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Clinical Image **Published Date:-2020-11-04 00:00:00**

[Malignant transformation of an urachal cyst](#)

A 27-year-old man presented to our hospital for abdominal pain and a cheesy discharge from the umbilicus which lasted for a few days. He was afebrile. The physical examination revealed periumbilical tenderness and discharge from the umbilicus. There were no signs of general infection. Otherwise, he had neither specific symptoms nor a palpable abdominal mass. Pelvic computerized tomographic (CT) scanning confirmed the presence of a cyst in the midline of the abdominal wall, with communication with the bladder and peripheral calcification. The mass was infiltrated to the perivesical fat (Figure 1). The patient was prepared for surgery. During laparotomy, a urachal cyst with the cuff of the bladder dome were removed (Figure 2). Recovery was unremarkable. The resected specimen was a partial cystectomy specimen with perivesical fat and the median umbilical ligament

Clinical Image **Published Date:-2020-09-08 00:00:00**

[Exceptional intraoperative aspects of mesenteric venous gas](#)

A 73-year-old female patient presented to the emergency department with a 3-day history of acute abdominal pain and diarrhea. She had also a history of hypertension, type 2 diabetes mellitus and hypercholesterolemia. Physical examination revealed examination a generalized abdominal tenderness with an important abdominal distension, with a body temperature of 37.5°, a pulse rate of 115 bpm and a blood pressure of 105/65 mmHg. Laboratory data showed white blood cells at 15.500/mm³, C-reactive protein at 155 mg/l, hemoglobin at 12.3 g/dl and creatinine at 105 µmol/l. Chest radiography was normal. Contrast enhanced CT of the abdomen revealed hepatic portal venous gas with diffuse gas accumulation in the branches of the superior mesenteric vein, gaseous distention of the small bowel with reduced enhancement of the bowel wall (Figure 1). Additionally, an atheromatous obstruction was observed in the superior mesenteric artery at 4cm from its origin (Figure 2). Emergency surgery was decided.

Short Communication **Published Date:-2020-09-01 00:00:00**

[Management of facial wounds with missing soft tissue with local flaps](#)

Avulsive injuries to the face can be challenging. Soft tissue defects secondary to trauma and bites necessitate local tissue transfer and the tissue closely resembles the missing skin in color and texture. These flaps can be rotated, advanced or transposed into a tissue defect and include:

The forehead flap (median, paramedian) for large nasal defects.

Case Report **Published Date:-2020-07-15 00:00:00**

[Unusual cause of parietal thoracic pain: A case report](#)

We report the radio-clinical observation of a 21-year-old patient, referred for anterior chest parietal discomfort evolving for 3 months ago, with the notion of trauma.

The chest CT (computed tomography) scan detected a costal cartilage fracture without associated traumatic pulmonary or mediastinal changes.

This case illustrates the usefulness of imaging in the diagnosis and management of costal cartilage fractures, and for screening out differential diagnoses.

The aim of this study is to determine the interest of imaging in the study of fractures of the chondro-costal cartilage.

Is to determine the CT value in chondro-costal cartilage fracture.

Case Report **Published Date:-2020-06-16 00:00:00**

[Ependymomas with extraneural metastasis to lung in children: A case report and literature review](#)

Ependymomas, which account for 10% of pediatric central nervous system (CNS) tumors, arise from the ependymal cells that line the cerebral ventricles and the central canal of the spinal cord. Extraneural metastasis to lung is rare for ependymomas primary tumors. Repeated surgeries that disrupt the blood-brain barrier may contribute to haematogenous spread, but the mechanism remains unclear. We present a case of ependymoma with extraneural metastasis to lung in a child and discuss reported cases of extracranial metastatic ependymoma with this presentation.

Case Report **Published Date:-2020-06-15 00:00:00**

[Epiphora as a sign of unexpected underlying squamous cell carcinoma within sinonasal inverted papilloma](#)

Sinonasal inverted papilloma (SIP) is a benign tumor which originates from the sinonasal Schneiderian mucosa and accounts for 0.5% to 4% of all nasal and sinus neoplasm [1]. Pathologically, SIP epithelium inverts into submucosal stroma, which is different from other types of nasal papilloma. Unlike other benign tumors, SIP exhibits remarkable aggressive behaviors, including invasiveness, recurrence and malignant transformation [2]. Therefore, SIP can spread into the paranasal sinus, orbit, and cranial base, which can lead to poor prognosis for SIP patients [2]. Secondary squamous cell carcinoma is malignancy formation within the SIP. It is considered primary if there is no additional mucosal condition or secondary if it occurs in conjunction with an additional condition, which is estimated to occur in about 9% of cases [3]. The authors report the case of a 66-year-old woman with SIP and secondary SCC of the right nasal cavity. This study was adherent with the tenets of the Declaration of Helsinki.

Case Report **Published Date:-2020-05-16 00:00:00**

[Chronic subdural haematoma associated with arachnoid cyst of the middle fossa in a soccer player: Case report and review of the literature](#)

Introduction: Arachnoid cyst (AC) is a congenital, benign, extra-axial lesion often found incidentally on intracranial imaging and makes up almost 1% of all intracranial masses. It arises from the splitting of arachnoid membranes with components similar to the cerebrospinal fluid. It's reported that AC can be complicated by chronic subdural haematoma in athletes with repeated head injuries.

Case report: we describe a case of a soccer player with an AC that underwent surgery for a chronic subdural haematoma with full recovery.

Material and method: From a PubMed research, we found 14 relevant studies reporting a total of 15 patients who met the inclusion criteria: playing soccer, subdural hematoma and arachnoid cyst.

Results: Patients underwent different surgical treatment. In the case of hygroma with no midline shift, a conservative treatment was performed. In all cases the reported follow up was a full recovery.

Discussion: Soccer is not usually considered a contact sport related to a high risk of head trauma or shaking head. From our review we can postulate that a soccer player with AC has an augmented risk to have a subdural haemorrhage, more rarely intracerebral haemorrhage.

Conclusion: ACs are common meningeal abnormalities. They may bleed after minor head trauma, although it is rare. Asymptomatic patients with known AC should be monitored by a neurosurgeon and decision to engage this patient in soccer sport participation is still controversial.

Case Report **Published Date:-2020-05-04 00:00:00**

[Acute and post burn reconstructive surgery of the female trunk with artificial dermis to facilitate healthy pregnancy](#)

The sequelae of deep and extensive burns to the abdomen can lead to serious complications during pregnancy. Studies and publications covering this subject are scarce and outdated. The complications described arise during the 3rd trimester of pregnancy, and surgical treatments to address these complications can initiate premature labor with a risk of fetal demise. We felt it would be of interest to prevent these complications through surgical treatments performed before the pregnancy. The need to reconstruct large regions of abdominal scar tissue prompted us to turn to the Integra® dermal equivalent for preventative surgical treatments.

Case Report **Published Date:-2020-04-17 00:00:00**

[First cure case of 2019 novel coronavirus in Ningxia, China](#)

On January 19, 2020, a 28-year-old male presented to the hospital with a 2-day history of fever, occasional cough and headache. He disclosed that he worked in Wuhan [1], China (the center of novel coronavirus outbreak) and flew to Yinchuan on the day of admission.

Case Report **Published Date:-2020-04-09 00:00:00**

[The role of Diffusion-Weighted Imaging in better delineating the extent of Diffuse Axonal Injury in a pediatric patient: A case report and brief review of the literature](#)

Introduction: Diffuse axonal injury (DAI) is a major cause of disability in the pediatric patient. Herein we describe the MRI/DWI findings in a case with DAI. We also discuss the current role of CT and MRI with DWI in the evaluation of DAI.

Aim of the study: To stress the role of diffusion-weighted imaging in diffuse axonal injury.

Methods: A pediatric patient, who was hospitalized in the ICU, was submitted to MRI with DWI for the evaluation of brain lesions. The patient was scanned with T1-weighted images, T2-weighted images, FLAIR, T2*-weighted images and diffusion weighted images.

Result: Brain lesions caused by DAI were more conspicuous on diffusion-weighted images compared to FLAIR images. T2*-weighted images were a helpful adjunct in showing micro-hemorrhages.

Conclusion: T2*-weighted images and FLAIR images alone underestimate the true extent brain lesions in DAI compared to DWI.

Case Report **Published Date:-2020-03-31 00:00:00**

[CT perfusion-guided endovascular treatment of symptomatic cerebral vasospasm in a patient with perimesencephalic non-aneurysmal subarachnoid hemorrhage](#)

Symptomatic vasospasm represents an uncommon complication of perimesencephalic nonaneurysmal subarachnoid hemorrhage (SAH) which is a benign form of SAH without any recognizable source of bleeding accounting for about 15% of non-traumatic SAH [1,2].

Case Report **Published Date:-2020-03-18 00:00:00**

[Epstein-Barr infection causing toxic epidermal necrolysis, hemophagocytic lymphohistiocytosis and cerebritis in a pediatric patient](#)

Toxic epidermal necrolysis -the most serious variant of Steven Johnson Syndrome -arises as the result of cell-mediated cytotoxic reaction against keratinocytes. Most common inciting factors include drugs, and infections. On the other hand, Hemophagocytic lymphohistiocytosis (HLH), is a syndrome characterized by enormous immune response in the absence of down-regulation of activated immune cells resulting in cytokine storm causing severe tissue damage.

Up to date, several cases of concomitance of Toxic Epidermal Necrolysis (TEN) and Hemophagocytic Lymphohistiocytosis (HLH) in pediatric patients have been reported. Both situations can be fatal and pediatricians should be aware that these two clinical entities are not mutually exclusive, to the contrary they may coexist.

We herein describe a case of Toxic Epidermal Necrolysis, complicated with Hemophagocytic Lymphohistiocytosis with Central Nervous System involvement due to EBV infection.

Case Report **Published Date:-2020-03-16 00:00:00**

[Giant prolactinoma case with side effects due to cabergoline](#)

Dopamine agonists should usually be the first treatment for patients with prolactinomas of all sizes, because these drugs decrease serum prolactin concentrations and decrease the size of most lactotroph adenomas. Cabergoline is preferred first. When cabergoline develops side effects bromocriptin is switched. Cabergoline is more efficient than bromocriptine. Its side effect profile more favorable than bromocriptine. Cabergoline is an ergot dopamine agonist that is administered once or twice a week. Cabergoline can have rarely serious psychiatric adverse effects, including psychosis, impulse control disorders, dyskinesia, pulmonary fibrosis and valvular heart disease.

Prolactinomas are the most common pituitary tumors, 93%-95% of the cases are microadenomas. Macroprolactinomas larger than 40 mm, known as giant prolactinomas, are exceptionally rare, accounting for 0.5% - 4% of all prolactin-hypersecreting adenomas.

In our case, after the 7 x 6 cm giant macroprolactinoma operated we report the manic episode occurring during the second week of cabergoline treatment. In the treatment of patients with prolactinoma, cabergoline is a first choice drug because it has a better tolerance profile and is more effective, however, bromocriptine can be switched to when drug resistance or side effects develop to cabergoline.

Case Report **Published Date:-2020-03-04 00:00:00**

[Zoon's Vulvitis: A case report](#)

Zoon's vulvitis or plasma cell vulvitis (PCV) is a rare, benign inflammatory condition of the vulvar mucosa [1]. PCV can present with an asymptomatic lesion, or can cause discomfort, dyspareunia and pruritus [2]. In this way, PCV can mimic other lesions of the vulval mucosa, such as lichen planus.

Case Report **Published Date:-2020-02-26 00:00:00**

[Acrometastasis as first sign of adenocarcinoma of the lung](#)

Lung cancer is a major cause of morbidity and mortality worldwide. Metastasis can be seen in many organs in advanced-stage disease. Acral metastasis rate in cancer is quite low. However, because of the direct opening of the arterial circulation, the risk of acral metastasis stem from lung cancer is higher than any other cancers. Although the mechanism is not known exactly, acral metastases occur in dominant extremities. Here, we present a case with lung adenocarcinoma metastasis of the left hand in the second phalanx. We presented this case which is rarely seen in the literature to emphasize acral metastases.

Case Report **Published Date:-2020-02-06 00:00:00**

[Delayed penile prosthesis implantation in the delayed presentation of ischemic priapism](#)

Priapism is currently defined as a prolonged painful erection without sexual stimuli, if priapism persists > 36 hours, conservative treatment does not lead to detumescence.

The most common etiologies are: medications into corpora cavernosa, anti-psychotics, anti-hypertensives, hematological disorders (chronic myeloid leukemia).

The Penile prosthesis is the choice treatment for restoring the erectile function after the failure of the conservative treatment.

But the corporal fibrosis makes it very difficult, with high risk of complications [1].

Case Report **Published Date:-2020-01-06 00:00:00**

[A case study on Erdheim ? Chester Disease](#)

A case study on Jakob Erdheim-Chester disease.

Jakob Erdheim, pathologist, collector, scientist and educator was born in 1874 in Galicia and received his medical degree from the University of Vienna in 1900. He became interested in pathology and joined the Pathology Institute of the Municipal Hospital (Lainz) of Vienna
