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Scientific Tracks & Abstracts

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Abdominal TB mistaken for malignancy

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Background: Tuberculosis (TB) is the leading cause of death from a single infectious agent worldwide. Extrapulmonary TB accounts for nearly a third of cases, with the prevalence of abdominal TB steadily rising. However, the disease poses significant diagnostic challenge due to lack of pathognomonic findings and sensitive testing modalities. We present a case of peritoneal TB that closely resembled malignancy.

Case Presentation: A 34-year-old female with a history of anemia, low grade cervical dysplasia, and high-risk HPV presented with a 7-day history of worsening abdominal distension, following one month of progressive fatigue, anorexia, weight loss, and subjective fevers. She denied respiratory symptoms, night sweats or changes in bladder or bowel function. The patient immigrated from Mexico 15 years prior, and briefly lived with her father and brother who were both treated for TB decades before. Her aunt and grandmother died of uterine cancer. Her physical exam was notable for a distended abdomen with diffuse tenderness to palpation. Computed tomography (CT) and magnetic resonance imaging (MRI) revealed ascites with peritoneal thickening and an adnexal cyst. Chest CT showed scattered centrilobular pulmonary nodules and axillary lymphadenopathy. Further workup yielded an elevated Ca-125, and serially negative sputum smears for acid fast bacillus (AFB). Sequential diagnostic paracenteses revealed elevated polymorphonuclear cells, but negative cytology, gram stains and AFB stains. The patient returned with similar symptoms one month later. Ultimately, exploratory laparoscopy revealed diffuse milliary peritoneal implants with biopsy positive for caseating granulomas and AFB. Treatment was initiated for peritoneal TB.

Conclusions: A high index of suspicion for peritoneal TB must be maintained in patients who present with ascites, even in the absence of respiratory symptoms, predisposing comorbidities, or identification of mycobacteria in bodily fluid. A lower threshold for peritoneal biopsy is warranted in such cases for earlier diagnosis and life-saving medical management.

Biography

Lauren is a dual MD-MPH student in her final year of medical school at Emory University. She completed her MPH in Epidemiology this past year, and is passionate about investigating the intersectionality between social determinants of health and infectious disease. She is pursuing Internal Medicine for residency, and intends to become actively involved I healthcare advocacy and public policy work as a physician.

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Abdominal aneurysm in Zambia

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Statement of the problem: AAA continues to be a global health problem with an epidemiological incidence increasing from 4.2 to 11 per year (Sampson UK, 2014). In patients with complications. Mortality can be as high as 80% (Al-Balah A et al, 2020). However, due to the implementation of various screening programs and increased understanding of the disease process of AAA, complications and associated mortalities have reduced. (Ali MU et al., 2018). Unfortunately, these statistics apply more to the developed countries as little information regarding prevalence and screening recommendations exist in developing countries. This is with the exception of countries like South Africa, Kenya and Nigeria where information regarding the subject can easily be accessed on various academic platforms. (Ezenwugo et al, 2020; Sule et al; Ogengo JA et al., 2010; Kitchen ND 1989, Decker GA et al. 1977). Locally, at the University Teaching Hospital, lack of screening protocols and limited autopsies performed to determine the cause of death have not aided in determining mortalities that might have been caused by complications of AAA. Therefore, by conducting a study of this nature we wanted to determine the prevalence of AAA and its associated risk factors and extrapolate these findings to clinical practice. Such information would be a useful tool for screening programs and planning of surgical management.

Methodology & Theoretical Orientation: The study was a cross-sectional study, conducted in the department of radiology at the Adult Hospital, University Teaching Hospitals, Lusaka, Zambia from June 2019 to April 2021. In the study we included all stable patients above the age of 18 years presenting to the radiology department for abdominal U/S investigation and consenting to take part in the study where recruited. Patients with severe systemic disease, with a score of ASA III and above, known patients with AAA and non-consenting patients were excluded.

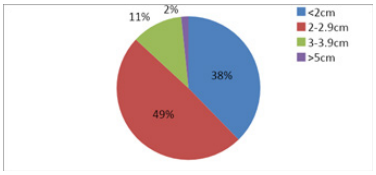

Fig. 1, Outer diameter of abdominal aorta in participants in our study

Findings: Our study showed the prevalence of AAA in patients undergoing non-AAA associated abdominal U/S to be around 12%. This value is closer to the upper limit of the global range of 11%. This is in keeping with the observation that life in the so-called "developing" countries is shifting towards a more western type of culture.

Conclusion & Significance: Our study found the prevalence of an incidental AAA in patients undergoing non-AAA related abdominal U/S at the radiology department of the University Teaching Hospitals to be around 12%. This value is just 1% higher than the global upper limit of 11%, which might suggest a similar prevalence. Conversely, the difference might also suggest the presence of other risk factors in our participants, other than the conventional risk factors associated with sedentary lifestyle seen in western populations. It also showed a strong association between the male gender and the increased risk of developing AAA as males were found to be 2 times more at risk than females.

Biography

Mulenega Katongo is a final year MMed general surgery registrar at UNZA Lusaka and ESSO/EYSAC national representative for Zambia. His primary interest is surgical oncology with emphasis on colorectal and breast surgery. Small part of his oncologic surgery training during the residency he did at the Oncology Institute in Ljubljana, Slovenia. He is currently doing research on the prevalence of AAA in Zambia as a partial fulfilment of the award of Master of Medicine (general surgery) and actively searching for a fellowship in oncologic surgery.

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Giant aneurism of ascending thoracic aorta

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Giant ascending aorta aneurysms (AAA) with greatly enlarged aortic root, has rarely been reported. We present the case of a giant AAA of about 8,7 cm diameter in a 68-year-old man who was successfully operated on for ascending aorta and aortic root replacement under modified Bentall technique using composite mechanical conduit with coronary reimplantation

Giant ascending aorta aneurysm (AAA) is a rare condition, because of early diagnosis incidence appears to be increasing as a result of routine screening, increased clinical awareness and improved imaging modalities. Etiology of aneurysms involving the aortic root and ascending aorta can be genetically triggered, degenerative, or atherosclerotic, inflammatory, or can result from infection diseases. (1,2,3) According to many studies for ascending aortic aneurysms larger than 6 cm the risk of rupture, dissection, or deaths was 15.6, making it a large life threating aneurysm. (4,5). About technique choosing for repairing of the aortic root, using the composite graft replacement, for patients in whom an aortic valve sparing root repair is not suitable, Modified Bentall (7) technique is the technique of choice, with excellent results. In this case, the aortic valve leaflets may be normal, but there is a loss of the Sino tubular junction because of the dilation of the aorta. This may lead to insufficient coaptation of the leaflets and therefore cause valve-regurgitation.

Preoperative assessment of patients requiring aortic root and ascending surgery generally includes a transthoracic echocardiography, and an angio CT-scan imaging to obtain all necessary information on the entire thoracic aorta. Proper description of the aortic dilation is necessary to optimally plan the procedure, especially the level of the distal anastomosis. In patients younger than 40 years angiography is not performed.

Biography

Andi Kacani has more than 17 years of experience as a cardiologist and is affiliated with Mother Teresa University Hospital Centre. Dr. Andi Kacani's passion is Cardiovascular surgery.

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Week-end review proforma in the UK

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Many UK hospitals struggle with week-end coverage due to shortage in medical staffing. This audit done in three cycles aim at helping junior doctors on-call to avoid less urgent jobs such as writing a drug chart or completely rewriting it, complete VTE prophylaxis, sign a DNAR - also called Do Not Attempt Resuscitation which must be signed by a consultant, but an SHO could sign it and it would be valid for 24-48h.

Our audit aims at improving quality and better patient care. This audit first cycle is to apply a questionnaire to the medical team on-call on Saturday and Sunday.

The second part of our audit was to present a checklist / pro forma where every Friday, doctors must fill it out and go through the whole checklist. This would ensure patient's safety and doctors to organize their jobs on the weekends.

Finally, the third part consists on questioning the junior doctors again to see if our pro forma improved their weekend on-calls.

The results were very satisfying since the audit improved quality care and helped junior doctors on weekend on-calls to concentrate on more important jobs such as cardiac arrests.

Biography

Wassim Abdou graduated from the Slovak Medical University in July 2020. Currently working in the UK, at Southport & Ormskirk NHS Trust as a Senior House Officer. Rotating in internal medicine departments. Working on improving medical quality and leading to improve care.

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Novel steroid infiltration technique of the carpal tunnel

Nauar Knightly
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This report describes a novel technique of steroid infiltration of the wrist to treat symptomatic carpal tunnel syndrome. Our approach potentially reduces direct trauma to the median nerve when compared to current conventional techniques. The use of a cannula allows infiltration directly into the carpal tunnel and advancement of the blunt tip minimizes the risk of sharp trauma to the median nerve and adjacent tendons. This avoids the unpleasant, shooting pain frequently experienced by patients using traditional needle infiltration. We anticipate this would be of particular benefit in reducing pain associated with the procedure.

The median nerve was located by strongly flexing the fingers and thumb. This manoeuvre allows the median nerve to be identified by rolling it in an ulnar to radial direction. A small blister of local anaesthetic was infiltrated into the volar aspect of the wrist over the proximal wrist crease. A small nick in the skin directly ulnar to the median nerve allows the cannula to pass underneath the transverse carpal ligament (TCL) and parallel to the nerve and into the carpal tunnel. The cannula is passed at a 45-degree angle underneath the TCL and then the angle is further reduced to prevent contact with the median nerve as the cannula is fed distally. Therefore, blunt piercing of the TCL does not take place, but rather the antebrachial fascia of the forearm. Prior to infiltration the cannula tip should be at its most distal position. The steroid is slowly infiltrated (10mg of triamcinolone) into the tunnel and the cannula is withdrawn proximally while infiltrating. The technique is approachable, even with a slight learning curve to it. It can be taught to trainees and most importantly its comfortable for the patient. The trajectory and length of the cannula.

Biography

Nauar Knightly is a plastics and reconstructive trainee in Ireland with a special interest in academia and research. He has won awards for his teaching and has multiple papers published in the field of plastic and reconstructive surgery. He has presented his research at international conferences in both Ireland and Australia. He is currently a higher specialist trainee and holds a masters degree in surgery and an ungraduated in both medicine and chemistry. Dr Knightly is an experienced tutor and was given an award for excellence in clinical teaching in 2019 from the Royal College of Surgeons in Ireland.

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Thomas Ming Swi Chang

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Artificial cells with emphasis on applications in medicine

Artificial Cells is not to reproduce biological cells, but to prepare artificial system for possible uses in medicine and other areas. Many of the ideas on artificial cells (Chang Science 1964, Nature 1971, Nature Rev Drug Disc 2005, JANB 2019) are being extensively applied and extended by researchers around the world resulting in rapid and exiting progress and discoveries. This has evolved into nanomedicine, biotherapeutics, blood substitutes, drug delivery, enzyme/gene therapy, cancer therapy, cell/stem cell therapy, nanoparticles, liposomes, bioencapsulation, COVID_19 vaccine, replicating synthetic cells, cell encapsulation/scaffold, biosorbent/immunosorbent hemoperfusion, regenerative medicine, encapsulated microbe, nanobiotechnology, nanotechnology and other areas. More futuristic research includes nanorobot, nano computer, multimodal locomotion delivery robot and others. This author predicted in 1972 that "Artificial Cell is not a specific physical entity. It is an idea different approaches can be used to demonstrate this idea". Indeed, there are now unlimited possibilities in variations for the membranes. contents, dimensions (macro, micro, nano and molecular), and configurations. We have only touched the surface of the enormous potential of artificial cells.

Biography

He is known as the co father of artificial cells. An honor physiology B.Sc. student at McGill University, he proposed and prepared the first artificial cells on his own in his dormitory room and was then allowed to use this for his required honor research project (Chang, Hon B.Sc. research report, 1957). He continued this research in medical school then Ph.D. (Chang Science 1964, Nature 1971, Artificial Cells Monograph 1972) and for the rest of his research career to the present with 560 full papers.

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Clinical profile of COVID-19 patients presenting with uveitis – A short case series

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Purpose: To present the clinical features of anterior, intermediate and posterior uveitis in patients with COVID-19 and to increase the awareness of the treating physicians to refer patients with COVID-19 who have eye symptoms for ophthalmic exam, in order to diagnose as early as possible and prevent vision-threatening complications.

Methods: Retrospective observational case reports.

Results: We report three cases of COVID-19 patients who developed uveitis during or after the course of their sickness with COVID-19. All patients underwent a detailed eye examination, relevant history and investigations did not prove any other cause of uveitis.

Conclusion: This report presents novel data on the course of subjects with uveitis during the COVID-19 pandemic. Intermediate and posterior uveitis warrant further evaluation with differential diagnosis supported by laboratory tests due to the association with systemic diseases and risk of permanent vision loss. Iridocyclitis, intermediate, and posterior uveitis treatment should be guided by ophthalmologists, particularly uveitis specialists, when possible.

Biography

Salam Iriqat passion is Ophthalmology, since she entered medical school in 2000, she decided to become an ophthalmologist and try to advance this field in Palestine, specialize in uveitis and medical retina. Dr. Salam finished two fellowships in ophthalmology in two major subfields that we need in our country to provide the service to our people. After her fellowships, St john eye hospital group promoted her to be the head of ocular inflammatory disease, consultant in uveitis, medical retina, and ocular imaging, recently appointed as the clinical research coordinator for the group. After novel publication on covid-19 and ocular manifestations, she became an editor for AMCRS. She believes that we need to work hard to prevent blindness and reach the world with our science.

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Uterine precursor lesions in patients with incidental nodal lymphangioleiomyomatosis

Charles M Lombard
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Nodal lymphangioleiomyomatosis (NLAM) involving the pelvic and para-aortic lymph nodes is found in between 0.4-0.7% of cases where lymph node biopsies were performed in women undergoing staging biopsies for a variety of gynecologic cancers. This proliferation is not found in men who undergo pelvic lymph node staging procedures for prostatic carcinoma. Microscopic examination of the uterus in women with NLAM using immunohistochemical stains for cathepsin K, HMB-45, and β-catenin reveals microscopic precursor lesions of myomelanocytic proliferations that are proposed to give rise to the lesions of NLAM. By gross examination these lesions are inapparent and by routine hematoxylin and eosin histologic stains, these precursor lesions are also not apparent. 3 histologic variants/patterns of these precursor lesions are described. Of note, unlike uterine lesions in patients with pulmonary lymphangioleiomyomatosis (PLAM), these proliferations do not have an associated lymphatic proliferation. These uterine precursor lesions, on morphologic grounds, arise from altered uterine smooth muscle cells and not from "perivascular epithelioid cells". Although incidental NLAM is not thought to be a harbinger of PLAM, some caution is recommended, because PLAM is a disease which evolves over decades of time, and the follow up in cases of NLAM is in the range of 25-45 months.

Biography

Charles M Lombard is a pathologist in mountain view, California and is affiliated with El Camino Hospital. He received his medical degree from University of Chicago Pritzker School of Medicine and has been in practice for more than 20 years.

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Coronary by-pass surgery in patients with previous pneumonectomy

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Introduction: Severe pulmonary dysfunction is a commonly occurring postoperative complication following cardiac surgery. Resection of a lung causes major anatomical and physiological changes. Shift of the mediastinum and reduction in respiratory function following pneumonectomy makes cardiac surgery challenging not only for the surgeon but also for the anaesthetist. The reported experience is sparse for patients with prior pneumonectomy who are undergoing surgery for ischemic or valvular heart disease. We report a case of cardiac surgery following pneumonectomy to highlight certain important features that we think are important while managing these patients.

Case Presentation: The patient was a 56-year male who had undergone extra-pericardial pneumonectomy 30 years earlier for tuberculosis of the left lung. Echocardiography showed a left ventricular function of 50%. His coronary angiogram revealed severe triple vessel disease. Preoperative spirometry showed FVC 1.94 L (52% of predicted), FEV1 1.3 L (48% of predicted), FEV1/FVC ratio 70%. The pre-operative workup of this patient included computerized tomography of the chest to assess distortion of intra-thoracic anatomy. In an attempt to improve the pulmonary function this patient was admitted 10 days prior to surgery for intensive chest physiotherapy and incentive spirometry. He underwent coronary artery bypass grafting (CABG) using cardiopulmonary bypass and antegrade cold blood cardioplegia. Internal thoracic artery was used to graft left anterior descending artery (LAD), saphenous vein (SVG) was used to graft posterolateral branch of the right coronary artery, first diagonal and first obtuse marginal arteries. Access to arteries in the circumflex region was difficult due to shift of heart to the left side. The patient was weaned from the ventilator 14 hours after and CPAP helmet was immediately applied for a period of 48 hours continuously. After on it was applied at intervals for 5 days. The subsequent recovery was slow but progressive and the patient was discharged on the 11th postoperative day in good conditions.

Conclusion: We conclude that with attention to the specific features of the preoperative, intraoperative, and postoperative management, open heart procedures can be performed successfully on patients after pneumonectomy.

Biography

Andi Kacani has more than 17 years of experience as a cardiologist and is affiliated with Mother Teresa University Hospital Centre. Dr. Andi Kacani's passion is Cardiovascular surgery.

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Limiting patient autonomy: Mandatory COVID-19 diagnostic testing

Gregory Ruhnke
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Whether physicians believe a COVID-19 test is indicated for clinical care, prevention of nosocomial transmission, or the public health, respect for autonomy allows patients to decline testing, which is worthy of reconsideration. Although the beneficence model guided medical decision-making for most of history, patient autonomy and informed consent have evolved into dominant priorities. Professionalism contextualized within the beneficence model generated decisions focused on patient health, although the public good was an acceptable consideration.

Mandated testing requires consideration of the professional obligations and public expectations of health care workers (HCWs), and the conflicts and health consequences arising from care access limitations experienced by conscientiously objecting patients. Mandatory testing of hospitalized patients would protect HCWs, who are of instrumental value in the pandemic response. Their motivation may be detrimentally impacted by the requirement to care for patients refusing a simple test, knowing that an opportunity to diminish the burdens of this communicable disease that has taken the lives of many HCWs is being relinquished.

Selective (non-universal) application of respiratory precautions curtails "precautions fatigue" that drives non-adherent behavior among HCWs, reduces the care limitations that result from precautions, and minimizes the environmental impact of PPE (neither recyclable nor biodegradable).

There are substantial justifications for waivers of informed consent in nasal swab testing. Patients who refuse testing must accept that their care may be compromised by such refusal. For preservation of HCW morale and supply, hospital policies should make explicit that HCWs may modify the care they provide to patients who refuse COVID-19 testing.

Biography

Gregory Ruhnke, MD, MS, MPH is an assistant professor in the section of hospital medicine at the University of Chicago. He is a hospitalist, investigator, and former internal medicine residency program director. Dr. Ruhnke has studied characteristics of clinical care, outcomes, and resource utilization among patients with community-acquired pneumonia. He has also investigated the impact of patient-centered attributes of care on patient-reported outcomes and costs of care. Dr. Ruhnke is a founding member of the multicenter Hospital Medicine ReEngineering Network (HOMERuN) and an editor of the Journal of Hospital Medicine.

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Early childhood caries (rampant caries) - "They are just milk teeth"

Korkosova Viktoria
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The occurrence of cavitated carious lesions is still a current oral health problem, and, according to the World Health Organization, the prevalence of caries in the primary dentition varies between 60% and 90% worldwide. Untreated carious lesions in primary teeth are estimated to be present in 621 million children, which makes it the tenth most prevalent disease on global scale.

Early Childhood Caries (ECC) is defined as the presence of one or more decayed tooth surfaces in any primary tooth in children 71 months of age or younger. Many terms were used to describe this disease, such as nursing caries, baby bottle syndrome, baby bottle tooth decay. Main features of the disease are the rapid progression and the widespread involvement of newly erupted teeth as well as the involvement of habitually clean surfaces- labial and lingual smooth surfaces.

In young children, primary teeth are vital to their development, and every effort should be made to retain these teeth functionally for as long as it is possible. High prevalence of ECC in preschool children comprises a major clinical problem for oral health professionals because it has a negative impact on the child, family as well as on the society. With that being said, it is unfortunate that most studies globally show that 90% of carious primary teeth are left untreated. The importance of child oral health should not be underestimated neither by the parents nor by the oral health professional.

Biography

Korkosova Viktoria graduated from Comenius university in Bratislava in 2020. She graduated top of her class and during her studies she conducted a tree year diploma thesis about dental caries in Children including various clinical cases and a study showing how parental attitude and level of knowledge about oral health can directly affect the children. After she graduated, she worked for Comenius university as an educational assistant in the department of Restorative and Pediatric dentistry at the university hospital. Besides dentistry, Viktoria, is very passionate about helping the others who do not have access to medical and dental care, so she is an active volunteer. She volunteered at Equita, a non profit organization in Slovakia, providing basic medical help. Later, as a qualified dentist, she had an active role in community dentistry in Brayislava as she offered numerous treatments to children from Usmev ako dar and Detsky Dom, organization helping children without parental care.

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Anatomical models vs non-tactile distanced learning in otolaryngology teaching

Aashish Pandya
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Introduction: Medical schools in the United Kingdom are under increasing pressure to provide more streamlined, applicable teaching due to rising numbers of trainee doctors, but are failing to meet their educational need for otolaryngology. The recent COVID 19 pandemic has placed additional pressures on medical schools to adapt the medium over which the curriculum is delivered. The use of tactile learning with 3- dimensional models and distanced learning via videoconferencing may provide alternative teaching methods to meet otolaryngology undergraduate learning requirements. This pilot study aimed to assess the differences in undergraduate student attitudes towards tactile learning via non-tactile distanced learning and review their acceptability amongst this cohort.

Methods: Two groups of medical students observed a single educational event on the larynx and management of the airway. The learning opportunity was delivered in a lecture format with the lecturer demonstrating on an anatomical model of the larynx. Group one (tactile group) had an identical model to interact with during the lecture and were present within the lecture theatre; group two (non-tactile group) did not and observed the lecture via video link. Students were asked to rank their opinion to several statements about the session based on an 11-point Likert scale and give qualitative feedback.

Results: All ranked feedback was mainly positive. Tactile learning was equivalent to non-tactile learning based on the ranked feedback from the students statistically, except for improvement in anatomical knowledge, which the students thought tactile learning was superior ($p = 0.017$). A variety of qualitative feedback was received by both groups.

Conclusions: This pilot study provides evidence for the acceptability amongst students of the use of non-tactile distanced learning to deliver the otolaryngology undergraduate curriculum compared to tactile learning. This can provide the basis for larger studies to assess the educational impact of these different teaching methods.

Biography

Aashish Pandya completed his MBBCh (Bachelor of Medicine and Bachelor of Surgery) at Cardiff Medical School, Cardiff University in United Kingdom.

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