to consider the use of corticosteroids in SARS-CoV-2 pneumonia, as observed in several systematic reviews.

Materials and Methods: In our experience about half of the patients admitted were treated with corticosteroids (methylacednisolone 1 mg/kg/die for 5 days with progressive dose reduction). The criteria of use were clinical, laboratory and instrumental. In the presence of high IL-6 values, Tocilizumab has also been associated.

Results: Improvements in respiratory function parameters, inflammation indices and X-ray pictures at controls were observed in

treated patients, which was more evident in patients who received Tocilizumab in association.

Conclusions: Due to the methodological limitations of the studies, to date the use of corticosteroids remains controversial, especially for the potential risks associated with prolonged use and reduced viral clearance. However, a lot of evidence from clinical practice suggests that the greatest benefit would be obtained if negative prognostic factors towards evolution in an ARDS framework and with low/moderate doses for short cycles (about 7 days) could be detected at an early stage..

Use of compassionate programs in pneumonia by COVID-19: the experience of Jesolo COVID Hospital

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Background and Aim of the study: In Italy since February 2020 the SARS-COV-2 epidemic with its potential fatal outcomes has made it necessary to prepare management protocols to support clinicians' choices based on the few data available in the literature. To date there are no drugs registered for the treatment of COVID-19 infection. We describe our experience on the use of compassionate drugs according to the programs activated by AIFA.

Materials and Methods: 3 compassionate use programs have been activated with 3 molecules: remdesivir (3 patients); canakinumab (1 patient) and ruxolitinib (2 patients). All inclusion criteria were met and in the case of remdesivir the patients were in mechanical ventilation. In particular, they were male subjects with an average age of 55 years and without associated comorbidities. One patient was excluded from canakinumab and one from ruxolitinib due to significant clinical improvement.

Results: All cases treated are clinically cured. Those with remdesivir were simultaneously associated with treatment with tocilizumab. At the quarterly follow-up 3 patients at CT control showed residual lung lesions (fibrotic evolution?).

Conclusions: In the epidemic phase, the compassionate use of IL-6 and JAK1-2 inhibitors improved the outcome in patients with invasive mechanical ventilation. However, no one observed a shorter time of negativisation to control swabs (average of 10 days).

Symmetric cutaneous vasculitis in COVID-19 pneumonia

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Background: Fever, cough, breathing difficulties, digestive issues and loss of smell and taste are commonest symptoms of SARS-CoV2 infection but cutaneous manifestations have been highlighted by several dermatologists. We found this to be very interesting because it was underlined how COVID19 infection involves cause inflammatory reactions, similar to those of vasculitis.

Description of the cases: We documented 2 cases of skin involvement in young subjects with moderate to severe lung involvement and poor comorbidities. In one we saw a widespread urticarial involving the thigh region and the perimalleolar area with spontaneous resolution in a few days. The other one, presenting a severe respiratory failure with ARDS framework, showed at first a legs vasculitic purpura then a fleeting erythematous rash. Itching was low and lesions healed in few days with steroid therapy. Skin manifestations were similar to cutaneous involvement occurring during autoimmune diseases.

Conclusions: COVID-19 can feature signs of small blood vessel occlusion than can be petechiae or tiny bruises, and transient livedoid eruptions. There are few reports about the dermatological manifestations of COVID-19; we need more experience to confirm and better understand skin involvement

Utilizzo di ecografia del torace per diagnosi differenziale in pazienti anziani ricoverati in residenza sanitaria assistita durante la pandemia da nuovo Corona-virus 2019

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Premessa e Obiettivo dello studio: Il nuovo coronavirus 2019 nelle RSA ha determinato mortalità elevate, circa 38%, difficile da diagnosticare e seguire, la febbre nell'anziano è spesso assente, invece ci sono diarrea e trombosi. Con l'ecografia del torace (ET) possiamo distinguere la fase infiammatoria respiratoria da trattare con steroide, EBPM, ossigeno, dalla fase virale da trattare con paracetamolo, individuare lo scompenso cardiocircolatorio, polmonite *ab-ingestis*.

Materiali e Metodi: Utilizzato l'ET come indagine di scelta per monitorare COVID-19, dal 18-04 al 18-05 2020, su 106 pazienti di 3 RSA (Menotti-Bassani, Il Ronco di Casasco, Fondazione A. Morbegno), con Mindray model DP-10, sonda convessa. I reperti classificati secondo lo score di Soldati: normale, score 0; vetro smerigliato, linee B multifocali, score 1; linee B confluenti, score 2; addensamento score 3.

Risultati: 106 pazienti di cui: 34 uomini e 62 donne, tra i 63 e i 102 anni, media 85.98, 31/106, il 29.25% dei pazienti sono deceduti. 24/106, il 22.86% dei pazienti hanno totalizzato 0, 19/106, il 10.10% 1, 31/106, il 29.52% 2, 31/106, il 29.52% 3. La maggior parte dei pazienti che hanno riportato 2 o 3 sono stati messi in terapia con maschera di Venturi o con ossigeno ad alti flussi. Il versamento pleurico sia molto raro e si associa a SCC, prognosi infausta, complicanze cardiache.

Conclusioni: L'ET rappresenta una valida alternativa alle indagini radiologiche, per diagnosi e monitoraggio, è ripetibile, a basso costo, non espone a radiazioni, non necessita di trasporto, può essere effettuato da personale addestrato anche non medico.

Increased D-Dimer value as a marker of pulmonary artery thrombosis in COVID 19 pneumonia

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Background: COVID-19 has been well described as the cause for a proinflammatory and hypercoagulable state: the endothelial cells damage and the release of a large amount of inflammatory mediators may predispose to vascular thrombosis.

Materials and Methods: We evaluated 138 patients with COVID 19 admitted to our Institution between March 2020 and May 2020. At admission, most of them were haemodinamically stable and febrile. All patients were treated with hydroxychloroquine (400 mg/day), darunavir/ritonavir (800/100 mg/day) and enoxaparin (4000 UI/day). Every three days, laboratory exams with inflammatory and coagulation parameters (INR, activated partial thromboplastin time, platelets count, fibrinogen, D-Dimer) were repeated. In the patients with progressive elevation of D-Dimer and low or normal values of other coagulation or inflammatory blood parameters we performed a computed tomography pulmonary angiography (CTPA) and Doppler ultrasound of the lower limbs.

Results: We identify patients with signs of bilaterally pulmonary artery thrombosis (APT) in absence of deep venous thrombosis. Patients did not have signs of respiratory failure and breath on room air. We compared D-Dimer value at the admission in patients with and without APT to identify whether it can have a negative prognostic value and we saw no relevant differences.

Conclusions: In conclusion, we described patients with moderate disease who developed a pulmonary vascular injury strictly correlated with an elevation of D-Dimer values. The development of the APT was not related to D-dimer value at the admission but only to the increase.

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