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[Bilateral Trigeminal Neuralgia Refractory to Medical Therapy: Importance of A Multi-Therapeutic Approach](#)

Bilateral trigeminal neuralgia refractory to medical therapy is a rare occurrence and it is mandatory to choose therapeutic procedures minimizing possible bilateral sensitive deficit due to the employment of bilateral miniminvasive ablative techniques. A patient affected by bilateral trigeminal neuralgia refractory to medical therapy secondary to multiple sclerosis is presented. Multiple therapeutic tools were employed in this challenging pathology. The second and third left trigeminal divisions were involved by the neuralgia, while the third division was involved in the right facial side. Controlled radiofrequency thermocoagulation was employed for the isolated right third division, then radiosurgery was conducted for the left hemifacial side. After one month, because of the persistence of pain attacks of the left second trigeminal division, peripheral authorizations were performed.

Control of pain, with the withdrawal of medical therapy (BNI scale class I), was achieved in this patient with a multi-therapeutic approach. Radiofrequency thermorizotomy was performed for the right third division because neuralgia was very acute, and immediate pain relief was achieved. Pain in the left third trigeminal division regressed after radiosurgery, while pain in the left second division continued after radiosurgery, then peripheral alcoholization was performed with pain control.

Bilateral trigeminal neuralgia refractory to medical therapy should be treated by the dedicated neurosurgeon, avoiding bilateral ablative techniques for the same division and using neurosurgical techniques according to the trigeminal division interested by the neuralgia and according to the intensity of pain.

Mini Review **Published Date:-2025-01-07 11:01:53**

[Understanding Burnout Rates for Clinicians and Physical Symptoms of Allostatic Load](#)

Burnout among clinicians is a pressing concern worldwide, manifesting as emotional exhaustion, depersonalization, and reduced professional efficacy. This article explores the intersection of burnout and allostatic load, the physiological burden resulting from chronic stress, to elucidate the consequences for healthcare providers. Burnout impacts clinicians' mental and physical health, leading to compromised patient care, reduced job satisfaction, and increased attrition rates. A comparative analysis of recent scholarly works reveals converging evidence on systemic contributors such as excessive workloads, inadequate support systems, and organizational inefficiencies, further compounded by individual vulnerabilities like lack of resilience. These challenges have been exacerbated by the COVID-19 pandemic, which has significantly increased stress levels among healthcare professionals globally. This article synthesizes insights from studies conducted between 2020 and 2024, emphasizing the need for holistic approaches to mitigate burnout. It highlights the physiological underpinnings of allostatic load, including chronic dysregulation of stress-response systems that predispose clinicians to adverse health outcomes like cardiovascular diseases, immune dysfunction, and mental health disorders. To address these issues, the article proposes a multidimensional strategy encompassing organizational reforms, evidence-based interventions, and policy advocacy. Recommendations include reducing administrative burdens, fostering supportive work environments, and integrating wellness programs targeting both systemic and individual stressors. Limitations and directions for future research emphasize the importance of inclusive, longitudinal studies focusing on diverse populations to develop tailored solutions. This comprehensive approach aims to enhance clinician well-being and improve healthcare outcomes globally.

Case Report **Published Date:-2025-01-07 10:55:14**

[Recurrent Pancreatitis Associated with CFTR Heterozygous Mutation](#)

This case report discusses a 74-year-old male patient diagnosed with recurrent pancreatitis associated with a CFTR heterozygous mutation. The patient presented with complaints of epigastric pain, and laboratory findings revealed elevated amylase and lipase levels. Genetic testing revealed a p.Phe1052Val (c.3154T>G) heterozygous mutation in the CFTR gene, which has been associated with recurrent pancreatitis through autosomal dominant inheritance. A cystic lesion detected in the pancreas (suggestive of IPMN or serous cystic neoplasm) was evaluated for malignancy and deemed low-risk based on PET-CT findings and a negative CA 19-9 level. This case is presented to emphasize that CFTR mutations should be considered in the differential diagnosis of patients with recurrent pancreatitis, that symptoms may present in adulthood, and that the diagnosis can be easily established through genetic testing.

Case Report

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[Surgical Management of Extrahepatic Biliary Neuroendocrine Tumors: A Case Report](#)

Extrahepatic biliary neuroendocrine tumors (EBNETs) are a rare group of neoplasms with varying characteristics, with 223 cases documented since their discovery. In this case report, an EBNET is described as a result of vague abdominal pain and significantly elevated liver function tests in a 41-year-old woman who presented with vague abdominal pain and elevated liver function tests. Despite the challenges faced in preoperative diagnosis, including the need to differentiate from cholangiocarcinoma, surgical intervention was successful. Due to the tumor's complex nature, meticulous dissection and reconstruction were required, leading to crucial insights into surgical management. In addition to highlighting the rarity of EBNETs, this case emphasizes the importance of early detection and customized surgical approaches.

Case Report

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[Simple Modified Transvesical Prostatectomy with Minimum Incision and Endoscopic Vascular Control: A Case Report](#)

This work aims to report a case where a minimum incision and with vascular control endoscopically assisted transvesical prostatectomy was carried out to control hemostasis after prostate digital enucleation.
