volume 10
SUPPL. 2
2016 May

pISSN 1877-9344
eISSN 1877-9352

SOCIETA' SCIENTIFICA DI MEDICINA INTERNA
FADOI
FEDERAZIONE DELLE ASSOCIAZIONI DEI DIRIGENTI OSPEDALIERI INTERNISTI

Italian Journal of Medicine

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
Roberto Nardi

XXI Congresso Nazionale della Società Scientifica FADOI

Roma, 14-17 maggio 2016

Presidente: M. Campanini

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Editore: PAGEPress srl, via Giuseppe Belli 7, 27100 Pavia, Italy - www.pagepress.org

Direttore Responsabile: Camillo Porta

Tipografia: Tipografia PI-ME Editrice srl, Pavia, Italy

Registrazione: Rivista trimestrale registrata al Tribunale di Pavia n. 11/2013 del 8/4/2013

Poste Italiane SpA, Sped. in Abb. Postale DL 353/2003 (conv. in L. 27/2/2004 n. 46) art. 1 comma 1, DCB Milano - Taxe percue

SOCIETÀ SCIENTIFICA DI MEDICINA INTERNA
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Italian Journal of Medicine 2016; vol. 10, supplement 2

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ABSTRACTS

Treatment of unilateral migraine with triptans *versus* posture

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Background and Purpose of the study: Migraine is a source of suffering for many people of all ages, the treatment is often not effective, the quality of life of these people is affected both by the cyclical nature and persistence of the symptoms from the side effects of drug therapy.
Case reports: Two patients (white, male 57-year-old; white, male 35-year-old) with unilateral migraine (the first left, the second right) showed the presence of the same myofascial trigger points in trapezius, sternocleidomastoid, paravertebral, temporalis and suboccipital muscles and the same similarities between the symptomatic side and the non-symptomatic side. In both subjects trigger points were located ipsilateral to migraine headaches and both patients showed also a smaller angle of movement cranio-vertebral and reduced extension ability of the neck. Through observation and postural exercises a link between the cranio-vertebral angle and the neck mobility was discovered. Both patients had been treated with triptans for months with no success but controlling the symptoms.
Conclusions: Treating the trigeminal nerve and by activating the trigeminovascular system the patients referred important improvements in both mobility and migraines.

A high blood P.R.E.S.sure emergency

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A 66-year-old man with history of chronic ischemic heart disease and high blood pressure was admitted in the emergency department (ED) for dyspnea and chest pain. Upon arrival in ED the patient appeared ill and short of breath. Vital signs showed markedly increased blood pressure (BP) (280/160 mmHg) and there were significant signs of pulmonary edema. The electrocardiogram showed no ischemic features. Diuretic therapy and infusion of intravenous nitrate were administered. The FAST ultrasound showed abdominal aortic dilatation (3.5x3.5 cm) with a hypoechoic image in the posterior wall's mid third. During the observation a sudden worsening of the patient's neurological state was detected with coma and respiratory failure requiring endotracheal intubation. A total body CT scan revealed no acute injuries in the brain, whilst detecting bilateral renal artery stenosis. The patient was then admitted to the Intensive Care Unit. In the following hours, BP values were gradually reduced with significant improvement of the neurological and respiratory parameters. The patient underwent PTA±DES of both renal arteries with subsequent complete neurologic recovery and acceptable BP control. The patient was discharged in good hemodynamic compensation.
Conclusions: We report the case of hypertensive emergency characterized by acute "flash" pulmonary edema secondary to bilateral renal artery stenosis with P.R.E.S., Probable episode of Reversible Encephalopathy Syndrom.

Ipertensione resistente e parametri accessori del monitoraggio pressorio in soggetti anziani

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Premessa e Scopo dello studio: In anziani sottoposti a MAPA si è valutato se la presenza di ipertensione resistente (mancata normalizzazione dei valori pressori con 3 farmaci incluso un diuretico) possa associarsi a differenze nei parametri accessori (variabilità, pulse pressure, stato dipper).
Materiali e Metodi: Abbiamo analizzato 701 MAPA eseguiti con TM2340 in soggetti >75anni in terapia farmacologica. Di ognuno sono stati registrati terapie, parametri pressori, stato dipper e variabilità pressoria espressa come deviazione standard e come range.
Risultati: Il 43% dei soggetti esaminati presentava caratteristiche di ipertensione resistente assumendo oltre 3 farmaci; in base al controllo pressorio ed al numero di farmaci assunti i pz sono stati suddivisi in 4 gruppi, Ipertesi e Normotesi resistenti ed Ipertesi e Normotesi non resistenti. I pz resistenti presentano un incremento significativo della variabilità pressoria (ipertesi >normotesi) rispetto ai non resistenti che non hanno presentato significative variazioni rispetto al controllo pressorio, mentre lo stato dipper è risultato più comune negli ipertesi sia resistenti che non resistenti rispetto ai normotesi.
Conclusioni: L'anziano presenta incrementi di variabilità pressoria che oltre ad associarsi ad un aumentato rischio cardiovascolare, esprimono anche l'aumentato rischio di episodi ipotensivi. La consapevolezza che una terapia aggressiva può associarsi all'aumento della variabilità e di episodi ipotensivi iatrogeni dovrebbe essere sempre tenuta presente, a privilegiare strategie terapeutiche sicure per il paziente.

✪ Effects of a 24 months treatment with denosumab in a group of people suffering from osteoporosis: our experience

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Introduction: Osteoporosis is a systemic disease of the skeleton characterized by a reduced bone mass and by an alteration of the bone micro-architecture, both factors are determinant of an increase of the fracture risk. The aim of our study has been that of evaluating the effects of Denosumab on 372 patients affected by osteoporosis.
Materials and Methods: The subjects enrolled have been examined with DXA L1-L4 and femur districts, calculation of the fracture risk through FRAXalgorithm and questionnaires to evaluate the occurring of fractures at the beginning of the treatment and after 24 months of therapy. To compare the results registered before and after 24 months of treatment have been used chi square and the Wilcoxon signed rank test.
Results: After 24 months of therapy with denosumab the patients have shown a significant recovery of BMD on the spine ($p<0.001$) and on the femur ($p<0.001$) in terms of t and z-score with a considerable reduction of the fractures risk of the hip ($p<0.01$) through the calculation of the FRAXalgorithm, while such calculation regarding the reduction of the fracture risk apart from the hip fracture, even though there was a positive trend it didn't reach a significative statistical difference ($p=0.076$).
Conclusions: From the date obtained by our experience, we can see that the drug used resulted in great relevance effects and in general it was well tolerated and produced a significative impromvent of the adherence levels. In this way from what we have studied we can affirm that Denosumab represents an important progress on the osteoporosis treatment.

Vertebral fragility fractures: frequency of localization

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Introduction: Vertebral deformities represent the most frequent and feared complication of osteoporosis and together with the femur fracture they are associated to an increase of the morbidity, disability and of mortality. The evaluation of such deformities is assign the Genant semiquantitative method.
Materials and Methods: The aim of our study is to evaluate the prevalence of vertebral fragility fractures in relation to the age, the sex and the eventual correlation of the mentioned fractures with the BMD and

BMI value. The analysis of the studied data has been used chi-square and the kolmogorov-Smirnov normality test.
Conclusions: From the data obtained by our sample it is clear that are meanly interested vertebrae T7-T8, T11-T12. In the males the vertebra more frequently interested results to be the T5 while in the females the T7. With the coming of age the most interested vertebrae are the T11-T12. The presents of osteoporosis at femur neck level is correlated with a major probability of vertebral fracture at T10-T11-T12-L1-L2 and L3, while the presents of osteoporosis at ward level is correlated in a significantly way with a major prevalence of fractures at T4,T6,T10, T11,T12,L1,L2,L3 and L4. Obesity in general has a negative influence over the health of the spine and in particular the obesity of 1st degree in a significantly way in the deformation of the T11-T12. At the moment we can affirm that the osteoporosis is underdiagnosed and undertreated and so it remains the real obstacle to pass in order to reduce the sanitary cost and to protect the health of the skeleton.

Addisonian crisis precipitated by thyroxine therapy: an unusual presentation

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Case report: A 62-year-old woman was admitted with a 4-day history of worsening dyspnea, fatigue and weight loss, without gastrointestinal symptoms. Physical examination was unremarkable except for a mild dehydration with an increased pigmentation of the skin and mucous membranes. Vital signs: BP 110/60 mmHg, HR 100 bpm, RR 24 rpm and SO2 93% on room air, afebrile. Blood exams showed a moderate leukocytosis, hyponatraemia (Na 124 mEq/l) and hyperkalemia (K 5.6 mEq/l) with normal renal function tests. The arterial blood gas test showed compensated respiratory alkalosis (pH 7,44 PaCO2 23 mmHg HCO3- 15.6 mmol/l) with mild hypoxia (PaO2 63 mmHg). With different diagnostic tests we excluded cardiac or pulmonary causes of dyspnea. Given that patient's history was notable for Addison's disease and autoimmune hypotiroidism in standard replacement therapy, we considered adrenal crisis, confirmed by very high ACTH levels (7141 pg/mL). We immediately administered i.v. hydrocortisone and normal saline, that lead to rapid clinical recovery. Looking for the precipitating factor of an adrenal crisis, a concomitant infection was excluded and we found that symptoms started after increasing levothyroxine dose for elevated TSH values.
Conclusions: In patients with uncorrected adrenal insufficiency a higher levothyroxine dose could induce an acute adrenal crisis, by reducing circulating cortisol availability (because of a faster clearance of glucocorticoids) and increasing the metabolic rate (cortisol requirement that cannot be supplied by the failing adrenals).

A case of endocarditis caused by *Granulicatella adiacens*

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A 67-year-old man was admitted to our hospital for fever and foot dry gangrene. The patient's history included diabetes mellitus, chronic renal failure,hypokinetic cardiomyopathy in coronary artery disease with severe left ventricular dysfunction (EF 30%), bearer of biventricular PM-ICD. He was treated with broad-spectrum antibiotic therapy with defervescence and inflammatory markers normalization. A foot RX showed bone remodeling signs. In consideration of the recent sepsis the patient underwent to foot amputation. After surgery persistence of fever and presence of systolic murmur audible on the tip and mesocardium, not present before. Laboratory tests revealed leukocytosis and increase in inflammatory markers. Blood cultures resulted positive for *Granulicatella adiacens*. An echocardiography documented findings suggestive for mitral and tricuspid endocarditis. He underwent cardiac surgery for mitral valve replacement, tricuspid reconstruction and leads explantation. He was treated with vancomycin and ertapenem with clinical resolution. *Granulicatella adiacens* is a Gram-positive coccus, formerly grouped with nutritionally variant Streptococcus,often found as commensal bacteria of the human oral cavity, urogenital and gastrointestinal tract. *Granulicatella* can cause bacteremia and infective endocarditis particularly of prosthetic valves and pacemaker leads, so should be considered in the differential diagnosis, especially in endocarditis with difficult etiological identification. *Granulicatella* endocarditis are characterized by devious course, complications and high mortality rates.

A rare cause of metabolic acidosis: D-lactic acidosis in short bowel syndrome

E. Antonielli, C. Florenzi, G. De Marzi, F. Rocchi, V. Turchi, E. Blasi, S. Baroncelli, G. Cioni, F. Pieralli, C. Nozzoli

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A 61-year-old women was admitted to our hospital for severe lethargy evolved on a coma occurred after a meal. Her blood pressure was normal. Physical examination showed GCS 7 (E1, V1, M5). Hemogasanalysis revealed severe metabolic acidosis with increased anion gap and L-lactate normal value. Laboratory tests showed neutrophilic leukocytosis (WBC 18,5x10^9) with negative blood and urine cultures. Plasma levels of creatinine, electrolytes, liver enzyme, glucose, ammonia and thyroid hormones were within normal limits. Toxicological tests were negative. Blood levels of ethylene glycol, methanol, salicylates, benzodiazepines, tricyclic antidepressants were not significant. A total body TC scan showed no signs of brain ischemic/haemorragic lesions, signs of pulmonary congestion and contrast enhancement of the colon. The patients history included a post-traumatic intestinal resection and jejunum-ileal by-pass surgery, recurrent episodes of neurological manifestation associated to metabolic acidosis. In consideration of the history and the unexplained metabolic acidosis we suspected D-Lactate acidosis in short bowel syndrome. The patient was treated with bicarbonate iv and oral neomycin with pH levels normalization and gradual improvement in consciousness state. She was discharged from hospital with a diet low in carbohydrates, yogurt and fermented products. D-lactic acidosis should be suspected in patients with short bowel syndrome presenting with metabolic acidosis, increased anion gap and L-lactate normal level.

Candida glabrata spondylodiscitis following esophageal surgery

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A 65-years-old man presented with a 2-week history of progressively worsening back pain after a distal esophageal surgery for local cancer. A chest TC scan after oral contrast administration revealed the presence of esophago-mediastinal fistula. An upper endoscopy with placement of a removable esophageal stent was performed and the patient was treated with broad-spectrum antibiotic therapy. For persistence of fever, worsening pain despite treatment with opioids and increase of inflammatory markers, a control chest TC scan and a magnetic resonance was performed. The imaging didn't show persistence of fistula, but revealed sign of dorsal spondylodiscitis with vertebral erosion. Urine and blood cultures were negative, as also procalcitonin values. The patient underwent vertebral biopsy on which culture tests revealed presence of *C. Glabrata*. The patient has actually started treatment with echinocandin with initial clinical and laboratory improvement. After resolution of the infectious stage, the patient will have to undergo a neurosurgical spine stabilization. Spondylodiscitis is a condition that involves extradural components of the spine. It is more commonly bacterial, its non-pyogenic etiologies include fungal infection which is mainly caused by *Candida albicans* and commonly affects immunocompromised patients. We report a case of *Candida glabrata* spondylodiscitis in a immunocompetent host.

Recurrent pericarditis as a manifestation of familiar Mediterranean fever

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A 40-years-old woman was admitted to our hospital for chest pain, ac-

centuated by breaths and movement, associated with dyspnea and fever. The patient's history included two previous hospitalizations in the last 6 months for pericarditis and pleurisy treated with steroids and non-steroidal anti-inflammatory drug (NSAID) with only temporary benefit. Electrocardiogram findings showed diffuse ST-segment elevation. Bilateral pleural effusion on chest X-rays. Echocardiography revealed circumferential mild pericardial effusion in the absence of hemodynamic compromise. Laboratory tests performed in previous hospitalizations and in the current one showed increase in inflammatory markers, but blood tests for viral and bacterial infection were negative as also blood and urine cultures. Negative values of autoantibodies. Myocytolysis indices were within the limits. Urine examination showed non-nephrotic proteinuria. She was treated with NSAID, corticosteroids and colchicine 0,5 mg/day with defervescence and symptoms regression after 5 days. In consideration of the periodic fever associated to increase in inflammatory markers, chest pain due to recurrent sierositis and proteinuria, we performed a molecular analysis which showed two pathological MEFV variants (E148Q and R202Q) associated with familial Mediterranean fever (FMF). The patient was then discharged on treatment with colchicine 1 mg/day to continue in chronic and it has been recommended genetic analysis to other family members. FMF should be included in the differential diagnosis of repeated episodes of pericarditis.

Long-term use of inhaled glucocorticoids in patients with stable chronic obstructive pulmonary disease and risk of bone fractures: a systematic review

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Introduction: The TORCH study showed a high prevalence of osteoporosis in patients with stable COPD, and no statistically significant difference in the risk of developing osteoporosis and/or bone fractures was observed after 3 years of treatment with fluticasone propionate *versus* placebo (Ferguson et al, 2009).
Objectives: Systematic review on the risk of bone fractures in patients with stable COPD regularly treated for at least 52 weeks with inhaled corticosteroids (ICS) *vs.* placebo.
Methods: Literature search on PubMed (key words: inhaled steroids, COPD, bone fractures).
Results: 11 randomized clinical trials (RCTs) have been identified lasting at least 52 weeks. Neither study was designed to measure the risk of bone fractures. The ICSs used were: budesonide, mometasone, fluticasone propionate and triamcinolone. The mean age of patients was approximately 65 years, males were 72%. The maximal expiratory volume in one second (FEV1) average was <50%. Overall, the results show incomplete or contradictory data on variations in bone density and bone fractures. Data on the risk of fractures in current *vs.* ex-smokers are missing.
Conclusions: The ratio between long-term use of ICS and risk of bone fractures has yet to be clarified. In RCTs information is often missing on baseline bone density, number of previous COPD exacerbations treated with oral corticosteroids, concomitant use of vitamin D with or without calcium, diet, duration and type of exposure to the sun, physical activity, other co-morbidities, use of ICS /systemic corticosteroids before entering the study.

A case of diabetes insipidus

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A 57-year-old woman, with a brain Langerhans' cell histiocytosis (LCH) recently neurosurgically treated, comes in Emergency Area for dehydration and hyperglycemia. Her anamnesis is difficult because she lives in Belgium and there is a lack of her clinical documentation. At home she practiced levothyroxine, bromocriptine (previous prolactinoma surgically treated) and fenofibrate (latter therapy without apparent reason). After hydratation and insulintherapy, we discharged her with indication of oncological follow-up. The fenofibrate was suspended because the levels of triglycerides were very low. Two days later, she came back in the emergency room in unconscious state. Brain MRI is similar to the previous brain MRI but the blood tests showed severe hypernatremia. We performed a hypotonic solutions but without efficacy: the sodium persisted with high value and the state of consciousness was stayed alterate. During hospitalization we reconsidered her clinical history: a prolactinoma previous surgically treated, the LCH that has multiple clinical manifestations including diabetes insipidus and the previous assumption of fenofibrate, drug that release ADH, which has been suspended in previous discharge. Therefore we suspected the ADH deficiency and administered intranasal desmopressin with a rapid and timely normalization of electrolytes. Followed the recovery of consciousness. A result of the response to desmopressin, her previous fenofibrate's assumption and the onset of symptoms to the suspension oh the same, the case oriented to a partial deficiency of ADH.

An unusual case of nephrotic syndrome

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A 67-year-old man who complained, in recent months, of asthenia, weakness, dyspnoea and lower limb oedema was admitted in our hospital. The physical examination showed severe anasarca. We detected heavy proteinuria (8 g/24 hours) with nephrotic syndrome, but a normal renal function. The serum levels of markers of cardiac disease (NT-proBNP) were very high. The kidney biopsy showed Congo red-positive amyloid deposits with typical apple-green birefringence under polarized light. A serum and urine M monoclonal component was detectable by immunofixation and the measurement of serum free light chains (FLCs) showed an abnormal concentration of serum free LCs with an overrepresentation of the λ-isotype. The echocardiography detected that the left ventricle had a normal dimension and pump function, but a shiny and grainy aspect of the interventricular septum suggested a storage disease. So we diagnosed the light chain (AL) Amyloidosis. Besides the control of fluid retention achieved by on loop diuretics, the patient started specific treatment with bortezomib and high-dose dexamethasone with efficacy. The AL Amyloidosis results from extra-cellular deposition of fibril-forming monoclonal immunoglobulin, usually secreted by a small plasma cell clone. The heart involvement, which is present at diagnosis in more than 50% of patients, that leads to restrictive cardiopathy, is the most serious complication and it makes prognosis worse. The peripheral nerve involvement, present in 20% of these patients, is characterized by painful and slowly progressing sensorimotor peripheral polyneuropathy.

Terapia di mantenimento della malattia di Crohn: ruolo dell'azatioprina

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Premessa e Scopo dello studio: Nonostante il diffuso utilizzo dei nuovi farmaci biologici, le Tiopurine sono i più comuni immunosoppressori utilizzati nella malattia di Crohn (MC). Le recenti linee guida, consigliano lo steroide nelle riacutizzazioni, e non nella fase di mantenimento. Gli autori hanno valutato efficacia e sicurezza dell'azatioprina (AZA) in un piccolo gruppo di pazienti affetti da MC.
Materiali e Metodi: Sono stati reclutati 10 pazienti affetti da MC ileale(8), 1 colica, 1 ileo-colica. Nessuno dei pazienti aveva malattia anale, né fistole. Esordio del MC con colite acuta (2 pz.), addome acuto (2 pz.), anemia e dolori addominali cronici (6 pz.). Diagnostica: colonscopia/istologia, TC., Entero-RMN, esami bio-umorali.
Risultati: Lo steroide utilizzato alla diagnosi, è stato shiftato gradualmente con AZA. Il periodo di osservazione medio è di circa 3 anni ±2. Gli indici ematici di flogosi, l'emocromo, sono stati monitorizzati, così come gli indici epatici, pancreatici e renali. Abbiamo registrato 2 casi di iperamilasemia/iperlipasemia, 2 casi di leucopenia <3000, 1 caso di alopecia (AZA sospesa). Tutti i pazienti sono stati sottoposti ad esame u.s., colonscopia, esami bioumorali nel follow-up. La remissione clinica e bioumorale, è stata accompagnata da miglioramento mucosale, Evidenza di *mucosal healing* in 2 casi. Peggioramento endoscopico/istologico in 3 casi.
Conclusioni: L'AZA conferma, nella nostra piccola casisitica, nel lungo periodo, efficacia e sicurezza nel MC ileale e colico, non complicato. Si conferma l'utilità dell'ecografia nel follow-up di questi pazienti. Si consiglia l'inizio precoce della terapia con AZA.

Insufficienza renale acuta da mezzo di contrasto iodato: descrizione di un caso

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Premessa e Scopo dello studio: Uomo di 70 anni, ricoverato per anemia. Iperteso e diabetico, non praticava a domicilio terapia alcuna. Non nota precedente insufficienza renale.
Materiali e Metodi: Durante la degenza in UO di Medicina, veniva sottoposto a TAC addome e torace nel sospetto di una neoplasia. Dopo l'esame TC, comparsa di anuria ed incremento acuto di creatininemia (6 mg/dL), azotemia (210 mg/dL). Sottoposto ad idratazione, diuretico ad alte dosi, veniva eseguita l'ecografia addome al fine di escludere un'uropatia ostruttiva, e per verificare le condizioni morfologiche renali. Il quadro ecografico era compatibile con nefropatia acuta, senza segni di ostruzione. Veniva posizionato catetere vescicale e programmati controlli giornalieri di indici renali, urine, emocromo. Ecografia a 3 e 6 giorni. La TC è risultata poi negativa per neoplasia.
Risultati: La diuresi riprendeva gradualmente,in corso di terapia con furosemide ad alte dosi, e.v., veniva evitata la terapia sostitutiva, il paziente è stato sempre in compenso emodinamico, la P.A. si è stabilizzata. Anche il quadro ecografico, così come i parametri ematici (creatininemia 1.0 mg/dL) alla dimissione, erano normalizzati.
Conclusioni: Come segnalato in letteratura, il caso ripropone la possibilità di nefropatia da mezzo di contrasto iodato. La somministrazione di liquidi e di diuretici e.v., ha evitato il ricorso alla dialisi, ed il ripristino nel giro di pochi giorni (6) della funzione renale. Il caso permette di evidenziare il rischio di gravi effetti collaterali a seguito di esame d'imaging con mezzo di contrasto.

Caratteristiche cliniche dei pazienti con fibrillazione atriale: analisi descrittiva delle differenti comorbidità e dei fattori di rischio dei pazienti arruolati nel Registro PREFER in AF Prolongation

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Razionale: La fibrillazione atriale (FA) comporta un aumento del rischio di ictus ischemico e mortalità. Conoscere comorbidità e fattori di rischio può aiutare ad identificare un percorso terapeutico individualizzato.
Metodi: Nel registro PREFER in AF Prolongation (Registro internazionale multicentrico per la prevenzione di eventi tromboembolici in FA) sono stati arruolati, tra Giugno 2014 ed Aprile 2015, pazienti non selezionati affetti da FA con lo scopo di valutare l'utilizzo a lungo termine dei nuovi anticoagulanti orali (NAO) nella vita reale.
Risultati: Nel registro sono stati arruolati 4155 pazienti in Europa (604 in Italia). In Italia il 50,8% (*vs* 45,3% in Europa) dei pazienti aveva età ≥75 anni. L'83% dei pazienti italiani ed il 76,5% di quelli europei presentavano una diagnosi di ipertensione arteriosa. Il tasso di BPCO in Italia era del 12,9% rispetto all'8,6% dei paesi europei. Il 15,4% dei pazienti italiani presentava insufficienza renale cronica (19,6% dei pazienti europei) e la riduzione della funzionalità renale mostrava il 64,1% in stadio III (*vs* 54,5%). Diversa la percentuale di disfunzione valvolare cardiaca (46,4% *vs* 33.9%), di infarto miocardico (51% *vs* 42,7%) e di diagnosi di PAD (2,4% *vs* 4,2%).
Conclusioni: Le differenze registrate tra la popolazione italiana e quella europea potrebbero, in parte, essere giustificate dalle caratteristiche dei pazienti. I dati finali potrebbero far emergere, quindi, un diverso comportamento terapeutico circa l'utilizzo dei NAO in Italia sulla base del quadro clinico di un paziente più anziano e con comorbidità differenti.

Retrospective analysis of new oral anticoagulants dose adjustment in elderly patients with non-valvular atrial fibrillation: the relevance of chronic heart failure

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Study background and Purpose: There is an increasing appreciation of the important reciprocal relationship between atrial fibrillation and heart failure. There are also solid data to support NOAC therapy in atrial fibrillation with heart failure. This work was a retrospective evaluation of NOAC dosage choice based on the degree of classical parameters (kidney function (eGFR), body weight, age) and the coexistence of heart failure in patients with NVAF.
Materials and Methods: We used the data from the AIFA Registry for Drugs Monitoring and outpatient discharge records of 91 consecutive elderly patients (mean age 83±7 years) treated with NOAC.
Results: Body weight and age were the main factors considered for the choice of drug dosage. In our set of patients there was no difference in NOAC choice based on eGFR, since this parameter was permissive in all patients (in the *apixaban* group it was 56.18 mL/min/1.73 m^2, in the *dabigatran* group 55.01 mL/min/1.73 m^2 and in the *rivaroxaban* group 58.01 mL/min/1.73 m^2). Sex was not a decisive factor too. Indeed, the presence of heart failure (34/91, 37% of patients) was a relevant determining factor in drug dose reduction (concerns in the risk of sudden renal deterioration).
Conclusions: The present retrospective analysis showed that the existence of heart failure was a relevant determining factor in NOAC dosage reduction at treatment start in elderly patients.

A retrospective analysis of factors involved in oral anticoagulant treatment choice in elderly anticoagulants for nonvalvular atrial fibrillation patients

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Study background and Purpose: Factors involved in decision making in oral anticoagulant treatment of anticoagulants for nonvalvular atrial fibrillation (NVAF) elderly patients are of interest, and poor INR control may not be the most relevant. We analyzed retrospectively the factors involved in treatment choice in a series of consecutive patients with ≥75 years treated with NOAC.
Materials and Methods: the data from the AIFA Registry for Drugs Monitoring and outpatient discharge records were scored according to the CHADS2-VASC, HAS-BLED and SAMe-TT2R2 scores. The SAMe-TT2R2 was proposed as a score, based on simple clinical and demographic factors (sex, age, medical history, treatment with virtually interacting medications, tobacco use and race), able to predict poor INR control. It ranges from 0 to 8 points. It is supposed to help decision-making between VKA (score ≤2) and NOAC anticoagulation (score 3-8).
Results: 78 patients with ≥75 years were treated with NOAC in 2014-2015 (mean age 85±5 years; CHADS2-VASC=4, median; HAS-BLED=2, median. Ten of 78 were naïve, 37 were on anti-platelets therapy, and 31 were on VKA. According to the SAME-TT2R2 (score ≤2), the vast majority of patients (73/78, 94%) would have been good candidates for VKA. The major determinant for NOAC treatment in naïve and switching patients of our series was the logistical difficulty in accessing the Hospital.
Conclusions: In real life, logistics, a major clinical factor in decision making in geriatrics, was the drive for NOAC therapy in elderly patients.

Un caso di esantema pustoloso acuto generalizzato in corso di terapia anticoagulante orale

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Introduzione: Nel 2014 l'AIFA ha ricevuto la segnalazione di 690 sospette reazioni avverse da farmaco (ADR): i farmaci più spesso coinvolti sono antineoplastici, antimicrobici e farmaci psicoattivi; le reazioni più spesso denunciate sono quelle cutanee, seguite da quelle a carico dell'apparato gastrointestinale.
Caso clinico: Una donna di 69 aa, affetta da FA cronica in TAO, è stata ricoverata per IRA in corso di IVU da E.coli. Presentava dermatite cronica, già attribuita all'assunzione di warfarin, che era stato dapprima sostituito con apixaban e successivamente, per comparsa di intolleranza soggettiva, con acenocumarolo. Il ricovero si complicava con una sepsi da MRSA, per cui si preferiva scoagulare la paziente con eparina

a basso peso molecolare (EBPM) fino a stabilizzazione clinica e introdurre terapia steroidea sistemica. Dopo circa 24 ore dalla ripresa dell'acenocumarolo si assisteva alla recidiva di eritema diffuso caratterizzato da lesioni prevalentemente a carico delle pieghe cutanee, con piccole pustole e rapida tendenza alla desquamazione, associato a prurito e febbre. Si poneva diagnosi specialistica di esantema pustoloso acuto generalizzato (AGEP) e si decideva nuovamente per la sostituzione di TAO con EBPM, ottenendo un rapido miglioramento.
Conclusioni: AGEP rappresenta una rara forma di dermatite reattiva spesso associata all'uso di farmaci (più spesso antibiotici beta-lattamici e macrolidi); se per warfarin la possibilità di reazione avversa cutanea è considerata rara, risultano solo aneddotiche segnalazioni in corso di terapia con acenocumarolo.

Clinical management and differential diagnosis of temporary loss of consciousness. A case report

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A 53 year-old man was admitted to our hospital after a minor car accident caused by a temporary loss of consciousness. He had a history of atrial fibrillation and hypertension. On physical examination he was severely obese (BMI >40). A postural hypotension test, carotid sinus massage and a cardiac stress test were negative. An echocardiogram showed left atrial enlargement and normal left ventricular systolic function. Cranial CT was negative too. As he told he felt like *he has suddenly fallen asleep* a polysomnography (PSG) test was performed. Obstructive Sleep Apnea was then diagnosed and patient started CPAP therapy. A month later he was admitted to our hospital again after a second temporary loss of consciousness. This time he was not alone and witnesses told he was staring into space with eyes opened but without consciousness. An EEG was positive for left temporal paroxysmal abnormalities. Cranial CT was negative. As EEG wasn't diagnostic, the consultant neurologist planned a sleep deprivation EEG and a brain MRI. Unfortunately patient couldn't have the MRI scan because of his height and size. Sleep deprivation EEG confirmed the presence of left temporal paroxysmal abnormalities and anti-epileptic treatment was started. Brief loss of consciousness remains a frequent reason for medical presentation. Differential diagnosis between syncope, epilepsy and excessive daytime drowsiness with sudden falling asleep in the OSAS can be challenging. However it is essential to identify the precise cause in order to implement a mechanism-specific and effective therapeutic strategy.

A case of acute disseminated encephalomyelitis as a possible complication of upper respiratory tract infections

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A 86 year-old women was admitted to our hospital for high fever, altered consciousness and rapidly progressive weakness of lower extremities. Few days before she suffered from upper respiratory tract infection. On physical examination she was lethargic and paraplegic with absent knee and ankle reflexes. A EMG didn't reveal findings consistent with acute polyneuropathy and a cranial CT was negative. Brain and spinal cord MRI with gadolinium showed leptomeningeal enhancement, particularly at the spinal nerve roots and medullary cone. As a recent abdominal ultrasound had revealed two renal esophyitic and inhomogeneous lesions, the consultant neurologist suggested a differential diagnosis between leptomeningeal carcinomatosis and post infective encephalomyelitis. CSF analysis showed pleocytosis (WBC 100/μL), elevated protein (1,85 g/L)and the presence of oligoclonal bands. No malignant cells were found at the CSF cytology examination. The patient was treated with IV methylprednisolone boluses infusion (1g/day) for 5 days followed by oral steroid taper and IV immunoglobulin (2 g/kg divided over 5 days). Her state of mind progressively recovered, until she turned to a normal level of consciousness. Lower extremities even improved so that she could finally make some simple movement; unfortunately she hasn't been able to stand up again. Spinal cord MRI showed that leptomeningeal enhancement was completely disappeared. Acute disseminated encephalomyelitis is a rare inflammatory, demyelinating disorder of CNS. Diagnosis is clinical, supported by neuroimaging and response to therapy.

A delayed diagnosis of hyperimmunoglobulinemia D with periodic fever syndrome

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A 27-year-old man coming from Albany was admitted to our hospital for high fever, headache, abdominal pain and distension, vomiting and constipation. Since he was very young he suffered from frequent febrile episodes, recurrent abdominal pain associated with vomiting or diarrhea, lymphadenopathies and arthralgias. On physical examination abdomen was distended, tympanic, painful to the touch, with tinkly bowel sounds. Abdominal X-ray showed bowel distension and many gas-fluid levels. An abdomen CT scan after oral contrast administration confirmed the diagnosis of bowel subocclusion. Blood tests revealed leukocytosis, thrombocytosis, high levels of serum IgD and elevated inflammatory markers. As patient's history, clinical presentation and laboratory tests were suggestive for an autoinflammatory disease, high dose systemic steroid treatment was started. Fever rapidly decreased and abdominal symptoms improved with relieving of constipation. After treatment abdominal X-ray was negative. Genetic testing were also performed and DNA analysis showed two mutations in the MVK gene which confirmed the diagnosis of hyperimmunoglobulinaemia D with periodic fever syndrome (HIDS). HIDS is one of a group of hereditary periodic fever syndromes including Familial Mediterranean Fever (FMF) and TNF-receptor-associated Periodic Syndrome (TRAPS). These autoinflammatory syndromes are characterized by recurrent episodes of fever accompanied by diverse systemic inflammatory symptoms which may include lymphadenopathy, abdominal discomfort, diarrhea, vomiting, joint involvement and skin lesions.

Percorso formativo in cure palliative in pronto soccorso: una proposta

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Introduzione: Associare le cure palliative al Pronto Soccorso può sembrare un ossimoro. Il pronto soccorso per le sue caratteristiche è il luogo dove afferiscono anche pazienti in fase terminale, per diversi motivi: aggravamento, nuova patologia acuta, dolore, sintomi. La gestione del paziente terminale può prevedere un trattamento palliativo "acuto", con procedure o terapie che si rendono urgenti nell'ambito di una situazione clinica. Il medico d'urgenza deve farsi carico di competenze della medicina palliativa utilizzandole attraverso la sua principale caratteristica: il ragionare per priorità.
Materiali e Metodi: Sulla base di queste considerazioni abbiamo costruito un percorso formativo specifico per il personale del pronto soccorso. Tale corso denominato VaPU® (Valutazione Palliativa in Urgenza) intende fornire al medico d'urgenza gli strumenti per verificare la presenza di bisogni di tipo palliativo in pronto soccorso. Nel corso vengono affrontati diversi aspetti: la valutazione funzionale e prognostica, gli aspetti comunicativi, terapeutici, il fine vita e la sua assistenza. Attraverso l'uso di score validati, integrati con una griglia valutativa delle patologie, il paziente viene considerato nella sua globalità cercando di evidenziare le esigenze di tipo palliativo.
Conclusioni: Il progetto è nella fase di realizzazione. A nostra conoscenza questo è il primo progetto di inserire in Pronto Soccorso una valutazione di tipo palliativo.

Il ragionamento clinico tra logica e psicologia: strategie cognitive per lo studio degli errori diagnostici

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Introduzione: Il ragionamento diagnostico è un aspetto critico della prestazione clinica, è vulnerabile a una molteplicità di carenze, le più

più prevalenti sorgono attraverso influenze cognitive. Gli errori diagnostici sono quindi comuni ma quasi totalmente ignorati. Nella realtà il medico formula rapidamente un giudizio, salta molte delle fasi del ragionamento classico di tipo induttivo-deduttivo, agisce con modelli euristici. Queste euristiche contengono tranelli cognitivi che causano l'errore. Gli errori cognitivi sono stati studiati e catalogati, alcuni di essi sono: l'errore di disponibilità, ancoraggio, effetto cornice, conclusione precoce, rappresentazione, attribuzione, errore affettivo e così via. Sono stati descritti almeno 30 tipi di errori cognitivi diversi, la cui caratteristica comune è di essere "personali" e ripetitivi; questo aspetto li rende anche prevedibili. Sono disponibili strategie atte riconoscere questi errori di ragionamento ed esercizi per evitarli.
Materiali e Metodi: Sulla base di queste considerazioni abbiamo strutturato un programma di miglioramento degli audit clinici che consenta di scoprire questi errori cognitivi attraverso due strumenti: il feed back dell'errore diagnostico e la meta-analisi cognitiva (autopsia cognitiva). Il primo passo consiste nel poter riconoscere in modo sistematico che un errore diagnostico è stato commesso; il secondo consiste nel ripercorrere il ragionamento che ha portato all'errore.
Conclusioni: la consapevolezza di come ragioniamo migliora le nostre diagnosi.

Near miss events in the Internal Medicine department

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Background and Purpose of the study: Study of errors is essential both for the high number of litigation and compensation, and for ethical reasons. Near miss events are latent errors that remain "silent", unknown until a trigger event make them manifest causing a damage. The Incident Reporting (IR) is the voluntary collection of anonymous cards for adverse event reports in hospital.
Materials and Methods: We collected exclusively medical IR, voluntarily declared, during 3 years from 2013 to 2015 in Internal Medicine department in Cuggiono hospital.
Results: We present 38 IR. In detail: 6 incorrect radiology reports (1 renal, 4 pulmonary, 1 pancreatic undescribed masses); 7 patients hospitalized in medicine instead of other departments (4 surgical cholecystitis, 3 intestinal perforations, 1 pace maker to be implanted, 2 angioplasties to perform, 1 unseen hip fracture); 10 partial diagnoses (5 heart failures treated as pneumonia, 4 severe COPD not considered, 1 lung cancer treated as amiodarone interstitial damage); 6 positive results not considered (3 positive troponin, 3 positive blood cultures). Outcome was: death from 5 patients, a serious litigation resolved without injury, prolongation of hospital stay for all others.
Conclusions: Possible causes identified for these errors are the following: 1. for radiologists: failure to contact the clinician; 2. unexperienced doctors working in the Emergency Room; 3. surgeons reluctant to take action on elderly patients; 4. significant tests not adequately reported.

A surprising cause of hypokalemia

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A 69-years-old woman with dyslipidemia, fibromyalgia and headache arrived to our attention because of weakness of lower limb. The patient had been in health until ten days before admission, when mental confusion and progressive functional impairment of lower limb developed. A pelvis CT scan was performed and it showed lumbar vertebra fracture, a brain CT scan revealed no abnormalities. An electroencephalogram report presented a dismetabolic involvement. Laboratory tests showed severe hypokalemia and reduction of aldosterone and renin serum levels. An abdomen CT scan and renal arteries color duplex ultrasound were performed and they showed no renal, adrenal or vascular causes of hypokalemia. A cause linked to lifestyle and eating habits was suspected and patient revealed to take a lot of licorice daily because of its clinical laxative effect. Serum glycyrrhizinic acid was elevated. A diet free of glycyrrhizinic acid was initiated and the patient reported fast improvement of symptoms and serum potassium level normalization. Chronic ingestion of licorice can cause several clinical symptoms similar to primary hyperaldosteronism. Glycyrrhizinic acid is an inhibitor of 11-beta-hydroxysteroid type 2 enzyme, involved in conversion of cortisol in its inactive form. Small daily amounts of licorice (about 50 grams per day for two weeks) can cause the clinical picture and interruption of this habit is usually sufficient to resolution of symptoms and normalization of laboratory data.

An unexplainable heart failure

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A 77-years-old man with hypertension, COPD and atrial fibrillation was admitted to emergency room because of asthenia, severe hypotension and progressive lower limb edema. A chest radiograph revealed a right pleural effusion and laboratory tests showed elevated troponin I, BNP levels and mild renal failure with proteinuria. A thorax and abdomen CT scan was performed and it indicated no abnormalities. A sample of pleural fluid was transudate and was negative for cancer and infection. An echocardiogram showed pericardial effusion and left ventricular concentric hypertrophy not recorded on surface EKG. Blood exams showed the presence of monoclonal gammopathy. Type AL amyloidosis was suspected and an heart MRI confirmed severe left ventricular myocardial delay enhancement. Bone biopsy showed interstitial plasmacytosis with expression of lambda light chain immunoglobulin, and periumbelical fat biopsy was positive for the presence of amyloid. Primary amyloidosis (AL) is the most common form of amyloidosis that affects general population and it can occur as a distinct disease or in association with multiple myeloma, Waldenstrom's macroglobulinemia and non-Hodgkin's lymphoma. Cardiac involvement is present up to 50% of patients with light chain amyloidosis and it warrants a worse prognosis. Cardiac MRI with gadolinium dye is useful for diagnosis since it identifies areas of likely amyloid deposition.

When John Cunningham and not Arthur Fonzarelli is the clue to diagnosis

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A 76-year-old woman was admitted to our unit because a recent history of progressive fatigue and cognitive decline lasting few months. Two years before she was treated with chemotherapy for non-Hodgkin's lymphoma and achieved complete remission. Physical examination was unremarkable. Laboratory tests were remarkable only for the presence of mild leukopenia. A brain MRI confirmed multiple areas of cortical and subcortical aspecific damage in both cerebral hemispheres. In the suspicion of viral encephalitis a spinal tap was performed showing signs of mild inflammation and further investigations showed the presence of PCR for JC virus DNA (4762 copies/mL), similarly 2168 copies/mL of JC virus were present on blood. Thus, a diagnosis of progressive multifocal leukoencephalopathy was done. PML is a demyelinating disease of central nervous system that is caused by polyomavirus, mainly by JC virus, named after the patient (John Cunningham) were it was firstly discovered. The main damage induced by the virus is on brain and urinary system. The JC virus is very common in general population, but disease occurs almost exclusively in individuals immunosuppressed for disease (*i.e.* HIV) or therapies (steroids, rituximab and natalizumab). PML mortality is in the range of 30-50% within few months from diagnosis. No useful therapy has been identified. Cidofovir is the only available medication, generally not useful if the immune competence of the individual has not been reconstituted.

Dyspnea+distal edema+myocardial impairment: etiology of heart failure is not always so obvious...

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Background: Heart failure (HF) is the first cause of hospital admission

in Internal Medicine wards. Because of advanced age of patients and comorbidity, treatment represents the physicians' priority commitment and often the aetiological search become less relevant.
Case report: Female patient, aged 72 years, admitted with diagnosis of HF based on dyspnoea, distal oedema and impairment of ventricular contractility. Similar episodes were registered in the past (NYHA II-III class) with diastolic impairment and mitralic-tricuspidalic-aortic mild insufficiency at echocardiography. Comorbidities were: COPD, mild renal insufficiency, monoclonal gammopathy. At admission: bi-atrial dilation, left ventricular hypertrophy with septal hyper-echogenicity, diastolic end-pressure elevation, 60% EF, PAPS 60 mmHg; cardiac RMI: suspicion of infiltrative myocardiopathy; serum monoclonal κ-light-chain gammopathy; amyloid substance positive at peri-umbelical fat specimen assay. Diagnosis of primary AL amyloidosis with cardiac involvement. Specific (cyclic) treatment with cyclofosfamide, bortezomib and prednisone. Clinical improvement and hospital discharge with strict follow-up.
Conclusions: Aetiology of HF is always relevant for a correct management. On this context, cardiac amyloidosis, a rare cause of HF, represents the most important cause of restrictive myocardial disease, requiring a specific treatment to be associated to the usual, routinary drugs.

Malattia di Behçet: manifestazioni gastroenterologiche

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La malattia di Behçet (MB) è una vasculite immunogenetica, multisistemica che può portare a grave disabilità. Descriviamo un caso clinico per valutarne gli aspetti gastroenterologici.
Caso clinico: Donna, 53 anni. Esordio in gravidanza con gestosi, afte orali e genitali. Successivo coinvolgimento: oculare con neurite ottica retrobulbare e cecità; neurologico con paresi degli arti e incontinenza urinaria; vascolare con tromboflebiti. Terapia con steroidi, immunosoppressori, antiTNF, interferone e tocilizumab inefficace sulla progressione della malattia con severe disabilità residue. Dolori addominali ricorrenti a intervalli di settimane o mesi con alvo alterno e saltuarie perdite ematiche, responsivi alla terapia steroidea. Ecografia addome negativa. Ripetute gastroscopie e pancolonscopie negative per lesioni ulcerative e con reperti istologici aspecifici.
Discussione: Il coinvolgimento gastroenterico nella MB è frequente. Varia da flogosi aspecifiche a ulcerazioni longitudinali più frequenti nel cieco e ileo terminale con possibili perforazioni o fistole. A livello delle ulcere e intorno ai piccoli vasi vi è infiltrazione di linfomonociti e polimorfonucleati. A volte la diagnosi differenziale con il morbo di Crohn è complessa.
Conclusioni: Il dolore addominale nella MB deve sempre essere indagato per escludere lesioni ulcerative o aftoidi gastrointestinali. Anche in assenza di evidenti lesioni macroscopiche o istologiche la sua origine vasculitica è suggestiva come indica la risposta ai boli di steroide nella nostra paziente.

Bedside combined ultrasound in ischemic stroke

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Left atrial myxomas are rare primary cardiac tumors. The incidence is estimated to be about 0.1%. Neurologic complications resulting from cardiac myxomas are seen in 20-35% of patients. Echocardiography is the diagnostic procedure of choice. Most atrial myxomas are benign and can be removed by surgical resection.
Case report: A 71-year-old woman who developed dysarthria and right-sided weakness. She had rheumatoid arthritis and no cardiovascular risk factors. She was admitted to our hospital with diagnosis of ischemic stroke (NIHSS 6 in rapid ridution). Brain's CT showed silent cerebellar infarct. ECG revealed sinusal rhythm. No carotid stenosis or dissections at echo Doppler. Transthoracic echocardiography revealed a large floating structure in the left atrial chamber, indicating cardiac myxoma. We diagnosed cardioembolic ischemic stroke due to left atrial myxoma. Cardiac surgery for excision of myxoma was performed on the 3rd hospital day without any complication. Bedside ultrasound examination is being increasingly used in the diagnostic workup of stroke. Cardiac sources of cerebral emboli can vary and although cardiac mixoma should be considered uncommon cause of ischemic stroke the chance to overlook a such condition must be avoided for its high potential embolic. Our case report let us to learn that in some case we need to stress early evaluation of secondary causes of ischemic cerebrovascular accident by using bedside combined ultrasound exams of the peripheral vessels and heart. Conseguently ultrasound expertise is an important tool in the Internal Medicine Department from whose awareness can come a timely management.

An unusual cause of colitis in the elderly

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An 86-year-old woman was admitted in Internal Medicine Unit for weakness and diarrhea. Her medical history included hypertension, atrial fibrillation, chronic kidney disease and osteoporosis related to chronic steroid therapy for polymyalgia rheumatica. At clinical examination the abdomen was normal. The laboratory test showed hyperthyroidism (TSH 0.05UI/mL, FT4 34.86pmol/l) with negative antibodies and a normal thyroid at the echography, anemia (Hb 9.3g/dL, MCV 85.4fl), a raise of white cell count and C-reactive protein (14.7mg/dL). Stool cultures were negative. Chest and abdominal X-ray were unremarkable. CT pulmonary angiogram excluded a pulmonary embolism and showed a pneumonia. At gastroscopy bleeding sources were absent. The colonscopy showed ulcerated colon mucosa and biopsies were taken. These data and those of a CT abdominal angiogram suggested a diagnosis of chronic ischemic colitis. She was treated with restriction of oral intake, intravenous fluid and nutrition, empirical antibiotic therapy, methimazole and low molecular weight heparin; amiodarone was suspended. The biopsies revealed cytomegalovirus (CMV) associated colitis. By the time of diagnosis symptoms had improved with spontaneous resolution. CMV associated colitis is an unusual cause of diarrhea in the elderly, more common in the immunosuppressed for virus reactivation and with diverse and nonspecific symptoms. The patients with high risk (advancing age, male sex, immunomodulating conditions), with high viral load or severe disease at biopsies, should be treated with antiviral drugs.

The undertreatment of the very elderly patients with heart failure admitted to Internal Medicine units

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Introduction: In very elderly pts (VEP), defined as age ≥85 years and under-represented in clinical trials, Heart Failure (HF) is a major cause of morbidity and mortality and the prevalence is expected to increase. The aim of the study was to evaluate management and treatment of unselected HF VEP hospitalized in Internal Medicine Units (IMU).
Methods: A multicenter observational study on pts consecutively hospitalized for HF between January 30th and February 28th 2014 in most of Tuscany IMU (32 of 35) was performed. Clinical and echocardiographic data were collected; the disability was evaluated by Barthel Index. The pooled population was divided into two age groups for comparison: ≥85 years (groupA: n=365, age 89.3±3.4 years) and <85 years (groupB: n=405, 76.3±7.6 years).
Results: In VEP female gender was more common ($p<0.001$ *vs* groupB), in 61.6% of pts a severe disability and in 78.2% ≥3 comorbidities were presents ($p<0.001$ for both). The echocardiogram was performed in 55.9% of pts in the groupA (*vs* 70.9% in groupB, $p<0.001$). In the groupA the number of prescribed drugs was lower ($p<0.001$) and a lower prescription of β-blockers, aldosterone antagonists, warfarin and statins was observed ($p<0.01$ for all). A follow-up program was performed less frequently in the groupA ($p=0.001$).
Conclusions: This study revealed that in the real word of IMU the VEP constitute 47% of pts hospitalized with HF. In VEP the diagnostic and therapeutic approach is different from HF guidelines. The HF VEP are undertreated and more frequently without echocardiogram and follow-up program compared with younger pts.

One year of pulmonary embolism in Internal Medicine

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Introduction: In Europe pulmonary embolism (PE) is a major cause of mortality and hospitalization. The therapy has been changed in recent years for introduction of new oral anticoagulant (NOA). The aim of the study was to assess clinical characteristics, management and treatment of pts hospitalized for PE in an Internal Medicine Unit (IMU).
Methods: An observational study on pts consecutively hospitalized for PE between January first and December 31th 2015 in an IMU was performed. Clinical and instrumental characteristics and the anticoagulant therapy were recorded.
Results: Eighty pts (50% M, mean age 75±12 years) were enrolled. In 75% of pts ≥2 comorbidities were presents. A deep vein thrombosis (DVT) was found in 53 pts (proximal n=40, bilateral n=8). Clinical presentation was dyspnea (42.5%), signs of DVT (25%), chest pain (12.5%), asymptomatic (11%). The diagnosis was obtained by CT pulmonary angiography, only in 2 pts by lung scintigraphy. PE resulted at intermediate-high (17.5%), intermediate-low (64%) and low mortality risk (9%). The echocardiogram was performed in 66 pts. At discharge pts were treated with LMWH n=10, fondaparinux n=19, warfarin n=9 and NAO n=39 (rivaroxaban n=20, apixaban n=12, dabigatran n=6); in 6 pts treated with NAO a single drug approach (SDA) was used. Different oral anticoagulant therapies were not affected the length of hospital stay(LHS).
Conclusions: The pts admitted in IMU with PE are elderly and with numbers comorbidities. NOA are more used than warfarin (47 *vs* 11% of pts) but their use has not reduced the LHS probably because the SDA is still not spread.

✪ Current clinical challenges: management of *Klebsiella pneumoniae* carbapenemase outbreak in Internal Medicine

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Introduction: *Klebsiella pneumoniae* producing carbapenemase (CRKP) were first described in the United States in early 2000. Italy has a high incidence of infections due to this pathogen. We report and discuss the experience of our Centre, an Internal Medicine Unit in North-Western Italy.
Results: In 2011 only 2 patients had positive cultures for CRKP; in 2012 CRKP was isolated in 21 patients. The mean age of the cohort was 77,6 (range 52-89), 6 males, 15 females. Cultures were positive in different specimens: urines 71,4%, blood 9.52%, upper respiratory tract 9.52%, wounds 9,52%. Eleven patients had two or more comorbidities, most prevalent were: heart failure (8 pts), hematological malignancies (8 pts), diabetes mellitus and renal failure (both 7 pts). Other patients presented solid tumors (4 pts), COPD (2 pts), liver dysfunction (1 pt). Most relevant infection-associated risk factors were identified in presence of devices such as urinary catheter (76% of patients) or central venous catheter (47% of patients). In 2013 we observed 6 cases. Cultures were positive on urines (2 pts), blood and abdominal drainage (1 pt), blood (1 pt), sputum (1 pt) and bronchial-alveolar lavage (1 pt). In conclusion, in three years of surveillance we observed 29 patients with CRKP isolation: 17 urinary tract infections (response 6/13), 4 blood stream infections (response 1/3), 4 respiratory tract infecions (response 1/3), 4 skin and soft tissue infections/colonization (not treated); crude mortality was 51% and global response to therapy was 42,1% on 19 treated patients.

Small cell carcinoma of the cervix

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We present the case of an 85-years-old woman admitted for asthenia, intermittent fever, and repeated syncopal episodes. Lab tests revealed a normocytic anemia with important neutrophilic leukocytosis, hyperferritinemia (>3000 ng/mL), and increased inflammatory biomarkers, whereas blood and urine cultures, tumor markers, chest x-ray, abdominal US, gastroscopy and colonoscopy were negative. Furthermore second level autoimmune and hematological tests also resulted negative. The clinical picture did not improve after wide spectrum antibiotic treatment nor after steroid therapy. Given the persistence of the initial symptoms, and the concurring weight loss, a total-body CT scan was performed. It revealed a pelvic mass localized in the uterine isthmus; the gynecologist confirmed the finding and performed a biopsy resulting in a high degree small cell neuroendocrine carcinoma. Small cell carcinoma (SmCC) is a neuroendocrine tumor that is most frequently found in the lung with pulmonary SmCC accounting for 95% of all SmCCs. Extrapulmonary SmCC has been reported in almost every organ, although its incidence is extremely low ranging from approximately 0,1 to 0,4%. The gynecologic tract is one of the extrapulmonary systems where EPSmCCs can develop representing up to 2% of all gynecologic malignancies. Cervical small cell carcinoma is an aggressive disease associated with a high mortality rate.

The tears of S. Lawrence

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This is the case report of a patient affected by amyloid light-chain (AL) amyloidosis with cardiac localization. Familiar medical history recorded complete atrioventricular block. For that reason he had been implanted with a pacemaker in 1995. Since April 2004 he had multiple hospital admissions due to recurring chronic right pleural effusion treated with thoracentesis. Pleural fluid was a transudate: clear lemon yellow with negative cytology; US volume estimation was 800 mL. In October 2012 echocardiogram showed a thick ventricular septum thus suspecting a myocardial infiltrative disease. After myocardial biopsy AL amyloidosis with heart localization was diagnosed. The Patient then underwent 9 cycles of Bortezomid, Melphalan-Dexamethasone resulting in hematological remission, but not in a complete regression of heart damage. In June 2015 he was hospitalized for dry cough, dyspnoea, and upper right chest pain: chest US revealed abundant right pleural effusion containing multiple mobile hyperechoic foci resembling shooting stars. Chest x-ray evidenced apical pneumothorax with pneumohydrothorax: a pleural drainage was positioned, then he underwent talc pleurodesis. Pleural effusion did not recur and hematological remission persisted. The peculiarity of this case is the talcage of recurring pleural transudate-like effusion due to amyloidosis which is caused by the deposition of amyloid misfolded proteins in the tissues; its classification and clinical manifestations are different depending on the biochemical nature of the protein and on the sites involved.

A rare case of Donath-Landsteiner syndrome in adult

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On february 2015 a 82-years-old woman presented to emergency department for acute onset of fever, disorientation and normocytic anemia (Hb 5 g/dL). She was affected by myelodysplastic syndrome, diagnosed in 2010 by bone biopsy, with no need of blood transfusion during the last five years. The first patient's evaluation revealed hyperthermia and restlessness but normal vital signs. Physical examination was normal, such as imaging. Blood samples revealed LDH 1334 U/L, normal WBC, acute fase reactants just mildly increased. A blood transfusion was performed and empiric antibiotic therapy started. No bacterial or viral infection was detected. On the fourth day after admission, chills and disorientation suddenly appeared, just after hands washing. Hemoglobin, tested after 6 hours, decreased (from 9.2 to 7.0 g/dL). Direct Coombs test detected cold agglutinine, but cryoglobulines were negative. We sent a blood sample to the nearest pediatric hospital lab, to perform Donath-Landsteiner test, which was positive. Our patient was dismissed after a week of absence of hemolytic crises, obtained just avoiding cold exposure. Donath-Landsteiner syndrome is a rare form of hemolytic anemia, caused by a polyclonal cold-reacting IgG, much more common in children than in adults. Typical clinical manifestation include hemoglobinuria, back, legs and abdominal pain, less commonly chills and fever, Raynaud phenomenon and urticaria. The treatment of an acute attack is supportive: blood transfusion when necessary, avoidance of cold exposure. There's no evidence for glucocorticoids's efficacy.

Eosinophilic granulomatosis with polyangiitis presenting with hemiparesis: a case report

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Background: Neurological manifestations in EGPA are common, but usually present a peripheral involvement. Conversely, central nervous system (CNS) vasculitis is extremely rare.
Case report: We describe the case of a 68-year-old woman who presented to the ER for fever, rhinorrhea, blurred vision and sudden onset of left hemihypoestesia with gradual hemiparesis. Upon admission, peripheral blood examination showed hypereosinophilia (4740/mmc) and slightly increased CRP (0.7 mg/dL). Physical examination confirmed the left hemiparesis (MRC 3). Since the brain CT was negative for ischemic or hemorrhagic stroke, a brain MRI was performed. The main remarkable findings were multiple cortical-subcortical T2 hyperintense lesions in occipital, parietal and frontal areas, suggestive for active vasculitis. There was no evidence of peripheral neuropathy. On the second day of admission, atrial fibrillation developed. Laboratory tests showed elevated troponin I (155 ng/mL), BNP (329 pg/mL), CRP (6.6 mg/dL) and the presence p-ANCA antibodies (400 UA/mL). Echocardiography was normal. Since the patient reported having asthma and allergic rhinitis with sinusitis in the last year, the clinical diagnosis was eosinophilic granulomatosis with polyangiitis. High-dose steroid boluses (methylprednisolone 125 mg/day) were administered. Eosinophilic count and cardiac biomarkers levels immediately dropped. Left hemiparesis solved after six days of therapy with no outcome.
Conclusions: CNS symptoms and signs may be the first manifestations of EGPA and demand a timely treatment with systemic steroids.

A case of complete thrombosis of the venous spleno-mesenteric-portal system in a patient with chronic liver disease and hepatocarcinoma

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Our case report describes a diabetic 75-year-old man. Diagnosed by ultrasonography in 2010 chronic liver disease. The patient goes to the first aid for upper abdominal pain. An abdomen ultrasound highlights hepatosplenomegaly and diffusely hypoechoic inhomogeneous,with irregular margins. Blood tests show an increase of GGT and ALP. During hospitalization occurs an important episode of abdominal pain exacerbation; an CT angiography shows a complete thrombosis of the spleno-mesenteric-portal district with intestinal loop thickening. No focal liver lesion was detected. We initiated therapy with sodium heparin in continuous infusion, gastric protection with PPI, antibiotic coverage. We introduced caloric supplemetation by total parenteral nutrition. The patient is evaluated several times by fellow surgeons, which excluded surgical indications and by hepatologist specialist who has not seen fit to perform surgery derivative TIPS for lack of proper branch intrahepatic portal. An other abdominal ultrasound detected suspicious nodules for eteroplasia. The patient performs a new TC control showing an increase of ascites and a minimum reduction of the intestinal loop thickening. The CT highlights the presence of a lesion of 12mm arterialisation at the level of the hepatic dome. The patient was evaluated by fellow interventional radiologist who suggest a thrombolytic locoregional treatment, that was refused by the patient. The patient was subsequently transferred to the gastroenterology department for further diagnostic tests that confirmed the suspicion of evolution to hepatocellular carcinoma.

Un'atassia da puntura di zecca

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Uomo 69 anni, diabetico, non altre patologie degne di nota in anamnesi. Giunge a ricovero per comparsa di atassia determinante numerose cadute a terra senza traumi. Precedente diagnosi di linfangite arti inferiori con dermo-ipodermite in seguito a puntura di zecca. Per escludere una sindrome del circolo posteriore è stata eseguita RM encefalo con mdc che ha mostrato solo un'areola lacunare a carico della corona radiata sinistra. Alla elettromiografia degli arti inferiori reperti positivi per polineuropatia sensitivo-motoria simmetrica a carattere misto sia assono che mielinopatico di discreta entità. Nel sospetto di una neuroborreliosi sono stati dosati gli anticorpi anti-Borrelia risultati positivi (IgM e IgG positivi deboli). E' stata poi eseguita una rachicentesi: liquor limpido, iperproteinorrachia, presenza di anticorpi-Borrelia anche nel liquor. Acquisita consulenza infettivologica secondo cui sono presenti i criteri per porre diagnosi neuroborreliosi. Data la riferita allergia ai beta lattamici, è stata iniziata terapia con doxiclina 100 mgx2 con progressiva risoluzione della sintomatologia neurologica.

Uno strano caso di acquaporinopatia

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Donna, 41 anni, pregressa miastenia gravis trattata con timectomia, tiroidite autoimmune in eutiroidismo, celiachia. Accede in pronto soccorso per dolore dorsale e successiva comparsa di parestesie all'emisoma sinistro dalla regione sottomammaria fino alla pianta del piede sinistro. Alla RM del rachide reperti compatibili con mielite D1-D7 con prevalente espressione centromidollare. TC e RM cranio negativa. I PEM e i PES sono risultati ai limiti per asimmetria AI sx *vs* dx. PEV nella norma. Rachicentesi negativa. Agli esami ematici i marker infettivi sono risultati tutti negativi. Prelevati anche autoanticorpi: ANA 1:160 con pattern SP, autoanticorpi anti Ro-52 positivi. Nel sospetto di acquaporinopatia autoimmune sono stati dosati gli anticorpi anti-acquaporina 4 (NMO-IgG) risultati positivi per cui, nonostante l'assenza del coinvolgimento del nervo ottico, è stata posta diagnosi di acquaporinopatia. La paziente è stata trattata con steroidi ad elevato dosaggio con progressivo tapering con miglioramento della sintomatologia e dell'obiettività neurologica. Alla RM del rachide di controllo riduzione dimensionale dell'estensione dell'alterazione di segnale precedentemente evidenziata, che all'esame attuale appare a contorni più netti.

Differenze di genere nello scompenso cardiaco: esperienza locale

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Premesse: La prevalenza dello scompenso cardiaco (SC) nella popolazione europea è pari al 2-3%; circa metà dei casi riguarda donne, per le quali è responsabile almeno del 35% delle morti per cause cardiovascolari. La prevalenza aumenta esponenzialmente con l'età soprattutto dopo i 79 anni. Le evidenze della letteratura dimostrano importanti differenze di genere: rispetto i maschi, le donne sono più anziane, la funzione sistolica ventricolare sinistra è per lo più conservata, le patologie concomitanti sono più spesso ipertensione arteriosa, FA, diabete mellito, tireopatie e demenza. La qualità di vita è peggiore; più spesso hanno aspetto congestizio, peggiore classe NYHA, degenza ospedaliera più lunga, mentre migliora la sopravvivenza.
Materiali e Metodi: Nel corso del 2015 nel nostro reparto sono stati ricoverati 158 pazienti (pz) con diagnosi di SC; vengono analizzati alcuni parametri in relazione al genere.
Risultati: 54.5% donne, età media 86 *vs* 80 anni, durata media degenza 10 *vs* 7 giorni. Sono donne i pz in classe NYHA III nel 59% e in classe NYHA IV nel 61.5% dei casi. Copatologie nelle donne: ipertensione arteriosa (49.3% *vs* 38%), demenza (10.8% *vs* 3%), FA (31.7% *vs* 25.3%), dilatativa (5% *vs* 3%), BPCO (40% *vs* 33%). Ricoveri successivi complessivi 6%, di cui 80% maschi. FE >50%: 50% *vs* 37%.
Conclusioni: Si confermano le differenze di genere riguardo età, funzione ventricolare sinistra, distribuzione comorbilità eccetto BPCO, durata degenza. Non ci sono differenze di genere nel trattamento farmacologico né nella mortalità intraospedaliera o nell'aderenza al follow up.

Carcinoma renale con metastasi surrenalica ipsilaterale metacrona e tardiva localizzazione al surrene controlaterale

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Premesse: Le metastasi surrenaliche (MS) costituiscono solo il 5-7% degli incidentalomi surrenalici. Per contro, nei pazienti oncologici, le tumefazioni del surrene sono MS nel 50-75% dei casi. Il CR è una delle neoplasie che più facilmente metastatizza al surrene. Fino al 10% dei CR presenta MS ipsilaterali, ma solo lo 0.7% controlaterali. Molto rari sono i casi di MS bilaterali di CR, specie quelle metacrone tra loro e rispetto alla neoplasia primitiva.
Caso clinico: Paziente sottoposto a nefrectomia sx a 55 anni nel 2007, per CR a cellule chiare (CRCC). Nel 2009 comparsa di espanso surrenalico sx, a densità indeterminata, basso wash-out contrastografico tardivo e lenta crescita (22x16 mm nel 9/2014). Nel 1/2015 surrenectomia laparoscopica (SL) sx. Diagnosi istologica: MS di CRCC. Dal 3/2015 comparsa di tumefazione surrenalica dx, con caratteristiche analoghe alla precedente, rapidamente accresciutasi nel tempo (27x17 mm nel 1/2016). Non evidenza di altre localizzazioni. Nel 1/2016 SL dx. Diagnosi istologica: MS da CRCC. Il paziente è attualmente in follow-up, in terapia sostitutiva ormonale.
Conclusioni: Nel paziente con CR le masse surrenaliche, anche piccole e di tardivo riscontro, devono essere considerate con sospetto, se di densità elevata, basso wash-out ed in crescita. La SL è una procedura efficace, sia in senso diagnostico che terapeutico nelle MS monolaterali isolate di CR. Le rare forme bilaterali costituiscono un problema clinico più impegnativo in cui la surrenectomia va ponderata con attenzione, essendo inevitabilmente complicata da iposurrenalismo.

Ipoglicemia iperinsulinemica: un raro caso in una paziente non diabetica e in età avanzata

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Introduzione: L'ipoglicemia in pazienti non diabetici non è frequente (131 casi in sei anni in una coorte USA); compare sui 50 anni ed è rara in età avanzata in assenza di fattori di rischio (alcolismo, malattia epato-renale, farmaci, insufficienza surrenalica). Descriviamo un caso di ipoglicemia iperinsulinemica sintomatica in una novantaduenne.
Presentazione: Donna non alcolista di 92 anni ipertesa in terapia con ACE-I e β-bloccanti giunge al ricovero dopo vari episodi di ipoglicemia sintomatica nell'ultimo trimestre; all'ingresso ipoglicemia (<50 mg/dL) resistente a multiple infusioni di soluzione glucosata 10%-33% con funzione epato-renale, indici di flogosi, emocromo, elettroliti, ECG ed Rx-torace normali e ritmo circadiano di ACTH/cortisolo conservato. Il dosaggio dell'insulina durante ipoglicemia (49 mg/dL) era di 22 μU/mL (v.n. 2-29) con peptide C di 3.4 ng/mL (v.n.<2.6). Dopo stabilizzazione con soluzione glucosata e.v. al 5% è stata eseguita ricerca, negativa, per insulinoma o altre neoplasie con TC-total body. Un tentativo terapeutico con diazossido è fallito per rabdomiolisi e insufficienza renale acuta risoltesi dopo sospensione dello stesso. Dati età e progressivo deterioramento clinico generale non si è proceduto ad altre indagini ed è stato prescritto supporto con nutrizionale parenterale personalizzato. La paziente è stata trasferita in post-acuzie.
Conclusioni: Il caso è interessante per la sua rarità e gravità dei sintomi potenzialmente correlabile anche alla torpidità dei meccanismi controregolatori dell'omeostasi glucidica in età assai avanzata.

Frequency-dependent left bundle branch block in a patient with systemic sclerosis

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Case report: A 55-year-old woman affected by Systemic Sclerosis (SSc) since 1991 was admitted to our department for a 3-month history of diarrhea and maculopapular dermatitis restricted to the chest and abdomen. Upon admission, patient ECG showed sinus rhythm with heart rate of 80 beats/min and complete left bundle branch block (LBBB). No dyspnea or chest pain was declared and blood pressure with oxygen saturation were normal. Blood tests, serum electrolytes, cardiac biomarkers and thyroid function were normal. Clinical history was negative for dyslipidemia, hypertension and diabetes. Four years before LBBB was present at exercise tolerance test with HR 125/min and it had regressed after two minutes with HR 80/min, without chest pain or dyspnea. A subsequent echo stress with dobutamine was negative for myocardial ischemia. The second day of admission ECG revealed sinus rhythm with HR 65/min, without conduction abnormalities; the following day ECG demonstrated again LBBB with HR 85/min. An echocardiogram performed prior to admission was negative for valvular disease or cardiomyopathies. Therefore, a myocardial perfusion scan with dipyridamole showing decreased perfusion of cardiac septum was performed. The finding, disappearing in diastolic images, is the expression of LBBB kinetic anomaly.
Conclusions: In agreement with the cardiologist, the diagnosis was intermittent frequency-dependent LBBB with electric memory phenomenon, probably due to focal fibrotic changes in the conduction tissue and not to scleroderma heart disease.

If the eye doesn't see... the heart could grieve over

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A 71-year-old man with diabetes mellitus, dyslipidemia, who had undergone coronary artery bypass grafting and aortic-valve replacement with biological prosthesis a year before was admitted to our emergency room because of presyncopal symptoms, ideomotor slowing, fever, shivering. Physical examination revealed horizontal nystagmus, diplopia, left homonymous hemianopsia, postural instability and motor ataxia. On cardiac examination a systolic murmur was present. Blood tests showed an increased troponin I and procalcitonin level. EKG showed nonspecific ST-T wave abnormalities. Echocardiogram, EEG, lumbar puncture, head CT scan with contrast, cerebral CT angiography, chest radiography were negative. During hospitalization he developed worsening of ideomotor slowing, headache, bradycardia, hypotension. A new head CT scan with contrast showed left sided cerebellar stroke with posterior inferior cerebellar artery occlusion. Blood cultures turned positive for S. pneumoniae. Oxacillin extended infusion was started. A total body CT scan showed no evidence of any infective focus. Transesophageal echocardiography showed the presence of vegetations on the aortic valve and mitro -aortic junction abscess. The patient underwent aortic valve replacement with uneventful course. Nowdays, pneumococcal endocarditis is rare, affecting mainly native valves. Mortality is high, especially in patients with central nervous system involvement. Surgery enhances the prognosis.

Panta rei... that's *Giardia lamblia*!

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A 51-year-old man with vitiligo and common variable immunodeficiency (CVI) was admitted to the hospital because of profuse diarrhea, bloody stools, wasting, fever and confusion. Hemogasanalisys revealed hyperchloremic metabolic acidosis and laboratory tests showed neutrophilic leukocytosis, anemia, thrombocytopenia, electrolyte disorders, low serum globulin levels. Blood cultures were positive for meticillin-resistant S. aureus, E. faecium, K. Pneumoniae. Stool cultures and C. difficile testing were negative. Celiac disease testing was positive. Immunophenotyping showed depression NK cells activity, increased activated T cells. Echocardiography, chest radiography, electroencephalogram, brain magnetic resonance imaging weren't significant. Despite treatment of acid-base and electrolytic disorder, antibiotic therapy, intravenous immunoglobulin, a gluten-free diet, diarrhea didn't resolve. Abdominal tomography with contrast showed colic intestinal inflammation and small bowel loop distensions. The esophagogastroduodenoscopy revealed esophageal erosions, gastric mucosa hyperemia, atrophic bulb and duodenal fluid cultures were positive for *Giardia lamblia*. The patient was treated with metronidazole showing improvement of his condition. CVI is a hypogammaglobulinemia of unknown etiology. *G. lamblia* infection is a common cause of diarrhea in CVI and false negatives are possible because the parasite alternates replication and quiescence.

Incidence of transient ischemic attack and early stroke risk

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Background and Purpose: TIAs are predictors of high risk of subsequent stroke and require urgent intervention to maximize secondary prevention and minimize adverse health outcomes. TIA patients are often admitted to the hospital to facilitate rapid investigation and comprehensive management. It need alternative service models to optimize health resource utilization without compromising patient outcomes. the ABCD2 score for the transient ischemic attack improve early stroke risk prediction. The aim of this study was to refine clinical risk factor stratification and make an optimal intervention plan to prevent ischemic stroke.
Methods: Clinical data were collected in a cohort of 105 hospitalized transient ischemic attack (TIA) patients from January 2014 to January 2016 in the Emergency Department A. Cardarelli Hospital in Naples in project defined OTTIMA.
Results: Of 105 TIA patients, 29 had recurrent TIA and 30 had a stroke within 7 days. Hypertension, dyslipidemia, a history of ischemic stroke and the duration of symptom as item of ABCD2 score were highly predictive of the severity of recurrent events.
Conclusions: This study adds new data on TIA incidence and prognosis and it further validates the ability of the ABCD2 score to identify patients at early risk for stroke but appropriate strategies are urgently needed to improve the identification and control of these patients.

The importance of screening for hepato-biliary malignancies in elderly patients with abnormal liver function markers

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We report a case of healthy 74-year-old woman of Caserta, with a history of laparoscopic cholecystectomy, evaluated for elevated liver function tests, fever and biliar duct dilatation with obstruction. Imaging studies revealed an atrophic pancreas and biliary duct dilatation consistent with obstruction. Subsequent endoscopic retrograde cholangiopancreatography showed a bile duct narrowing pattern suggestive of cholangiocarcinoma. Klatskin tumors are the most common type of cholangiocarcinomas. They are perihilar tumors usually found at the bifurcation of right and left hepatic ducts. The absence of early symptoms leads to the diagnosis of most Klatskin tumors at an advanced incurable stage. The classic presentation of cholangiocarcinoma includes jaundice, weight loss and right upper quadrant pain. These, in addition to laboratory exams, endoscopical and imaging procedures, lead to the diagnosis. Hilar cholangiocarcinoma must be distinguished from other malignant or benign causes of biliary obstruction. Our patient's symptoms showed presumptive diagnosis of cholangitis. This case indicates that cholangitis should be considered as a differential diagnosis of hilar biliary stricture and the importance of screening for hepato-biliary malignancies in elderly patients with abnormal liver function markers.

The atrial fibrillation in the emergency department: efficacy, safety and length of stay of the different cardioversion procedures

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Objectives: To compare the 4 main cardioversion (CV) procedures used to terminate atrial fibrillation (AF) or atrial flutter (FL) we confronted these procedures on efficacy, safety and length of stay (l.o.s.) in the Emergency Department.
Methods: we enrolled 194 consecutive patients (pts) with AF and FL. 22 pts were treated with Flecainide (F), 57 pts with Propafenone (P), 82 pts with Amiodarone (A) and 10 pts with electrical CV (DC). Percentages of success were compared with Chi-square test; medians of l.o.s. were compared with Mann Whitney test.
Results: successful was obtained in 12 pts with F (54.5%), 44 pts with P (77.2%), 50 pts with A (61%) and 45 pts with DC (100%). DC was more efficient than the other (DC *vs* A p<0.001; DC *vs* F p<0.001; DC *vs* P p=0.004). The other efficacy differences were not significant. Side effects were recorded in 3 of DC (1 hypotension,1 AV block,1 systolic pause), in 7/82 pts with A (4 hypotension and 3 bradycardia), in 1/22 pts with F (passage from AF to FL) and in 4/57 pts with P (3 hypotension and 1 systolic pause). None of the side effects required intervention. L.o.s. medians were: 5.7 h (i.q.r. 4.81-8.46) with DC; 9.34 h (i.q.r. 5.96-15.35) with A; 6.75 h (i.q.r. 3-8.35) with F; 4.6 h (i.q.r. 3.55-7.75) with P. L.o.s. was significantly longer using A (A *vs* DC p=0.022; A *vs* F p=0.002; A *vs* P p<0.0001).
Conclusions: DC appeared to be the most efficient CV procedure; no significant differences were found among the pharmacologic procedures. A resulted in longer ED stay, while no differences were found among the others procedures. All the 4 procedures appeared to be safety.

Spondylodiscitis spectrum in the biggest hospital of southern Italy

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Background and Aims: Spondylodiscitis (SD) is rare, but its prevalence is rising because of the increase of susceptible population and the improvement of diagnostic techniques. In this prospective study we want to analyze the whole spectrum of SD in our reality.
Patients and Methods: From SDO we identified 13 patients with SD admitted to the Cardarelli Hospital in Naples in 2014. We examined the clinical features and approach to diagnosis and treatment.
Results: Average age 60.4 y, M/F ratio 1.16, comorbidities were present in 84% (cardiopathies 45%, diabetes mellitus 36%). St. aureus was found in 61%, microbiological diagnosis was obtained from blood cultures in 46%, from image-guided FNAB in 69%; FNAB was performed in positive blood culture patients in 38%. Serodiagnosis for Brucella was made in 23%. CT was employed in 92%, MRI in 77%. Psoas abscess was found in 30%. In 77% an Infectologist was consulted. 92% received antibiotics since the first day of hospitalization, all patients received on average three antibiotics for an average length of 11 weeks. Just two patients underwent surgery. In 77% MRI or CT were utilized in follow up.
Discussion: We had a higher number of SD than in reference centres as Marseille and Rome. In view of actual IDSA guidelines we must remark that: a) FNAB is superfluous in case of positive culture, b) serodiagnosis for Brucella is compulsory, c) antibiotic treatment should be started after microbiological diagnosis, d)the treatment should last no more than 6 weeks, e) our guides in follow up must be clinical picture and markers of inflammation.

Spontaneous bacterial empyema. Report of an unusual case

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Background: Spontaneous bacterial empyema (SBE), a rare and underrecognized complication of liver cirrhosis, is an infection of a preexisting hydrothorax, which is defined by the presence of >500 neutrophils/mm^3 or by a positive culture in the pleural fluid, when excluding parapneumonic infection.
Case report: Female, 87 yo, with HCV-related cirrhosis; she was admitted for dyspnea and left chest pain. CT: massive left pleural effusion, bronchiectases in the left lower lobe. Thoracentesis: frankly purulent fluid, positive culture for Str.mitis. C_3 0.08 g/l; type II mixed cryoglobulinemia (MC). Recovery was obtained by ceftriaxone and chest tube insertion.
Discussion: Purulent fluid, positive culture for Str.mitis, lack of ascites and need for chest tube were atypical elements of our case. Streptococci could have reached the pleural cavity through bacteremic seeding or migration from a brochiectasis. In our knowledge there is no link between SBE and MC, except for low C_3 (known risk factor for SBE and usual finding in MC).
Conclusions: Unlike spontaneous bacterial peritonitis, for which detailed protocols of diagnosis and treatment exist, SBE is neglected by scientific societies and underdiagnosed both by internists and hepatologists. Diagnostic thoracentesis must be performed in all cirrhotics with pleural symptoms, especially in lack of ascites, or worsening: it implies a very low risk of pnx and allows a timely treatment. MC could be a further risk factor for SBE. As mentioned by some researchers, we consider the term spontaneous bacterial pleuritis more suitable than SBE.

Antibiotic-resistance of sepsis in Internal Medicine

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Introduction: Sepsis is 1 of the most frequent admission to Internal Medicine wards (IMWs) today.
Objectives: To describe epidemiological and clinical characteristics of septic pts admitted to IMWs.
Methods: All the pts admitted with fever/hypothermia and/or with increased APR or who developed such alterations during hospital stay were screened for sepsis according to international criteria by physicians and at least 2 blood cultures were drawn by nurses before antibiotics, according to a nurse-physician protocol. Age, gender, comorbidities, length of hospital stay (LOS) and in-hospital mortality were collected. Hospital infection Control Group provided us with data about isolates.
Results: From 1/1 to 31/12 2015, 304 pts (mean age 82 ys, 95% had at least 2 comorbidities) were diagnosed as sepsis (18% of all admissions), 51% had at least 1 microorganism isolated on blood cultures. The most frequent isolates were: Staphylococcus spp. 52% (MRSA 70.7%), E. coli 22% (ESBL 43%), other gram positive 15% and other negative 11% (2 KPC and 2 Acinetobacter). Mean LOS was 7.3 d, in-hospital mortality 22%. The pts who died were all affected by severe sepsis or septic shock, mean age was higher (p=0.0014), blood culture were less frequently positive.
Conclusions: Septic pts in IMWs are often old and frail. Anyway, in-hospital mortality does not appear higher than other setting. A nurse-physician protocol increases the specificity of microbiological diagnosis. Drug resistant bacteria represent half of isolates. Clinical picture, age and blood culture positivity influence mortality.

Clinical meaning of the ultrasound finding called Pseudokidney: the experience of an Internal Medicine ward

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Pseudokidney is an ultrasound find whose characteristic is a feature similar to a kidney and, as such, it is made of an external hypoechogenic part and an hyperechogenic internal one. This is a find attributable to the bowels, it comes from a thickening of the organ wall and it may be the expression of a tumor, of an inflammatory disease or, expecially in young people, of intussusception. The find, sometimes accidental, of a pseudokidney in an adult or old patient, who doesn't have a clinical picture suggestive for bowels inflammatory disease or infectious colitis, must suggest a suspect of neoplasia. If used as a screening method to diagnose colon cancer, ultrasound shows a sensibility between 70 and 80%, even more for right colon cancers. We will present four cases of pseudokidney diagnosed in the Internal Medicine Ward of Busto Arsizio Hospital between 2013 and 2015. In two cases the find of pseudokidney during an abdominal ultrasound initiated a diagnostic process that led to the diagnosis of a colon cancer and to the consequent surgical treatment. In the third case the ultrasound and CT scan findings suggested the suspect of a colon cancer and, considering the age and the general conditions of the patient, we decided not to proceed with further assessments and instead to start a path of palliative care. The fourth case was about a patient suffering from a Clostridium difficile colitis: the find of a pseudokidney motivated the decision to perform a colonscopy which confirmed the colitis, but ruled out the cancer.

Prostatitis: into the heart...of the problem

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A 57 years old man was admitted to ED for cough and progressive dyspnea. On last August patient was suffered by an acute prostatitis and was treated with dual antibiotic therapy with mild recovery. On September, he was admitted to our department for an acute post-obstructive renal failure with 16 mg/dL of plasma creatinine, hyperkalyemia, metabolic acidosis and elevation of CPR. Patient had an acute urine retention with an increased prostate gland. Urine's cultures revealed a positivity for Enterococcus Faecalis. So he received a 15-days course of amoxicilline/clavulanate. At the ED presentation, patient was febrile and suffering. EKG revealed sinus tachycardia. Chest ecography showed a bilateral interstitial lung disease with pleural effusion. He was promptly treated with C-PAP and diuretic therapy, with rapid improvement. Blood samples showed anemia and an elevation of CPR. 2 blood cultures were also obtained. The echocardiogram revealed an important flail of the non-coronaric cuspid of the aortic valve conditioning a severe aortic regurgitation, related to a subacute endocarditis. Also mitral and tricuspid valves were secondary involved, with an enlargement of the mitral annulus and a rise of the right pulmonary pressure (60-65 mmHg). With blood cultures positive for gram-positive cocci, patient's promptly received a triple antibiotic therapy with amoxicilline/clavulanate plus ampicilline plus vancomicine, thinking that the same Enteroccoccus could be involved. Heart surgeons have decided to submit the patient to an aortic valve replacement and mitral anuloplasty.

✪ Increased length of hospital stay and risk of all-cause mortality following inpatient hypoglycemia

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This study investigated the effect of inpatient hypoglycemic episodes on the length of hospital stay, cost and risk of all-cause mortality while admitted. This retrospective, matched-cohort study used data from the UK Clinical Practice Research Data link database and included all insulin-treated patients aged ≥18 years with a diagnosis of diabetes between 01-Jan-2002 and 30-Sep-2012 who experienced severe hypoglycemia (exposed) while admitted to hospital. The Hospital Episodes Statistics database was used to identify severe hypoglycemic episodes. Exposed patients were matched on age (interval grouping), primary diagnosis and diabetes type with those who did not experience hypoglycemia during admission (unexposed). 1079 pairs of matched patients (264 type 1; 815 type 2) were included in the analysis. Exposed patients had a significantly longer mean length of stay of 10.75 [8.97, 12.88] 95% CI days in hospital compared with 4.73 [3.95, 5.66] 95% CI days for unexposed patients, p<0.0001. Exposed patients were twice as likely to die in hospital compared with unexposed patients (Odds ratio (OR) 1.974 [1.422, 2.741] 95% CI, p<0.0001). Increased age was also associated with a higher risk of all-cause mortality among exposed patients (OR 1.032 [1.019, 1.044] 95% CI, p<0.0001). The estimated total average per patient cost for exposed patients was GBP 1752, 24% (p<0.0001) higher than total average admission cost in unexposed patients. These data highlight the dangers of inpatient hypoglycemia with respect to patient outcomes, and also the impact on healthcare resource utilisation.

✪ Prima crisi falcemica e acute chest syndrome in adulto con anemia falciforme e trait talassemico

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Presentazione del caso: Cinquantenne, maschio, con recente diagnosi di anemia falciforme. Ricoverato per distress respiratorio e dolore in ipocondrio sinistro con evidenza radiologica di lieve splenomegalia (12 cm) e polmonite basale sinistra. Agli esami bioumorali Hb 82 g/l, HbS 68.5%, Gb14.100/mm^3, PCR 260 mg/l, bilirubina 48 μmol/l. L'evidenza clinica di sepsi, ittero e dispnea, sostenuta dai dati bioumorali, suggeriva la diagnosi di crisi emolitica e "*acute chest syndrome*" secondarie a polmonite sinistra. Dopo erythro-exchange con 8 UEC, idratazione e terapia antibiotica, abbiamo assistito ad un netto miglioramento delle condizioni cliniche e dei valori bioumorali (Hb 118 g/l, HbS 30%). In 4ª giornata, dopo improvviso peggioramento di dolore e comparsa di massa palpabile in ipocondrio sinistro, è stata eseguita eco point-of-care che mostrava splenomegalia (22 cm) con multiple formazioni anecogene e versamento pericapsulare con emocromo che mostrava anemizzazione acuta (Hb 92 g/l). Valutato il rischio di crisi da sequestro splenico e di rottura di milza, il paziente è stato trasfuso con 1 UEC e sottoposto a splenectomia e pancreasectomia parziale. L'esame

istologico mostrava fibrosi capsulare, ipertrofia della polpa rossa ed estese aree di necrosi.
Conclusioni: Il caso presenta caratteristiche atipiche per la presentazione in età adulta e per la sequela di complicanze, in particolare la crisi da sequestro splenico in età adulta e la rapidità di sviluppo della splenomegalia poli-infartuale (radiologicamente certificata). A 6 mesi il paziente gode di buona salute.

Giant hepatic artery aneurysm in asymptomatic patient

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Introduction: Hepatic artery aneurysm (HAA) is a rare, virtually fatal finding for risk of rupture. We report a case of asymptomatic giant HAA.
Case: 82-years-old woman seen as outpatient for transaminase elevation. Medical history: normal alcoholic intake, arterial hypertension, carotid endarterectomy, abdominal aortic aneurysm. Current drugs: ticlopidine, ramipril. Physical examination: abdominal pain, mild hepatomegaly. Laboratory: AST 231/ALT 234/γGT 83 U/L. Ultrasound and computed tomography with angiogram showed a 9 cm aneurysm of common hepatic artery sited 1 cm beyond vessel origin. No treatment was possible due to aneurysm size and site, comorbidities, high risk of complications.
Discussion: HAAs are rare: 20% of visceral artery aneurysms; estimated incidence 0.002-0.4% (increasing incidental detection due to increased use of imaging). Many causes are linked with HAA: atherosclerosis leads for extrahepatic location. Clinical feature is variable: abdominal pain in epigastric/right upper quadrant is most common symptom; Quincke's triad (epigastric pain/jaundice/hemobilia) is found in only 30% of cases; often no symptom is present. Few cases of giant HAA are present in literature, but they are virtually life threatening, since a reported 20-80% risk of free rupture for size >2 cm. There are few reports of management strategy, so optimal treatment is controversial (surgery/embolization/covered stent placement).
Conclusions: Our case confirms management uncertainties still present for HAA, requiring tailored therapy in each case. Sometimes best approach may be no approach.

Extended anticoagulation and mortality in venous thromboembolism. A meta-analysis of six randomized trials

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Background: Data on all-cause mortality in patients with venous thromboembolism (VTE) and prolonged anticoagulation are inconclusive. The aim of this study was to compare the incidence of all-cause mortality in patients with VTE at intermediate risk of recurrence, ie without transient risk factors or cancer, exposed to shorter (at least three months) or longer anticoagulation.
Methods: We did a systematic review and meta-analysis of randomized clinical trials searching MEDLINE and COCHRANE bibliographic databases. A random-effects model was used to pool study results. I2 testing was used to test for heterogeneity.
Results: Six studies (5920 patients) entered in the final analysis. Mean course of anticoagulation was 7.5 months in the shorter and 18.6 months in the longer treatment arm. Prolonged anticoagulation was associated with a statistically significant reduction in all-cause mortality (RR 0.47, 95% CI 0.29 to 0.75; 0.8% *vs* 1.8%). Pulmonary embolism-related death was also lowered in the longer anticoagulation arm (RR 0.32, 95% CI 0.12 to 0.83; 0.2% *vs* 0.6%).
Conclusions: Longer compared with shorter anticoagulation significantly reduces all-cause mortality in patients with VTE at intermediate risk of recurrence.

A difficult balance

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Introduction: A 60 year old man without medical history was first hospitalized in July 2014 for abdominal pain. At early examinations polyglobulia (Hb 19,5 g/dL, WBC 26500/mm3) and portal, splenic and mesenteric thrombosis. We confirmed the diagnosis of polycythemia vera (positive Jack 2 mutation) and we started therapy with warfarin, phebotomies and hydroxyurea. In the following months the patient felt good; the thrombosis evolved to portal cavernoma, mesenteric and splenic recanalization, but new thrombocytopenia and esophageal varices were observed. We decided to continue only warfarin and phebotomies.
Clinical case: In July 2015 the patient had new abdominal pain: the CT detected ischemia of ileum with new venous mesenteric thrombosis in a patient with therapeutic hematocrit and INR. He had rapid clinical deterioration with imperative surgical esploration and resection of 80 cm of ileal necrotic bowel. Unexpected good post-operative recovery was seen with therapeutic dosage of heparin and acetylsalicylic acid, but after ten days melena and hemorrhagic shock appeared: the new CT showed arterial blood loss at surgical ileal site, treated with angiographical microspirals. The patient was discharged and he still continues therapy with fondaparinux (5 mg) and periodical phebotomies.
Conclusions: This clinical case shows the extreme coagulative lability in polycythemia vera and the difficulty to manage it during complicatons and surgical events: both thrombotic and hemorragic risk are high and therapy must be steadily balanced.

✪ Durability of levothyroxine oral solution in the treatment of hypothyroid patients

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Background: Levothyroxine tablets (LT4T) is one of the most prescribed drug in Italy, but its absorption is significantly reduced by many common interfering factors (meals, drugs and gastrointestinal diseases). The limits of LT4T could be overcome by levothyroxine oral solution (LT4OS): in fact, the switch from LT4T to the same doses of LT4OS is often followed by a short term decrease of TSH levels, as a result of an increased absorption rate, but the long term effect of LT4OS on TSH level is unknown.
Aims: To assess the long-term effect of LT4OS on TSH levels.
Methods: Assessment of the trend of TSH levels of hypothyroid patients switched from LT4T to LT4OS, and treated with LT4OS for ≥2 years. Primary outcome was the trend of TSH levels until the 2nd and 3rd year of treatment. Secondary outcome was the TSH difference before and after the switch.
Results: The TSH of 118 patients (106 females, 12 males; age=51.3±14.9 years, mean±SDS) decreased from 6.1±7.9 μUI/mL (before the switch) to 3.9±5.5 μUI/mL (six months after the switch; p <0.001); the TSH reduction was mantained during the 2nd (TSH=2.7±4.1 μUI/mL) and 3rd (TSH=3.2±2.8 μUI/mL) year of treatment with LT4OS, with a significant trend (p <0.05). The LT4OS effect on TSH was related to the presence/absence of interfering factors
Conclusions: Our study shows that LT4OS decreasing effect on TSH is durable until the 3rd year of therapy, suggesting its long term use to mantain euthyroidism in hypothyroid patients.

Un caso di embolia polmonare non ad alto rischio diagnosticato con ecografia clinica *bed-side*

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Background: L'AngioTAC polmonare rappresenta l'esame Gold Standard per la diagnosi di embolia polmonare (EP) non ad alto rischio. L'Ecocolordoppler cardiaco ha un valore predittivo negativo del 40-50% e pertanto una sua negatività non esclude la presenza di embolia polmonare. L'ecocolordoppler venoso può essere utile per identificare la presenza di trombosi venosa (TVP) che si associa nel 70% dei casi ad EP.
Caso clinico: Presentiamo il caso di un paziente di 75 anni che si è presentato in PS per dispnea. Score di Wells a rischio intermedio e D-dimero positivo. L'emogasnanalisi evidenziava la presenza di una insufficienza respiratoria di tipo 1. Il paziente è stato sottoposto a ecocolordoppler venoso degli arti inferiori che ha identificato la presenza di trombosi femorale comune. Gli indici di flogosi, la troponina ed il BNP risultavano negativi. L'ecografia clinica del torace ha mostrato la presenza di un addensamento sub-pleurico di tipo triangolariforme

con base rivolta verso la pleura. L'ecocolordoppler cardiaco mostrava una modesta disfunzione ventricolare destra con segno di McConnel. Il paziente è stato ricoverato e sottoposto a terapia anticoagulante secondo linee guida. Successivamente si è eseguito ecografia toracica con mezzo di contrasto che ha confermato la presenza di un'area triangolariforme di ipoperfusione. Abbiamo quindi potuto porre diagnosi di embolia polmonare senza sottoporre il paziente a radiazioni ionizzanti ed a mezzo di contrasto iodato.

Valutazione clinico-ecografica *bed-side* nell'insufficienza renale acuta in Medicina Interna

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Premessa: L'insufficienza renale è causa molto frequente di accesso in pronto soccorso (5% del totale). Il medico d'urgenza e l'internista hanno il compito di riconoscerla e di classificarla in tempi molto rapidi. Per fare questo risulta determinante l'utilizzo integrato della clinica, degli esami ematochimici e dell'ecografia bed-side.
Case report: Presentiamo il caso clinico di un paziente di 85 che giunge in PS per febbre. Agli esami ematochimici riscontro significativo della creatinina. Dapprima senza eseguire alcun esame strumentale la diagnosi viene indirizzata verso una forma pre-renale secondaria a disidratazione ma durante la replezione di volume il paziente presenta un episodio di edema polmonare.
Scopo: Mettere in evidenza come l'uso integrato dell'ecografia bed-side, degli esami laboratoristici e della clinica risultino fondamentali nel valutare se l'insufficienza renale è acuta o cronica, è una forma ostruttiva o non ostruttiva, è una forma renale o prerenale e stabilirne le cause.
Conclusioni: L'utilizzo dell'ecografia bed-side risulta fondamentale nell'inquadramento in acuto dell'insufficienza renale permettendo di indirizzare correttamente l'inquadramento diagnostico e di conseguenza la terapia.

Diagnosi ultrasonologica dell'infarto splenico

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Premessa: L'infarto splenico in una milza normale è solitamente secondario ad una embolizzazione arteriosa. Nella maggior parte dei casi tuttavia si verifica in soggetti con splenomegalia come avviene nelle malattie mielo o linfoproliferative; in questi pazienti l'aumento rapido di dimensioni dell'organo predispone ad un'ischemia tissutale che è premessa dell'infarto. Clinicamente il paziente può presentare dolore al fianco sinistro o risultare del tutto asintomatico. La TAC con il mezzo di contrasto rappresenta il gold-standard per la diagnosi di infarto splenico e per la valutazione delle eventuali complicanze.
Caso clinico: Presentiamo il caso di un paziente di 55 anni giunto al PS per dolore al fianco sinistro. L'ecografia addominale B-mode ha evidenziato la presenza di un'area triangolariforme con base a livello della capsula splenica. Al doppler si evidenziava la presenza di assenza di flusso. La lesione è stata poi studiata con mezzo di contrasto ecografico che ha confermato l'area cuneiforme di ipoperfusione. Il paziente è stato sottoposto a terapia conservativa ed è stato sottoposto a monitoraggio ecografico per valutare l'evoluzione della lesione.
Conclusioni: Dimostrazione attraverso l'utilizzo di una tecnica alternativa all'AngioTAC come si possa identificare la presenza di infarto splenico, seguirne l'evoluzione e diagnosticarne anche le complicanze. L'utilizzo del mezzo di contrasto ecografico può ulteriormente implementare la capacità diagnostica dell'ecografia.

Urinary stones. Is computed tomography always better than ultrasounds?

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Background: CT (computed tomography) is considered the gold-standard for diagnosis of urolithiasis. However the current guidelines reccomend to use it (in emergency) only in the presence of aggravating factors (obstruction with fever, intractable pain and vomiting, recurrent pain, solitary kidney with obstruction).
Case report: A 44-year-old man came to emergency department for left renal colic, non significant past illness except for a congenital hypoplasia of the right kidney. Blood test was ok (serum creatinine was within the limits and the patient had no signs of inflammation or sepsis). The patient underwent abdominal ultrasound that showed first degree hydronephrosis. Considering the relapsing pain and the solitary kidney, he underwent CT scan which did not show ureteral dilation or of urolithiasis. The patient was not properly hydrated in the early hours. He was later admitted in emergency medicine ward where developed sepsis; an abdominal ultrasound was repeated and showed a 6 mm diameters stone in the last segment of the ureter. The patient underwent ureteroscopy for stone removal.
Conclusions: The case leads us to reflect, and to conclude, that sometimes CT it is not enough to exclude the presence of a complicated ureteral stones. Specifically, the presence of a radiolucent stone and the absence of hydronephrosis due to poor hydration could have led to potentially fatal consequences, if we had only accepted the CT report. The clinical features associated with the use of bedside ultrasound (safe and repeatable technique) were superior to a second-level imaging.

A case of not high risk pulmonary embolism diagnosed by bed-side ultrasound

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Background: Computed tomographic (CT) angiography represents the method of choice for imaging the pulmonary vasculature in patients with suspected not high risk pulmonary embolism (PE). Echocardiographic criteria for the diagnosis of PE have differed between studies. Because of the reported negative predictive value of 40–50%, a negative result cannot exclude PE. Compression ultrasonography (CUS) may be useful to find a vein thrombosis of the lower limbs that is associated with pulmonary embolism in 70% of cases.
Case report: We present the case of a patient of 75 years who came to the emergency room complaining dyspnea. The clinical assesment by Wells Score showed an intermidiate risk and the d-dimer resulted signifcantly high. The blood-gas analysis highlighted the presence of a respiratory failure of type 1. The patient underwent a venous Doppler ultrasound of the lower limbs that identified the presence of a superficial femoral vein thrombosis. Inflammatory markers, troponin and BNP were negative. Chest ultrasonography showed the presence of a subpleural triangle shaped opacity with base facing the pleura. Echocardiography showed a mild right ventricular dysfunction with McConnel sign. The patient was hospitalized and underwent anticoagulant therapy according to the european society of cardiology guidelines. It was later performed contrast enhanced thoracic ultrasound, which confirmed the presence of a triangolar area of hypoperfusion.
Conclusions: The bed-side ultrasound and the contast enhanced ultrasound can be useful and enough for the diagnosis of PE in the emergency room or in a Internal Medicine ward without using CT.

Recurrent *Clostridium difficile* infection treated with a combined therapy in a immunocompromised patient, case report

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Introduction: CD is an anaerobic bacillus that can be found in a 5% in the human normal fecal flora. LOS in hospital of elderly patients, the prolonged use of antibiotics or chemotherapeutics agents are able to determinate the CD infection.
Case report: A 68 years old woman had undergone at breast conservative surgery and several cycles of chemo and radiotherapy. After a post-radiotherapy mastitis she received oral antibiotics. 6 weeks later she had abdominal pain and watery bloody diarrhea, WBC count was

2.800/mL, stool test (ST) was positive for both CD Ag and toxin and the endoscopic procedure confirmed pseudomembranous lesions along the distal colon. She started oral metronidazole (Met) 500mg tid for 10 days with complete remission of the symptoms. Diarrhea appeared after 1 week and the ST of CD toxin was again positive, so oral vancomycin (Van) 125mg 4 times daily for 10 days was given with clinical remission. 3 weeks later she was admitted in our hospital with watery bloody diarrhea, 38°C fever, electrolyte imbalance and dehydration. ST were again positive for CD toxin and Ag assay. Met 500mg iv tid and Van 125mg 4 time daily for 14 days were administrated, along with a Lactobacillus Casei preparation twice/die. After 12 days there was a complete remission of the symptoms and there have been no further recurrences.
Discussion: Met or Van given in monotherapy had a partial response. Combined therapy along with lactobacilli preparation determined the complete remission and the sustained response in immunocompromised patient.

A case of echinococcosis

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Echinococcus infection typically affects liver and lungs, while rarely occurs through heart. Cardiac hydatidosis can be fatal or lead to major complications if it is not treated. We report a case of a 44-years-old Peruvian female, in Italy since many years, went to Emergency Department of Turin on January 2016 complaining of atypical thoracic pain, dyspnea and fever. Electrocardiogram showed right bundle block and the chest radiography revealed oval mass in the basal lobe of the left lung. A computed tomography of the chest was performed and confirmed the lung mass of 46 mm, partly cystic, and pseudodiverticular intracardiac protrusion of 36 mm was observed. Based on the previous findings, a magnetic resonance imaging scan and a transthoracic echocardiography were suggested. The exams confirmed presence of the mass with protrusion to right ventricle cavity inseparable from the underlying endocardium. Strongly suspecting of hydatid cyst the serological test for specific echinococcus antibodies (by ELISA) was performed negative, but albendazolo treatment was administered. After ten days of chemiotherapic treatment the patient underwent lobectomy. The histopathological evaluation of the excides specimen showed cystis echinococcosis. We pursued the albendazolo and, after 2 weeks, the patient underwent surgical excision and the intracavitary cystic mass was successfully removed. The patient had an unremarkable post-operative course and was discharged staying on treatment with albendazole for 6 weeks.

Due casi di endocardite da *E. faecalis*: stesso batterio ma decorso clinico e diagnostico totalmente diversi

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Caso 1: M.V. 81 aa con protesi valvolare aortica biologica. Giungeva per febbre e brividi scuotenti. Recente ricovero per febbre con emocolture positive a E.Faecalis e ecocardiogramma TT negativo per vegetazioni. EO:soffio sistolico aortico. PCR 7.2; emocolture positive per E.Faecalis. Ecocardiogramma TE negativo per vegetazioni. Per il persistere della sintomatologia febbrile, si effettuava TC-PET con captazione a livello della parete ventricolare posteriore sx, sul piano valvolare. TC total-body negativa per embolizzazioni. Il cardiochirurgo indicava l'intervento. Eseguiva terapia Ab: ampicillina/ceftriaxone con beneficio. Dopo 6 settimane di terapia era dimesso in buone condizioni e indicazione a follow-up ecocardiografico.
Caso 2: C.C. 60 aa, giungeva per anemia:Hb 5.4 g/dL, creatinina 5.04 mg/dL. Soffio diastolico 3/6 di nuova insorgenza, febbre. Ecocardiogramma TT:vegetazione su valvola aortica, perforazione della cuspide destra, insufficienza di grado moderato e probabile ascesso perianulare, reperto confermato dall'ecocardiogramma TE. Alle emocolture E.Faecalis. Si impostava terapia Ab: ampicillina/ceftriaxone. Il cardiochirurgo poneva indicazione a intervento in urgenza e eseguiva TC encefalo che mostrava embolizzazione ischemica. Sottoposto a intervento di sostituzione valvolare biologica, il decorso post-operatorio era complicato da IRA su IRC che portava alla dialisi.
Conclusioni: L'endocardite spesso si presenta in maniera subdola e può evolvere rapidamente in un quadro clinico minaccioso per la vita. Una rapida diagnosi rappresenta un elemento prognostico favorevole.

Un caso di severa anemizzazione da emofilia acquisita

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Introduzione: Le coagulopatie acquisite si possono manifestare con prolungamento isolato dell'aPtt attribuibile a deficit quantitativo e/o funzionale dei fattori della coagulazione. Tale deficit può essere determinato dalla presenza di autoanticorpi (Inibitori dei fattori della coagulazione).
Caso clinico: Donna, 81 aa. Giunge in PS per ematoma al gluteo dx dopo iniezione intramuscolo di FANS. Anamnesi: artrite reumatoide (AR), appendicectomia. Agli esami anemizzazione ed allungamento dell'aPtt RATIO (da[1],8 a[3],69) persistente al mixing test, PT nella norma, ricerca LAC negativa, deficit di Fattore VIII (4%) e XII (24%), presenza di Inibitori del fattore VIII (3.0 U Bethesda). L'embolizzazione angiografica dell'arteria glutea dx, la terapia steroidea e soprattutto la terapia con Fattore VII da DNA ricombinante permettono il controllo del sanguinamento e l'incremento dei fattori della coagulazione.
Commento: Malattie reumatiche come l'AR giustificano lo sviluppo di Inibitori dei fattori della coagulazione, più frequentemente diretti verso il fattore VIII (emofilia A acquisita). Il deficit di fattore XII è più raro, di solito clinicamente silente e associabile a diatesi trombotica. Questo caso si caratterizza per comparsa di un deficit combinato di tali fattori.
Conclusioni: Eventi emorragici e aPtt allungato in pazienti reumatologici devono indirizzare a emofilia acquisita, l'utilizzo di Fattore VII permette un rapido e migliore controllo di sanguinamenti e di complicanze legate al deficit dei fattori coinvolti e risulta essere determinante per una prognosi favorevole.

Caso di chilotorace spontaneo su base malformativa di uno o più dotti: diagnosi, *management* e terapia

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Donna, 27 aa; dolore toracico intermittente base polmonare dx da 1 settimana, peggiorato mentre correva con insorgenza di dispnea. Nega febbre, traumi e tosse. Anamnesi remota silente; riferisce recente viaggio negli USA, nonno infermo con pregressa TBC, nega farmacoterapie.
Diagnosi: RX torace: versamento pleurico destro; D-dimero 8330ng/mL; PCR[6],9mg/dL; nella norma i restanti reperti; All'angioTC versamento apicobasale dx con atelettasie, assenza focolai, esclusa embolia. ECG nella norma. Eseguita toracentesi ecoguidata con drenaggio di 1 litro di liquido lattescente, posizionato drenaggio toracico pleurico: evacuazione di 800cc.
Management e Terapia: Negativa la ricerca di Ab virali, Ag batterici, colturali liquido pleurico, quantiferon TB, autoimmunità e markers tumorali. Eco e TC addome negativi. Gli esami sul liquido pleurico ne mostravano la natura chilosa: trigliceridi/colesterolo 1508/109mg/dL. Impostata NPT. L'evoluzione del versamento è stata monitorata giornalmente tramite ecografia. In 10° giornata introdotta dieta leggera, con drenaggio di 250cc e incremento della falda pleurica. Si rintroduceva NPT con beneficio. In 16° giornata veniva rimosso il drenaggio con riduzione del versamento in eco, refertato come invariato all'RX. Il follow-up ecografico ha mostrato la totale scomparsa della falda pleurica e la ripresa della mobilità diaframmatica.
Conclusioni: Nel versamento chiloso la terapia medica più efficace consiste nella NPT; la terapia chirurgica è secondaria alla medica;

l'ecografia è utile nel seguire l'evoluzione clinica riducendo il numero di rx torace.

Accessi venosi periferici di grosso calibro: un nuovo metodo, un nuovo *device*

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In pazienti con accessi venosi periferici difficili le tecniche alternative sono costose,invasive,rischiose e richiedono competenze specialistiche. Perciò abbiamo progettato un nuovo catetere venoso per vene periferiche di grosso calibro e condotto uno studio pilota osservazionale multi-centrico per valutare sicurezza ed efficacia del catetere JLB®. Sono stati arruolati pazienti dal 1/6/15 al 25/2/16 in 3 unità di medicina d'urgenza, 2UTI, 2unità di Medicina Interna. Criteri di inclusione: età >18aa, assenza di accessi periferici, necessità di somministrare inotropi/TPN o preferenze del paziente. Il catetere, disponibile in diverse lunghezze (80/70/60mm) e diametri (14/16/17/18G), iperriflettente agli ultrasuoni, è stato posizionato da medici strutturati o specializzandi di MEU sotto guida ecografica con una nuova metodica bed-side. Sono stati arruolati 145 pazienti (età media 74,7aa); in 139 è stato posizionato in VGI e 6 in basilica/cefalica. 83 pazienti non avevano altri accessi periferici, 33 avevano necessità di infondere inotropi/TPN. Tempo medio della procedura (disinfezione cute-fissaggio): 210 sec. Numero medio di tentativi: 1,2. Le complicanze precoci si sono verificate in 2 pazienti. Non si sono verificate complicanze maggiori (es PNX). Durata media di permanenza del device: 133,7 ore. Le dislocazioni/occlusioni entro 24h si sono verificate in 3 casi. Dai risultati preliminari dello studio pilota il dispositivo risulta essere sicuro, pratico, facile da posizionare, con l'ulteriore vantaggio di una metodica a letto del paziente, senza necessità di controllo radiografico.

Gli omega 3: quale ruolo nel trattamento dello scompenso cardiaco, dopo le indicazioni del Gruppo italiano per lo studio della sopravvivenza nell'infarto miocardico-*Heart failure*? La nostra esperienza

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Premessa e Scopo dello studio: Lo studio che ha valutato gli effetti degli omega-3 (n-3 PUFA) nei pazienti (pz) con Scompenso Cardiaco (SC) è stato il GISSI-HF. Scopo: valutare l'uso che ne viene fatto nelle nostre realtà ambulatoriali.
Materiali e Metodi: 103 pz (15 F, 88 M) seguiti nell' ambulatorio dedicato per lo SC *vs* 103 pz (53 F, 50 M) dell'ambulatorio generale. Test statistico utilizzato: t test per il confronto tra medie ed il chi quadro per i dati percentuali (pS se p≤0,05).
Risultati: Dei 103 pz "dedicati", solo 16 (16% del totale) usano omega-3 (1000±0,00mg/die), di cui 15 con SC-ischemico, mentre dei "generali", solo 7 pz (7%: dose media di 1285,7±755,9 mg/die) e con SC-ipertensivo (5 pz). Confronto tra i 2 gruppi: nell'ambulatorio dedicato viene fatto un relativo maggiore uso degli omega-3 (16% *vs* 7%: pS: 0,04), l'EF% media dei pz è maggiormente depressa (29,6±5, 7% *vs* 41,7±16,5%. PS: 0,01) ma p: NS sul dosaggio medio dei PUFA: (1000±0,00mg *vs* 1285,7±755,9mg /die; pNS: 0,13) e per l'età media dei pz (68,7±9,1aa *vs* 71,2±10,6. p: NS: 0,59).
Conclusioni: Delle indicazioni attuali per il corretto uso degli omega-3, nella nostra esperienza quella maggiormente usata è il binomio SC cronico-ischemico nell'ambulatorio dedicato ("sine die" per ridurre la mortalità totale, secondo il GISSI-HF ma "intersecandosi" con GISSI-prevenzione, in cui l'omega-3 ha senso però solo nei primi mesi post-IMA e per tutti i livelli di EF), mentre nel "generale" prevale lo SC-ipertensivo (omega-3 nel controllo dei fattori di rischio C-V). Molto resta ancora da chiarire sull'argomento, come indicano i grandi trials (ORIGIN e ASCEND - ancora in corso-).

Rare association of celiac disease with Rett syndrome: a case report

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Rett syndrome (RTT) is a rare neurological disease,affecting almost exclusively females, caused by mutations in the *MECP2* gene. Core features include a period of normale development followed by regression with loss of comunication and hand function skills, the development of hand stereotypies and impaired gait, associated with epilepsy, scoliosis and poor growth, but rarely with coeliac disease (CD). We describe the case of a 26-year-old white woman with RTT who presented weight loss, abdominal pain and intermittent complaint of constipation. Complete blood counts, erythrocyte sedimentation rate, serum iron, vitamin D levels, serum electrolytes and thyroid studies were reported to be whithin normal range. Serology for CD showed elevated levels of antendomysial and tissue transglutaminase IgA ab. Upper gastrointestinal endoscopy with biopsy was performed. Histopathological examination of the duodenal mucosa showed mild villous blunting and crypt hyperplasia with distendend lamina propria and increased intraepithelial lymphocytes. The patient was started on a gluten-free diet (GFD), leading to resolution of gastrointestinal symptoms and improvement of neurological manifestation. The role of a GFD in the course of autoimmune disease has been studied and improvement has been reported in many disease. However, there is no consensus in the literature regarding the course of neurological disorders associated with CD. It is possible an immunological cause of RTT.The relationship between CD and neurological symptoms is not well established at this time and requires further research work.

Systemic multi-organ autoimmune disease of uncertain classification: case report

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Background: Systemic autoimmune diseases (SAD) may simultaneously present typical features of disease variously defined, as *i.e.*, mixed connective tissue disease, undifferentiated connective tissue disease, RUPUS-syndrome). In other rare cases, several systemic and local autoimmune manifestations can coexist in the same patient, outlining syndromes of difficult classification, diagnosis and treatment.
Clinical case: A female patient, aged 27, is admitted for fever and disabling low back pain. During the hospitalization, clinical conditions gradually worsen by the appearance of significant symptoms involving several organs requiring a most extensive (even invasive) diagnostic laboratory and instrumental work-up. The diagnostic conclusion was: SAD with expression of Systemic Lupus Erythematosus ("*probable*" according to the ACR criteria), associated with B27 negative sacroileitis, ileopsoas myositis, autoimmune thyroiditis, perceptive idiopathic hearing loss and complicated by left gleno-humeral septic arthritis (staphylococcal) and consensual supra-spinatus myositis. Methylprednisolone e.v. 1 g/day for three days, and then standard steroid therapy with progressive *decalage* was administered; in addition: hydroxychloroquine, analgesic therapy with drug combination (III WHO step), targeted antibiotic therapy, nutritional support, gastric protection. Hospitalization lasted six weeks; at discharge, fever, pain and functional impairment of the spine and left shoulder disappeared with satisfying recovery of the general wellness.

To anticoagulate or not to anticoagulate?

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Atrial fibrillation (AF) affects at least 9% of octogenarian patients. The choice of anti-coagulation depends on CHADS-VASC, HAS-BLED, patient's comorbidities. Nevertheless, rare conditions may contraindicate the treatment and have to be taken into account before starting

anticoagulation. A 88 year-old woman was admitted for acute dyspnoea; a new onset AF was detected. The patient had recently been discharged from the Neurology ward for recurrent and stereotyped transient ischemic attacks (TIAs) presenting with dysartria. The clinical presentation was suggestive for heart failure (HF) probably due to new onset AF. Thus, after treatment of HF, we started anticoagulation (CHADS-VASC 7, HAS-BLED 2), but brain MRI revealed sulcal hemosiderin deposits and microbeads (CHADS-VASC2 5, HASBLED 3). These findings were highly suggestive for cerebral amyloid angiopathy (CAA), an absolute contraindication to anticoagulation due to the increased risk of major hemorrhages. Thus, even though chronic AF, balancing the risks, we decided to stop anticoagulation. Prevalence of CAA is about 12% in over 85 year-old subjects and represents an important cause of primary lobar intracerebral hemorrhage; this risk is increased mostly by anticoagulants. Monomorphic recurrent TIAs are the main clinical presentation of CAA. Diagnosis requires 2 or more lobar micro-hemorrhages or/and sulcal haemosiderin deposition at cerebral MRI. CAA is a common, underestimated pathology in the elderly. It should be investigated in patients with monomorphic recurrent TIAs before starting a chronic anticoagulant treatment.

✪ Combination therapy with symbiotics and local anti-inflammatories in the treatment of proctitis. A valid option?

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Aims: The short-chain fatty acid, acetate, propionate and butyrate are end products of fermentation by intestinal microflora of the indigestible material, mainly carbohydrates, reaching the colon and are essential for the vital function of the colonic cells. Butyric acid furnishes energy to the cells of the colon and may play an anti-infiammatory role in pathologies of large bowel. The aim of this study was to comparare red proctitis treatment with topical mesalazina alone *versus* combined treatment with mesalazina plus Butyrtic acid.
Methods: From December 2011 to December 2015, 350 patients with idiopathic red proctitis, without other coloproctologic diseases, were enroller in a double blind study on the effect of topical mesalazine alone *versus* combined mesalazine plus symbiotic treatment.
Results: In the mesalazine monotherapy group, reduction in pain, hyperemia and bleeding was transient and symptoms recurrend 5 years after discontinuation of treatment. Mean visual analogue scale (VAS) score: pain 2,5; hyperemia 2; bleeding 2,5. In the combined treatment group, a significant improvement in symptoms was noted at 6 month after discontinuation of treatment; men VAS scores: pain: 0; hyperemia 0; bleeding 0. Without reccurence at 5 year.
Conclusions: Our data show a greater long-term benefit with use of symbiotic probably stemming from the action of butyric acid that acts as a switch epigenetic able to stimulate the immune system through the introduction of the production of regulatory T cells of the intestine

Thoracic ultrasound in emergency, which role in the diagnosis of cardiogenic dyspnea. Our experience

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Introduction: Rapid differentiation between cardiogene causes of dyspnea and non cardiogene is an objective of primary importance in the management of patients with dyspnea. Pulmonary ultrasound and was proposed as a simple method and semi-quantitative to assess pulmonary congestion with dyspnea.
Materials and Methods: They were examined 150 patients admitted in the emergency medicine department for dyspnea, patients underwent clinical examination, chest X-ray and dose of NT-proBNP and lung ultrasound in order to highlight the presence of lines B lung (comet tail artifacts). The examination and was considered positive and predictive for cardiogenic pulmonary edema when the number of B lines was greater than 8 and there was a difference in the number of lines in the two lung fields. The examination was also repeated at 48 hour distance in order to assess the changes of the ultrasound framework on the basis of the treatment.
Results: We analyzed the sensitivity, specificity, lung ultrasound accuracy, accuracy of NT-proBNP. The results obtained reported a sensitivity and a specificity of 97% for ultrasound and 89% at T0 and 93% and 77% at T48. A sensitivity and specificity for the NT-proBNP levels of 97% and 45% at T0 and 94% and 33% at T48.
Discussion: The lung ultrasound has shown a great sensitivity value and a good value of specificity in the diagnosis of acute cardiogenic pulmonary edema and a good sensitivity and specificity in the control and effectiveness of therapy.

Aortite correlata a positività HLA-B27

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Nel 2013, un uomo di 70 aa, fumatore, affetto da BPCO ed ipertensione arteriosa viene valutato per dolore addominale e riscontro radiografico di pseudo aneurisma infiammatorio dell'aorta addominale esteso sino all'arteria iliaca comune destra. Esami ematoci documentano lieve incremento della PCR (6.5 mg/l) ed ipergammaglobulinemia; assente consumo complementare e negativa la sierologia immunitaria (ANA, ENA, ANCA e FR); negativa la ricerca del Treponema Pallidum, HBV, HCV; positivo l'HLA – B27. Esami strumentali escludono spondiloartropatie e patologia neoplastica. La PET evidenzia un'area di aumentato metabolismo a livello della parete dell'aorta addominale compatibile con processo infiammatorio. Un esame ecografico mostra manicotto ipoecogeno peri-aortico e peri-iliaco.Si pone la diagnosi di aortite infiammatoria HLA – B27 positiva e si avvia terapia steroidea (prednisone 1mg/kg/die) associata a PPI e profilassi per osteoporosi iatrogena. Si procede procede al monitoraggio clinico, laboratoristico e strumentale. Per la scarsa risposta clinica e l'aumento ulteriore degli indici di flogosi si associa al prednisone il metotrexate alla dose di 10 mg/settimana (insieme ad acido folico), poi passando a 15 mg/settimana. Nei mesi seguenti si segnala la normalizzazione degli indici di flogosi e un progressivo miglioramento clinico ed ecografico. Ciò consente, dopo un anno, la sospensione del prednisone. A 30 mesi dall'esordio il paziente è in remissione clinica, laboratoristica ed ecografica, non presentando effetti collaterali da metotrexate ne' eventi infettivi.

Human chitotriosidase: a new biomarker for diagnosis, disease activity and clinical stage in sarcoidosis

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Sarcoidosis (SA) is a chronic multisystem disease characterized by the formation of nonnecrotizing epithelioid granulomas. The diagnosis is based on a panel of clinical, biological, radiological and histological criteria. Chitotriosidase (CTO) is a human chitinolytic enzyme synthesized by activated macrophages and polymorphonuclear neutrophils of SA granulomas and it is increased in over 90% of patients with active and systemic SA. We describe the case of a 37 years old woman hospitalized for thoracic pain, with a not relevant medical history and without specific alteration of biohumoral exams. A sudden onset of unjustifiable dyspnea, because of the ongoing therapy with oestrogen-progestin contraceptives (Geneva score[5], high D-dimer value), induced us to perform a computed tomography (CT) study. A probable SA was suspected by mediastinal, thoracic and abdominal lymphadenopathy, confirmed with the value of 18F-fluorodeoxyglucose positron emission tomography/CT (FDG-PET/CT) that also showed increased radiotracer uptake in the spleen. The bronchoscopy with bronchoalveolar lavage pointed out a CD4/CD8 ratio >4,5. According to other studies CTO serum levels were significantly higher in our patient with both active and extrathoracic SA. Furthermore this new biomarker might be helpful to confirmed the diagnosis of SA and to avoid, when possible, unnecessary invasive operations such as lymph node biopsy.

Differential diagnosis of cervical lymphadenopathy: role of ultrasonography, color doppler sonography and contrast-enhanced ultrasound

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Cervical lymphadenopathy is a common presentation of many clinical

conditions. Ultrasonography (US) is increasingly accepted as the most useful method for the evaluation of lymph nodes (LN) mainly in the field of Internal Medicine. The differentiation between benign and malignant LN diseases is based on the size,shape,margin and internal echo structure features,on the LN vascularization and on the Contrast-Enhanced Ultrasound (CEUS) perfusion analysis. We report the case of a 27 years old man with two weeks fever, painful swelling of the cervical regions, not significant alterations of laboratory tests and no response to antibiotics therapy. US examination showed grouped, enlarged, oval (S/L ratio>2) LN without hilar structure, hypertrophic hilar vessels associated to peripheral flow. On CEUS assessment we noticed a marked inhomogeneous and speckled enhancement of the contrast agent in the arterial phase with a progressive washout. The US findings enabled us to suspect the lymphoproliferative nature of the lesions, histologically confirmed after LN biopsy as a scleronodular Hodgkin's lymphoma. This case pointed out the diagnostic accuracy of US as a multiparametric methodical and emphasizes the prominent role of the CEUS in the LN perfusional study that makes the ecography a reliable morpho-functional technique. In LN diseases it also allows to properly orient the diagnosis selecting cases who really need a biopsy.

Secondary sclerosing cholangitis in patient with drug induced liver injury: a case report

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A 28-years old man was admitted to our department because of the onset of jaundice and asthenia. No pathological conditions were present in his clinical history. He reported intake of unspecified multivitamin and protein drugs during a recent stay in USA. Basal blood data showed hyperbilirubinemia prevalence direct, significant increase of hepatic cytolysis and liver cholestasis markers. Laboratory tests excluded viral, metabolic or autoimmune genesis of hepatopathy. Abdominal ultrasound and abdomen CT were negative for dilatation of intra and extrahepatic bile ducts or other pathological findings. For the progressive increase of bilirubin, colangio-RMN was performed with detection of widespread cholangitic alterations of the intra and extrahepatic biliary tree, not clearly distinguishing between a primary or secondary sclerosing cholangitis. A colonscopy resulted negative for IBD. To complete the diagnostic process, the patient underwent liver biopsy. The histological examination showed cholestatic liver disease in active phase with marked cholangitic phenomena, without pathognomonic aspects for primary sclerosing cholangitis (negative immunohistochemestry for IgG4 positive plasmacells). Therefore we decided to start steroid therapy with rapid decalage (already ongoing treatment with ursodeoxycholic acid 15 mg/kg). Considering the clinical history of the patient and the complete normalization of biohumoral data after about two months, we focused our diagnostic hypothesis on drug-induced acute cholestatic hepatitis with secondary sclerosing cholangitis.

Gestione della terapia anticoagulante in pazienti affetti da tromboembolismo venoso e correlazione con eventi tromboembolici ed emorragici: analisi del *follow-up* ad un anno in Italia *versus* l'Europa nel Registro PREFER in VTE

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Razionale: Lo standard of care del tromboembolismo venoso (TEV) acuto [trombosi venosa profonda (TVP) e/o embolia polmonare (EP)], è l'uso di Eparina a Basso Peso Molecolare (EBPM)+antagonisti della vitamina K (AVK). I Nuovi Anticoagulanti Orali (NAO) ampliano le opzioni terapeutiche.
Metodi: Confronto fra pazienti italiani ed europei con TEV inclusi nel registro europeo PREFER in VTE (Gennaio 2013-Giugno 2014) per: trattamento, monitoraggio INR, incidenza di TEV, sanguinamenti al follow-up a 1 anno.
Risultati: Dati basali completi su 3326 pazienti (857 in Italia); 2682 (665 in Italia) con un follow-up a 1 anno. In Italia al basale: 75% dei pazienti riceveva Eparina (>80% EBPM), 15% Fondaparinux, 58% AVK e 4% NAO (Rivaroxaban) *vs* 73% (>80% EBPM), 11%, 49% 25% in Europa. In Europa: 54% dei pazienti riceveva EBPM prima dell'uso di NAO (99% Rivaroxaban) per una media di 7 giorni. In Italia i pazienti trattati con AVK facevano più controlli INR (centri TAO) rispetto all'Europa (ambulatori/ospedali): da 5 *vs* 4.9 nel 1° mese a 2.3 *vs* 2 dal 6° al 12° mese. In Italia il miglior controllo dell'INR ha ridotto le recidive di TEV a 1 anno rispetto all'Europa (totale 0.9% *vs* 2%; TVP 1.9% *vs* 3.7%, EP 0% *vs* 0.9%), con un lieve aumento dei sanguinamenti (totale 8.9% *vs* 6.5%; sanguinamenti non-maggiori clinicamente rilevanti 40% *vs* 30.8%, sanguinamenti maggiori 0 *vs* 3.8%).
Conclusioni: L'uso di eparine prima di un NAO, più controlli INR in Italia *vs* Europa, con riduzione di recidive TEV e solo un lieve aumento di sanguinamenti non-maggiori clinicamente rilevanti sono i punti chiave di questa analisi.

Prevalenza di *delirium* in una Unità Operativa di Geriatria nel *Delirium day 2015*

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Premessa: Il delirium, stato confusionale mentale, ad insorgenza acuta, con decorso fluttuante, di breve durata, caratterizzato da contemporanea presenza di disturbi dell'attenzione, coscienza, pensiero e memoria, con alterazioni del comportamento psico-motorio, delle emozioni e del ritmo S/V, è la principale complicanza dell'ospedalizzazione negli anziani. Nei reparti internistici la prevalenza è del 18-35%, in quelli geriatrici del 25%.
Obiettivi: Valutare la prevalenza di Delirium e/o sovrapposto a demenza (DSD) in una UO di Geriatria, in un periodo di tempo di 24h attraverso l'applicazioni di nuovi strumenti diagnostici (4AT) partecipando allo studio nazionale multicentrico Delirium Day 2015 (30/9/2015) in collaborazione con le società AIP, SIGG, SIGOT e SINDEM.
Metodi: Valutare tutti i pazienti ricoverati nella nostra UO (16 pl) dalle 00.00 alle 23.59 del 30/9/2015. Gli eleggibili sono stati sottoposti al test 4AT validato per la diagnosi di delirium (pt=0 assenza di demenza, delirium e DSD, 1<pt>3 demenza, pt>4 delirium o DSD), al DOM e al DMSS.
Risultati: Sono stati arruolati 11 pz, etàM: 83,2; 7F e 4M. All'applicazione del test 4AT 4 pazienti non presentavano alcun segno di delirium o decadimento cognitivo (pt 0), 5 pazienti presentavano un punteggio compatibile con un deterioramento cognitivo (pt 1-3), 2 pazienti avevano segni di possibile delirium e/o decadimento cognitivo (pt >4).
Conclusioni: Dai nostri dati la prevalenza di delirium nel Delirium Day 2015 è risultata del 18% compatibile con i dati già noti in letteratura nei reparti internistici.

Caso clinico di Corea di Huntington in paziente anziana

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Donna di 77 anni, nata a Messina, veniva ricoverata nella nostra UO per algie persistenti al rachide L-S comparse 7giorni prima con episodi di cadute a terra ed instabilità alla stazione eretta. Anamnesi familiare muta, anamnesi fisiologica: no fumo no alcol, 3 gravidanze a termine, scolarità V° elementare, casalinga. In anamnesi patologica remota si segnala: ipotiroidismo, ipertensione arteriosa, asportazione di polipo tubulo villoso un anno prima. Indicazione dell'Ortopedico ad uso di bustino 10 giorni prima del ricovero. Obiettivamente vigile disorientata nel T/S, attività cardio-respiratoria nei limiti, addome-torace nulla di patologico. BMI=22. Eseguite scale di valutazione delle attività funzionali e cognitive: A.D.L.=1/6, I.A.D.L.=0/8, Barthel=5/100, M.M.S.E.=8/30. All'esame obiettivo neurologico movimenti coreici agli arti superiori ed oro buccali con retropulsione imponente alla stazione eretta. Esami ematici non significativi,crioglobuline assenti, C3-C4 in range, HCV negativo, IVU da E.Coli e Proteus mirabilis. Eseguiti EMG (polineuropatia assonale), TAC encefalo (quadro di encefalopatia multinfartuale). Veniva richiesta visita fisiatrica per FKT. Eseguito test genetico per ricerca triplette ripetute IT-15 (Corea di Huntington) Regione cromosomica 4p16.3. La paziente veniva dimessa con diagnosi di minor stroke, dopo un mese giunge alla nostra osservazione il risultato del test genetico che risultava positivo. Si richiamavano i parenti e si dava indicazione ad utilizzare questo test in quanto soggetti a rischio.

Enterite da *Clostridium difficile*: studio osservazionale retrospettivo in due anni di attività nella Unità Operativa di Geriatria dell'Ospedale Fornaroli di Magenta

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Premessa: Come sappiamo negli ultimi anni abbiamo assistito ad un aumento della frequenza, oltre che della gravità, delle infezioni da CD in ambiente ospedaliero, con una elevata plausibilità di recidiva dopo il trattamento. Il CD è un batterio, gram-positivo, anaerobio e sporigeno. Le tossine hanno azione citotossica sulla mucosa del colon; la tossina B è circa 1000 volte più potente della A. Le tossine, dopo essere penetrate nelle cellule epiteliali intestinali tramite endocitosi ne causano la morte cellulare. I pazienti colpiti sono tipicamente anziani (*over* 65), che hanno da poco fatto uso di antibiotici ad ampio spettro (es. chinolonici), altresì rischioso anche l'uso prolungato di inibitori di pompa. In tutta Europa stanno aumentando sia la gravità di queste infezioni, che i tassi di incidenza, al punto da renderle un grave problema sanitario, anche in termini di costi, economici e socio-assistenziali.
Metodi: Studio osservazionale retrospettivo con analisi delle cartelle cliniche dei pazienti ricoverati nella nostra UO di Geriatria negli anni 2014 e 2015
Risultati: Nell'anno 2014 abbiamo analizzato nr. 568 cartelle cliniche evidenziando una positivà per infezione da CD dello 0,8%, nell'anno 2015 abbiamo analizzato nr. 650 cartelle cliniche e con stupore abbiamo evidenziato un solo caso di infezione da CD.
Conclusioni: Crediamo che il nostro dato di bassa incidenza va ricondotto all'applicazione di norme atte a minimizzare i fattori di rischio attraverso: applicazione di protocolli di comportamento igienico per il controllo della diffusione (SIDIT).

Whipple's disease: a rebus to solve

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Background: We report the case of a man with suspected lymphoproliferative disease, who received the diagnosis of Whipple's disease (WD). This rare infectious disease is caused by Tropheryma whipplei (TW) and is characterized by prodromal symptoms (fever, lymphadenopathy, arthritis) followed by diarrhea and weight loss.
Case description: A 54-year-old man reported fever and weight loss beginning some months before. CT scan disclosed enlargement of abdominal and inguinal lymphnodes. Lymphnode biopsy was suggestive of sinus histiocytosis whereas bone marrow biopsy obtained inconclusive results. Diarrhoea, increasing weight loss, and severe anemia were observed and gastrointestinal endoscopy was performed. Duodenal biopsy specimens revealed periodic acid-Schiff (PAS)-positive macrophages. Progressively neurologic manifestation including cognitive impairment and seizures appeared. Cerebrospinal fluid (CSF) specimen was substantially normal. PCR for TW was negative both in the duodenal biopsy than in CSF specimen but the biopsy tissue was poor and the CSF specimen was during specific therapy. The diagnosis of WD was made on clinical and histological reperts and the patient was treateing with a combination of trimethoprim-sulfamethoxazole and ceftriaxone. Anemia and malabsorption begin to improve after few days of treatment, and normalization after 2 months and also neurological symptoms improved.
Conclusions: WD should always be considered in differential diagnosis since its clinical presentation may be heterogeneous and it may cause chronic disability or be lethal.

Prevalence of non-valvular atrial fibrillation in patients hospitalized in Internal Medicine ward from any cause and demographic-clinical characteristics of this population

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Background: NVAF is a common arrhythmia in patients hospitalized both in clinical trials as in the real world. The characteristics of the patients involved in the trials are often different from the clinical practice.
Aim of study: Observational study to evaluate prevalence of NVAF in patients hospitalized from any causes in Internal Medicine ward and characteristics of this population.
Materials and Methods: Analysis of the clinical documentation of pts with NVAF hospitalized from any causes in our Internal Medicine ward in two years (2012 and 2015).
Results: Of 2177 admissions, 273 pts had NVAF (prevalence of 12,5%), female 58%, male 42%. The characteristics of this population are shown below. Age (year) 81±8; age distribution: ≥90 14%, 85-89 22%, 75-84 45%, 65-74 15%, <65 4%. Type of AF: 23% paroxysmal, 7% persistent, 70% permanent. High thromboembolic risk: CHADSVASc score 5,6+1,6 (99% ≥2) with the following distribution of the single items: C66%, H78%, A81%, D43%, S42%, V52%, A15%, Sc58%. HAS BLED score is 3+1,2. Chronic kidney failure is common: eGFR 59±20 mL/min, half the sample has CKD ≥3° stage K-DOQI. The pts used frequently many drugs; most widely used are diuretics 78%, B-blockers 49%, ARBs 33%, ACE-i 30%, digoxin 30%, statins 25%, insulin 22%, nitrates 20%, oral antidiabetic 19%, antiarrhythmic 13%, CCB 7%. Antithrombotic therapy is oral anticoagulants 47%, antiplatelet 35%, LMWH 10%, none 8%.
Conclusions: In our very elderly pts, the prevalence of NVAF is high and their characteristics are very different from those of trials: this can lead to different management.

A case of pulmonary embolism in patient with renal adenocarcinoma and thrombosis of the vena cava: neoplastic embolism or thromboembolism?

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Case presentation: A 83-year-old male patient presenting with dyspnea and chest pain, performs a CT angiography of total body that shows pulmonary embolism and a gross eteroplasic mass in the right kidney with extensive involvement of the inferior vena cava. The echocardiogram shows pulmonary hypertension (60 mmHg). The venous doppler ultrasound of the limbs is negative. The patient is treated with fondaparinux 7,5 mg. After a week of anticoagulant treatment, the pulmonary embolism is completely resolved, with improvement in lung pressure (30 mmHg). Afterwards, the patient undergoes a right nephrectomy with removal of the thrombus whose histological examination confirms the neoplastic nature.
Discussion: In patients with cancer there is a predisposition to the development of pulmonary embolism, due to the condition of systemic hypercoagulability. In case of renal adenocarcinoma with invasion of the vena cava, pulmonary embolism seems to be related to neoplastic fragments that reach the pulmonary artery branches. In these cases, the guidelines do not recommend the establishment of an anticoagulant therapy but a therapeutic approach targeted to the underlying neoplastic disease.
Conclusions: The response to therapy in our patient supports the hypotesis that there may have been a thrombotic apposition on intravascular mass. Nevertheless, it is not possible to exclude that pulmonary embolism has been determined by the hypercoagulability state induced by the underlying malignancy. Given the unextensive literature, additional studies are needed to define the phenomenon.

High prevalence of glioblastoma multiforme undergone total resection in patients with pulmonary embolism: a need for extensive anticoagulant therapy after surgery?

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Background: It is well known that cancer is a strong predisposing factor for pulmonary embolism (PE). The highest risk is related to pancreatic, pulmonary, hematologic, brain, prostate and colorectal cancer. The purpose of our study is to assess which tumors are more involved in the genesis of PE in our patients.
Materials and Methods: We performed a retrospective study on PE

cases hospitalized in our department in the second half of 2015. Of 30 patients with EP of certain tumoral genesis, 6 were suffering from glioblastoma multiforme (GBM) with total surgical resection, followed by radio-chemotherapy, from 5 to 7 months prior to the EP episode. We treated all of them with fondaparinux 7.5 mg/day in the acute phase with clinical and instrumental improvement.
Results: Despite the limited sample of PE induced by a neoplastic disease, we could observe a high prevalence of GBM which underwent surgical resection(20%). Although the indication to the use of low molecular weight heparins in acute phase, fondaparinux at therapeutic doses was found effective and safe.
Conclusions: A few evidences correlate glioblastoma with a higher incidence of PE. In particular, it would seem that Circulating Microparticles (MPs) detectable in the plasma of patients after total and subtotal GBM resection and particularly elevated 7 months after surgery, could have a prothrombotic effect. Other studies suggest that craniotomy per se could be related to the development of PE. Further studies should assess the need for extensive post surgery prophylaxis and the efficacy of fondaparinux in acute phase.

Dolore da mastite carcinomatosa: uno studio prospettico multicentrico randomizzato sulla terapia analgesica transdermica basata sul meccanismo patogenetico

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La mastite carcinomatosa si manifesta con dolore mammario resistente al trattamento con farmaci sistemici. Questo studio si propone di verificare gli effetti terapeutici di due principi attivi in formulazione transdermica (lidocaina 5% e ketoprofene 20 mg) e di confrontare due metodologie prescrittive (intensità del dolore e meccanismi patogenetici). 38 pazienti con dolore mammario da mastite carcinomatosa sono state arruolate in uno studio prospettico multicentrico randomizzato. Mentre nel Gruppo 1 il dispositivo transdermico veniva prescritto con randomizzazione sistematica, nel Gruppo 2 la terapia veniva prescritta dopo diagnosi algologica: lidocaina TTS per dolore neuropatico, ketoprofene TTS per dolore nocicettivo. Si è ottenuta una netta riduzione del dolore locale in tutti i casi trattati con analgesici topici (NRS da 4.5 a 2.6, DS 1.59, $p<0.05$ nel Gruppo 1; da 4.8 a 1.9, DS 1.61, $p<0.05$ nel Gruppo 2): il trattamento con farmaci analgesici a cessione transdermica consentiva il controllo del dolore locale da mastite carcinomatosa, indipendentemente dal tipo di farmaco scelto (anestetico o antinfiammatorio). Applicando la scala OMS non si rilevavano sostanziali differenze tra lidocaina (NRS da 4.4 a 2.4, DS 1.42, $p<0.05$) e ketoprofene (NRS da 4.5 a 2.7, DS 1.26, $p<0.05$); mentre quando la prescrizione seguiva la diagnosi algologica il cerotto di lidocaina (NRS da 5.3 a 1.4, DS 2.12, $p<0.005$) dimostrava efficacia superiore al cerotto di ketoprofene (NRS da 4.3 a 2.4, DS 1.19, $p<0.05$).

Evaluation of the prevalence of cognitive impairment in a population of patients admitted to an Internal Medicine department by the administration of the Short Portable Mental Status Questionnaire

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Background: Population aging determined a continuous increase in the number of patients with cognitive impairment admitted in Internal Medicine wards. The Short Portable Mental Status Questionnaire (SPMSQ) is an effective screening tool for the detection of cognitive impairments with the advantage of a quick (2-5 min) and simple administration; SPMSQ has a good correlation with the standard MMSE with the difference that it underestimates high scores and overestimate the low scores, however this discrepancy is not significant and the test has a high reliability resulting well suited for clinical purposes.
Materials and Methods: The SPMSQ was administrated to 171 consecutive patients (M=77 F=94, mean age 76 years) admitted to an Internal Medicine ward by a single experienced operator after at least 48 hours from admission. Critically ill patients or those with mental status abnormalities were excluded from the study.
Results: More than 60% of the patients was found suffering from a moderate (SPMSQ 5-7) or severe (SPMSQ 8-10) cognitive impairment. In particular, a moderate cognitive impairment was found in 40% of males and in 47.8% of females, while a severe deterioration was observed in 12% of males and 26.1% of females.
Conclusions: Based on our experience we believe that SPMSQ represents a valid tool for the screening of dementia in Internal Medicine departments where one of the major limitations in the identification of patients with cognitive impairments is represented by the lack of time and resources for more comprehensive neuropsychological assessment.

The veiled woman

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Case #1: 79 years-old man, admitted for dyspnoea; clinical appearance of HF. TnI 0,4 ng/mL; BNP 1250 pg/mL (0-99); D-dim 12,7 (vn<0,6). Echocard: SIV 20 mm, right chambers dilation, EF 50%. Chest CT: multiple segmentary embolic events and multiple mediastinic lymphonodal swellings. Serum protein elettrophoresis: gammaglob=0,43 g/dL (nv0, 65-1,51), BJ protein+ (K light chain). Transbronchial agobiopsy: AL Amyloidosis.
Case #2: 73 years-old man, admitted for HF, with lower limbs oedema, right pleural effusion. BNP 1405 pg/mL. Echocard: SIV 18 mm, EF 40%. Serum protein elettrophoresis: gammaglobulinemia=0,58 g/dL (0,65-1,51). Immunofixation: IgA, light chain K. Myocardial biopsy: AL amyloidosis.
Case #3: 89 years-old woman, admitted with suspected UA/NSTEMI. TnI 0,5, BNP 845 pg/mL. ECG RS 75/min, low voltage in limbs derivations, RBB+LAFB. Chest Rx: basal bilateral pleural effusion. Echocard: SIV17mm with reflecting pattern,ipocinetic infero-lateral wall, thickening mitral and aortic leaflets, EF 46%. Serum protein elettrophoresis: gammaglobulinemia=0,46 g/dL (0,80-1,35). Hypothesizing Cardiac Amyloidosis TTR-wt, we performed 99Tc-DPD scintigraphic exam (strong getting osteotropic tracing in myocardium), periumbelical fat biopsy, Cardiac NMR.
Conclusions: These three clinical cases are in order to sensitize Clinician about this disease, rare probably because very often mis-diagnosed. Therefore, in accordance with literature, we emphasize ipo-gammaglobulinemia as further element, easily to obtain, that can helps Hospital Internist to unveil the hidden face of Cardiac Amyloidosis.

Bloodstream infections secondary to *Clostridium difficile* infection: risk factors and outcomes

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Purpose: To determine the incidence, risk factors, and outcomes of bloodstream infections (BSI) subsequent to *Clostridium difficile* infection (CDI).
Methods: Retrospective study of all patients with definite diagnosis of CDI admitted from January 2014 to December 2014 in two large Hospitals in Rome. Two groups of patients were analyzed: those with CDI and subsequent BSI (CDI/BSI+), and those with CDI and no evidence of primary BSI (CDI/BSI-). Data about clinical features, microbiology, treatments and mortality were obtained.
Results: Overall, 393 cases of CDI were included in the final analysis: 72 developed a primary nosocomial BSI while 321 had CDI without microbiological and clinical evidence of BSI. Etiologic agents of BSI were *Candida* species (47.3%), Enterobacteriaceae (19.4%), enterococci (13.9%), and mixed infections (19.4%). In multivariate analysis

ribotype 027 (odds ratio [OR] 6.5), CDI recurrence (OR 5.5), severe CDI infection (OR 8.3), and oral vancomycin >500 mg/day (OR 3.1) were recognized as factors independently associated to the development of nosocomial BSI. Compared to controls, 30-day mortality from CDI diagnosis was higher in patients of CDI/BSI+ group (38.9 *vs* 13.1%, p<0.001). Among patients of the CDI/BSI+ group mortality attributable to primary BSI was as high as 57%.
Conclusions: Our findings suggest that severe CDI may be complicated by development of nosocomial BSI. *Candida* and enteric bacteria appear as the leading causative pathogens and are associated with poor outcome.

Severe hypercalcemia: an unusual presentation of sarcoidosis

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Introduction: Sarcoidosis is a systemic disorder of unknown etiology that can affect many organs and is characterized pathologically by non-caseating granulomas. It most commonly presents with bilateral hilar lymphadenopathy and pulmonary infiltrations. Although hypercalcemia is a known metabolic complication of sarcoidosis (10-20% of patients), it is rarely a presenting manifestation with significant hypercalcemia occurring in less than 5% of patients. Here we discuss a case of a patient who presented with severe hypercalcaemia who was subsequently diagnosed with sarcoidosis.
Case report: A 54-year-old man presented to our hospital with abdominal pain and fatigue. Routine laboratory testing showed severe hypercalcemia, anemia and acute kidney injury. Abdominal and chest TC scan showed bilateral hilar and paraortic intra-abdominal lymphadenopaties. Hypercalcemia persisted despite therapy with fluids and biphosphonates. Our initial impression was likely underlying hematologic malignancy. A lymphonodal intratoracic biopsy was performed and showed the presence of multiple nonnecrotizing granulomas composed of epithelioid and multinucleated giant cells consistent with sarcoidosis. After initiating glucocorticoid therapy patient's serum calcium levels returned to baseline.
Discussion: Hypercalcemia is rarely a presenting manifestation of sarcoidosis, and clinically significant hypercalcemia occurs in less than 5% of patients. Awareness about various presentation of sarcoidosis will prompt early institution of targeted therapy especially in this potentially fatal condition.

Aspergillus meningoencelaphitis: a rare clinical manifestation of invasive aspergillosis in an apparently immunocompetent patient

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Introduction: Invasive aspergillosis (IA) is a rapidly progressive infectious disease described classically in haematological patients with well established risk factors and is typically associated with a poor prognosis. In the literature data on IA in non-neutropenic patients are limited. Recently IA has increasingly been recognized as an emerging disease of non-neutropenic patients with particular underlying conditions, such as obstructive pulmonary disease, corticosteroid therapy, liver cirrhosis, solid cancer with and without treatment and prolonged intensive care stay.
Case report: We present a case of a 58-year-old man without conventional risk factors for IA who presented clinical and radiological features of acute meningoencefalitis with altered mental status, progressive quadriplegia and areflexia. Aspergillus spp was cultured from bronchoalveolar lavage. Despite a voriconazole and liposomal amphotericin B -based therapy, patient had a fatal outcome. Postmortem findings were consistent with a diagnosis of invasive pulmonary, cerebral and liver aspergillosis.
Discussion: A high level of suspicion is necessary for early diagnosis and timely therapeutic intervention. A better understanding of the population at risk and of the characteristics of IA in non-haematological patients togheter with new diagnostic tools such as galactomannan antigen test, may contribute to improving the outcome of this potentially treatable disease.

A rare case of splenic artery rupture

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Background: Splenic artery pseudoaneurysms are associated with acute or chronic pancreatitis, trauma or peptic ulcer disease. It often causes great loss of blood in the abdomen, frequently peritoneum or retroperitoneum, leading to hemorrhagic shock. Therapeutic approaches are usually surgery or angioembolization.
Case presentation: We present a case of a 44 year old man admitted to our Hospital for epigastric pain associated with high blood pressure values, and high levels of HS troponin. The patient underwent CT scan of thorax and abdomen in the hypothesis of aortic dissection which showed bilateral adrenal masses, but excluded arterial bleeding. A coronary artery angiography was performed to exclude acute coronary syndrome but it did not show any significant coronary alteration. After admission in coronary unit there was a sinus tachycardia, 160 bpm, associated with hypertensive crises, 205/105 mmHg, and cold sweating treated with continuous i.v. beta blockers, followed, in the next three days, by continuous decrease in hemoglobin levels (from 14.5 to 8.7 g/dL). A second CT scan showed massive haemoperitoneum and bleeding splenic artery pseudoaneurysm. Arteriography was performed and the patient was successfully treated with arterial embolization. Further blood and urine analyses showed high levels of adrenal hormones leading to the diagnosis of pheochromocytoma. To our knowledge this is the first case of rupture of splenic artery during an adrenal crises caused by pheochromocytoma.

Decontaminazione intestinale con gentamicina orale nei pazienti internistici colonizzati da *Klebsiella pneumoniae* produttore di carbapenemasi KPC: l'esperienza dell'ospedale "Versilia"

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Background: La colonizzazione intestinale di *Klebsiella pneumoniae* produttore di carbapenemasi KPC (KPC-Kp) rappresenta la maggior fonte di epidemie ospedaliere ed è associata al rischio di sviluppare infezione da KPC-Kp. Scopo dello studio è quello di valutare la decontaminazione intestinale dopo trattamento con gentamicina orale.
Materiali e Metodi: Sono stati valutati 52 pazienti consecutivi (32 maschi, età media 78,6±7,8 anni) ricoverati in medicina interna con tampone rettale positivo per KPC-Kp. 35 pazienti selezionati sulla base di un progetto clinico sono stati sottoposti a trattamento con gentamicina orale (80 mg qid). Il tampone rettale è stato ripetuto ogni 4 giorni in tutti i pazienti colonizzati e la decontaminazione è stata definita come il riscontro di due tamponi negativi consecutivi.
Risultati: Nei pazienti trattati con gentamicina orale il tasso di decontaminazione è stato del 76,6% (23/30); tra i pazienti non trattati si è osservata una decontaminazione spontanea del 15,3% (2/13), p<0,001. 9 pazienti sono stati esclusi per mancata possibilità di valutare l'end-point decontaminazione. La durata media della terapia con gentamicina orale è stata di 12,5±5,5 giorni. Nessun paziente ha manifestato effetti collaterali dovuti al trattamento con gentamicina orale.
Conclusioni: Il trattamento con gentamicina orale è risultato efficace nella decontaminazione del paziente colonizzato da KPC-Kp. Allo scopo di evitare l'insorgenza di resistenza alla gentamicina, tale decontaminazione dovrebbe essere utilizzata solo in caso di un progetto clinico.

Bilateral pulmonary masses in a young smoker man: a case of granulomatosis with polyangiitis (Wegener's granulomatosis) mimicking lung cancer

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A 26-year-old heavy smoker man referred to our Division for fever, pro-

ductive cough and haemoptysis not improving after a prolonged course of oral antibiotics. Physical examination was normal as well as blood tests except for slight microcytic anaemia. Chest X-ray revealed bilateral voluminous pulmonary masses and light left pleural effusion; chest CT confirmed bilateral pulmonary masses strongly suggestive of lung cancer. Abdominal CT scan and brain MRI were normal. Bronchoscopy revealed normal airways except for some whitish irregularities of the mucosa but biopsies were not informative. Successively the patient presented acute sinusitis and epistaxis: nasal endoscopic examination was normal so no biopsy was performed; sinus CT scan revealed left erosive maxillary sinusitis; c-ANCA and anti-PR 3 antibodies were positive. Lung biopsy showed suppurative necrosis with scattered giant cells; no atypical cells were found; Grocott and Ziehl–Neelsen stains were negative. Clinical, laboratory and histological data were consistent with Granulomatosis with Polyangiitis (Wegener's Granulomatosis).
Granulomatosis with Polyangiitis may appears with misleading radiographic finding and must be considered in differential diagnosis when observing pulmonary lesions that do not regress with antibiotic therapy, especially in young people showing signs and symptoms involving those areas which are typical in Wegener (upper respiratory tract, lungs and kidneys). An early diagnosis is important to prevent a critical delay in therapy that can be fatal for the patient.

Polmonite lipoidea: attenzione agli spray nasali!

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P.G, 83 anni, giunge alla nostra SOD per insufficienza respiratoria con riscontro TC di un addensamento polmonare a vetro smerigliato del LSD, presente dal 2011. Il pz aveva già effettuato vari accertamenti diagnostici (FBS, PET, biopsia), senza tuttavia dirimere il dubbio tra flogosi cronica ed etp di basso grado. Agli EE non segni di flogosi, neg i markers sierologici e neoplastici. All'HRCT: addensamento a margini irregolari con broncogramma aereo ed aree a vetro smerigliato con una densità simil-adiposo. Un'anamnesi più dettagliata ha permesso di rivelarne l'eziologia: il pz assumeva quotidianamente, da anni, uno spray nasale a base di olio di vaselina. E' stata quindi effettuata una nuova FBS con evidenza istologica di macrofagi schiumosi e trattato con corticosteroidi, ottenendo tuttavia solo una riduzione dell'addensamento. La polmonite lipoidea è una rara patologia in genere correlata all'inalazione di sostanze grassose di varia origine (paraffina, lassativi, kerosene, insetticidi). La risposta polmonare al corpo estraneo consiste nella fagocitosi da parte dei macrofagi con formazione di cellule schiumose. I sintomi sono aspecifici (febbre, tosse, espettorato, emottisi, dolore toracico). La progressione è lenta. I riscontri TC sono vari, come una consolidazione alveolare, aree di opacità a vetro smerigliato e noduli alveolari con una densità simil-adiposa. La diagnosi si basa sul riscontro di "macrofagi schiumosi" su campioni bioptici/BAL. Per il trattamento si possono utilizzare corticosteroidi, Ig e lavaggi broncoalveolari, senza tuttavia certezza di remissione.

✪ Four-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 Aims: Azathioprine (AZA) is widely used for induction and maintenance of remission in patients steroid-dependent with inflammatory bowel disease (IBD). Aim of this study has been to investigate its efficacy and safety in maintaining steroid-free remission in steroid dependent IBD patients four year after the institution of treatment.
Methods: Data from consecutive IBD outpatients referred in our Institution, between 1985-2013, were reviewed and all patients treated with AZA were included.
Results: Out of 2556 consecutive IBD outpatients, AZA was prescribed to 376 patients, 198 (52.7%) were affected by Crohn's disease (CD) and 178 (47.3%) by ulcerative colitis (UC). One hundred and four patients with a follow-up <48 months were excluded. Two hundred and seventy-two patients were evaluated, 146 (53.7%) with CD and 126 (46.3%) with UC. One hundred and forty-nine (54.8%) were male. Four year after the institution of treatment, 149 (54.8%) patients still were in steroid-free remission (89 CD *vs* 60 UC, 61% and 47.6%, p=0.0288), 71 (26.1%) had a relapse requiring retreatment with steroids (42 UC *vs* 29 CD, 33.4% and 19.8%, p=0.0130), 52 (19.1%) discontinued the treatment due to side effects (28 CD *vs* 24 UC, 19.2% and 19%). Loss of response from 1st to 4rd year of follow-up was low, about 15%.
Conclusions: Four year after the onset of treatment 55% of patients did not require further steroid courses. The maintenance of steroid-free remission was significantly higher in CD than in UC. The occurrence of side effects leading to the withdrawal of AZA treatment has been low.

Diabetic ketoacidosis and sodium-glucose cotransporter 2 inhibitors: a clinical case

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Introduction: Sodium-glucose cotransporter 2 inhibitors (SGLT2i) are antidiabetic drugs that increase urinary excretion of glucose. They are approved in treatment of type 2 diabetes (T2D). SGLT2i are generally considered safe, but recently some cases of diabetic ketoacidosis (DKA) were reported to be associated with these drugs. In May 2015, the FDA issued a warning that SGLT2i may lead to DKA.
Case report: We present a case of DKA developed in a 61-years old male patient, affected by poorly controlled T2D in insulin basal-bolus therapy, metformin and SGLT2i dapagliflozin. He presented to the Emergency Department with nausea, drowsiness and fatigue, developed in the last 2 days. Blood tests revealed severe metabolic acidosis (pH 7.08) with bicarbonates reduction, lactates increase and severe ketonuria. The patient was admitted to our Medical Division and treated with insulin iv, fluid and bicarbonates infusions. Oral diabetic therapy was suspended. In the next hours a gradual improvement of the metabolic state was reached. On third day DKA was recovered.
Conclusions: As reported in literature SGLT2i may predispose to DKA. In this case, except for SGLT2i use, no other predisposing condition for DKA was detected. In particular acute illness, infections, renal failure and use of NSAIDs or intravenous contrast medium were excluded. The association with metformin may also have been a predisposing factor as lactates were elevated without an apparent cause. In our opinion future research should be directed toward identifying which patients have higher risk for this side effect.

Cryoglobulinemic syndrome and MALT lymphoma: a case report

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Introduction: HCV has been associated with lymphoproliferative disorders expecially B-cell non-Hodgkin lymphoma (B-NHL) and mixed cryoglobulinemia (MC) that is a B-cell disease disorder characterized by circulating immune-complexes.
Case report: We describe a 78 years old woman affected by MC syndrome (MCS)due to HCV infection that healed from HCV with antiviral therapy in 2007 (confirmed in blood PMN) with persistence of MCS (arthralgias and purple) that in november 2015 suddenly worsened with the appearance of extended purple, peripheral edema, fatigue and weight loss. We confirmed undetectable HCV RNA and type II MCS. The patient was subjected to gastric endoscopic biospies which led to the diagnosis of gastric MALT lymphoma.
Discussion: In HCV+MCS, the overall risk of B-NHL is about 35 times higher than in general population. Refractory forms of MCS, despite HCV eradication, are associated with underlying B-NHL. Marginal zone lymphomas indolent B-NHL; the most common type is MALT lymphoma that's is divided into 2 types: gastric (gMALT) and non-gastric. In many cases of gMALT, there is an history of autoimmune disorders. We reviewed all our cases and found 6/121 cases of B-NHL in MC (from 2005 to 2013); the 7% of the MCS patients developed a B-NHL, 1 of them a gMALT. Most of them were HCV+.
Conclusions: Our data are similar with those described in literature with sporadic incidence of gMALT. The peculiarity of this case is the evidence of complete viral eradication, with persistence of a paucisymptomatic MCS that has had worsening after the appearance of the gMALT

Un caso "acuto" di panipopituarismo

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M.F. 57 anni, giunge alla nostra osservazione per stato anasarcatico, pancitopenia.
Anamnesi: Depressione Maggiore in trattamento farmacologico. Da settimane comparsa di edemi generalizzati, rallentamento ideo motorio, riscontro casuale di pancitopenia.
Accertamenti diagnostici: Esclusione di sindrome nefrosica. TSH Reflex nella norma. Ecocardiogramma: versamento pericardico, sezioni e cinetica ventricolare nei limiti. BOM: mielodisplasia. Tc Torace: quadro di fibrosi polmonare, linfoadenomegalia mediastinica, discreto versamento pericardico. ACE e Lisozima nei limiti. RMN encefalo: sella vuota parziale. Bassi valori di ACTH, FT3, FT4, LH, FSH, prolattina, e di cortisolemia.
Decorso clinico: Progressivo rallentamento ideo-motorio nonostante sospensione terapia psichiatrica; comparsa di ipoglicemia ed alterazione elettrolitica con ipotensione. Nel sospetto di panipopituitarismo, somministravamo Levotiroxina 25 mcgr die, Cortisone Acetato 50 mg die e boli ripetuti di Idrocortisone 100 mg ogni 6 ore. Dopo l'inizio della terapia progressivo miglioramento clinico.
Conclusioni: Il termine sella vuota è usato per definire l'aspetto radiologico che la sella turcica può assumere tanto da sembrare vuota. In alcuni casi l'insufficienza ipofisaria può manifestarsi in modo acuto e drammatico mentre in soggetti con ipopituitarismo latente il deficit ormonale si può manifestare clinicamente durante eventi stressanti prevalendo l'aspetto dell'insufficienza surrenalica acuta. Nel caso clinico in questione la comparsa di mielodisplasia ha slatentizzato una forma latente.

Un caso di febbre di origine sconosciuta di natura inusuale

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La febbre può essere indotta da stimoli endogeni o esogeni, di tipo infettivo, infiammatorio, metabolico, farmacologico. Descriviamo un caso di febbre di origine inusuale (FUO). Paziente BG, 32 anni, maschio, in anamnesi epilessia, in terapia con valproato, topiramato, clonazepam. Recente cambio di lavoro da azienda tessile a ditta meccanica. Nel luglio 2015 si presenta per febbre fino a 39°C, ad andamento irregolare da 25 giorni. Manifestava inoltre dolori lombari e fugace disuria. Il curante aveva prescritto ciprofloxacina e riposo a casa per 5 giorni. La febbre si risolveva, ma ritornava al termine del trattamento. L'urinocoltura era negativa. Un secondo trattamento con ceftriaxone non dava beneficio. Eseguiva RX torace e ecografia addome, con riscontro di calcoli renali, senza idronefrosi. Esame obiettivo nella norma. Esami ematici nei limiti, eccetto elevazione delle CK a 409 (vn<180); emogasanalisi con lieve acidosi metabolica e riduzione dei bicarbonati. Da una anamnesi più accurata la febbre compariva in particolare nei giorni lavorativi. Abbiamo valutato gli effetti collaterali dei farmaci antiepilettici assunti. Il topiramato può dare alterazioni dell'omeostasi termica, per riduzione della sudorazione e della dispersione termica. Il paziente lavorava in un ambiente caldo. L'ipertermia si risolveva solo dopo qualche ora, al ritorno a casa. Anche calcolosi renale, miopatia e acidosi metabolica rientrano fra gli effetti collaterali del farmaco.
Conclusioni: Fra le cause rare di febbre di origine indeterminate, sono da considerarsi anche gli effetti iatrogeni da farmaci.

A difficult decision

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Background: The ability to perform genetic testing is placing practical questions about the clinical decisiveness against certain chromosomal disorders whose malformation spectrum is large and also hardly be expected at this stage of knowledge.
Case report: We present a case came to our attention: 67 years male, three-vessel CHD, previous carotid TEA and K laryngeal treated with laryngectomy and adjuvant radiation therapy, 65 years wife, with dyslipidemia. A 30 years daughter, in the fourth month of pregnancy. The karyotype obtained (amniocentesis) reveals male karyotype with supernumerary chromosomal markers. The fluorescence *in situ* hybridization (FISH) showed positivity of the marker for the 22q11.2 region, with inversion-duplication of this region on chromosome 22: Cat-eye syndrome. Karyotype analysis of peripheral blood of both parents appeared this marker *de novo*. The patient, after collegial revaluation, was advised to have an abortion. Post-traumatic depression, divorce and depression of the parent. All currently followed by a psychologist.
Conclusions: The syndrome is characterized by heterogeneous congenital defects with different penetrance (anal atresia, coloboma of the iris, auricular anomalies, congenital heart disease, mental retardation cases of medium severity in 32% of cases). A small supernumerary dicentric chromosome is the marker that originates from an inverted duplication that arises *de novo*, transmitted by both mother and father and the risk of segregation in the offspring (50%). Diagnosis prenatal possible with the karyotype and FISH on fetal cells.

Acute liver failure following food supplements: an escalating warning for clinicians

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Introduction: Alternative medicines are becoming increasingly popular and are often regarded as side-effect-free substances. On the other side, herb induced liver injury (HILI) is becoming a significant clinical challenge and can be a cause of acute liver failure.
Case report: A 61-year-old female presented with 10 days of mild upper abdominal pain, nausea, progressive weakness, dark urine, acholic stools. Her past medical history denoted cholecystectomy and mixed dyslipidaemia. Over the past 2 months she admitted taking additional feed containing Garcinia Cambogia (GC) in order to lose weight. On admission to hospital laboratory tests revealed: ALT 1406 UI/L, AST 1121 UI/L, total bilirubin 13.2 mg/dL, direct bilirubin 8.4 mg/dL, cholinesterase 3368 UI/L, INR 1.8, albumin 2.8 g/dL, and negativity of serum for hepatitis viruses. Abdominal ultrasound, cholangio-MRI, and portal vessels Doppler were normal. The abdominal CT scan revealed a small peritoneal effusion and perihepatic lymphadenopathy. The hepatic biopsy was consistent with cholestatic hepatitis. Four weeks after the cessation of GC intake, her symptoms and liver function tests gradually improved with no need of liver tranplant. Three months after, the levels of the above mentioned lab tests reverted to normal.
Discussion: HILI can lead to a lethal clinical course and to the requirement of liver transplant. The constant influx of newly developed drugs and a growing risk from unfamiliar herbal and dietary supplements will make HILI an increasing part of clinical practice.

The importance of polypharmacy management in cancer patients

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In June 2015 a 61 years old woman suffering from multiple myeloma IgA lambda, stage II A, with multiple symptomatic osteolytic lesions, began a chemotherapy (CT) containing bortezomib, dexamethasone, thalidomide (VTD), associated with anti-herpesvirus, anti-bacterial and anti-thrombotic prophylaxis, and tramadol for pain. After the first VTD course the patient (pt) reported poor pain control and tramadol was substituted by oxycodone/naloxone, resulting in pain remission. After the second VTD, the pt developed an itchy, erythemato-vesicular rash on right leg, interpreted as varicella zoster infection: we suspended CT and increased acyclovir dosage, with a complete resolution but without the evolution of herpetic vesicles. The rash reappeared on abdomen after the third VTD, associated with mild fever. Blood tests revealed pancytopenia, cultural (peripheral blood, urine and pharyngeal swab), serological and autoimmunity exams were negative. A skin biopsy revealed an eosinophilic-lymphocytic infiltrate. We suspended CT and prophylaxis, implemented dexamethasone and introduced anti-histaminic, with resolution of the rash. The next VTD started prudentially without thalidomide and without prophylaxis: the rash reappeared at the reintroduction of thalidomide. We evaluated the hypothesis of a rare cross-reaction between thalidomide and analgesic, resolved by replacing oxycodone-naloxone. This clinical case shows the importance of close monitoring and proper management of pts receiving multiple drugs, for allowing optimal treatment of the underlying disease.

A rare case of extreme hypovitaminosis

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A multidisciplinary assessment is essential for obtaining diagnosis in anorexic patients: because of the changed cultural-socioeconomic conditions, we observe inusual syndromes. In August 2015 a 55 years old man, active smoker, with loss weight of 15 kg in two months, fatigue, irregular bowel, joint pain, limited mobility and hyposensitivity lower limbs, ipovisus, paresthesia, irritability came to our hospital: in anamnesis psoriasis in clinical remission for ten years and chronic colitis. Objectively major organic deterioration, generalized skin rash, ipovisus, lower limb hyporeflexia, ataxia and edema. Blood analyses documented macrocytic anemia and pancytopenia, cholestasis, thyroid and kidney functions were in range, vitamin B12 was at the lower limit, folic acid was normal. Stool cultures for *Salmonella, Shigella, Campylobacter* and parasites, HBV, HCV and HIV serology and tests for mal-absorption were negative. Toxicological and endoscopic exams, dosage of anti-gastric parietal cell antibodies were negative. Tumor markers were negative. The rash was classified as ectopic dermatitis: neurological evaluation recorded an ataxic-sensitive disturb, suggesting a deficient-myelopathy. A Magnetic Resonance Imaging confirmed an hyperintensity in the dorsal portion of the spinal cord. The increased serum levels of homocysteine and methylmalonic acid documented a latent deficit of vitamin B12. The introduction of a chronic vitamin supplementation resolved all the disturbs but didn't ameliorate the ataxic-sensory disorder.

Case report: an headache of uncommon origin

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A 40 years old woman with autoimmune hypothyroidism and menstrual migraine history went to Emergency Department. She took levothyroxine and wore contraceptive vaginal ring. Three day earlier headache began. This severe spreading from occipital to frontal right side pain was unusually poor responsive to ibuprofen. Neurological examination was normal. Indomethacin and tramadol were used without relief of the pain. So brain CT with a working diagnosis of subarachnoid hemorraghe was done. Extensive cerebral venous thrombosis (CVT) involving right sagittal, transverse, sigmoid sinuses and internal jugular vein was seen. The patient started enoxaparin. MRI confirmed the diagnosis the day after. Warfarin was added pending thrombophilia screening results.
Discussion: CVT incidence is <1,5/100000 annually, this disorder is more common in young people and women, it represents 0,5-1% of all strokes. The most frequent clinical presentation is headache, isolated or accompanied by focal deficits, seizures or encephalopathy. Head CT is normal in up to 30% of cases, but in about one third of patients shows direct signs of CVT. A negative plain CT or MRI does not rule out CVT. A venographic study should be performed in suspected CVT if the plain CT or MRI is negative. MRI in combination with MR venography is the most sensitive diagnostic method; anyway current guidelines consider CT venography at least equivalent to MR venography. CVT is associated with a good outcome in close to 80% of cases; recurrence is rare.

Case report: two strange fellows, aortic aneurysm and transient global amnesia

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A 78 years old healthy man without known cardiovascular risk factors went to Emergency Department. Two hours earlier exertional chest pain associated with transient anterograde amnesia began. At presentation he reported only slight chest discomfort. EKG and high sensitivity (hs) troponin I were normal. During the next hours hs troponin I rose lightly, the patient was well, no arrhythmia was noted with EKG monitoring. Echocardiography showed pericardial effusion without cardiac tamponade signs; ascending aorta was enlarged. Chest CT confirmed an ascending aorta aneurysm associated with intramural hematoma, no dissection was seen. The patient was referred to urgent cardiac surgery.
Discussion: Intramural hematoma accounts for 20-25% of acute aortic syndromes. Type A, ascending aorta and aortic arch represent 30% and 10% of cases respectively. CT or MRI are the preferred diagnostic methods due to transthoracic echocardiography low sensitivity. TGA is an older age disorder characterized by the inability to form new memories, repetitive question, disorientation. Other cognitive functions are typically spared. Despite neuroimaging studies identify involved anatomic area, the medial temporal lobe, pathogenesis in unknown. None of the postulated theories: arterial ischemia, venous congestion, migraine, epilepsy, fully explain all clinical features. TGA is reported in association with aortic dissection but not with intramural aortic hematoma, so the most likely causal mechanism in our patient seems to be venous congestion related to exertion.

Valutazione con ecocolordoppler della ghiandola tiroidea: valutazione e confronto di due differenti popolazioni residenti nella città di Latina

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Obiettivi dello studio: Valutare con esame ecodoppler tiroideo due popolazioni di età differente al fine di verificare eventuali differenze in termini di prevalenza di patologia nodulare e di tireopatia cronica.
Disegno dello studio: Sono stati effettuati 460 ecodoppler tiroidei (208 su una popolazione di età media pari a 17,4±0.5 e 252 soggetti di età media pari a 47.6). Sono considerate come tiroiditi croniche solo le ghiandole con un aspetto ecografico di ipoecogenicità strutturale.Sono inseriti nello studio solo i residenti nella città di Latina.
Risultati: Nella popolazione A l'86% dei soggetti presenta una ghiandola strutturalmente integra; il 9% noduli tiroidei (52% colloidocistici e 48% solidi); il 26% gozzo multinodulare (il 79% di dimensioni <10 mm); il 4.8% presenta un quadro di tiroidite cronica. Nella popolazione B il 59.5% dei soggetti presenta una ghiandola strutturalmente integra; il 33% noduli tiroidei (30% colloidali e 70% solidi); il 46% gozzo multinodulare; il 7.5% presenta caratteri di tiroidite cronica.
Conclusioni: La patologia nodulare tiroidea ha una bassa prevalenza in età adolescenziale rispetto all'età adulta. I noduli sono di dimensioni più ridotte e prevale la componente cistica. Nell'età adulta prevale la multinodularità ed è aumentato il rischio di cancro tiroideo. Di contro, il quadro ecografico compatibile con quello di tiroidite cronica è già significativo in età giovanile. Lo studio ecografico tiroideo, se accuratamente eseguito, risulta cost-effective poiché consente di selezionare in maniera corretta i soggetti che meritano ulteriori approfondimenti diagnostici.

Effect of warfarin therapy on glucose metabolism in insulin and orally treated diabetes

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Background: Following on from a clinical case we reported on in 2014, we reviewed the trends in glycaemic control of patients on our register who had a history of warfarin use, looking for any evidence of deterioration that could be ascribable to the drug. Recent evidence suggests that warfarin increases insulin resistance in diabetic patients, through its inhibition of vitamin K metabolism.
Materials and Methods: We searched our database for current and past warfarin use and then only selected those patients for whom we had a documented start or finish date. A total of 22 patients were found to be eligible, and were divided into 3 groups based on type of anti-diabetic medication: oral only (12), oral plus basal insulin (3), and basal-bolus insulin (7). We recorded HbA1c and glycaemic readings from the clinic visits immediately preceding and following warfarin initiation or withdrawal, allowing for a minimum 3 month interval from these dates; we then evaluated the upward or downward trend of the parameters.
Results: After warfarin initiation, a mean HbA1c increase of 0.9% was observed in the basal bolus group; of 0.5% in the orally treated group and of 0.6% in the mixed oral/basal insulin group.
Conclusions: Our findings confirm the connection we made in 2014

between warfarin use and deteriorating glucose control, which we now found to be independent of anti-diabetic treatment type. Our data are also in line with recent studies where vitamin K emerges as a new and intriguing insulin-sensitising molecule

"ESCOLER" Study: comparative analysis for continuous variables using Student's t-test in 30 patients with venous thromboembolism. Three-year experience (2013-2015)

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Background and Purpose of the study: The "ESCOLER" study - an acrostic arising from "Ecg SCOre - milLER score", enrolled 30 patients with venous thromboembolism hospitalized during the three years 2013-2015. The "ESCOLER" study has the following objectives: to verify any relationship between the values of the pre-lysis ECG score and the values of the pre-lysis Miller score; to verify the statistical significance observed by applying as a benchmarking test for continuous variables the Student "t" parametric test to determine whether the relationship of the variables considered is due to chance.
Materials and Methods: The Student "t" test thus calculates the relative value (RV) of the index t, to be linked to the difference found using the following formula: $t=(M1-M2)/\sqrt{DS1^2/N1+DS2^2/N2}$.
Results: The Student "t" test applied to 30 patients showed a highly significant correlation ($p<0.001$) of the two variables tested (pre-lysis values for CAVAL INDEX and Miller Scores), which therefore cannot be attributed to chance. The value of "t" obtained is in fact 10.10 and the CV (critical value) of "t" for p=0.001 is 3.659 with GL=29.
Conclusions: The "ESCOLER" study showed that in the group of 30 patients there is a correlation between the two variables considered: pre-lysis Miller score and ECG SCORE. This correlation shows an absolute positive correlation according to the benchmarking Student "t" test and is an expression of a strong correlation between the values of the pre-lysis ECG score and the values of the Miller score.

Effectiveness outcomes at 30 days in 30 patients with venous thromboembolism. "EFIXEMB" Study: comparative analysis using Cochran's parametric Q test for continuous variables

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Background and Purpose of the study: The "EFIXEMB" study - an acrostic arising from "EFicacy outcomes in 30 patients in treatment with apiXaban for acute venous thromboeMBolism", enrolled 30 patients with venous thromboembolism in the 2014-2015 period. The "EFIXEMB" study has the following objectives: to verify any relationship between the values of Recurrent VTE and VTE-related death; and to verify the statistical significance detected by applying the Cochran Q parametric test.
Materials and Methods: For the calculation of the χ^2 apply the following formula: $\chi^{2=}(K-1)\ [(kx)\ -y^2]/(Ky)$ z=20.95. Where "k" refers to the three variables considered, and "x" refers to the total of the squares of the 3 variables considered. "y" indicates the total number of clinical conditions. "y^2" refers to the square of the total clinical conditions. "z" indicates the total of the squares of the clinical condition. The relative value (RV) of χ^2 obtained is 60 with Degrees of Freedom (DF)=2. The critical value (CV) of χ^2 for p=0.001 is 13.816.
Results: The Cochran Q test shows how the clinical situation "N" (No recurrent VTE) detected for all patients is not due to chance, but takes a high statistical significance, as the relative value (RV) of χ^2 obtained is 60 with Degrees of Freedom (DF)=2 and the critical value (CV) of χ^2 for p=0.001 is 13.816. The differences of choice are, therefore, highly significant with $p<0.001$.
Conclusions: The data from the "EFIXEMB" study show in the follow-up at 30 days highly significant outcomes of effectiveness.

A case of severe sepsis in a patient with multiple sclerosis

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A man of 65 years was recovered for fever, diarrhea and weight loss. He had a history of Multiple Sclerosis and a recent hospitalization for pneumonia treated with antibiotic therapy. The patient was alert and cooperative; the abdomen was tractable with diffuse painful; HR was 120 beats/minute, BP was 95/70 mmHg. The laboratory tests presented an increasing of inflammatory indeces: WBC 16.250/μL, CRP 122 mg/l, ESR 35 mm/h, Procalcitonin 14 ng/mL. The chest and abdomen radiography did not present significant abnormalities. The ultrasonography reported a thickening of colonic wall, reduction of peristalsis and liquid between the intestinal loops. These findings were suggestive for Pseudomembranous Colitis. Microbiology cultures were performed. The coproculture was negative for common bacteria and intestinal parassites. The research for *Clostridium difficile* DNA, Toxin A and B and the culture for C. difficile on stool specimens were positive, the study of deletion of nt 117 in the C. difficile DNA, correlated to drug resistance, was positive. Vancomycin and Metronidazole were administered at full doses because the state of severe sepsis. The patient presented an improvement of his clinical and bioumoral status. The last US demonstrated a normal thickness of colonic wall. Pseudomembranous colitis by C. difficile is a severe disease affecting patients with history of antibiotics use and hospitalization. If not treated, it is extremely lethal. A complete clinical history is essential to suspect the disease; microbiological tests and US imaging are useful to confirm the diagnosis.

Acute rhabdomyolysis in healthy woman

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A 38 year old woman presented with muscle paralysis, muscle weakness and fever. On admission, neurological examination showed proximal and distal weakness in the leg. There was no sign of renal failure. Nerve conduction study was negative. Serological studies for virus titers showed antibody IgM-cytomegalovirus. She begins immediately antibiotic-therapy with piperacillina-tazobactam and levofloxacina. Blood chemistry examination showed an elevation of AST (140 UI), ALT (185 UI), a markedly increased of serum CPK (5800 UI) and myoglobina (6197 UI). The blood culture and urinalysis was negative. There were no other serological abnormalities suggesting autoimmune or metabolic or electrolyte disorders. The chest X-ray was normal. ECG showed sinus tachycardia. There was no significant elevation of serum antibodies against viruses. On the 7th days of admission, the serum IgM antibody for CMV titer was positive (enzyme immunoassay) and we interrupted immediately antibiotic therapy. On the 8th days of admission, high dose methylprednisolone (1 gr/day TID) was administered intravenously. The myalgia, muscle weakness, fever was gradually improved. The serum CPK and myoglobina was normalized on the 16th day and she was discharged from the hospital. In our patient, the nerve conduction study excluded other causes of proximal and distal muscle paralisys. This data was supported by the increase of CMV-IgM and after IgG titers. Clinicians should be more aware of CMV infections as a cause of acute and reversibile proximal and distal muscle paralisys induced by rhabdomiolisys.

Diabetes and gender in acute patients admitted in an Internal Medicine ward

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Introduction: Few studies have analyzed gender differences in acute diabetic patients.
Methods: We enrolled all consecutive patients with glucose serum >200 mg/dL, admitted to our Department of Internal Medicine between May and Aug 2014. We performed for all patients general exams, therapy at home, general serum exams, EAB, EKG, Chest Rx and value of comorbidity (CIRS). Were included all patients, aged >65 yrs, with CIRS-IS <2 >4 and with EAB imbalance.
Results: Were enrolled 113 patients, 57 men (M) and 56 female (F) with mean age of 74.7±1.1 yrs. We observed that female, compare to male patients, are older (77±4 yrs old *vs* 72±3 yrs old; p<0.005), presented more Type II diabetes (98.2% *vs* 77.1%; p<0.005), were

less affected by Type I diabetes (1.8% *vs* 15.8%; p<0.005), showed basal plasma glucose significantly lower at admission (207±3 mg/dL *vs* 225±6 mg/dL; p <0.005). Female patients at home used more oral antidiabetic (OA). We showed, in female compared to male patients, an higher prevalence of acidosis/acidemia at admission in Hospital (p<0.005) and also a prolonged hospitalization in the female patients treated with IV insulin therapy, compared to male (18 *vs* 14 days respectively, p<0.005).
Conclusions: We reported that OA therapy was more prescribed in female patients and that female patients treated with OA, presented more acidosis/acidemia, at admission in hospital. Future studies are necessary to confirm our data.

Prolonged hypernatremia triggered by hyperglycemic hyperosmolar state

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Case report: A 77-year-old man with a history of diabetes mellitus and long-term lithium use for bipolar disorder was brought into the emergency department because of loss of consciousness. He presented with coma and hyperglycemic hyperosmolar state (glycemia 627 mg/dL, pH 7.35, serum osmolarity 359 mOsm/L, serum sodium 164 mmol/L). Serum lithium level was within the normal range (0.90 mEq/L). Following correction of hyperglycemic hyperosmolar state, he developed persistent hypernatremia, large volumes of urine (>3 L/day) with low specific gravity (1.004) and osmolality (<300 mOsm/kg). Serum vasopressin was 4.6 pg/mL. Improvement in serum sodium concentration was observed after the intake of large volumes of water plus administration of hydrochlorothiazide. According to the physical examination and laboratory analyses, patient was diagnosed with lithium-associated nephrogenic diabetes insipidus.
Discussion: Lithium is widely used in the treatment of bipolar disorders. However, long-term administration of lithium often leads to side effects in many organ systems, one of which affects the kidneys. Several different forms of renal injury have been associated with chronic lithium therapy, including nephrogenic diabetes insipidus. It is due to decrease in urinary concentrating ability that results from resistance to the action of antidiuretic hormone.
Conclusions: To ensure security of lithium treatment and avoid renal side effects, regular monitoring of renal function and urine osmolality is indispensable.

Prevention is the best cure

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Case report: A 52-year old man was admitted to our Division for febrile illness, altered mental status, headache, nausea, diarrhea and arthralgias. Typical signs of meningitis were absent. His history was unremarkable, except for post-traumatic asplenia. Laboratory tests showed elevated inflammatory markers (neutrophil leukocytosis, VES 43 mm, PCR 520 mg/L, procalcitonin 5.25 ng/mL, ferritin 9368 pg/mL). Empiric and broad-spectrum antibiotic therapy (Meropenem ev) was administered, after obtained blood and urine cultures. The next day he developed severe sepsis manifestations (thrombocytopenia, coagulopathy and high serum creatinine level), cutaneous hemorrhage and peripheral thrombotic process of the extremities. Rapid detection of meningococcal antigen in urine provided confirmation of meningococcal disease.
Discussion: Meningococcemia without meningitis is an under recognized clinical form of invasive Neisseria meningitidis infection because it often presents with acute illness and nonspecific early symptoms. It is associated with high morbidity and mortality, especially in case of late diagnosis and therapy.
Conclusions: Because of the importance of early antibiotic therapy, meningococcal infection should be considered in any patient with the sudden onset of a febrile illness, especially those with petechial rash and/or meningeal signs and/or risk factors (*i.e.*, asplenia), to avoid delayed diagnosis and potentially dangerous complications. Finally, use of conjugate meningococcal vaccines is recommended for patients at higher risk for disease: prevention is the best cure.

An unlikely pneumonia: spleen and omental intrathoracic herniation due to acute atraumatic diaphragmatic rupture

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Preoperative diagnosis of blunt diaphragmatic rupture (BDR) is a challenge due to lack of specific clinical signs and poor sensitivity of initial radiologic studies. Initial CXR is diagnostic in 66% but, in cases of non specific results and absence of previous trauma, BDR can be missed in 7-66% with significant mortality due to visceral obstruction, ischemia and respiratory distress. A 41-year obese patient presented to Emergency Department (ED) for severe left chest pain abruptly felt at getting up in the morning. The afternoon before he had played soccer and in the evening he felt mild left flank pain. No trauma had occurred during the game neither in the recent past. Low fever and cough were accompanying symptoms. At ED the patient was not critical. CXR showed left pleural effusion and lower lobe consolidation suggestive for pneumonia. Admitted to Medicine the patient was slightly hypoxic (96%). Respiratory sounds were absent in left lower chest. Pain was decreased to SQV2-3, peritoneal signs were absent. Exams showed PCR 2.82 mg/dL. The picture was not typical for pneumonia. CT then showed 7-cm left posterior diaphragmatic tear with spleen and omentum herniation. The patient underwent urgent surgery. At laparotomy the laceration was widened to reduce spleen and omentum, then removed for stretching-related fatty changes. The postoperative recovery was uneventful. In this patient the absence of previous trauma and initial CXR results were deceiving but the unconvincing clinical picture guided additional workup leading to an unexpected diagnosis and to surgery.

Prevalence of pulmonary hypertension in an echocardiographic-laboratory

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Background: Pulmonary Hypertension (PH) is defined as an increase in mean pulmonary arterial pressure values ≥25 mmHg at rest assessed by right heart catheterization. Transthoracic echocardiography is commonly used for the initial assessment of PH. Few data concerning the prevalence of PH are currently available. Aim of this study was to evaluate the prevalence of PH, defined as echocardiographic estimated pulmonary arterial systolic pressure ≥40 mmHg, in an outpatient population.
Materials and Methods: In this retrospective cohort study, patients who referred from January 2011 to January 2014 to our Echo-Laboratory were enrolled. Among them, we selected those who met echocardiographic criteria suggestive for PH. These patients underwent clinical, laboratory and instrumental investigations to be categorized in each aetiological group.
Results: 3684 patients were evaluated. Of them, 657 patients (18%) had inadequate tricuspidal regurgitation, 2695 (73%) had estimated pulmonary pressure within normal range and 332 (9%) had increased pulmonary pressure. Fifteen patients were excluded from the analysis because it was not possible to identify a specific aetiology. Among the 317 selected patients with PH, 15 (4.7%) were affected by Pulmonary Arterial Hypertension (Group 1). PH secondary to left heart diseases (Group 2) was the most common cause (265 patients, 83.6%). Patients assigned to Group[3], 4 and 5 amounted to 9.5%, 1.6%, and 0.6%, respectively.
Conclusions: Prevalence of PH in our Echo-Laboratory was 9%, prevalence of Group 1 was 4.7%.

Il nursing reumatologico: l'infermiere al centro del processo diagnostico-terapeutico

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Introduzione: Le malattie reumatiche croniche si ripercuotono signifi-

cativamente sulla qualità della vita dei pazienti. Il ruolo dell'infermiere nel processo assistenziale non è ancora ben definito.
Materiali e Metodi: A partire da gennaio 2014 un infermiere professionale ha affiancato l'equipe medica dell'ambulatorio integrato gastro-reumatologico con le seguenti finalità: diagnosi precoce di interessamento articolare mediante questionario di screening apposito; informazione ed educazione del paziente sulla corretta gestione dei farmaci biologici e terapia personalizzata in caso di somministrazione sottocutanea; monitoraggio della risposta alla terapia e valutazione della qualità della vita mediante questionari validati.
Risultati: Il 36% dei pazienti, sui 220 affetti da malattie infiammatorie croniche intestinali (MICI) valutati mediante questionario di screening somministrato dall'infermiere, ha riportato sintomi articolari. La valutazione internistica successiva ha permesso di individuare 52 pazienti (24% dei pazienti sottoposti a screening) affetti da spondiloartrite enteropatica (SpA). L'educazione terapeutica è risultata in una migliore aderenza in particolare ai farmaci biologici. La qualità della vita dei pazienti affetti da SpA, significativamente peggiore rispetto ai pazienti con sola MICI, è migliorata in maniera significativa già dopo 6 mesi dall'inizio della terapia.
Conclusioni: L'infermiere professionale svolge un ruolo di primo piano nella fase diagnostico-terapeutica e nella valutazione della qualità della vita dei pazienti affetti da malattie croniche.

Evaluation of the efficacy of combined therapy in systemic sclerosis patients with digital ulcers. Review of 38 patients from a single center (N. 334) of the DUO Registry

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Bosentan has recently been proved to be efficacious for the prevention of new digital ulcers and controlled trials have shown clear benefits in the use of prostanoids. The aim was to describe assessment and management of systemic sclerosis (SSc) patients with DU and their treatment in a single DUO center.
Methods: Data were collected retrospectively from patients with DU, who were initiating bosentan and prostanoid's therapy from 2008 and followed until December 2015.
Results: 38 patients (29 F and 9 M) were enrolled in a single center (N° 334) of the DUO Registry from April 2008 to December 2015, The disease of the patients was classified as L-SSc in 56.8%, as D-SSc in 40.2% Mean Modified Rodnan skin score was 13.1±8.5. All patients had a history of Raynaud phenomenon (RP) and first non-RP SSc symptom occurred 10.1±7.5 months before baseline. 34 patients had interstitial lung disease (extensive in 8), 4 had history of renal crisis, and PAH was also present in 7 patients (18,4%). DLCO was 59.0±17.7%. At the start of combined therapy (bosentan+iloprost), the median number of DU was 3.0. More Digital Ulcers were present at the end of the cold season from February to May (p 0,036). 32 patients (84,05%) improved, in these patients digital ulcers healed within an observational period of 2,80 months (min 1, max 6 months), 3 patients (7,8%) stabilized, 3 patients (7,6%) had soft tissue infection requiring antibiotics, followed by gangrene and finally by surgical amputation. After the follow-ups at December 2015: 24 patients (61,5%) did not develop any new DU, 3 patients were died for PAH, only 2 pts (5,1%) had active digital ulcers.

An Internal Medicine unit's experience with iloprost in systemic sclerosis patients with new digital ulcers

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The aim of the study was to evaluate the effects of iloprost, by nail fold capillaroscopy, on the micro vascular damage of systemic sclerosis (SSc) patients with new digital ulcers.
Methods: We included in the study 11 (9 F-2 M) unselected consecutive pts with SSc admitted in our unit during 2015 for new digital ulcers. They had mean age 51.2 years (range 13-84), disease duration 12.2 years±7.5 (range 1-24). All met the preliminary American College oh Rheumatology classification criteria for SSc. And according skin cutaneous subsets: 7 pts with Limited cutaneous SSc, 4 with Diffuse cutaneous SSc. Nail fold capillaroscopy was performed using a Videocap 3.0 (DS Medica) with magnification 200x at study baseline (T0) and every 3 months (T1) and 6 months (T2). All the patients were treated with intravenous iloprost (40 μg/ day) in cycles of 5 consecutive days and one intravenous infusion every 14 days.8 of them were also treated with immunosuppressive drugs.
Results: Active digital ulcers healed in all 11 patients within an observational period of 2,80 months (min 1, max 6 months). At baseline (T0) the late NVC pattern was present in 3 pts (27,3)%), the active pattern in 6 pts (54,6%) and the early pattern in 2 pts (18,1%). At the end of the follow-up (T2) the number of capillaries/mm was higher than To (7,83±0,38 *vs.* 6,71±0,52 mm)) 1 pts shifted from the late to the active pattern. At T1 we observed a statistically significant progressive increase of capillaries /mm and progressive increase of capillary ramifications.
Conclusions: Iloprost is an effective drug for the treatment of severe peripheral vascular disease.

Screening for cardiovascular risk by carotid Doppler ultrasound in patients with systemic sclerosis

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The common carotid artery-intima media thickness (CCA-IMT) is widely used as an early indicator of atherosclerotic process.
Aims: Is to evaluate the CCA-IMT in patients with systemic sclerosis (SSc) to verify a possible association with disease severity and to assess the relationship of CCA-IMT with known cardiovascular risk factor.
Methods: 54 female pts, all postmenopausal, with SSc (ACR SSc criteria fulfilled), mean age 56.42±4.76 years, mean disease duration 9.69±5.9 years, mean BMI 25.4±3.4 kg/m2, were studied. According to the criteria defined by LeRoy (1988), 22 pts had Diffuse SSc subtype (40.7%) and 32 pts Limited SSc subtype (59.3%). 29 patients (53,7%) had arterial hypertension, 6 patients (11,1%) had type 2 diabetes and 6 were active smokers. In 20 patients (37%) we found interstitial lung disease, in18 (33,3%) digital ulcer, in 5 (9,2%) pulmonary arterial hypertension.
Results: The mean common carotid artery intima media thickness (mm) were: 0,92±0,36 D-SSc pts *vs* 0,74±0,22 L-SSc pts *vs* 0,63±0,32 control group, p<0,01. In five D-SSc pts (9,2%) we found a localized irregular intima media thickening of 1,5mm and were defined as carotid artery plaque and were related with digital ulcer (p 0,283), with pulmonary arterial hypertension (p 0,194) or interstitial lung disease (p 0,659); which means this macro vascular disease is associated with disease activity.
Conclusions: Our cohort of SSc patients had increased CCA-IMT and more atherosclerotic plaques compared to control group. CCA-IMT may be useful for monitoring patients with SSc and to consider an early treatment of subclinical atherosclerosis and for considering prophylactic strategies with statins.

Relationship between skin teleangiectasies and severe vascular disease in patients with systemic sclerosis

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Aims: To investigate the microangiopathy by nail fold videocapillaroscopy (NVC) and to determine relationship with skin teleangiectasies (ST) and the severity of systemic sclerosis (SSc)-related vasculopathy.
Methods: During 2015 a total of 88 women with SSc and with ST were assessed. All clinical parameters were evaluated and the presence of ST was assessed in 11 different body areas. The teleangiectasia's score for each body areas was calculated: zero if ST were absent, 1 point if were 1-9, 2 point if ≥10 ST were present. A total teleangiectasia's score was obtained by the sum of the score of the each individual body area (max score 22). NFC was performed using a Videocap 3.0 (DS Medica) with magnification 200x.

Results: We found: stellate skin teleangiectasies in 24%, matted skin teleangiectasies in 34%, both type in 42%. Body median teleangiectasia's score: face 1,6- arms 0,7- hands 0,4- thorax 0,6-abdomen 1,4- back 1,2- legs 0,8- feet 0,7. Age 54,7±12,9 years, disease duration 14,3±12,2 years; total teleangiectasia score: 7,07±0,72; Early NVC pattern in 22 pts. (25,1%), Active NVC pattern in 50 pts. (56,8%), Late NVC pattern in 16 pts. (18,1%). Diffuse subset in 22 (25,1%), Digital Ulcers in 8 pts. (9,7%); Digital Amputation in 6 pts. (6,8%): Asymmetric peripheral pulse in 10 pts. (11,8%), claudicatio in 18 pts. (20,5%); Infarction in 6 pts. (6,8%); SCL-70 (27,3%).
Conclusions: In our study matted ST were detectable especially in L-SSc and this pattern corresponds to the early/active NCV pattern. Stellate ST were detectable especially in D-SSc and this pattern corresponds to the late NCV pattern and to more severity of SSc-related vasculopaty disease.

✪ Increased homocysteine and lipoprotein(a) levels highlight systemic atherosclerotic burden in patients with a history of acute coronary syndromes

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Background and Aims: Strong evidence supported association between high levels of homocysteine (Hcy) and Lipoprotein(a) and an increased rate of ischaemic vascular events.
Materials and Methods: Study population comprised 162 patients [F=50 (30.9%); age=66.71±12.76 years] having a history of ACS within one year, undergoing intima-media-thickness and pulse-wave-velocity assay at common carotid and femoral arteries. We included hypertension, dyslipidaemia, diabetes, overweight/obesity, smoking and familiar history of cardiovascular disease in traditional risk factor count (CRFs). Adding to CRFs, Hcy≥15μmol/L and Lp(a)≥500mg/L, we obtained a new score, named TOTAL.
Results: At univariate analysis, Hcy and Lp(a) were significantly associated with presence of atherosclerotic extra-coronary lesions [for Hcy: β=0.934, SE=0.178, p<0.0001; for Lp(a): β=0.961, SE=0.177 p<0.0001] and compliance alterations [for Hcy: OR CI 95%, 13.3 (3.9-45.3), P<0.0001; for Lp(a): OR CI 95%, 14.6 (5.69-37.62) P<0.0001). At multivariate analysis, Lp(a) and Hcy were significantly associated with extra-coronary atherosclerosis, even after correction for CRFs. AUC of TOTAL score for both atherosclerosis and vascular compliance alterations, was significantly higher than the AUC of traditional CV risk factors plus only Hcy≥15 μmol/L or plus Lp(a) ≥500mg/dL, separately added.
Conclusions: The addition of evaluation of Hcy≥15μmol/L and Lp(a)≥500mg/L to traditional CRF count, does improve detection of systemic atherosclerotic burden of ACS patients and can offer a new opportunity to optimize the secondary prevention.

Impaired femoral vascular compliance and endothelial dysfunction in 30 healthy male soccer players

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Background: Despite beneficial effects of physical activity on cardiovascular risk, discordant data on elite athletes and retired sportmen are reported in the literature. Hypothesis: Long-lasting daily physical activity could affect vascular function differently between elite male athletes and age- and sex-matched healthy controls.
Methods: We evaluated augmentation index (AIX) and AIX corrected for heart rate (AIXr), peripheral arterial tonometry (PAT), and intima-media thickness and pulse wave velocity assay at common carotid (c-IMT, c-PWv) and femoral arteries (f-IMT, f-PWv) in sixty male subjects (30 athletes and 30 controls).
Results: In athletes, c-PWv (5.87±0.80 m/s *vs* 6.62±1.02 m/s [*P*=0.001]) and and f-PWv (8.96±1.29 and 7.89±1.39 [*P*=0.002], respectively) were, respectively, significantly lower and higher than values found in controls; accordingly, carotid AIX (4.03±6.21 *vs* 7.81±5.21, *P*=0.003) and femoral AIX (8.56±10.21 *vs* 6.09±7.95, *P*=0.042) were lower and higher than control values, even after correction for heart rate (*P*=0.03). At the opposite, IMT values were significantly higher in controls than in athletes (c-IMT, *P* <0.0001; f-IMT, *P* <0.0001). A positive significant correlation between HR and c-IMT and f-IMT and between HR and c-PWv were found when controls and athletes were considered as a whole group. Soccer players had lower PAT values in comparison to controls (*P*=0.002*)*.
Conclusions: Elite sports positively affect c-IMT, f-IMT, carotid PWv, and AIX but not femoral PWv, AIX, AIXr, or PAT.

Marked endothelial vascular dysfunction in Behçet syndrome patients compared with vascular damage assessed in acute coronary syndrome patients and healthy controls

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Background: We investigate vascular wall function of peripheral arteries in Behçet disease patients compared with patients with acute coronary syndromes and healthy control subjects.
Materials and Methods: 183 patients (controls: 76, ACS: 74, Behçet: 33) underwent to vascular function assessment: peripheral arterial tonometry (PAT), intima media thickness and pulse wave velocity at common carotid (c-IMT, c-PWv) and femoral arteries (f-IMT, f-PWv).
Results: ACS patients showed a marked atherosclerotic damage, because of higher c- and f-IMT values in comparison to others (ACS patients: c-IMT=1.9±0.6 mm, f-IMT=1.7±0.8 mm; Behçet: c-IMT=1.2±0.8 mm, f-IMT=1.2±0.7; controls: c-IMT=1.1±0.7mm, f-IMT=1.2±0.5); Behçet and controls data did not significantly differ, but both resulted to be significantly lower than data found in controls (p=0.01 and p=0.01, respectively). Vascular compliance was similar in Behçet patients (c-PWv=8.1±2.6 m/s, f-PWv=8.2±1.3 m/s) and controls (c-PWv=7.29±1.4 m/s, f-PWv=8.1±2.1 m/s; p<0.2); ACS showed the worst compliance (c-PWv=10.1±2.4 m/s, f-PWv=11.3±1.6 m/s; p=0.001). Behçet patients showed a significantly lower endothelial function, expressed as natural logarithm of reactive hyperaemia index (LnRHI), (0.44±0.8), compared to controls (0.79±1.7; p<0.0001) and these values minimally differed between Behçet and ACS groups (0.42±0.2, p=0.3).
Conclusions: Despite the low cardiovascular risk profile Behçet group showed a pattern of endothelial dysfunction as that found in patients at very high CV risk profile.

A rare case of celiac disease that broke out as anasarca

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A 32-year-old female was admitted to Internal Medicine Unit for anasarca and a further episode of fever. According to her medical history, the patient had suffered from episodes of not cyclical fever for about 10 years. From clinical records of previous hospitalizations, investigations were negative for malignancy, haematological disorders, autoimmune diseases, inflammatory bowel disease, common infectious diseases and parasitosis. She wasn't diabetic, dyslipidemic, hypertensive, overweight or smoker. Exams showed a severe protein-caloric malnutrition. She reported to assume a mostly vegetarian diet. On physical examination, signs compatible with acute or chronic inflammation were absent. Complete blood cells count showed a moderate reduction in haemoglobin level (8.7 g/dL), with higher volume of red cells. We excluded viral, bacterial and parasitic infections. Inflammatory markers were elevated. Panel for autoimmune disease was negative. Thyroid function tests showed only mild sub-clinical alterations. Plasma levels of folic acid, B12 vitamin and ferritin were lower the minimum normal range. In order to exclude inflammatory bowel disease, the patient underwent upper gastrointestinal endoscopy showing a normal pattern and colonoscopy demonstrating villous blunting, with biopsies consistent with a diffuse chronic inflammation and significant intraepithelial lymphocytosis (MARSH II).She started a gluten-free diet;after a month,at the discharge,she was afebrile and anasarca has solved;inflammatory markers were significantly lower and haemoglobin levels were mildly increased.

Clinical and nutritional effects of the life-saving hospitalizations at an Internal Medicine Unit of patients with eating disorders

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Introduction: ED are complex diseases causing severe and life-threatening malnutrition needing hospitalization.
Methods: Thirty-five consecutive patients (pts) (4 male and 31 female, mean age 25.1±6.6 years) with ED (DSM-IVR criteria) had a life-saving hospitalization at the Internal Medicine Unit of the Trento Hospital between the years 2010 and 2012. The pts were treated by an interactive multi professional team. The refeeding program consisted in an increasing protein-caloric intake along with the necessary supplementation, eventually integrated by an enteral (12 pts) or parenteral (10 pts) nutrition, both overnight. Meals were staff- assisted. Here we show several indices of the nutritional state at the entry and at the discharge from the hospital.
Results: The mean clinical stay was 17.2±8.7 days. We observed a significant increase of body weight (42.3±8.4→44.3±8.5 kg), BMI (15.3±2.3→16.1±2.3 kg/m^2), systolic (95.2±8.3→103.6±10.6 mmHg) and diastolic (61.0±7.0→65.6±8.6 mmHg) blood pressure, heart rate (55.7±16.5→67.5±14.5 b/m), serum prealbumin (0.26±0.05→0.29±0.04 mg/dL), AST (34±21.8→27.4±13.9 UI/l) (all P<0.05 or less). One pts was transferred to a rehabilitation unit, 17 pts were discharged at home with an ambulatory follow-up, 6 pts chose a voluntary discharge.
Conclusions: Our results demonstrated the therapeutic efficacy of a multi professional team in the treatment of severe ED conducted in a Medicine Unit, leading to a significant improvement of the nutritional parameters and to the possibility to continue the treatment in an ambulatory setting.

Effect of nutritional structured intervention on radiotherapy tolerance in patients with head and neck cancer: a observational study

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Background: Malnutrition, frequent problem in patients with head and neck squamous cell cancer (HNSCC), reduced response to cancer treatment. The aim of the observational study was to evaluate the effect of structured nutritional intervention on radiotherapy tolerance.
Patients and Methods: From January to June 2015, 37 HNSCC's multidisciplinary hospital outpatients (21 male, 16 female, aged 53 and 85 years) in following by of Saronno Hospital (VA) submitted to radical or post-operative radiotherapy to at least 60 Gy (no chemotherapy), were enrolled.
Results: Patients at intermediate-high nutritional risk (weight loss >10% of pretreatment weight) in the course of radiotherapy, were referred for nutritional assessment carried by a nutritionist; the follow-up was performed during- end of the treatment and after 1 and 2 months; 17/37 received enteral nutrition (NE) with formulas diet (1.5 Kcal/mL) by positioning of PEG, the other patients were prescribed a personalized diet (≥125 kJ/kg/day o 30 Kcal/Kg/day and 1.2 g protein/kg/day) associated with oral supplementation (12/20 patients) with essential aminoacids or high calorie supplementation (1.5 Kcal/mL, 20 g of protein/200 mL); 64% of patients in follow-up has maintained the initial weight, 17% a modest weight increase (between 5-10% of initial weight); all patients completed radiotherapy.
Conclusions: As reported in the literature,the early nutritional intervention, which guaranties a permanent weight stabilitation, may improve tolerance to cancer's treatments confirming the effectiveness of the multidisciplinary approach.

Cytomegalovirus infection in patients with solid tumors

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In immunocompromised patients (pts), primary cytomegalovirus (CMV) infection may lead to CMV disease involving multiple organs. Limited data is available on the role of CMV reactivation/disease in adult pts with solid cancers during chemo (CT) and/or immunotherapy; in retrospective data approximately 50% CMV PCR positive-cancer pts developed clinically relevant CMV-viremia requiring therapy. CMV testing is not routinely done in clinical practice and consequentially CMV reactivation/disease may be underreported. We describe the case of a 72-year-old woman affected by triple negative breast cancer who underwent adjuvant CT with four cycles of epirubicin and cyclophosphamide, every 21 days, followed by two applications of weekly paclitaxel. After the second paclitaxel administration, she experienced fever of 38.8 °C. Laboratory testings, chest x-ray, and blood cultures revealed only a positivity for CMV-PCR. Treatment with ganciclovir and specific immunoglobulin was started. The pt's respiratory status deteriorated, she was transferred to the Intensive Care Unit where a broncoscopy confirmed a CMV-EBV pneumonia. The CMV infection became evident after 16 days. The early administration of specific antiviral treatment may improve the outcome of these pts and may avoid unsuccessful antibiotic therapy: unfortunately, guidelines on this subject are not jet available. Larger studies are necessary to identify the risk factors for CMV disease: we propose the inclusion of routine CMV screening in solid cancer pts presenting with fever of unknown origin.

A strange case of anemia

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Introduction: Malaria is a mosquito-borne infectious disease of humans caused by a parasite that in severe cases can cause death. Artesunate is recommended as first-line treatment for severe malaria worldwide. Although this drug is generally safe, cases of artesunate-related delayed hemolysis were reported.
Case report: An 82-years old Italian male, without remarkable medical history, was admitted to our geriatric department reporting anemia, asthenia, weight loss, diarrhea and vomitus. The anamnesis revealed that the man, 2 days before his admission to the hospital, had left Kenya, thus he was hospitalized for malaria and treated with a combination of artesunate/lumefantrine. Presence of hemolytic anemia was confirmed by blood analysis showing low levels of hemoglobin (6.5 g/dL), with incremented LDH and indirect bilirubin and low levels of haptoglobin, with positive Coombs direct test. Fecal occult blood test was negative. The patient underwent transfusions after premedication with methyl-prednisolone. The day after, reached stable hemoglobin levels, prednisone by oral route was started.
Conclusions: Delayed hemolysis is a severe complication in artesunate-treated patients, etiology however is still unknown. Delayed hemolysis typically starts in the second/third week after treatment. Today tropical diseases and the therapy-related side effects should be considered as diagnostic hypothesis in young but also in elderly patients. Physicians, and particularly geriatricians, should know this artesunate-related side effect for early diagnosis and proper management.

✪ Effect of vena cava filters in reducing in-hospital case fatality rate of patients with pulmonary embolism: results from a large population-based study

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Background: In patients with venous thromboembolic event (VTE), vena cava filters (VCF) are recommended only if anticoagulant treatment is contraindicated or if VTE has recurred despite adequate anticoagulation. However, evidence on their efficacy is not compelling even in these subgroups of patients. We evaluated their potential efficacy in reducing the in-hospital mortality in patients with a first episode of pulmonary embolism (PE) using data recorded in two regional hospital-discharge databases.
Methods: The proportion of cases with VCF on the total of PE incident cases for each year of observation and the temporal trend in its appli-

cation during the study period was calculated. Effect of the use of VCF on in-hospital case fatality rate was evaluated with a multivariate regression model and with the use of propensity score matching (PSM).
Results: During the study period (2002-2012), 60,813 patients were hospitalized for a first episode of acute PE. The in-hospital case fatality for PE was 13.3%. VCF were used in 745 patients (1.22% of the whole population). Their annual use remained stable from 2002 to 2008, while it progressively decreased afterwards. After adjustment for possible confounders case-fatality rate remained significant lower in patients who received VCF in comparison to patients who did not (Odds Ratios 0.46; 95%CI 0.34-0.62). PSM gave similar results (Odds Ratios 0.42; 95%CI 0.30-0.61).
Conclusions: VCF were infrequently used in patients with acute PE. Insertion of VCF appeared to reduce all-cause in-hospital mortality in our population.

New oral anticoagulants in *real life*: three years experience in clinic

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Introduction: The aim of the present observational and perspective study was to test the effectiveness and safety of new oral anticoagulants (NAO) in *real life* evaluating the effects of the treatment on 230 p. divided in 2 groups: 210 with AF and at least another risk factor treated with dabigatran, rivaroxaban and apixaban and 20 with DVT treated with rivaroxaban and dabigatran followed-up for 34 months.
Materials and Methods: D: 150 mg BID was administered to 81 p. with FA and to 2 patients with TVP; 110 mg doses 2 a day were administered to a p. sub-group (no. 7 of the 100 under treatment with D.) aged at least 86 or weighting not more than 60 kg; A: at a 5 mg dose 2 a day was administered to 48 p. R: at a 20 mg dose per day was administered to 74 p. belonging to the group with FA and to the 20 patients affected by acute symptomatic pulmonary embolism (PE) in order to prevent a thromboembolic relapse.
Results: The study proves the NAO effectiveness as regards the primary outcome. Furthermore, given the preliminary data, it documents a death rate due to cardiovascular causes lower than 0,60%, while percentage data relating adverse events are quite null. The estimated *drop-out* percentage, from a preliminary analysis of data, was 35%; after a new evaluation of patients through telephone interview, it appeared that as a matter of fact none of the patients stopped the treatment, but just applied to another specialist or to the general GP.
Conclusions: The study proves the effectiveness and safety of NAO as to the prevention of TE events in AF, with results similar to the ones of large *trials*.

✪ Increased mortality from diabetes mellitus, acute myocardial infarction, genitourinary tract diseases in a community heavily exposed since 1960s to drinking water contaminated with perfluorinated substances a class of endocrine disruptors and carcinogens in the Veneto Region

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Background: Perfluorinated substances (PFAS) are a group of man-made compounds introduced after World War II. Some PFAS, namely PFOA and PFOS, the best studied members of the family, are possibly carcinogens and endocrine disruptors. Studies around the world have shown detectable levels of many PFAS in the blood of the general populations (GP), with higher concentrations in occupationally exposed (OE). Drinking water (DW) and contaminated food chain are primary route of exposure. In both GP and OE, few epidemiological studies have suggested a positive association with hypercholesterolemia, hyperuricemia, endocrinopathies and higher mortality for diabetes, stroke and some malignant neoplasm.
Materials and Methods: In a retrospective study spanning 1980-2011, we revised death certificates of 350,000 people. They have being exposed in the Veneto Region since the 1960s to drinking water contaminated by a PFOA manufacturer facility that has dumped its waste into a river. Mortality rates (MR) in municipalities with levels of PFOA in DW >500 ng/L (group I) were compared to those with no PFAS (group II).
Results and Conclusions: In group I an excess of mortality was observed in women for diabetes (DM) (RR=1,27; IC95%=1,11-1,44), acute myocardial infarction (AMI) (RR=1,14; IC95%=1,05-1,23) and genitourinary tract diseases (GTD) (RR=1,27; IC95%=1,06-1,52) and in males for AMI (RR=1,11; IC95%=1,04-1,19) and GTD (RR=1,46; IC95%=1,23-1,74). MR for Breast cancer in both sexes were increased without statistical significativity in the population heavily exposed for decades to high levels of PFAS in DW.

Caso clinico: uno strano "mal di schiena"

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Donna 16 anni; APR muta. 22/10/15 asportazione di cisti sebacea ascellare seguita da comparsa di febbre con dorsalgia. Regressione della febbre dopo tp. con amoxicillina/clavulanato. Rivalutazione ambulatoriale chirurgica: ndp. 28/10: ricomparsa di febbre elevata, incremento dei dolori dorsali e rigidità. In PS eseguiti esami ematochimici (WBC 13.17x10^3/mcL, PCR 15.8 mg/dL), v. Neurologica e rachicentesi (negativa). Ricoverata in Chirurgia con diagnosi di "febbre in verosimile sovrinfezione di ferita chirurgica", ha eseguito v. internistica ed infettivologica; impostata terapia antibiotica empirica con ciprofloxacina+ceftriaxone. Incremento tuttavia della PCR e marcata algia alla mobilizzazione del rachide con contrattura dei muscoli paravertebrali. Trasferita in Medicina e sottoposta ad RMN rachide con evidenza di raccolta ascessuale extradurale estesa da D5 a D9 con infiltrazione dei tessuti molli periarticolari e compressione sul midollo spinale. Trasferita in Neurochirurgia è stata sottoposta ed intervento evacuativo con successivo isolamento di MSSA (isolato anche da tampone di ferita al braccio) ed impostata oxacillina 2gx4/die sulla base dell'antibiogramma. In V giornata post-operatoria pz. ritrasferita presso la nostra UO, dove ha proseguito la terapia antibiotica con scomparsa di febbre, dolore e normalizzazione degli indici di flogosi. Il caso descrive una rara, ma possibile, complicanza delle infezioni cutanee Stafilococciche. La decisione di sottoporre la paziente a RMN urgente ha permesso di evitare lo sviluppo di complicanze maggiori ed irreversibili.

Use of antithrombotic therapy in patients with atrial fibrillation and prior stroke: insights from the global GLORIA-AF registry

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Originally presented at European Society of Cardiology (ESC) Congress, London, UK, August 29-September 2, 2015
Purpose: GLORIA-AF is an observational programme involving up to 56,000 patients with newly diagnosed non-valvular atrial fibrillation (AF) in up to 2200 sites in around 50 countries. This interim analysis was to examine use of antithrombotic therapy, in relation to history of stroke.
Methods: Data collection in phase II started once dabigatran (D) was approved in participating country. This interim analysis was to describe characteristics of pts initiating D and those initiating VKA at baseline visit.
Results: From Nov 2011 to Feb 2014, 10,675 pts were enrolled in phase II interim analysis. Of 10,675 pts, 999 had previous stroke (median age 74 years, 55.3% male). Median CHA2DS2VASc score was 5 compared with 3 in those with no previous stroke (n=9667). In the cohort of pts with previous stroke: VKA alone was prescribed in 26.5%, VKA+AP therapy in 6.1%, NOAC alone in 44.8% and NOAC+AP therapy in 5.9%. Despite the high risk, AP therapy alone was used in 10.8% of pts, while

5.8% received no antithrombotic therapy. In pts with no prior stroke, proportions on AP therapy alone and no antithrombotic therapy were higher (12.5% *vs* 7.8%).Proportion of pts receiving D was always slightly higher in those pts with a history of stroke compared with no previous stroke.
Conclusions: Despite high stroke risk, approx 17% of pts with prior stroke were treated with AP therapy alone or no antithrombotics. Proportion of pts receiving D was higher than in those with no history of stroke.

✪ Predictive factors of mortality within 30-days in patients with nonvariceal upper gastrointestinal bleeding

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Background and Aim: Nonvariceal upper gastrointestinal bleeding (NVUGIB) is a common medical emergency that can be life threatening. This study evaluated predictive factors of 30-day mortality in patients with this condition.
Methods: A prospective observational study was conducted at a single hospital between March 2013 and November 2015, and 1158 patients with symptoms and signs of gastrointestinal bleeding were consecutively enrolled. Clinical characteristics and endoscopic findings were reviewed to identify potential factors associated with 30-day mortality.
Results: Overall, 213 inpatients and 945 outpatients were included in the study (men, 64.2%; mean age, 70.21 years), and 50 patients died within 30 days (4.3%). Multivariate analyses revealed that number of comorbidity and patients with malignancy, age ≥65 years, and hypotension (systolic pressure <90 mmHg), H. pylori infection, hospitalized patients were significant predictive factors of 30-day mortality.
Conclusions: Several conditions could predispose to NVUGIB death independently from grading of bleeding lesions and treatment employed. These results will help guide the management of patients with this condition.

Successful use of 5-ASA in precocious treatment of acute segmental non occlusive ischemic colitis

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Background: Acute segmental non-occlusive ischemic colitis (IC) has been defined as acute colonic inflammation. Our aim was to evaluate the efficacy and the safety of 5-ASA treatment and the long-term incidence of recurrence e complication after the first attack.
Methods: A total of 64 consecutively symptomatic patients with endoscopic findings suggestive of non-occlusive IC were enrolled and treated with traditional conservative regimen with or without 5-ASA (2.4 mg t.i.d). Clinical, radiological endoscopic and histological characteristics of these patients were analyzed during one-year of follow-up.
Results: 30 out of 32 patients with 5-ASA treatment obtained complete remission after one years of follow-up, two of this experienced a relapse of disease at 9 and 12 months to the first attack. 22 out 32 cases treated only with traditional regimen obtained remission. Four relapsed chronically and 6 patients have a single relapse. None of 5-ASA treated patients had complication while 4 patients developed stricture and surgery was required.
Conclusions: Precocious 5-ASA based regimen is useful in the treatment of acute segmental non-occlusive ischemic colitis in term of prevention of chronically active disease and in prevention of stricturing disease refractory to therapy and needing surgery.

Increased expression of fatty acid synthase provides a survival advantage to cells in esophageal carcinogenesis cells

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Background : Fatty acid synthase (FAS), a lipogenic enzyme, is upregulated in esophageal carcinogenesis. Increased *de novo* lipid synthesis is thought to be a metabolic adaptation of cancer cells that promotes survival. To evaluate the contemporary expression of FAS and p-53 in the esophageal carcinogenesis in order to establish the correlation between metabolic and replicative activities of cells.
Methods: In Barrett's esophagus, esophagitis and esophageal adenocarcinoma patients, biopsies were taken from pathologic sites of the mucosa for histological and immuno-histochemical detection of FAS and p53. FAS expression was positive, when a strong granular cytoplasmic staining was observed in esophageal cells. The p-53 was defined positive, when nuclear staining was clearly detected at 10x magnification.
Results: Contemporary expression of FAS and p-53 increased up to 70% in Barrett's esophagus while was present in all patients with esophageal adenocarcinoma (p=0.0001). In Barrett's esophagus, contemporary p53 and FAS was mildly in 33% or intensely expressed in 77% cells. FAS and p-53 was contemporary intensely expressed in 99% of cells in esophageal adenocarcinoma, respectively, (p=0.0001).
Conclusions: Overexpression of FAS plays a crucial role in maintaining energy homeostasis in esophageal carcinogenesis increasing oxidation of endogenously synthesized lipids. Activation of fatty acid oxidation may be key adaptation mechanisms that mediate the effects of FAS on cancer cell survival and replication.

Microscopic polyangiitis in a young woman treated with plasma exchange and rituximab

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A 20 years old female came to the emergency department for a recent onset of dyspnea, anorexia and cough. Her past medical history was negative. Blood tests severe showed acute renal failure with anuria, leukocytosis and normocytic anemia with an elevated erythrocyte sedimentation rate and C-reactive protein. On chest X ray bilateral consolidations were present while the abdominal sonography showed only a loss of cortico-medullary differentiation. She started hemodialysis but after a few hours she developed hemoptysis. The suspect of an autoimmune disease was high so a steroidal treatment was started and blood sample for auto-antibodies were collected. The panel showed high levels of ANCA (anti-MPO) and ANA and low C3 levels therefore suggesting the possibility of microscopic polyangiitis. Plasma exchange was performed and a cycle of treatment with Rituximab was started improving respiratory function but without substantial improvemente on renal function and was discharged after two months of in-hospital stay stil requiring hemodialysis. Microscopic polyangiitis (MPA) is a necrotizing vasculitis of small vessels without clinical or pathological evidence of granulomautos inflammation that may lead to necrosis and bleeding. Remission induction and maintenance (as well as the treatment of the relapses) are based on corticosteroids and immunosuppressive agents. Rituximab (chimeric monoclonal antibody antiCD20) appears to be an effective and safe choice.

Microscopic polyangiitis presenting with renal failure in an older woman

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A 72 years old woman came to the emergency department for fatigue and vertigo of recent onset. On her past medical history she had type 2 diabetes and a considerable weight loss of about 13 kg in the last 3 months with the recent discovery of mycrocitic anemia for which she performed endoscopic evaluations with no abnormal findings. Blood samples confirmed microcitic anemia and showed unknown mild renal failure. The presence of distal unilateral paresthesia and the sudden loss of vision in the left eye together with the finding of high titer p-

ANCA suggested the diagnosis of microscopic polyangiitis. Immunosuppressive therapy with corticosteroids and cyclofosfamide was started but patient's condition abruptly worsened and she was transferred to the ICU where she started emodialysis. Microscopic polyangiitis (MPA) is a necrotizing vasculitis of small vessels without clinical or pathological evidence of granulomautos inflammation that may lead to necrosis and bleeding. Among common manifestations we find fatigue and weight loss as well as neurological involvement (mononeuritis multiplex and seizures). Treatment relies upon steroids and immunosuppressive agents.

Gestione dei nuovi anticoagulanti orali: due anni di esperienza

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Premessa e Scopo dello studio: I risultati dei grandi trials sui Nuovi Anticoagulanti Orali (NAO) hanno rappresentato una svolta epocale nella gestione della trombosi venosa profonda (TVP), tromboembolia polmonare (TEP) e fibrillazione atriale non-valvolare (FANV). In questo studio è stata valutata la gestione dei NAO nella pratica clinica ambulatoriale.
Materiali e Metodi: Dal Gennaio 2014 al Dicembre 2015 sono stati arruolati 117 soggetti di cui 52.1% maschi (M) e 47.9% femmine (F), con età media di 71.5±13.6 anni (maggiore nelle F *vs.* M, 74.5±15.0 *vs.* 68.9±11.7, p<0.027), che afferivano alla SOS di Angiologia ed al Centro di Ipertensione. Alla visita iniziale ed al follow-up (1,3,6 e 12 mesi) oltre alla visita medica sono stati valutati i parametri bioumorali raccomandati dalle LG, gli effetti avversi (EA) e l'eco-color doppler venoso al 3°, 6° e 12° per la TVP.
Risultati: La prevalenza dei NAO (non diversa tra M e F) era 76.9% per Rivaroxaban, 13.7% per Dabigatran e 9.4% per Apixaban; di questi il 55.6% aveva FANV (p<0.024), il 26.5% TVP, 9.4% TEP e 8.5% TEV+TEP. I naife erano l'81% dei casi (57% M e 42.1% F), i swittched da warfarina erano il 18.8% (28.6% F *vs.* 9.8% M, p<0.01). Alla visita di follow-up (tempo medio di 20 minuti) sono stati persi il 5.9% dei pazienti, gli EA erano 3.5%, le complicanze maggiori erano 0.85% e le minori nel 4.99%) nel 6.8% è avvenuto cambiamento del dosaggio.
Conclusioni: L'aderenza ai NAO è elevata, gli sono rari EA (<1% maggiori) e (<5% minori) e confermano le osservazioni di studi di registro effettuati nel mondo reale.

Metabolic syndrome and renal cell cancer

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Metabolic syndrome (MS) is a cluster of metabolic abnormalities, which represents a pivotal risk factor for cardiovascular diseases. Recent studies have recognized that MS might play an important role in the etiology and progression of different cancers, in particular for women. Growing evidence suggests that MS has a strong association with renal cell carcinoma (RCC), whose risk increases proportionally to presence and number of coexisting MS components. On the other hand, RCC is increasingly being recognized as a MS. We aimed to further explore the different link between MS and RCC, and some underlying mechanisms responsible for MS-associated RCC. To summarize evidences in support of the relationship between MS and RCC and possible underlying mechanism and therapeutic approaches, a PubMed search was conducted using medical subject headings 'MS', 'obesity', 'hypertension', 'diabetes', 'dyslipidemia', and 'RCC'. Smoking and diet have been previously identified as risk factors for RCC. Moreover, there is a growing body of evidence regarding the link between MS and RCC (in particular obesity and hypertension are considered to have a close causal association with RCC). In addition, a lower risk of RCC seems to be significantly associated with metformin use. A variety of molecular mechanisms secondary to MS are probably involved in RCC formation and/or progression. A deeper understanding of these molecular mechanisms may provide strategies for the prevention and treatment of RCC.

A pain in metabolic aetiology:when the patient is it for the continuity of care physician. A case

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Background: The medical continuity of care (CA) patients come to pains, some of which can also configure emergency paintings. Of patients referred to that service for pain, there are few that are be processed for a precise diagnostic suspicion and even less for a metabolic etiology pain. We describe a case of talking about its management and problem solving in CA: 56 years old, he appeared in the location of medical guard complaining about severe pain. History: Diet with conspicuous libations; hypertension, mixed dyslipidemia. PA 150/90 mm Hg. Poor general conditions; overweight. Suffering facies, VAS 8/10, deambulatory deficit, analgesic attitude of the left leg. Edema and hyperemia, soreness and tenderness at the level of the metatarsophalangeal joint of the big toe joint, positive thermotouch with functional impotence. Peripheral arterial pulses present. We put the acute gouty attack suspect.
Results. Short-term therapy: naproxen 500 mg followed by 250 mg/8 hours, hydration. Dietary counseling. Subject put off to the doctor to continue the treatment (500 mg for 7 days), monitoring and subsequent metabolic revaluation. We verbalizzed on Form M, that was released with the recipe of SSN prescription.
Conclusions: The libations, along with other risk factors for metabolic syndrome, through the precipitation of uric acid, triggering gout. In the presence of comorbidities and absence of a given laboratory on renal function - common event in CA -, we omitted the steroids and the conchicina (not present in the CA pharmacopoeia) preferring to use an intermediate half-life NSAIDs.

The broken heart

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Mrs. A., aged 74, admitted to hospital for respiratory failure at the department of Internal Medicine of Latina hospital. No cardiac history and he has never presented chest pain. Tachycardia is noticed a pulse and thus you run an ECG, which shows sinus tachycardia at 130 bpm, but above all a ST sopra-elevation in anterolateral leads. The patient denies chest pain and has a good hemodynamic compensation. Given the electrocardiographic and enzymatic discrete movement is sent at the cath lab. At angiography, contrary to what predicted on the basis of ECG, no recognition of any severe stenosis or coronary occlusion, but only a severe left ventricular failure, for which the stroke volume of the left ventricle is reduced to 25%. It raises the diagnosis of "cardiomyopathy" stress, also called "cardiomyopathy of Tako-Tsubo". A. has a progressive and sudden deterioration of vital signs, so you place a counter-aortic pulsator in the cath lab. Despite all the lady dies at 24 hours from the confirmation of the disease. The "cardiomyopathy of Tako-Tsubo" is a disease described for the first time in 1991 in Japan. It mainly affects older women and with its organic variables disorders, ECG changes and the elevated laboratory values almost perfectly mimics an acute heart attack. The peculiarity of the present case resides in the almost total absence of cardiac symptoms and in the lack of emotional stress trigger. It also points out the sad exception of a fatal event, rare for this disease.

Tack to requirements treatment of patients with heart chronic disease and hypertension

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Objectives: The lack of adherence to treatment is high in hypertensives with ischemic heart disease (ISD).Objective is to evaluate the adherence of these patients (P) assisted by the GPS of Samnium Cooperative and define improvement strategies
Materials and Methods: We examined the requirements of 2012, of antiplatelet, beta-blockers, ACE inhibitors, ARBs, statins, omega 3 in 3506 P with ISD in a population of 35525.Adherence was calculated by the method PDC (Proportion of Days Covered: total DDD-observation days); PDC<40% non-members; on average 40,80% members; PDC>80% strongly adherent. Were also detect the demographic characteristics of patients, cardiovascular risk factors, comorbid medical conditions.
Results: 1.649(47%) males, aged 74±12.2, 56% with hypertension, 17% diabetes, 1% chronic renal failure. 44% ISD has a record of BP (only 27% had BP 140-90). 51.8% had at least one prescription of antiplatelet, 35.9%beta blockers, 56.7%ACE inhibitors,ARBs, 29,8% statins, 5.3% omega3.With PDC, 72% is adherent to therapy with ACE inhibitors or ARBs (PDC>80%), 47% statins (PDC>80%).
Conclusions: 52% of P using antiplatelet, 50% statins. Only 27% had BP controlled. Poor adherence to therapy is a growing problem, not only depends on the will of the P, but also involves medical figures of the various disciplines and the health system. Efforts to improve the adherence of patients with ischemic heart disease and hypertension, the major risk factor for heart disease should be directed to implement new strategies and change the lifestyle.

Assessment of patterns of initiation of oral anticoagulant therapy in hypertensive patients with atrial fibrillation

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Objectives: To describe patterns of use of warfarin and new oral anticoagulants (NOACs) in hypertensives with atrial fibrillation (AF).
Materials and Methods: Study was conducted using administrative health care records from a Local Health Authority in the Campania Region. Hypertensives new user of NOACs between Jan 1st 2014 and Dec 31th 2014 were selected, >50 years.Drug prescription amounted to >90 days of anticoagulation.Age,gender,concomitant medications and polytherapy were retrieved for multivariable logistic regression analysis as predictors of NOAC.
Results: 4,059 new users of OAC were identified.1,758 hypertensives with AF); 833 (47.38%) received as first dispensation a NOACs and 925 (52.62%) received warfarin. Age >75 was positively associated with NOAC initiation (OR: 1.56;95% CI 1.19-2.05); multiple concomitant medication was negatively associated with NOAC initiation (OR:0.73;95% CI 0.56-0.96). Characteristics of Pts with OAC. (N=833) Warfarin,(N=925) Gender: F458,(55.0%), Age75.2±9.5 Received: AAP 425 (51.0%) 294 (31.8%) 719 (40.9%), AF DRUG 660 (79.2%) 699 (75.6%) 1359 (77.3%) 0.067, NSAID 377 (45.3%) 409 (44.2%) 786 (44.7%) 0.66, J02A 24 (2.9%) 30 (3.2%) 54 (31.1%) 0.660, PPI 597 (71.7%) 648 (70.1%) 1245 (70.8%) 0.457 Received SSRI SNRI 112 (13.4%) 113 (12.2%) 225 (12.8%) 0.441. Number of coprescribed medicines 0.005.
Conclusions: High proportion of hypertensive patients with atrial fibrillation received NOACs as first choice of treatment. Complex drugs regimen may negatively influence the choice of NOACs. Our findings may have implications for real-world practice studies.

✪ A healthy balance of plasma cholesterol by a novel, smart, nutraceutical product formulated with *Annurca campana* IGP apple polyphenolic extract

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Objectives: Several studies have long since suggested benefits of apples on lipid levels. Herein, we deepened the comparison and found that, within the polyphenolic fraction, Annurca variety possess a different, uncommon procyanidin profile with respect to all other cultivars examined so far. We demonstrated that Annurca was rich in those types of procyanidins which showed the highest *in vitro* hypolipidemic effect.
Materials and Methods: We formulated gastric-resistant capsules containing an Annurca apple polyphenolic extract accounting for 800 mg/day (equivalent to 6 Annurca apples). A monocentric, randomised, parallel groups, cross-over 12 weeks study was conducted on 250 hypercholesterolemics (116 men, 30-83 years of age), with the following values at baseline: TC, 214-254 mg/dL; HDL-C, 30-43 mg/dL; LDL-C, 150-205 mg/dL.
Results: All subjects declared no drug therapy or supplement intake for hypercholesterolemia, during the period of nutraceutical assumption. Beyond all expectations, this product, at two months from the administration (2 capsules/day), was able to substantially impact both LDL-C, and HDL-C at the same time (about, -37.6%, and +49.3% respectively) decreasing TC by about 24.9%. This an unprecedented result never obtained with any other nutraceuticals or drug and could be of clinical relevance in the CDs primary prevention.
Conclusions: The uniqueness of this product consists in: 1) the significant capacity to increase HDL-C levels; 2) the total absence of side effects typical of the most common drugs used for the treatment of plasma hypercholesterolemia.

A new onset of atrial fibrillation in an outpatient population

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Objectives: To evaluate the incidence of atrial fibrillation (AF) new onset in a population center pertaining to the diagnosis and treatment of arterial hypertension (AH), in the years 2014-2015.
Materials and Methods: We were visited in 2014 and 2015 517 patients (Pts), respectively (315 F - 202 M) and 483 Pts (327 F - 156 M), aged between 35 and 85 years (aa) come to our observation because suffering from (AH). All were subjected to medical history and clinical examination. 343 Pts (34,3%) had FA naive. The patients were divided by age decades. 35-45 aa FA naive in 53 patients (27 F) ; 45-55 aa 72 pcs fibrillating (46 F) ; 90 pcs (56 F) in the decade 55-65 aa. and finally 128 patients (70 F) in the decade 75-85 aa. All were performed ECG, color Doppler - echocardiography, Holter - ECG.
Results: Women (68%)%, uncontrolled hypertension (74%), overweight and obesity (69.2%), use of alcoholic beverages (46%), older than 65 years (78%) were the of the most representative risk factors for the onset of AF. It has also been highlighted in the pc aged>65 years with dilated left atrium (68/156) (sec ESH Guide 2013) a closer relationship between the FA onset, gender, and overweight and obesity.
Conclusions: Our data show that the FA, although very widespread, especially in the elderly, is not detected, probably because asymptomatic, tripling the risk of severe brain and heart damage (LIFE Study)

The algodystrophy syndrome: a simulated case report of knee monoarthritis

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Introduction: Algodystrophy is a rare condition often beginning with limbs'pain resistant to common painkillers and usually due to a minortraumatic event.Symptoms are disproportionate to the causing event and pain usually refers to hands, feet, rarelyknees. Pain is associated with sensory alterations, inability to move, edema and local redness and later skin dystrophic signs. X-raysshow osteoporosis. This disease is identified as complex regional pain syndrome (CRPS).
Clinical case: 48 year old man who 6 months earliershowed pain and

slight swelling with functional impairment ofleft knee;noinflammatory, autoimmunity and rheumatoid factormarkers present in lab finds, no psoriasisin family history. A rheumatologist diagnosed knee monoarthritis and prescribed low-dose steroids and sulfasalazine (2 g/day); at our esamination patient showedknee and left leg skin dystrophic signs with no laboratory findings. Knee MRI showed: moderate signs of synovitis, diffuse signal alteration of the external femoral condyle, hyperintense on T2-weighted sequences, no meniscal or ligament injuries. **Conclusions:** Although rare, physicians must suspectalgodistrophy when clinical symptomatology has regional character and when the classic markers of chronic synovitislack; furthermore follow-up, presence of osteoporosis localized to RX or bone edema on MRI will confirm the diagnosis. Current treatment involve bisphosphonates (neridronate) which lead to complete and stable remission.

La sindrome da anticorpi anti-sintetasi: descrizione di un caso simulante un'artrite reumatoide

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Introduzione: La sindrome da Ac anti-sintetasi è una connettivite caratterizzata da interstiziopatia polmonare,artrite, miosite, fenomeno di Raynaud, sclerodattilia, ipercheratosi, teleangectasie e dalla presenza in circolo di Ac diretti contro le aminoacil-tRNA sintetasi. Si riconoscono sette autoanticorpi, ma il più frequente è l'anti istidil-tRNA sintetasi. **Caso clinico:** Maschio di 52 anni che nel corso degli ultimi 4 anni ha realizzato artrite simmetrica alle piccole articolazioni di mani e piedi, in prima ipotesi è stata posta diagnosi di A.R. sieronegativa. Successivamente il pz ha realizzato F. di Raynaud, lesioni ulcero-distrofiche alle caviglie ed una ingravescente dispnea. Giunto alla nostra osservazione l'esame clinico ha mostrato:condizioni generali scadute con dispnea, al torace crepitazio inspiratoria bibasale, sclerodattilia, lesioni ulcero-distrofiche agli arti. Il laboratorio ha evidenziato elevazione della flogosi e della CPK, anemia, ANA positività e presenza di Ac anti istidil-tRNA sintetasi (anti Jo-1). Una HRTC ed una spirometria hanno evidenziato alterazioni da severa interstiziopatia e l'ecocardio una cardiopatia dilatativa. **Conclusioni:** Il caso da noi proposto, all'insorgenza ha realizzato un quadro clinico suggestivo di A.R.; successivamente si è evidenziata una sindrome evocante più connettiviti. La positività degli Ac anti Jo-1 ha confermato la diagnosi; il trattamento con citostatici proposto, ha rallentato il decorso della malattia e in particolare della fibrosi polmonare.

Alcohol abuse and chronic alcoholic liver diseases: burden in a outpatient clinic for liver diseases of ULSS7 Veneto

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Background: Alcoholic liver disease is the most prevalent cause of advanced liver disease in Europe and in many regions of Italy.
Aims of the study: To assess alcohol abuse and chronic alcoholic liver diseases prevalence, the role of gender and the impact of abstention on cirrhosis progression.
Materials and Methods: Between November 2014 and October 2015, 292 consecutive outpatients (M:F=166/126; mean age 57 years) were assessed. Patients were classified as chronic hepatitis B and C (with or without cirrhosis), epatocellular carcinoma (HCC), alcoholic and non alcoholic fatty liver disease, alcoholic cirrhosis (compensated or decompesated, with or without alcohol abstention) and other liver diseases. Daily alcohol consumption was estimated by self report and was considered harmful if >3 units for females and >4 units for males. Drinkers were divided in social drinkers and drinkers with alcohol related problems.
Results: 117 patients (40%) were drinkers: 91 were social drinkers, 26 had alcohol related problems. 74% of them were males ($p<0.001$). Patients with alcohol related cirrhosis were 94 while HBV and HCV related cirrhosis were 6 and 39 respectively; 38% patients with HCV related cirrhosis were drinkers. Abstention was strongly associated with compensated cirrhosis ($p <0.005$). 17 patients had HCC, 12 of them were drinkers.
Conclusions: In ULSS 7 Veneto alcoholic abuse is very common and much more in males; alcoholic cirrhosis is the most prevalent advanced liver disease. Abstention is related to a better prognosis in patients with cirrhosis.

Still current challenges for an ancient killer

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Case report: A 91 year old woman was admitted to our Medical Division for a progressive diminished cognitive status. Physical exam showed bradycardia and reduced peripheral capillary oxygen saturation; GCS was 3+5+2. Blood tests revealed severe hypoglycemia and moderate respiratory acidosis. Chest x-ray showed enlarged heart with pleural effusion. Non-invasive ventilation, infusion with 33 and 10% dextrose solution and diuretic therapy were started, with poor improvements both in hypercapnia and hypoglycemia. Patient developed a state of lethargy. Brain CT scan was negative for recent lesions. Thyroid hormonal profile was tested with evidence of severe hypothyroidism; cortisol level was normal. Combined therapy with T4 and T3 was set up. After 36 hours patient was alert, GCS was 4+6+4, respiratory acidosis and hypoglycemia were recovered. After initial improvement she died because of refractory heart failure.
Conclusions: Myxedema coma represents the most extreme form of hypothyroidism with high mortality rate despite the best possible treatment. Its recognition and treatment remain a challenge. There are no absolute definitive diagnostic criteria. The diagnosis should be considered in all comatose patients with one or more manifestations of the triad of hypothermia, hyponatremia and hypercapnia. Clinical setting may be predominated by nonspecific signs, such as hypoglycemia, and so level of suspicion should be kept high. In our opinion criteria for the screening of hypothyroidism should be revised in order to achieve early diagnosis in apparently asymptomatic adults.

Riscontro accidentale di linfoma tiroideo in corso di ecografia dei vasi epiaortici eseguita per sincope: case report

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L'iter diagnostico che si imposta nei pazienti che afferiscono in pronto soccorso (PS) in seguito ad un episodio sincopale coinvolge medici con differenti specializzazioni nonché, richiede il ricorso a multime metodiche diagnostiche clinico-strumentali. Il caso clinico in questione riguarda un paziente 75 enne accompagnato dai familiari in PS dopo che Questi, nell'andare in bagno, era caduto al suolo riportando una trauma cranico. In anamnesi, ipertensione arteriosa in trattamento con ace-inibitori; tabagismo e, degno di nota, un cospicuo calo ponderale nel corso dell'ultimo anno. Clinicamente, Questi, lamentava astenia e continue crisi pruriginose. Nella norma l'elettrocardiogramma e la TC del cranio eseguiti di urgenza in PS. Il Paziente appariva lucido e ben orientato. Astenico. PA 80/55 mmHg. Dagli esami ematici emerse il riscontro di lieve anemizzazione con cospicuo aumento della VES (150 mm). Il paziente ha, quindi, effettuato – seguendo lo "Stepping Diagnosis" per la sincope - l'ecografia dei tronchi sovra-aortici (TSA). Dall'esame è emerso la presenza di ateromi carotidei emodinamicamente non significativi. Nel corso della ecografia, tuttavia, ciò che ha attratto la nostra attenzione, è stata l'osservazione di una voluminosa formazione nodulare tondeggiante nel contesto della ghiandola tiroidea. Tale nodulo, delle dimensioni di 1.2x1.4 cm, ecograficamente ipoecogena, vascolarizzata, risultava circondata da una concatenazione di formazioni linfonodali. Tale lesione, sottoposta a FNA, è risultata essere un linfoma.

Eagle syndrome and cerebral ischemia in the young

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Eagle syndrome (ES) is a condition where elongated temporal styloid processes are in conflict with the adjacent anatomical structures. We report the case of a 49-year-old men admitted to the hospital after three days of severe occipital headache and a recent episode of aphasia. He reported a 10-year history of neck pain and headache and a previous diagnosis of cervical arthrosis. Physical examination revealed only an exacerbation of the pain on rotation of the head, without focal neurologic abnormalities. Cerebral CT at admission was normal. Echodoppler exploration demonstrated a subocclusion of both internal carotid arteries. AngioTC revealed a bilateral ICA dissection and occlusion of the intracranial ICAs. 3D-reconstruction showed elongated styloid processes and close relationship between the osseous structures and the ICAs. A diagnosis of ES was made. Surgical styloidectomy was programmed via an extra-oral approach in two times and anticoagulation therapy was started. An Echodoppler evaluation made before the first operation showed normal flow in the right ICA, with flow reducing during rotation of the head in the right side. The patient underwent surgical resection of the styloid processes and symptoms were relieved with no recurrence during a 3-years follow up period. ES with bilateral carotid dissection described in our patient is extremely rare. However asymptomatic ES is not infrequent but it is often undiagnosed. Our case suggest that ES should be considered as a possible cause of carotid dissection in the young and *ad hoc* exams should be performed in these cases.

Grave ipopotassiemia in tireotossicosi

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Donna di anni 75. Rilievo amnaestico di diabete mellito di tipo 2. Severo dimagramento di circa 16 Kg in 8 mesi. Riscontro di ipertiroidismo, con caratteristiche laboratoristiche e scintigrafiche di gozzo tossico. La paziente è stata ricovera per marcata astenia con riscontro di grave ipopotassiemia associata ad alterazioni anche ecg- grafiche. Nonostante il supplemento parenterale di potassio e la terapia con tapazole di 30 mg/die, lo squilibrio elettrolitico si è risolto solo dopo l'introduzione in terapia di propanololo e la normalizzaizone degli ormoni tiroidei. Il quadro clinco è suggestivo per una paralisi periodica tireotossica (PPT), la cui patogenesi non è nota. È ipotizzato che la base fisiopatologica di tale disturbo sia dovuta ad una eccessiva stimolazione beta adrenergica, a sua volta capace di incremetare l'attività enzimatica sodio-potassio ATPasi muscolare; rilievante la rarità del caso, trattandosi di donna caucasica di 75 anni in cui la frequenza stimata di PTT è pari allo 0,1-0,2%. infatti la PPT è più frequente nella popolazione asiatica di sesso maschile con una percentuale stimata tra il 8,7 ed il 13%.

Pancreatite acuta: casistica in reparto internistico

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Premessa e Scopo dello studio: L'incidenza di PA è di 13-45 casi/100.000 ab. Calcoli biliari e abuso alcolico sono principali fattori di rischio. Svolgono un ruolo la genetica ed i farmaci. Scopo dello studio: valutare la clinica, i predittori di gravità e l'eziologia della PA.
Materiali e Metodi: 50 pazienti consecutivi ricoverati dall'1/1/14 al 30/6/15; 25 maschi, età media 69 aa e 25 femmine, età media 70 aa; il 32% ≥80 aa. Valutata clinica, esami di laboratorio e strumentali, eziologia e gravità della PA; degenza media.
Risultati: Dolore tipico nel 88% dei pz; amilasemia >3 volte la norma nell' 80%; ALT >150 UI nel 42%; insufficienza renale nel 22%, con creatinina >1,5 mg/dL; PCR >150 mg/L nel 62%; Ht ≥44% nel 36%. Eziologia biliare nel 32% dei casi (identificati calcoli); alcolica nel 6%; post-ERCP nel 6%; con ipertrigliceridemia nel 2%; nel 54% non nota eziologia. Presente SIRS all'ingresso nel 34%; a 48 h nel 14%; 1 pz con PA grave per SIRS e insufficienza d'organo persistente. In PS praticata TC nel 50% dei pz. per la diagnosi. Degenza media 9,32 gg; 10,12 gg >80aa.
Conclusioni: Prevalenza nella casistica di pancreatiti lievi; ALT >150 suggestiva per pancreatite biliare concordante con il riscontro di calcoli; difficile individuare predittori prognostici all'ingresso, PCR non correlata con gravità di malattia; in una percentuale elevata di pz non identificata la causa di PA per possibile concomitanza di fattori meno noti e sottostima dell'eziologia biliare; l'utilizzo della TC per diagnosi in ps è apparsa eccessiva; in quanto appropriata con questa finalità solo nel 20%.

Subcutaneous emphysema: an uncommon complication of routinary colonoscopy

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Introduction: The endoscopy procedures are generally safe. These are performed in every-day clinical practice for diagnosis and treatment of gastrointestinal diseases. Although, the complications, also severe, are possible.
Case report: We described a case of a 56 years old woman, for evaluation of diarrhea and abdominal pain. Past medical history was significant for ulcerative colitis (RCU). We performed a colonoscopy, that revealed a active phase of disease. After 24 hours, without abdominal pain, she referred "throat pain". Phisical examination revealed bilateral swelling of the neck and subclavian area, associated with pathognomonic sign of "crackling", corresponding to subcutaneous emphysema (SE). These findings are indicative of "SE of neck, associated to pneumomediastinum and retropneumoperitoneum", due to micro-perforation of bowel, occurred during colonoscopy. A computed tomography (CT) scan confirmed the diagnosis. After that, patient was underwent to open surgery.
Discussion: The incidence of perforation after endoscopy procedures is various in different clinical records, ranging from 0.2% in diagnostic colonoscopy to 2% in therapeutic colonoscopy. The risk of perforation increases in case of diverticolitis, inflammatory bowel diseases, cancer, expecially in elderly patients with multiple comorbilities. The mechanisms of perforation could be heterogeneus. The incidence of retropneumoperitoneum, and consecutive pneumomediastinum and SE of neck, are very low. The treatment, either medical and surgical, depends of clinical features and imaging tests.

Diabete mellito in stroke unit: proposta di un protocollo

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Premessa: L'iperglicemia, rilevata all'ammissione in ospedale, con o senza pregressa diagnosi di diabete, correla con outcomes negativi in ogni scenario assistenziale. La corretta integrazione professionale medico– infermieristica, basata su strumenti operativi condivisi e rispettosi delle rispettive professionalità, rappresenta la strategia vincente per ottimizzare la terapia insulinica soprattutto nelle Unità ad alta intensità di cure e quindi anche in Stroke Unit.
Strumenti: E' stata presentata una proposta di protocollo articolata in snodi differenziati: *Paziente diabetico con ictus che non si alimenta; Paziente diabetico con ictus che si alimenta; Paziente che riprende l'alimentazione (per os o artificiale).* Per ognuna di queste condizioni sono stati approntati algoritmi a prevalente gestione infermieristica, con allegate schede di monitoraggio e tabelle di correzione. In corso, dopo una serie di incontri con il personale, una preliminare fase di implementazione che, dopo iniziali perplessità e nonostante inevitabili difficoltà di percorso, sta raccogliendo consensi alla luce dei positivi risultati iniziali.
Obiettivi: Verificare l'efficacia e la sicurezza di un protocollo di gestione del paziente con iperglicemia in Stroke Unit, mirando a ottenere un buon controllo glicemico e minimizzando i rischi di ipoglicemia, senza dimenticare che l'assistenza infermieristica può influenzare positivamente endpoint clinici "hard" e che l'approccio pragmatico, la semplicità del protocollo e la strategia di implementazione possono rappresentare il cardine del risultato.

Nocardia! Chi era costei

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88 anni LLC, FA permanente in terapia con Apixaban 2,5x2. Per dolore al fianco destro, ecografia addominale: formazione ovalare, ipoecogena, con aree anecogene compatibile con Ematoma del muscolo Obliquo esterno. Sospeso Apixaban, controlli seriati dell'ematoma che rimane invariato, persistenza del dolore, comparsa di febbricola. Esecuzione di TAC Addome con mdc: in corrispondenza della parete addominale dx nel contesto dei muscoli obliqui, formazione polilobata a contenuto fluido dotata di pareti iperdense, analoga formazione nel mediastino anteriore nell'angolo cardio-frenico, tali formazioni appaiono di non univoca interpretazione. Dopo alcuni giorni IMA da occlusione trombotica della Coronaria dx trattata con Angioplastica. Dopo la dimissione peggioramento delle condizioni generali, anoressia, febbricola, aumento del dolore: ricovero nella nostra UO. Esecuzione di agobiopsia TC guidata della lesione espansiva della parete addominale destra con riscontro di contenuto di tipo necrotico-colliquativo, coltura negativa. Agobiopsia TC guidata della lesione espansiva del mediastino anteriore nell'angolo cardiofrenico destro, la lesione è aumentata rispetto alla precedente TC e raggiunge il piano sottocutaneo. Dalla coltura su materiale necrotico riscontro di Nocardia Farcinica, si iniziava terapia con Trimetoprim/Sulfametoxazolo. Eseguita, a completamento diagnostico, TAC cerebrale: presenza in regione fronto-temporale dx di 3 formazioni nodulari con periferia iperdensa e centro ipodenso in rapporto fenomeni di natura necro-colliquativa.
Conclusioni: Spesso la diagnosi è "sulla punta dell'ago".

Autoimmune polyglandular syndromes: time to reconsider their clinical significance in Internal Medicine in light of the underestimated incidence

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Autoimmune polyglandular syndromes comprise a wide spectrum of autoimmune disorders. The APS-3 is defined as the combination of AITD and other autoimmune diseases except for Addison's disease and hypoparathyroidism. A 50-years-old male patient was admitted to our Unit for plantar ulcers and poor glycemic control. He was diagnosed with type 2 diabetes mellitus, complicated by severe polyneuropathy. In anamnesis: atrophic chronic autoimmune thyroiditis and fibromyalgia. At the physical examination vitiligo covering the axillary/inguinal/scrotal regions. At the biochemical assessment was highlighted a macrocytic anaemia, cyanocobalamin and vitamin D deficit. Considering the further findings of high gastrinemia and chromogranine, positivity of APCA, gastroscopy was performed and compatible with autoimmune atrophyc gastritis. The GAD Ab positivity allowed us to diagnose a LADA and the clinical association affecting our patient as an expression of APS-3. Screening for other auto-Ab was negative. The hormonal evaluation showed no other endocrinological abnormalities, with the only finding of a subclinical hypothyroidism due to low therapy compliance and malabsorption. Patient was adviced to take regularly oral LT4 solution, vitamin B12 and cholecalciferol and to undergo gastroenterological follow up. Plantar ulcers were medicated and healed, familial screening for autoimmune disease was planned. The main diagnostic objective is to detect APS at an early stage, with the advantage of less frequent complications, effective therapy and better prognosis.

Food poisoning: the unusual suspect

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A 64-year-old woman with a history of type 2 diabetes mellitus treated with dietary regimen, presented to the Emergency Department with abdominal pain, nausea and vomiting for the last 12 hours. On physical examination vital sign were normal with mild dehydration signs and a tender abdomen with reduced bowel sounds. Laboratory investigations showed spontaneous INR of 1.4 and mild thrombocytopenia. ECG, abdominal X- ray and ultrasound were normal. She ate 12 hours earlier a meal based on wild plants, mistakenly regarded as saffron. Wild saffron could be confused with *Colchicum Autumnale*, containing alkaloid colchicine, due to the similarity of flowers. In a strong suspect of colchicine poisoning, intravenous fluid replacement was started and a nasogastric tube was placed for administration of repeated doses of activated charcoal. Blood and urine samples for colchicine detection were taken. Gastrointestinal symptoms resolved rapidly; renal function, muscular and cardiac enzymes were constantly normal. Few days later, liver enzymes and bilirubin increased and a ABGs showed a mild lactic metabolic acidosis treated with sodium bicarbonate. Mannitol was administered to prevent renal damage of colchicine miotoxicity and glutathione as anti-oxidant. Laboratory tests improved and the patient was discharged 7 days after. Colchicine poisoning should be considered in patients with gastroenterocolitis after a meal of wild plants. Management includes only support therapy. Main reasons for death are cardiovascular collapse, respiratory failure and sepsis for severe leukopenia.

Acute respiratory failure to acute respiratory distress syndrome in post-splenectomy sepsis

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Background: Mortality among patients with post-splenectomy sepsis can be high as 50%. The first year post-splenectomy is the most critical time for fatality sepsis.
Methods: Female patient,fifty-six years old, caucasian, no smoker is admitted to the Emergency Department for dyspnea and fever with chest ray report of right pulmonary consolidation and bilateral pleural effusion. The patient's medical history is characterized by: hypertension, obesity, atrial fibrillation episode treated for high thromboembolic risk with oral anticoagulant therapy and, more recently,splenectomy for spontaneous rupture in the absence of oncohaematological pathologies.The patient is transferred to the general ward.
Results: Physical examination allows to detect: state of consciousness preserved, orthopnea, hypophonesis pulmonary bases, rhythmic heart action with normal blood pressure. In few hours we observe a rapid worsening of the clinical condition with severe acute respiratory failure appearance. The patient is transferred into ICU where is undergone invasive mechanical ventilation. The blood tests show: CRP 15 mg/dL, Procalcitonin 22.7 ng/mL, white blood cells 18.4 10^3 μL, monocytes 20%, Hb 8.7 g/dL, INR 2.13, ATIII 49%, Chlamydia pn. AB>200 IU/mL. Chest CT shows an extensive and progressive pulmonary bilateral consolidation areas as for acute respiratory distress syndrome (ARDS).
Conclusions: Prevention strategies of sepsis include:education, vaccinations, antibiotic prophylaxis in selected cases and early empirical antibiotic treatment for febrile episodes.

A case of methotrexate induced interstitial lung disease in rheumatic polymyalgia

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We report a case of a 70 year-old man with rheumatic polymialgia for which he started methotrexate (MTX). After one month of therapy appearence of dyspnea, fever and cough unresponsive to antibiotic treatment with levofloxacin. He was admitted to hospital for respiratory failure. Chest x-ray showed medium-basal bilateral thickening. He was tranferred in ICU to start NIV; blood cultures resulted negative as also Legionella and Pneumococcal urinary antigens. A Chest TC scan showed diffuse interstitial infiltrates and ground glass opacities. It was performed a bronchoscopy with BAL that showed increased level of CD4 lymphocytes. He was treated with large-spectrum antibiotics and steroid iv therapy with progressive respiratory improvement which allowed weaning from NIV. After MTX discontinuation, a high resolution chest tomography (HRCT) showed improvement of interstitial infiltrates. Non-biologic disease-modifying antirheumatic drugs (nbDMARDs) such as methotrexate can cause interstitial lung disease (ILD) or worsen pre-existing ILD in rheumatologic patients. Clinical manifestations started after MTX beginning, the presence of lung infiltrates in absence of pathogenic organism isolation, the absence of previous pulmonary conditions (as COPD) and the improvement with MTX withdrawal, supported this diagnosis. MTX-induced ILD is the prototype of drug induced lung toxicity in rheumatologic patients. It frequently occur within the first

year of therapy. Treatment consist in drug cessation and steroid therapy. Prognosis is usually favorable.

An atypical presentation of chronic myeloproliferative disorder

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Case report: On August 2015 a 76 years old male patient (pt) was admitted to Emergency Care Unit for left upper quadrant abdominal pain; no other symptoms were present. He was a former smoker with no alcoholic drink consumption. In the first evaluation the pt vital signs were normal. Only a mild reduction of basal murmur was reported at pulmonary auscultation. There were not pathologic findings in the abdomen without liver enlargement; splenic pole was at the costal arch at physical examination. Laboratory findings showed only increase in white blood cell and platelet count. Electrocardiography showed sinus rhythm with normal morphology, chest X-Ray confirmed the known pulmonary right basal nodule. Abdomen ultrasound was rapidly performed and evidenced mild splenomegaly with two focal triangular lesions, apparently compatible with spleen infarction. A low molecular weight heparin was started. Echocardiography excluded any heart disease. A total body CT scan was then performed to further investigate the hypothesis of paraneoplastic condition, which could have led to splenic infarction. The screening for thrombophilic condition resulted negative. The pt was then screened for BCR-ABL translocation, JAK2 gene mutation, paroxysmal nocturnal hemoglobinuria clone were negative. At last, infectious disease related emboli was excluded through several negative blood cultures. Parasitological stool test was negative, so as the research for haemoglobin variants. Microscope evaluation of peripheral blood smear showed some erythroblasts,dacryocytes and occasional myeloid precursors. The pt underwent a bone marrow biopsy. The diagnosis of primary myelofibrosis was then confirmed.

La candidemia "internistica": epidemiologia, fattori di rischio e trattamento

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Background: Nell'ultimo decennio è aumentata l'incidenza delle infezioni fungine nel paziente internistico. Vi è una maggiore mortalità osservata nei reparti di medicina rispetto alle terapie intensive.
Obiettivi: Valutare l'incidenza, descrivere la popolazione affetta ed il relativo outcome, utilizzando tutte le candidemie diagnosticate in un anno nel nostro reparto di Medicina Interna. I pazienti sono stati valutati secondo: PS, comorbidità, fattori di rischio infettivo e Candida *Score*.
Risultati: Stratificando i casi utilizzando il Candida *score*, validato per pazienti in terapia intensiva, solo 3 casi risultavano a rischio (*score* ≥3). L' 86% dei pazienti è stato trattato in prima linea come da Linee Guida Europee con echinocandina (6 pz con caspofungina, 1 pz con micafungina, 1 pz con anidula), il 14% con azolo con passaggio a echinocandina per mancata risposta alla tp. Soltanto nella metà dei casi è stato possibile rimuovere il CVC in corso di candidemia per la severità del quadro clinico. In tutti i pazienti nei quali non è stato rimosso il device si è assistito ad una mancata risposta alla tp. Nel gruppo con mancata risposta alla tp la mortalità è stata del 100%, nel gruppo con negativizzazione delle emocolture del 66%.
Discussione: Due fattori sono associati a un miglioramento della sopravvivenza: rimozione del CVC e inizio precoce della tp con echinocandina; inoltre il Candida *score* mostra una bassa specificità nel setting internistico ed è pertanto necessario validare un nuovo score dedicato.

Tumori stromali gastrointestinali: nostra esperienza di reparto

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I tumori stromali gastrointestinali (GIST) sono rari tumori stromali che colpiscono quasi unicamente l'apparato gastrointestinale: la sede preferenziale è lo stomaco, ma possono interessare qualunque suo tratto. Essi sono refrattari alla CT e RT convenzionali, sensibili ad inibitori tirosin chinasici e diagnosticabili con metodi immunoistochimici. Possono essere asintomatici e quindi di tardiva diagnosi, anche se nella maggior parte dei casi causano sanguinamento o sintomi dispeptici. Riportiamo la casistica del nostro reparto. Sig.ra P. 78 aa: anemia microcitica sideropenica severa; all'EGDS ulcera F3 dello hiatus e riscontro incidentale di lesione sottomucosa di 2-3 cm, sottoposta unicamente a follow up, in quanto GIST a basso rischio. Sig.ra M. 58 aa: anemia digestiva post emorragica; all'EGDS lesione sottomucosa ulcerata sottoposta a resezione gastrica e quindi a terapia con imatinib. Sig.ra A. di 45 aa: anemia post emorragica. All'EGDS voluminosa neoplasia ulcerata del corpo gastrico; veniva sottoposta a gastrectomia totale, quindi persa al follow up. Sig. S. di 67 aa: sanguinamenti gastrointestinali recidivanti in precedenza giustificati da riscontri endoscopici di gastrite erosiva, angiodisplasie del cieco e del tenue sottoposte a bonifica endoscopica. Ad angioTC addome si evidenziava voluminosa massa del piccolo intestino configurante all'istologico GIST ad alto rischio; veniva sottoposto a resezione chirurgica e quindi a terapia adiuvante con imatinib. E' importante il sospetto diagnostico di tale forma nei casi di anemie sideropeniche con sanguinamenti gastroenterici di non evidente diagnosi.

Legionnaire's disease: case report

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Epidemiology: Legionnaires' disease (LD) is a severe and sometimes fatal form of infection by Legionella spp. These gram-negative bacteria are found in fresh water and soil worldwide and tend to contaminate man-made water systems. With 6941 cases reported, LD notification rate in the EU(2014), was 13.5 cases per million population, the highest ever observed. Five countries (France, Germany, Italy, Portugal and Spain) accounted for 74% of all case.
Case report: LD was diagnosed in immunocompetent patient, male, 79-year old. Initial symptoms of the disease were fever, cough, weakness, diarrhea with changes in mental status. Laboratory results showed leukocytosis, increased values of liver enzymes and hyponatremia. Chest-CT showed severe pneumonia with marked inflammatory lesions particularly on right side. Diagnosis was confirmed by positive urine test for LP antigen. Later, the disease was complicated by acute adult respiratory distress syndrome(ARDS). Treatment with antibiotics (clarytromycin, rifampicin, levofloxacin) combined with ARDS treatment has led to a very slow clinical improvement together a slow regression of inflammatory lesions seen on chest radiographies.
Discussion: LD are increasingly recognized as cause of pneumonia. The prevalence has risen, which might indicate a greater awareness and reporting of the disease but still LD is difficult to diagnose, underestimated, especially in the central regions–southern Italy, remain high mortality rates in the absence of appropriate treatment and the number of clusters associated with nosocomial and travel origin is high.

Un caso di sindrome paraneoplastica a decorso fulminante

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Premesse: La sindrome di Cushing, raro disordine endocrinologico, è paraneoplastica nel 5-10% dei casi, metà dei quali legati a neoplasia neuroendocrina polmonare.
Materiali e Metodi: Descriviamo il caso di una pz di 72 aa con sindrome di Cushing paraneoplastica a decorso fulminante.
Risultati: La paziente, fumatrice, affetta da IRC moderata, in terapia con urbason 1 mg per AR, ipertensione arteriosa in terapia, presentava edemi declivi, contrazione della diuresi, addominalgia; in PS riscontro di ipertensione arteriosa, iperglicemia, K^{+2}, 6 mmol/L, AST/ALT 72/98U/l. A ricovero ipertensione ed ipokaliemia refrattarie

al trattamento. Per tale quadro dosavamo ACTH, cortisolemia e cortisoluria che risultavano rispettivamente 731 pg/mL, >119 mcgr/dL, 3678 mmol/24h. La TC total body evidenziava neoformazione polmonare di 20x11 mm con adenopatie mediastiniche secondarie e metastasi epatiche. Posta diagnosi di neoplasia neuroendocrina polmonare con secondarismi epatici e linfonodali e sindrome da produzione ectopica di ACTH, iniziavamo Mitotane 3 g/die. La pz, contro il parere dei Sanitari, si auto-dimetteva per essere seguita in Centro Specialistico; decedeva tre giorni dopo la dimissione.
Conclusioni: In questo caso di sindrome di Cushing paraneoplastica a decorso fulminante abbiamo riscontrato difficoltà nell'ottenere farmaci in tempi rapidi in un centro non specialistico periferico. La pz, affetta da una neoplasia metastatica non terminale, è deceduta per mancato controllo della sindrome paraneoplastica, anche per la lenta insorgenza d'azione del Mitotane, unico farmaco disponibile.

Legge 38/2010: "Disposizioni per garantire l'accesso alle cure palliative e alla terapia del dolore": indagine conoscitiva sullo stato di applicazione

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Premessa e Scopo dello studio: La legge 38/2010 tutela il diritto del cittadino ad accedere alle cure palliative e alla terapia del dolore per: 1) tutela della dignità e autonomia del malato, senza alcuna discriminazione; 2) tutela e promozione della qualità di vita fino al suo termine; 3) adeguato sostegno sanitario e socio-assistenziale della persona malata e della famiglia. La FADOI ha svolto un'indagine conoscitiva considerando che il 53% dei decessi per tumore avviene nei Reparti di Medicina Interna.
Materiali e Metodi: Sono stati contattati i Dirigenti Internisti laziali con un questionario, a risposte chiuse, sullo stato di applicazione degli articoli 6, rispetto al Comitato Ospedale-Territorio senza dolore; art. 7 sull'obbligo di riportare la rilevazione del dolore all'interno della cartella clinica; art. 8 sull'istituzione di specifici percorsi formativi per il personale medico e sanitario in materia di cure palliative e di terapia del dolore.
Risultati: Rispetto alle risposte ottenute ed in particolare 20 sul totale dei reparti, è stato evidenziato che per l'art. 6 le risposte positive sono state il 55%; il 75% per l'articolo 7 e il 55% per l'articolo 8.
Conclusioni: Da questo studio, sebbene limitato, si conferma, purtroppo, la scarsa conoscenza delle cure palliative e la loro scarsa utilizzazione nei reparti di Medicina Interna, la non completa applicazione della norma della rilevazione del dolore in cartella clinica; lo scarso sviluppo dei programmi formativi del personale sanitario in materia di terapia del dolore e cure palliative.

Un addensamento polmonare "benigno"

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F. M., anni 28, con asma allergico, non potus o tabagismo, giunge in PS per 2 recenti episodi di emoftoe per i quali si è sottoposto a Rx torace con dimostrazione di un addensamento parenchimale per il quale ha iniziato tp antibiotica a largo spettro. La persistenza dell'addensamento al controllo radiologico effettuato in reparto richiedeva ulteriore approfondimento diagnostico mediante TC torace con mdc. L'esame mostrava la presenza di multiple formazioni solide ipodense a livello del corno ilare inferiore tipo "colata" tissutale che circondavano l'esofago; vi era infiltrazione di entrambi i polmoni e diffuso interessamento linfonodale.A fronte di EE nella norma si evidenziava allo striscio periferico una inversione del rapporto CD4/CD8. La PET documentava ipermetabolismo solo a livello del polmone destro di ambigua interpretazione. La FBS risultava negativa e, di conseguenza, si procedeva al prelievo di biopsie transbronchiali oltre che a BAL; i campioni citologici e istologici hanno tuttavia mostrato solo materiale ematico con quadro citologico normale. Eco-testicoli negativi. Per la positività al BAL per *H. influenzae* il paziente ha effettuato terapia antibiotica con remissione della sintomatologia. Il rilievo obiettivo di un emangioma cutaneo gigante congenito sul braccio poneva il sospetto di un raro emangioma cavernoso del mediastinico che la RMN toracica con mdc confermava. La disposizione anatomica dell'emangioma rende, tuttavia, non praticabile, se non ad elevato rischio, l'escissione chirurgica.

Poisoning viper bite

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A 65-year-old man presented to the Emergency Department 2 hours after his right hand was bitten by a *Vipera* while he was searching for mushrooms in a wood. Physical examination revealed stable vital signs, with edema and pain of the hand (especially at the puncture sites), nausea, vomiting and abdominal pain. Laboratory investigations showed leukocytosis neutrophilic, normal platelet count with initial coagulopathy (INR 1.9, APTT 38 seconds, elevated D-dimer with normal fibrinogen level), elevated creatine phosphokinase leading to mild acute renal failure (1.37 mg/dL) and hypocalcemia. Chest X-ray, abdomen ultrasound, EKG and echocardiogram were normal. The patient received intravenous fluids and a first dose of viper venum antitoxin (500 j.a.) with transient hypotension. At 6 hours after, pain and swelling of the hand worsened extending beyond affected extremity and homolateral pectoral muscle according to lymphatic spreading, without compartment syndrome. Intraveonus amoxicillin was started. At 8 hours after, he devoloped diplopia, bilateral ptosis, mydriasis: a second dose of antitoxin was administered because of possible neurotoxicity (neurological signs generally occur during the first 24-48 hours), with improvement. At 48 hours after the patient'-coagulopathy and renal failure had resolved. At 4 days after, swelling of the penis, scrotum and right abdominal wall compared, maybe due to systemic spreading of the venom, treated with steroids and antihistamine. He was discharged after 7days with resolution of local and systemic symptoms.

Anticoagulation in pregnant patients with mechanical heart valves

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Background: Pregnancy in women with mechanical heart valve prosthesis is a major challenge for clinicians. Choice between the embryo-fetal risk or the maternal risk is debated and several different therapy protocols are adopted in different settings to reduce the risks of pregnancy.
Methods: Ten pregnancies were followed as multidisciplinary clinics in the period 2007-2015. Preconceptional or early pregnancy counseling was offered and three options of treatment were discussed. Eight patients stopped warfarin from six to twelve weeks, and switched to subcutaneous LMWH at anticoagulant doses.. Warfarin was restarted during second and third trimester up to 34-36thth weeks. Two patients, informed of the risks, opted to continue warfarin throughout the pregnancy and stopped it only before delivery. The peri-partum period was managed in two patients with intravenous sodium heparin, and LMWH in the others six. Anticoagulation treatment was monitored with antiXa activity, INR and aPTT levels, depending on the drug used.
Results: Two pregnancies were terminated because of valve thrombosis and urinary tract fetal malformation. Three valvular thrombosis occurred: two during pregnancy and one early after delivery. In two cases emergency valve replacement surgery was required. The third case was treated by emergency thrombolysis. Two haemorragic major complications occurred.
Conclusions: Pregnancy life-threatening complications are still present in women with mechanical heart prosthesis and a timely preconceptional counselling is strongly recommended.

Use of new anticoagulants in geriatric hospitalized population

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Introduction and Aims of the study: The anticoagulant therapy is the treatment of choice in primary and secondary prevention of stroke in patients with non valvular atrial fibrillation (NVAF). The advent of new oral anticoagulants (NOAC) should ensure better adherence to treatment, increase the population treated and reduce bleeding. Aim of the study was to verify the use of NOAC in a population of elderly subjects hospitalized with NVAF.
Materials and Methods: Were analyzed retrospectively the medical records of all patients with NVAF hospitalized for any cause in UO Geriatrics, Regional Hospital "Miulli" Acquaviva delle Fonti (BA), in 2015; They were recorded personal data, score CHA2DS2VASc and HASBLED score and the current regime for FANV.
Results: A total of 216 medical records were analyzed. In this sample the treated subjects, in accordance with guidelines for the NVAF, were 119 (55%. Of these, 48.6% were taking apixaban, dabigatran 32.4% and 18.9% rivaroxaban. Compared to the whole sample of treated subjects, the percentage of subjects with NOAC therapy was 31%.
Conclusions: In our sample subjects receiving NOAC was 17%. While, if we consider only the subjects treated for NVAF, according to guidelines, about a third were treatment with NOAC.
Tanks for data collection to Vincenzo Mastrorocco.

Atrial fibrillation in geriatric subject: gender differences?

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Introduction and Aims of the study: The risk of stroke in fibrillating women is higher than men. A recent meta-analysis of available data in the literature shows that this risk is higher in women by about 30%, especially in old age. Aim of the study was to assess gender differences in a population of elderly subjects hospitalized with NVAF.
Materials and Methods: Retrospective analysis of medical records related to all subjects with NVAF hospitalized for any cause in UO Geriatrics, Regional Hospital "Miulli" Acquaviva delle Fonti (BA), in two consecutive years (2102 and 2015) were performed; They were recorded personal data, the CHA2DS2VASc and HASBLED scores, the number of drugs taken (measure of comorbidity) and the current regime for NVAF. Were compared males against females and applied the chi-square test.
Results: The two groups (M 156, mean age 82.8 yrs, F 211, mean age 84.2 yrs) showed significant differences with regard to the therapy employed for NVAF. Females are treated less than males (48.76% *vs* 51.18%, p <00.1), they are most affected by diabetes (37.4% *vs* 18.5%, p <0.0001) and are more affected by stroke (30.3% *vs* 17.9%, p <005). Females also show a higher risk of thromboembolism (CHA2DS2VASc 5.15 *vs* 3.73) while the bleeding risk is identical (HASBLED=2.3).
Conclusions: In our population women are treated less than men. It is necessary that all geriatric patients with AF are treated appropriately, especially very old women, being at increased risk of thromboembolism, diabetic and affected by a stroke in a third of cases.

Assessment of malnutrition in geriatric subjects hospitalized

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Background: The prevalence of protein-energy malnutrition among hospitalized patients is very variable with values between 30 and 60%. It is an independent risk factor of morbidity, mortality and hospital readmission.
Aims of the study: To assess the prevalence of malnutrition in a population of geriatric patients admitted to hospital.
Materials and Methods: Were evaluated, retrospectively, 100 patients admitted consecutively in the Geriatrics Unit of the Hospital "F. Miulli "Acquaviva delle Fonti (BA). Were analyzed the serum albumin value (A) considering the mild malnutrition (2.8-3.4 g/dL), moderate (2.1 to 2.7 g/dL) and severe (<2.1 g/dL), the body mass index (BMI) (underweight when the BMI <18), leukocytes.
Results: The average age of the sample was 83.3 AA, (54 M, 46 F). The subjects malnourished were 62% (48% mild, 38% moderate, 14% severe). BMI was on average 28.4 for the entire sample, while in malnourished subjects was 25.6. Leukocytes were not significantly reduced.
Conclusions: Our population is predominantly malnourished. Data, reported at admission, reflecting a home condition in which the social aspects, the nutritional intake, chronic degenerative diseases and economics make the extremely fragile elderly. Early identification of malnutrition, with the dosage of plasma albumin, could have a big impact on the prognosis, on the length of hospitalization and disability of the subject geriatric hospitalized.

Tubercular sepsis in systemic lupus erythematosus: an uncommon complication

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Background: Immunosuppressive therapies used in the treatment of autoimmune diseases expose to opportunistic infections usually preventable and treatable. Currently an increased incidence of tuberculosis (TB) in immunosuppressed population is observed, but rarely as TB sepsis.
Case report: We report the case of a woman aged 37y, suffering from systemic lupus erythematosus (SLE) for 19 ys in association to APS syndrome, OBS, nephrotic syndrome, pleuropericarditis arthritis. In the past she was treated with various immunosuppressants drugs and recently she achieve a low disease activity and SLE remission with mycophenolate hydroxychloroquine, prednisone (SLEDAI 6). In August 2015 onset of HZV resolved after therapy. In October she was admitted in our dpt for spotted fever, asthenia dyspnea. The chest CT revealed thickening at the right superior lobe and mediastinic adenopathies. The blood cultures and the BAL were positive for *Mycobacterium Tuberculosis Complex* sensible to specific therapy. The patient was treated with RFM ISN ETA LVF for intolerance to pyrazinamide. Immunosuppressive therapy was reduced to only prednisone. None TB cerebral localization was found at NMR performed for psychotic episode during hospitalization. After 3 months of TB therapy the patient appears in good conditions, no fever or dyspnea are present, SLE is partial remission under steroid and hydroxychloroquine e therapy and cultures are negative for TB.
Conclusions: In last years an increase of TB incidence has been showed, than a close monitoring of TB infection in immunosuppressed patient appears currently recommended.

Coexistence of myasthenia gravis and polymyositis: a rare association

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Background: Polymyositis (PM) and myasthenia gravis (MG) are autoimmune disorders presenting with muscle weakness. Rarely, they occur simultaneously in the same patient. We found in literature few report. We described 2 patients admitted in our MD.
Patient #1: F57y affected by limited systemic sclerosis, developed in overlap myositis confirmed by increasing of CPK, EMG, myositis autoantibodies pattern positivity and deltoid biopsy. Simultaneously she developed palpebral ptosis,respiratory insufficiency, dysphagia and slow intestinal transit. A treatment with steroid boluses and high doses of IGVI was suddenly started without improvement, but the symptoms dramatically improved after treatment with pyridostigmine: the dosage of anti-AChR antibodies revealed high levels. After induction the patient is in remission of PM e MG in treatment with mycophenolate, low doses of steroids and pyridostigmine.
Patient #2: F68y presenting for 2 months a progressive proximal muscle weakness, dysarthria, povision and dysphagia requiring enteral nutrition. Exams showed an increase of CPK, myositis autoantibodies pattern positive, high level of anti-AChR antibodies. Muscle biopsy and EMG confirmed PM. After treatment with steroid boluses, the patient is

currently in clinical remission with mycophenolate and pyridostigmine. In both patients neoplasms or thymoma were not found.
Conclusions: PM patients presenting ptosis, diplopia, bulbar symptoms, weakness fatigable should be evaluated to exclude a concomitant MG to set a more adequate therapy providing simultaneous association between immunosuppressant and pyridostigmine.

Keep an eye on heart: *Streptococcus constellatus* sepsis and aortic valve endocarditis

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We report a case of aortic valve endocarditis caused by *Streptococcus constellatus*. A 67-years old man was admitted in June 2015 to the department of Internal Medicine of Bari's Policlinico for fever and arthralgia that lasted for 8 months and a weight loss of about 12 Kg. In this period he underwent many medical exams and hospital admissions without any diagnosis. We worked in two directions: the infective and the haematologic hypothesis. Two blood cultures for aerobic and anaerobic pathogens were taken, both positive for *S. constellatus*. Transthoracic and transesophageal echocardiogram showed a vegetation (7x10 mm) on the non-valvolar cusp of aortic valve. In addition, bone marrow biopsy was diagnostic for primitive mielofibrosis. Antibiotic therapy with ampicillin-gentamycin combination was started obtaining defervescence the second day and negativity of blood cultures after two weeks. The patient was transferred to the department of Cardiac Surgery for substitution of aortic valve with biological prosthesis. After a cycle of cardiac rehabilitation the patient returned to normal life. He was sent to haematologic follow up for mielofibrosis. This is a rare case of *S. constellatus* endocarditis. Only few cases are reported in the literature. These bacteria are saprofita of mouth and upper digestive and respiratory tract; bacteremia is infrequent but can cause metastatic abscesses. When in blood, they can destroy cardiac valves with their hydrolytic activity mediated by polysaccharide C. An early diagnosis and an appropriate antibiotic therapy can avoid surgery.

A woman with rash, fever, oral and conjunctival hyperemia

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A 79-year-old woman presented to the Emergency Department 3 days after acute onset of fever, sore throat, itchy and burning eyes followed by a generelized maculo-papular rash. Patient past medical history was Sjogren syndrome lasting since 40 years treated with low-dose of steroids and eye drops for xerostomia. She also suffered of hypertension taking medications since years (valsartan, nebivolol, hydrochlorothiazide, furosemide) and had started allopurinol 20 days before for hyperuricemia. Physical examination revealed fever, stable vital signs with maculopapular rash on the trunk and upper extremities, severe oral and conjunctival hyperemia without evident lymphadenopathy. There were no pathological findings on chest X-ray, laboratory investigations showed normal white cells count without eosinophilia and high creatinine serum level (1.67 mg/dL). Differential diagnoses included DRESS syndrome or Stevens-Johnson Syndrome both related to drugs or, less probable, worsening in Sjogren Syndrome. At 24 hours after, skin lesions developed into bullous and later rupture, leaving denuded skin and confluent erythema all over the body including face and oral mucosa. These findings were suggestive for Toxic Epidermal Necrolysis (TEN), probably due to allopurinol. Intravenous fluid replacement, high dose of methylprednisolone and intravenous immunoglobulin were started together with care wound and systemic pain relief. The patient was transferred to the Regional Burn Centre, where she died a few days later for septic complications.

Sore throat: not always a trivial symptom

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Case presentation: A 18 year-old woman presented to our outpatient clinic because of a 2-week history of sore throat, fever and neck tenderness unresponsive to a 7-day course of amoxicillin/clavulanic acid. Infectious mononucleosis was excluded by serological tests. An unexpectedly high procalcitonin value (294ng/mL) suggested a bacterial sepsis and elicited prompt hospitalization and empirical antibiotic treatment. Blood cultures grew *Fusobacterium necrophorum*, a gram-negative anaerobic rod, which is the main etiologic agent of Lemierre syndrome, a disease characterized by oropharyngeal infection, internal jugular vein thrombophlebitis, bacteraemia and septic embolisation. Diagnosis of Lemierre syndrome was confirmed by a doppler US, which showed thrombosis of the right internal jugular vein, and by a chest CT, which documented multiple lung abscesses. Antibiotic treatment was changed to intravenous metronidazole, and anticoagulation with LMWH was added. The patient progressively improved and was discharged after 2 weeks, with oral metronidazole for 14 days.
Discussion: Lemierre syndrome is a rare, life-threatening form of sepsis which mainly affects healthy young patients. A history of pharyngitis followed by clinical and laboratory manifestations of sepsis should raise the suspicion of Lemierre syndrome, which is confirmed by detection of internal jugular thrombophlebitis, septic embolisation and isolation of Fusobacterium species from blood cultures. Antibiotics active on anaerobes are the mainstay of treatment, while the use of anticoagulants remains controversial.

Spontaneous spinal subdural hemorrhage in rivaroxaban, a case report

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Spontaneous spinal subdural extramedullary hematoma (SSDH) is a rare condition (about 4.1% of all intraspinal hematoma). Risk factors: arteriovenous malformation, bleeding disorders, tumors, anticoagulant/antiplatelet therapy, spinal anesthesia. Literature describes three cases induced by the new Xa inhibitors. We present a case of a 71 year old woman suffering from non-valvular AF in warfarin therapy for 10 years. In June 2015, this therapy was changed to rivaroxaban 20 mg/day. In December 2015 he arrives in the emergency departement for sudden dorsal pain followed by lower limbs paraparesis and bladder dysfunction. The spine MRI shows SSDH from D10 to L1 with spreading hemorrhagic perimedullary to the entire spine and posterior cranial fossa visible portion. Coagulation tests: PT ratio 1.8, 2.1 aPTT, anti Xa 2.6 U/mL (VN <0.1). She was conducted in the operating room for decompressive laminectomy D11-L1 with hematoma removal, previous administration of CCP 50 IU/kg. Reintroduced to 3 days heparin prophylaxis. After 8-9 days appeared nosocomial pneumonia and parietoccipital subarachnoid hemorrhage bilaterally. The second CT scan shows right temporoparietal brain ischemia. Discharged from rehab after 30 days persisting flaccid paraplegia, hypoesthesia from D12, absent reflexes and bladder dysfunction. It would be desirable to use direct antidote. It remains an open question how and when to resume anticoagulant therapy for AF and/or timing of left atrial appendage closure.

Atypical case of coma, a case report

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Stroke is the cause of 10-12% of deaths per year (third cause of death) in Italy, as well as the first cause of disability. We present the case of a 74 year old man (history: alcolic liver disease with polyneuropathy, hypertension, lower extremity arterial disease, CAD with stenting on bypass) admitted to otolaryngology department for tongue edema and oral cavity, undergoing antibiotic therapy in suspected abscess. Appearing probable delirium tremens they started therapy with intravenous benzodiazepines, complicatated by stupor state and suspected ab ingestis with initial respiratory compromise. There was transferred in our departement; on arrival he appeared agitated with hallucinations and lung basal crepitant rales; we modified antibiotics therapy, administered vitamins (thiamine and B group) and non-invasive ventilation. Meanwhile performed maxilla-facial and chest CT scan which ruled out the

presence of tumors or abscesses; chest picture of interstitial thickening with initial right pneumonia. In the following two days we witnessed a deterioration of consciusness up to a coma without focal neurological deficits, tetraplegic areflexia, miotic pupils and no corneal reflex. Brain TC scan showed widespread supratentorial frontal-temporal-pariatal hypodensities bilaterally as cytotoxic oedema. Performed Doppler TSA II and TC scan that showed: tight stenosis of the internal carotid arteries bilaterally, worsening of cytotoxic oedema in the carotid cerebral districts. Excluded from specialist colleagues further therapeutic approaches. He died after three days.

L'ambulatorio integrato in Medicina Interna: dalla teoria alla pratica

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Introduzione: Le malattie reumatiche rappresentano un problema clinico, essendo spesso caratterizzate da interessamento di altri organi, come ad esempio la cute (Artrite Psoriasica) o il sistema gastrointestinale (Artrite Enteropatica). La gestione di questi quadri è nella maggior parte dei casi affidata ad un solo specialista, con conseguente ritardo nella diagnosi e nella terapia.
Materiali e Metodi: Dal 2010 abbiamo implementato un questionario di screening per la diagnosi precoce di interessamento articolare, che è stato sottoposto ai pazienti affetti da psoriasi o malattie infiammatorie croniche intestinali (MICI) afferenti ai rispettivi ambulatori specialistici. I pazienti con diagnosi di coinvolgimento articolare sono stati quindi inseriti in un ambulatorio integrato dedicato e sottoposti periodicamente a valutazione dell'attività di malattia e qualità della vita mediante test validati.
Risultati: 53 pazienti affetti da psoriasi (su 145 sottoposti a screening) e 52 pazienti affetti da MICI (su 220) sono risultati affetti da spondiloartrite psoriasica o enteropatica. La diagnosi precoce ha permesso l'attuazione di una terapia condivisa tra lo specialista e l'internista. L'approccio integrato ha dimostrato inoltre di migliorare a breve termine sia l'attività di malattia (articolare, cutanea e/o gastrointestinale) che la qualità della vita dei pazienti.
Conclusioni: L'ambulatorio integrato multidisciplinare permette di ottimizzare la gestione del paziente affetto da spondiloartrite con coinvolgimento cutaneo e/o gastrointestinale.

A community hospital experience of tako-tsubo cardiomyopathy

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Background: Tako-tsubo cardiomyopathy (TTC) is characterized by reversible left ventricular dysfunction, frequently precipitated by a stressful event. Despite the favorable course and good long-term prognosis, a variety of complications may occur. The aim of this study was to evaluate the in-hospital and long-term outcomes of a cohort of TTC patients.
Methods: Fifty-five patients (mean age 68.1±12 years) were prospectively followed for a mean of 69.6±32.2 months (6-4635 days). In-hospital (death, heart failure, arrhythmias) and long-term events (death and recurrences) were recorded.
Results: Patients were predominantly women (87.3%) who experienced a recent stressful event (emotional or physical) and were admitted to hospital for chest pain. Eleven patients (20%) had a diagnosis of depressive disorder, and arterial hypertension was the most frequent cardiovascular risk factor. The ECG revealed ST-segment elevation in 43.6% of patients. At angiography, 7 cases (12.7%) had at least one significant (≥50%) coronary artery stenosis and 4 patients (7.3%) had myocardial bridging of the left anterior descending artery. During hospitalization, 3 patients died (one from cardiac causes) and cardiovascular complications occurred in 12 patients. During follow-up, 5 patients died (none from cardiac causes), 6 patients had recurrences within the first year. Two patients had two recurrences.
Conclusions: In TTC patients, in-hospital and long-term mortality is primarily due to noncardiovascular causes. Recurrences are not infrequent and coronary artery disease is not an uncommon finding.

Valutazione della *stiffness* carotidea con metodica *echo-tracking* in una popolazione sana

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Scopo: La rigidità arteriosa può essere valutata utilizzando misurazioni carotidee con echo-tracking e stimando la *stiffness* arteriosa [indice di rigidità b, modulo elastico (EP) e compliance arteriosa (AC)] dalla curva pressione-diametro dell'arteria e la velocità dell'onda sfigmica (pulse wave velocity: PWV). Scopo dello studio è fornire valori di riferimento.
Metodi: Sono stati reclutati 1092 sani tra 2 e 92 anni (586 maschi, 506 femmine). La rigidità arteriosa è stata valutata a livello della carotide comune sinistra, utilizzando echo-tracking (Hitachi Aloka Inc). Gli indici di rigidità sono stati ottenuti dalle misure dei diametri arteriosi e della pressione brachiale.
Risultati: I parametri di rigidità correlavano con l'età in entrambi i sessi con un aumento di EP, b e PWV e un trend di riduzione di AC con l'invecchiamento (M: b *stiffness* r=0.655; EP r=0.69; AC r=-0.59; PWV r=0.74 p<0.0001. F: b *stiffness* r=0.66; EP r=0.71; AC r=-0.58; PWV r=0.74, p<0.0001). Le donne presentavano valori di *stiffness* significativamente maggiori. I soggetti sono stati divisi in 9 classi di età e stratificati per genere. Nei gruppi, la *stiffness* non è risultata statisticamente diversa tra i due sessi ad eccezione di AC che è risultata minore nelle femmine. All'analisi multivariata, la rigidità carotidea è risultata indipendentemente associata con età, sesso, pressione arteriosa media, pressione differenziale, frequenza cardiaca e superficie corporea.
Conclusioni: Nel presente lavoro sono stati ottenuti gli intervalli di normalità della *stiffness* carotidea e valutati i parametri che contribuiscono all'aumento di rigidità.

Ruolo dell'ecocardiografia nella sorveglianza delle pazienti affette da carcinoma mammario sottoposte a terapia citotossica sistemica

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Introduzione: Dagli anni '90 ad oggi lo screening mammografico, il trattamento sistemico adiuvante e quello mirato a specifici bersagli molecolari (human epidermal growth factor HER2) hanno ridotto significativamente la mortalità del carcinoma mammario. L'aumento della sopravvivenza ha consentito di osservare gli effetti cardiotossici della terapia antineoplastica e l'incremento della mortalità per cause cardio-vascolari. E' quindi importante identificare i segni di disfunzione ventricolare precoce e subclinica.
Obiettivi, Materiali e Metodi: Valutare l'effetto della terapia citotossica sistemica con antracicline, taxani e trastuzumab su parametri ecocardiografici funzionali e morfologici e sulla comparsa di sintomatologia clinica. Sono state arruolate 46 donne di età media 48 anni sottoposte ad ecocardiogramma prima dell'inizio e a distanza di 3 e 6 mesi dall'inizio della terapia.
Risultati: Nei sei mesi successivi all'inizio della terapia citotossica sistemica abbiamo osservato: incremento del volume dell'atrio (41%, p=0.019); riduzione della frazione di accorciamento dell'anello valvolare mitralico in sistole – MAPSE (33%, p=0.0009); comparsa di dispnea (48%, p=0,009); non significative modifiche della frazione di eiezione.
Conclusioni: Il monitoraggio ecocardiografico in corso di terapia citotossica sistemica permette di riconoscere le pazienti a rischio di cardiotossicità. Alcuni parametri (volume atriale sin, MAPSE) si alterano prima delle modifiche della frazione di eiezione e possono rappresentare un elemento utile per intraprendere misure di cardioprotezione.

✪ Neutrophil to lymphocytes ratio as indicator of tumor aggressiveness and poor outcome in metastatic colorectal cancer patients: a single institutional experience

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Background and Aims of the study: Inflammation represents one of the hallmarks of cancer and plays a crucial role in different types of tumor. One of the widely accepted surrogate parameters of systemic inflammation is represented by NLR. In this retrospective analysis we have investigated the correlation between high NLR and tumor aggressiveness as well as survival outcomes in a cohort of 250 mCRC pts.
Materials and Methods: 250 stage IV CRC pts receiving chemotherapy in our institution between 2008 and 2015 were considered eligible for this analysis. NLR was evaluated using blood cells counts at the time of diagnosis of metastatic disease. Tumor aggressiveness was evaluated in terms of number of metastatic sites. Pts outcomes were represented by Overall Response Rate (ORR) Progression Free Survival (PFS) and Overall Survival (OS). An optimal cut-off level of 5 was defined to assess high or low NLR level.
Results: Median age was 66, M/F: 138/122, Pearson analysis showed linear significant correlation between NLR≥5 and number of metastatic sites≥2 (Pearson correlation 0.531, Sig 2 tails 0.001). ORR was lower in pts with NLR≥5 compared to NLR<5 pts (13% *vs* 42%; p=0.02). Median PFS was 6.7 and 9.8 months in NLR≥5 and NLR<5 respectively (p=0.001). Median OS was 13.8 and 20.1 months in NLR≥5 and NLR<5 respectively (p<0.0001).
Conclusions: High systemic inflammation expressed by NLR≥5 represents a poor prognostic factor in mCRC pts and it could be proposed as easily detectable biomarker for therapeutic decision making.

Prognostic significance of body mass index in metastatic colorectal cancer patients: a single institutional retrospective analysis

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Backgroud and Aims of the study: In recent retrospective analyses of early-stage CRC, both low and high BMI scores were associated with worsened outcomes. Whether BMI is a prognostic or predictive factor in mCRC is unclear.
Materials and Methods: Data from clinical records of 250 mCRC pts receiving chemotherapy in our institution from 2008 to 2015 were retrospectively reviewed. We assessed both prognostic and predictive effects of BMI on overall survival (OS) and progression-free survival (PFS), and we accounted for pts and tumor characteristics and therapy type (targeted v non-targeted).
Results: BMI was prognostic for overall survival (P<0.01) and progression-free survival (P<0.001), with a risk of progression and/or death greatest for low BMI pts. Conversely risk decreased as BMI increased to approximately 28 kg/m(2), and then it plateaued. Relative to obese patients, patients with a BMI of 18.5 kg/m(2) had a 25% increased risk of having a PFS event (95% CI, 21% to 34%) and a 50% increased risk of death (95% CI, 43% to 56%). Low BMI was associated with poorer survival for men than women (interaction P<0.001). BMI was not predictive of treatment effect.
Conclusions: Low BMI is associated with an increased risk of progression and death among mCRC pts, with no increased risk for elevated BMI. Possible explanations include negative effects related to cancer cachexia in patients with low BMI, increased drug delivery in pts with high BMI, and potential for an interaction between BMI and molecular signaling pathways.

High prevalence of treatment with drugs active on the renin-angiotensin system in patients admitted for very severe hyponatremia: a preliminary report from an observational, prospective study

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Background: Severe hyponatremia (SH) is an ominous condition often jatrogenic. The role of the association of angiotensin-converting enzyme inhibitors (ACEi), angiotensin-receptor blockers (ARB) and thiazidic diuretics (TD) is frequently overlooked. Aim of the study was to evaluate the prevalence of this treatment among patients with hyponatremia.
Methods: SH was defined as serum sodium of less than 120 mEq/L. Data from patients admitted from March 2014 to January 2016 were analysed. Comorbidities were evaluated accordingly to the Modified Walter Score (MoWS), the BRASS and the Braden scales. Length of stay (LOS), in-hospital and 30 days mortality were evaluated.
Results: 33 patients filled the criteria. Mean age was 81.9 years, 72.7% were female. Mean LOS was 9 days; three patients (9.1%) died in the hospital and 3 within 30 days from the admission (30-days mortality 18.2%). Mean serum sodium was 114.8. Median values were 4.4 (range, 0-9) for the MoWS, 16.3 (range, 4-31) for the BRASS, and 15 (range, 6-22) for the Braden scores. 11 patients were treated with ACEi (6 in association with TDZ and 3 with loop diuretics); 9 were on treatment with ARB (7 in association with TDZ and 1 with a loop diuretic). Overall, 60.6% of patients were treated with ACEi or ARB, and 65% of these in association with a TDZ.
Conclusions: The prevalence of ACE/ARB and TDZ treatments is high in patients admitted for very SH; 30-days mortality is very high. A strict monitoring is then needed when these associations are used in patients that were old and frail.

An untreatable subacute dyspnea

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Respiratory failure due to Acute Respiratory Distress Syndrome (ARDS) is not an eventual cause of admission among cancer patients; infections represent a main etiological factor, but in some patients other etiologies must be investigated. A 77 year-old male with metastatic colorectal cancer and mitro-aortic valve insufficiency was admitted for dyspnoea and CT signs of distal bilateral pulmonary embolism (PE); ongoing chemotherapy with mFOLFOX regimen had determined a considerable response. After admission, he suddenly developed worsening dyspnoea evolving in severe ARDS, despite ongoing therapeutic enoxaparin and without signs of heart failure (HF); a new CT scan showed diffuse bilateral asymmetrical consolidation, ground glass opacities and interstitial thickness. Antimicrobial drugs were ineffective and microbiological assays resulted negative; thus, we administered high dose steroids suspecting chemotherapy induced lung disease (CILD). Patient died 7 days after admission; autopsy revealed diffuse alveolar damage, chronic obstructive lung disease, absence of PE. Cancer patients with respiratory failure and severe ARDS have to be rapidly investigated; infection, HF and PE should be ruled out. Even though CILD is extremely rarely associated with FOLFOX regimen, it has to be taken into account in patients refractory to other therapies: its rapid progression and poor outcome require a fast steroid therapy. Complex patients need early differential diagnosis and a multi-expertise work-team, especially when potentially affected by worsening life-threatening diseases.

✪ SENTRY antimicrobial surveillance program: report from hospital Palliative Care setting

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Background and Aims: Infections and abundant use of antimicrobials

in end of life are well known problems but still hardly faced. Moreover multidrugs resistance worsens clinical management: an aggressive or suitable therapy remains an undefined issue. As to our knowledge there are no reports on prevalence of SENTRY germs in hospital Palliative Care (PC) setting. The aim is to provide information on highly resistant bacteria in a PC Unit.
Methods: Observational retrospective cross-sectional study. All pts consecutively hospitalised from 2011 to 2015 in our PC Unit were considered eligible. We analysed sex, age, oncologic/non oncologic condition and patients' provenance (acute care unit or home). We collected all positive culture specimen reports from the microbiology laboratory gathered during hospital stay and subsequently we categorized them according to local SENTRY antimicrobial surveillance program.
Results: 970 pts were considered. Overall 192 positive culture specimen belonging to 126 Pts were found: 72 (37,5%) from Pts coming from home and 120 (62,5%) from Pts coming from acute care. Among all positive culture, 71 (36,97%) belonging to 53 Pts were consistent with SENTRY germs: 22 (30,9%) from Pts coming from home and 49 (69,1%) from Pts coming from acute care.
Conclusions: In hospital PC setting, the prevalence of Sentry germs appears high, mostly in Pts coming from acute care. Our data strengthen the controversies about antimicrobials use and shed light on an urgent definition of shared decision making practices for highly resistant bacteria.

Acute renal failure in a obese patient on acyclovir treatment

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Background: Ramsay Hunt Syndrome (RHS) is a complication of *varicella zoster virus* (VZV). Acyclovir is effective against virus replication and reduced the severity of VZV infection at the dose of 10 mg/kg every 8 hours. Acute renal failure (RF) is a not uncommon complication of this treatment, in particular in obese patients due to the pharmacokinetics characteristics of the drug.
Case: A 35-year-old, obese (112 Kg, BMI 33.8 kg/m^2) man with medical history of hypertension was admitted in emergency room for facial nerve paralysis, diplopia and ptosis. MRI of the head excluded a stroke. On admission he had erythematous vesicular rash on the left ear leading to the suspect of RHS. Intravenous treatment with acyclovir was started at the dose of 10 mg/kg every 8 hours per day (daily dose:3300 mg); 2 days after the beginning of the therapy there was an impairment of renal function (serum creatinine from 0.84 to 3.55 mg/dL). Acute RF was treated by volume repletion, loop diuretics and urine alkalinization. The urine analysis revealed the presence of birefringent crystals at the spectrophotometric examination. Hypothesizing a correlation with acyclovir treatment the dose of the therapy was reduced to 2200 mg per day obtaining improvement of renal function. After 10 days the drug was withheld and patient was discharged with normal renal function.
Discussion: Drug administration in obese patients is difficult since recommended doses are based on pharmacokinetic data in normal weight individuals. Therefore careful monitoring of renal function in obese patients on acyclovir is suggested.

Resistant hypertension and blood pressure variability in very elderly subjects

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Objectives: Resistant hypertension (RH) is absence of blood pressure (BP) control in subjects treated with at least 3 anti-hypertensive drugs including a diuretic. Blood pressure variability (BPV) is directly related to organ target damage independently from BP control. In a very elderly population undergoing ambulatory blood pressure monitoring (ABPM) we evaluated BPV differences in relation to blood pressure control and diagnosis of resistant hypertension.
Design and Methods: 701 elderly subjects (>75 years) in anti-hypertensive pharmacological treatment underwent ABPM at our Institution. ABPMs were performed using the same oscillometric device to avoid confounding factors. Usual ABPM parameters were recorded: mean 24h systolic and diastolic BP, pulse pressure, BPV, dipping status and heart rate, clinical BP measurements, age, sex, body mass index, smoking diabetes.
Results: 43% of our elderly subjects received a therapy conceivable with a RH diagnosis; 35% showed uncontrolled BP. Among the remaining 56% of subjects treated with less than 3 anti-hypertensive drugs 51% showed uncontrolled BP. BPV proved to be significantly higher in elderly uncontrolled subjects with RH, whether controlled or uncontrolled.
Conclusions: In elderly patients number of anti-hypertensive drugs is better related to blood pressure control. Missing target BP control seems related to increased BP variability both in RH and not RH subjects. Even if the study population cannot be regarded as a global hypertensive picture, we confirm the extreme difficulty in BP control in very elderly subjects

✪ Impairment of reticuloendothelial system during autoimmune hemolysis: indirect evidence from three cases associated with *Staphylococcus aureus* bloodstream infection

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Background: Autoimmune hemolytic anemia (AIHA) is associated with infections (Mycoplasma, HIV, hepatitis). *S. aureus* (SA) infections were reported as a complication of treatment or central venous lines. We reported three cases of AIHA from two hospital in which MSSA was isolated from blood.
Cases: All patients were hospitalised because of severe anemia (mean Hb 5.3 g/dL) with clear evidence of intravascular hemolysis. Patients 1 and 2 had warm-type AIHA, whereas patient 3 had cold-type AIHA. Blood cultures were positive at 3, 36 and 4 days from admission, during steroid therapy: only patient 2 had a central venous line and was on treatment with Rituximab. All three cases were successfully managed with antibiotics without withholding immunosuppressors. Endocarditis was excluded in all according to modified Duke criteria. Patient 2 died 34 months from diagnosis, patient 1 is in remission yet and patient 3 is currently under treatment.
Discussion: During overwhelming hemolysis haptoglobin-heme and hemopexin-heme complexes are cleared by monocytes and macrophages expressing CD163 and CD91. So hemolysis may result in impairment of reticuloendothelial system. It is known that in Malaria and Bartonellosis hemolysis is linked to susceptibility to non-typhoid Salmonella bacteremia. To our knowledge this may be the first report of an increased risk of SA bacteremia and sepsis in AIHA. This observation has two clinical meanings: i) blood cultures should be obtained during fever bouts in patients with AIHA ii) when starting empirical antibiotics we should cover for SA.

A case of acquired hemophilia treated with low dose rituximab

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Introduction: Acquired hemophilia (AHA) is a life-threatening bleeding disorder, although rare (1-4/million/year), with an high impact on burden of care.
Case report: A 82 years old man presented to our department because of diffuse subcutaneous ecchimoses (upper arms, chest, flank) and severe anemia (Hb 5.6 g/dL), with normal platelet count, PT and Fibrinogen level, but with aPTT prolongation (95 sec), not corrected by mixing with normal plasma. Further evaluation revealed a very low Factor VIII (FVIII) coagulant activity (0.2%) and presence of an anti FVIII inhibitor (11.6 Bethesda Unit, BU). Patients initially received Prednisone (PRD) at a dose of 1 mg/kg body weight and a treatment with rFVII (repeated 3 times) was also started at a dose of

90 μg/kg. No response to PRD was obtained: after a week FVIII coagulant activity was 0.2% with an unchanged titer of inhibitor (12.8 BU). In view of poor conditions of the patient, we decided to begin a treatment with Rituximab at a dose of 100 mg weekly in combination with PRD. We saw a gradually improvement in the patient and laboratory exams: after the 2° dose BU was 1.0 and FVIII was 10.8%. We administered 3° dose that lead to normalization of aPTT (36 sec). Unfortunatly a new fatal hemorrhagic event occurred and patient died prior to 4° dose.
Discussion: Low dose Rituximab can be recommended as a safe, well tolerated alternative therapy in AHA. Moreover it can be indicated in patients hospitalised in Internal Medicine with severe comorbidities. Our case reminds that life-threatening hemorrhages can occur until BU is detectable.

✪ The improvement of large high-density lipoprotein particle levels, and presumably high-density lipoprotein metabolism, depend on effects of low-carbohydrate diet and weight loss

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Background and Aims: Depressed levels of atheroprotective large high-density lipoprotein (HDL) particles are common in obesity and cardiovascular disease (CVD). Increases in large HDL particles are favourably associated with reduced CVD event risk and coronary plaque burden. The objective of the study is to compare the effectiveness of low-carbohydrate diets and weight loss for increasing blood levels of large HDL particles at 1 year.
Patients and Methods: This study was performed by screening for body mass index and metabolic syndrome in 160 consecutive subjects referred to our out-patient Metabolic Unit in South Italy. We administered dietary advice to four small groups rather than individually. A single team comprised of a dietitian and physician administered diet-specific advice to each group. Large HDL particles at baseline and 1 year were measured using two-dimensional gel electrophoresis.
Results: Although 1-year weight loss did not differ between diet groups (mean 4.4%), increases in large HDL particles paralleled the degree of carbohydrate restriction across the four diets ($p<0.001$ for trend). Regression analysis indicated that magnitude of carbohydrate restriction (percentage of calories as carbohydrate at 1 year) and weight loss were each independent predictors of 1-year increases in large HDL concentration. Changes in HDL cholesterol concentration were modestly correlated with changes in large HDL particle concentration ($r=0.47$, $p=.001$).
Conclusions: In conclusion, reduction of excess dietary carbohydrate improved large HDL levels. Comparison trials with cardiovascular outcomes are needed to more fully evaluate these findings.

Serum levels of lipoprotein(a) are related to waist circumference in non-alcoholic fatty liver disease patients with low prevalence of co-morbidities

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Background and Aims: Novel evidence suggests a relationship between circulating Lp(a) levels and the presence of cardiovascular events independent of the cardiometabolic profile.
Patients and Methods: The purpose of this study was to investigate serum Lp(a) concentrations in relation to carotid intima-media thickness (IMT), antropometric measures, lipid profile, assessment of insulin resistance, and other parameters conventionally used to predict CVD risk, in obese patients suffering from hepatic steatosis (HS), the well-known nonalcoholic fatty liver disease (NAFLD).
Results: Evidencing the key-points of this research, firstly, serum Lp(a) concentrations were not associated with carotid IMT in this selected population or, consequently, with early atherosclerosis, at least as evaluated by IMT. Secondly, carotid IMT was not predicted by HS severity, as evaluated by ultrasound. Finally, in the adjusted model, Lp(a) was positively predicted by waist circumference ($\beta=0.25$, $t=2.3$, $P=0.02$) and negatively by central adiposity, assessed as visceral adipose tissue at US ($\beta=-0.33$, $t=-3.0$, $P=0.003$).
Conclusions: Serum Lp(a) values may not play a direct role in increasing IMT, albeit associated with WC.

✪ The role of serum uric acid in severe sepsis among patients admitted to Internal Medicine

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Background: High serum uric acid(SUA) levels are associated to cardiovascular diseases and death. We evaluated the role of SUA in sepsis.
Methods:in 2015 we enrolled all septic patients admitted to our department. Age, sex, hypertension, diabetes,cancer, CHF, COPD, smoking, blood gas analysis, SUA, days of hospitalization, death or UTI transfer and SOFA were collected. Relationships were explored with bivariate correlation. Continuous variables were compared with t-test, dichotomous with chi-squared test. Univariate model was used to control for covariates. Analysis was performed with SPSS 13.0 for Windows.
Results: 71 patients (M: 49,3%), mean age 76,8 (±15,4) years were enrolled. Hypertension affected 72,9%, diabetes 28,2%, cancer 25,4%, CHF 43,7%, COPD 12,7% of subjects. Mean SUA was 6,49 (±0,41) mg/dL, mean SOFA 4,34 (±0,24), admission lasted 11,65 (±0,68) days. Death or UTI transfer happened in 32,4%. SUA was associated to SOFA ($p<0,05$) and death or UTI transfer ($p<0,001$) at bivariate test. Patients who died or were transferred to UTI had higher SUA (7,68±5,07) than survivors (5,92±2,24; $p<0,05$). SUA and SOFA ($r^2=0,84$; $p<0,0001$) had an exponential relationship. Univariate model adopted SOFA as outcome,SUA as predictor, age, sex, hypertension, smoking, diabetes, cancer, CHF and COPD as covariates: SUA≥7.0 had significantly ($p=0.01$) higher SOFA (5,13±0,72) than patients with SUA between 4.0-6.9 (3,56±0,86) and SUA <4.0 (3,40±0.86).
Conclusions: Increased SUA is associated to complexity and severity in sepsis. Subjects with hyperuricemia had higher mortality and SOFA. Larger studies are required to clarify this observation

An insidious abdominal pain

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Case presentation: North African 21 year old male accessing emergency department for abdominal pain, fever and bloody diarrhea, associated with abdominal tenderness and signs of peritonitis. Some months before he had the appendix removed in England, and later he referred persistent diarrhea, abdominal pain and weight loss of about 10 kg.
Main examinations performed: WBC 5700/uL, Hb 12.4 g/dL, CRP 5.36 mg/dL, normal CEA, normal stool studies, faecal calprotectin levels increased (300 ug/g); abdomen CT scan: inflamed mucosa of the small intestine and colon, clear liquid between the loops and peritoneal micronodulations with multiple adenopathy; PET-CT scan: hyperfixation attributable to peritoneal involvement and hyperfixation of the terminal ileum and the cecum; Colonoscopy: polypoid formations in the ileocecal valve and in the first section of the ascending colon, (histological examination: interstitial chronic inflammation, with focal cryptic microabscesses and granulomas suspects for Crohn's disease); Laparoscopy: detection of diffuse peritoneal involvement; cytologic examination of nodules and liquid: activated lymphocytes and macrophages, absence of cancer cells, negative smears for acid-fast bacilli and positive culture for M. tubercolosis.
Conclusions: The clinical case focused on the importance to consider, in differential diagnosis of abdominal pain, the intestinal tuberculosis that often, both clinically and as histological findings, mimes a chronic inflammatory bowel disease and can be misunderstood creating significant problems with patient's management.

Hepatitis C virus infection and risk of malignancies other than hepatocellular carcinoma: is there a possible relationship?

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Objectives: HCV is a liver-tropic pro-carcinogenic pathogen. Since it was recently suggested to be a risk factor for malignancies other than HCC, we aimed to detect relevant studies on the possible association between HCV infection and non-liver malignancies.
Methods: A systematic review, according to PRISMA statement, focusing on the following cancers: lymphomas, biliary ducts, renal/kidney, pancreatic, thyroid, breast, lung, stomach, colon, skin/oral, and prostate-carcinomas.
Results: HCV infection has resulted to be associated with a more elevated incidence of: (a) some B-cell non-Hodgkin Lymphoma subtypes (diffuse large B-cell-, marginal zone-, lymphoplasmocytic-, follicular- and Burkitt's- lymphoma) in geographical areas, where a high prevalence (about 10%) of this pathogen may be found; (2) intrahepatic-, but not extrahepatic-cholangiocarcinoma; and (3) pancreatic cancer. No definitive and univocal conclusions may be obtained from the analysis of relationship between HCV and breast-, renal-, skin/oral- and thyroid-cancers, although a possible association between renal-, skin/oral- and thyroid malignancies and HCV infection has been reported by some studies.
Conclusions: Further well-designed and large sample-size studies, carried out in different geographical areas are need to confirm or deny these results.

Heart failure outcomes with empagliflozin in patients with type 2 diabetes at high cardiovascular risk: results of the EMPA-REG OUTCOME trial

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Objectives: To examine the effects of empagliflozin (EMPA), added to standard of care, on heart failure (HF) outcomes in patients with type 2 diabetes and high cardiovascular (CV) risk in the EMPA-REG OUTCOME trial.
Methods: Patients were randomized to receive EMPA 10 mg, EMPA 25 mg, or placebo (PL) once daily. CV outcomes and deaths were prospectively adjudicated. Outcomes were analyzed for the pooled EMPA group *versus* PL.
Results: 7020 patients were treated, of whom 706 (10.1%) had HF at baseline. HF hospitalization or CV death occurred in a significantly lower percentage of patients treated with EMPA (265/4687 patients [5.7%]) than PL (198/2333 patients [8.5%]) (hazard ratio 0.66 [95% CI: 0.55–0.79]; p<0.001), corresponding to a number needed to treat to prevent one HF hospitalization or CV death of 35 over 3years. Consistent effects of EMPA were observed across subgroups defined by baseline characteristics, including patients with and without HF. EMPA reduced hospitalization for or death from HF (HR 0.61 [95% CI 0.47–0.79]; p<0.001). Consistent with the adjudicated results, EMPA reduced investigator-reported HF (HR 0.70 [95% CI 0.56–0.87]; p=0.001). EMPA reduced all-cause hospitalization (HR 0.89 [95% CI 0.82–0.96]; p=0.003). Serious adverse events and adverse events leading to discontinuation were no more common with EMPA than PL.
Conclusions: In patients with type 2 diabetes and high CV risk, EMPA reduced the composite of HF hospitalization or CV death, with a consistent benefit in patients with and without HF at baseline.

Endocardite da infezione acuta da *Coxiella* su valvola aortica meccanica

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Premessa: L'endocardite da *Coxiella burnetii* rappresenta una rara causa di endocardite acuta, rientra nei casi di endocardite infettive con emocolture negative. Costituisce lo stimolo per un'articolazione più razionale della diagnosi, nei pazienti con sospetta endocardite, associando alle classiche emocolture anche le sierodiagnosi e la microbiologia molecolare.
Caso clinico: Donna di 73 anni, caucasica, portatrice di valvola aortica meccanica, ricoverata per stato confusionale e febbre, esami ematochimici: aumento della PCR, leucocitosi neutrofila. RX Torace, TC cranio, ed emocolture seriate negative. Ecocardiogramma non dirimente, si esegue E.T.E. che rivela la presenza di vegetazioni endocarditiche con interessamento della valvola aortica, si intraprende terapia antibiotica secondo linee guida senza beneficio (persistenza della febbre, elevati indici di flogosi). Si valuta come possibile causa eziologica dell'endocardite un'infezione da microrganismi del gruppo HACEK o da Coxiella, i risultati sierologici accertano la diagnosi con IgG di fase 2 positive, caratteristiche di infezione acuta da *Coxiella*, si inizia il trattamento con doxiciclina integrato con idroxiclorochina solfato.
Conclusioni: La tempestivita diagnostico-terapeutica diventa fondamentale al fine di poter intervenire nel modo più mirato possibile. Una tappa importante è costituita dall'applicazione delle tecniche di microbiologia molecolare, che hanno migliorato la capacità di identificare eziologie insolite e che stanno diventando sempre più di routine nei laboratori di microbiologia.

Isolamento di coorte e recidiva in pazienti con infezione da *Clostridium difficile*

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Premessa: L'infezione da *Clostridium difficile* rappresenta la causa più frequente di diarrea nosocomiale e necessita dell'isolamento del paziente e l'adozione di precauzioni da contatto; tali procedure risultano di difficile gestione considerando la cronica carenza di posti letto nella nostra realtà.
Caso clinico: Nello stesso periodo sono state ricoverate presso il nostro reparto due pazienti per infezione da *C. difficile* (CDI), di 89 e 82 anni, che avevano contratto l'infezione in ambiente ospedaliero durante precedenti degenze. Le pazienti sono state isolate nella medesima stanza a distanza di 48 ore. La prima paziente con recidiva, già trattata in altra sede con Vancomicina, ha intrapreso una terapia con Fidaxomicina. La seconda paziente con prima infezione ha intrapreso una terapia con Vancomicina. In entrambe le pazienti si è avuta una guarigione clinica. Entro 36 ore dal termine della terapia entrambe le pazienti hanno recidivato; si è dunque proceduto all' isolamento in stanze singole. La paziente che aveva avuto recidiva dopo il trattamento con Vancomicina ha iniziato il trattamento con Fidaxomicina ed è guarita, mentre la paziente trattata con Fidaxomicina è deceduta per altre cause subentranti.
Conclusioni: Dalla nostra esperienza è emerso che l'isolamento di coorte in pazienti che contraggono l'infezione in tempi differenti potrebbe determinare la reinfezione nel paziente che per primo ha completato il ciclo terapeutico. Pertanto si ritiene opportuno adottare l'isolamento di coorte soltanto in caso di terapia concomitante.

A case of acquired haemophilia A

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A 72 year old man with hypertension, Basedow's disease and Parkinson's disease, was admitted to our hospital for hematuria, chest, abdomen and superior limbs ecchymosis, wrist hemarthrosis, penile and scrotal hematomas and conjunctival haemorrhage. Blood examinations revealed anemia, high ESR and CRP levels, prolonged aPTT, high FVIII inhibitor, low FVIII levels. The diagnosis was therefore made of autoimmune acquired haemophilia. Acquired haemophilia A (AHA) is a rare autoimmune condition due to antibodies against FVIII and resulting in life-threatening bleeding. It may be associated with pregnancy, autoimmune diseases (SLE, RA), malignancy, infections, drugs, but it remains idiopathic in 50% of cases. Autoantibody tests for ANA and ENA were positive, while test for anti-dsDNA was negative. Tumor markers were negative. Chest-abdomen CT scan and NMR detected a renal lesion, likely due to bleeding. Colonoscopy and EGD were negative. Our diagnosis was idiopathic AHA. AHA treatment focuses on controlling bleeding and on eradicating FVIII antibodies. Bleeding can be controlled by bypassing agents, such as recombinant activated factor VIIa and activated prothrombin complex concentrate. In order to eradicate FVIII antibodies we can use steroids and cyclophosphamide, then Rituximab in patients who do not respond to standard immunosoppressors. Our patient was treated with recombinant activated factor VII, corticosteroids, endovenous Igs and cyclophosphamide. He showed a progressive reduction in aPTT and recovering levels of FVIII, with control of hemorrhagic manifestations.

Tromboembolismo venoso come esordio di neoplasia misconosciuta: descrizione di due casi clinici

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I pazienti con tromboembolismo venoso hanno un rischio aumentato di riscontro di eteroplasie occulte. Descriviamo due casi nei quali la malattia tromboembolica ha preceduto la diagnosi di neoplasia. Il primo caso riguarda un uomo 56 anni, HCV positivo, ex tossicodipendente, forte fumatore, affetto da cefalea a grappolo. Ricovero per dolore al collo ed al braccio sx. Evidenti circoli collaterali sul torace. Riscontro doppler di trombosi completa della vena giugulare sx, anonima ed ascellare omolaterale. Tc torace con rilievo di TEP segmentaria e subsegmentaria bilaterale; rilievo inoltre di piccolo nodulo (0,6 cm) subpleurico a carico del polmone di destra con indicazione a follow up radiologico. Trattato con terapia anticoagulante. Al follow up successivo comparsa di linfoadenomegalia sopraclaveare destra sottoposta a biopsia con diagnosi istologica di adenocarcinoma. Nessuna ulteriore localizzazione di malattia ad eccezione del noto nodulo polmonare, successiva comparsa di localizzazione destruente su vertebra cervicale. Secondo caso: uomo di 82 anni, ottime condizioni generali, pregressa eteroplasia prostatica, portatore di gozzo tiroideo: ricovero per dispnea e cianosi della metà superiore del corpo. Evidenza di circoli collaterali sul torace, sospetto clinico di sindrome mediastinica. Riscontro di trombosi della vena cava superiore e della succlavia di sinistra associata a TEP. PET TC con rilievo di disomogenea captazione tiroidea (carcinoma papillare della tiroide). In seguito estensione della trombosi all'atrio di destra e paraparesi da lesione di vertebrale dorsale.

Rottura spontanea di milza dopo trombolisi sistemica per embolia polmonare:descrizione di un caso clinico

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La presenza di instabilità emodinamica nei pazienti con TEP è una indicazione al trattamento trombolitico sistemico, tale terapia a fronte di un rapido miglioramento dell'emodinamica del paziente e di una ridotta mortalità comporta, specie nei pazienti più anziani e con comorbilità, un aumentato rischio di sanguinamento maggiore, non solo intracranico. Descriviamo il caso di una donna di 78 anni, recentemente sottoposta ad intervento di sostituzione valvolare aortica con protesi biologica, affetta da interstiziopatia polmonare, già in ossigenoterapia domiciliare notturna, ricoverata per severa insufficienza respiratoria ipossiemica, associata a marcata ipotensione. Non riferiti traumi recenti, né cadute. Quadro ecocardiografico di dilatazione delle sezioni di destra, con aspetto a D-shape del ventricolo destro, rilievo inoltre di TVP femorale sinistra. TC torace con conferma di TEP a cavaliere. Sottoposta a trattamento fibrinolitico, seguito da rapido miglioramento del quadro ipotensivo e della insufficienza respiratoria. Dopo 5 ore dal trattamento comparsa improvvisa di intenso dolore al fianco sinistro associata ad ipotensione marcata. Rilievo ecografico di liquido libero perisplenico ed in seguito di voluminoso ematoma secondario a lacerazione di milza. Non sono emerse cause neoplastiche, né infettive o ematologiche della rottura di milza, verosimilmente spontanea. Si tratta di un evento raro e spesso ad evoluzione drammatica in quanto misconosciuto. In letteratura sono riportati rarissimi casi in associazione a trattamento trombolitico.

Achieving fasting plasma glucose target without nocturnal hypoglycemia: a pooled analysis of studies in type 2 diabetes comparing insulin degludec *vs* insulin glargine

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Insulin degludec (IDeg), a new basal insulin that forms soluble multihexamers after subcutaneous injection, has an ultra-long and stable glucose-lowering effect. These properties may lead to less nocturnal hypoglycemia compared with other basal insulin analogues, and should allow more patients to reach fasting plasma glucose (FPG) target safely. In this pooled analysis, we investigated the proportion of patients with type 2 diabetes (T2D) achieving target FPG (<5 mmol/L [90 mg/dL]) without nocturnal confirmed hypoglycemia in four open-label, randomized, treat-to-target trials where patients (N=2380) received either IDeg or insulin glargine (IGlar), both once-daily in combination with oral antidiabetic drugs (OADs), for 26 or 52 weeks. Confirmed hypoglycemia was defined as PG <3.1 mmol/L (56 mg/dL) or severe episodes requiring assistance, and nocturnal confirmed hypoglycemia defined as episodes from 00:01 to 05:59. A greater proportion of patients achieved the FPG target, and fewer patients experienced nocturnal confirmed hypoglycemia with IDeg than with IGlar. The chance of achieving FPG target without nocturnal confirmed hypoglycemia was 82% higher with IDeg: estimated odds ratio IDeg/IGlar=1.82 [1.49; 2.22] 95% CI. In conclusion, patients with T2D are more likely to reach FPG target without nocturnal confirmed hypoglycemia with IDeg than with IGlar. These findings may have important implications for achieving target levels of glycemic control in clinical practice.

What people want to know from Internet about liver disease: a review of 114.624 questions received at "paginemediche.it"

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Introduction and Aims: People going on the web in search of information on health are increasing Worldwide. In Italy this trend had accelerated significantly in the last 15 years (+500%).
The aim of this study was to analyse an Italian site and assess on what topics there was a greater demand for information/counselling.
Materials and Methods: Questions sent to www.paginemediche.it during the period between January 2008 and October 2015 were analysed. Hepatology is the first issue for which users send questions.
Results: In the last eight years 41.386.897 visitors asked, during 59.521.030 accesses, 114.624 questions; the number of pages seen was 114.866.547. The cities with the largest number of visitors are Milan, Rome and Naples. There are also some visitors from other countries: Switzerland 89.171 accesses, United Kingdom 61.517, Germany 59.808, United States 52.553, France 31.775 and other countries. Most of the contacts were through mobile (52%) or tablet (36%) while

till 2008 almost all the accesses were through desktop. The top ten questions were on:liver pain, pruritus, right flank pain, cholecystectomy, hepatitis transmission, cirrhosis, transaminases, bilirubin, abdominal pain, CDT test. The number of questions on hepatitis B was four times more than hepatitis C.
Conclusions: Mining semantically robust archives of patient generated questions is able to provide unique insights to drive educational activities. In addition the analysis of the type of questions clearly shows a big demand for online second opinion and on-going communication on cases management

Severe protracted hypoglycemia in patient with dumping syndrome undergoing a sleeve gastrectomy for pathologic obesity

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In patients (pts) undergoing bariatric surgery any symptoms of metabolic disorders can be both post-surgical result that primary endocrinopathy: a correct diagnosis is critical for an effective therapy. In March 2015 pt was admitted for repeated hypoglycemia. In 2014 he underwent a sleeve gastrectomy for obesity, developing later worsening hypoglycemia, despite diazoxide treatment. The endocrinologist suggested a nesidioblastosis, never investigated for poor pt's compliance. In a new hospitalization the iatrogenic origin was discarded (the psychiatrist excluded an auto-inducted hypoglycemia): analyses (including pancreatic biopsies) excluded an insulinoma and immunocytochemistry was negative for nesidioblastoma. Endocrinologist newly recommended to investigate the possibility of nesidioblastosis but the pt refused, and referred that he discussed and agreed with the surgical team, for undergoing total gastrectomy, distal pancreasectomy (in chronic pancreatitis) and splenectomy. Following surgery hypoglycemia didn't reappear: we diagnosed a classical dumping syndrome and excluded nesidioblastosis. The pt shows how fundamental are multidisciplinary approach and information in bariatric interventions. The diagnostic delay was influenced by pt's compliance: he has repeatedly refused a systematic endocrinological screening.

Polyendocrine autoimmune syndrome

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In patients (pts) with endocrinopathy a systematic approach is critical for identifying sindromic components, investigating etiology and treating properly. In November 2014 a 45 years old woman was hospitalized for diabetes mellitus with ketoacidosis. Fasting C-peptide was reduced, post-prandial stable. The pt presented repeated episodes of hypoglycemia despite reduced insulin doses. In anamnesis, since 2011, the pt was hospitalized for oral candidiasis, then for primary hypoadrenocorticism (fasting cortisol<0.2 μg/dL and DHEA -s undetectable) associated with primary hypothyroidism in autoimmune thyroiditis (TSH 12.13 mcUI/mL, antibodies antitireoperossidasi>500, thyroglobulin<1000, and suggestive thyroid ultrasound). Levotirovìxina (up to 100 μg/day) and cortone acetate were prescribed obtaining a normalization of cortisol. Then the pt autonomously suspended cortone acetate, causing a reduction of cortisol and an increase of ACTH (1281 pg/mL): RMN was negative for pituitary adenomas, ultrasound abdomen excluded adrenal masses. Aldosterone (13 pg/mL) and PTH (11 pg/mL) were diminished as in hypoparathyroidism. In 2012, exams evidenced elevated FSH (49 mIU/mL) and LH (55 mIU/mL), with undetectable estradiol. Considering anamnesis, hypoglycemic crisis correlate to suspension of cortone acetate. The pt presented a polyendocrine auotimmune primary adrenal insufficiency, type 1 diabetes, hypothyroidism suggestive for Schmidt syndrome: hypoparathyroidism with good functional reserve and without hypocalcemia, hypogonadism and candidiasis should be added.

Think delirium: an audit in elderly hospitalized patients in Medicine Unit

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Background: The aim of the study is to audit the management of elderly (E) patients (P) with delirium (D) against the standards of practice in the NICE Guidance.
Methods: The study assessed 108 consecutive P (age76±8, M48,F60, comorbidity 3±2) admitted in Colleferro's Medicine Unit from September to December 2015 at risk of D according to NICE Guidance. Audit targets: use of Clinical Management Plan (CMP) according to the D risk reduction (risk stratification, clinical investigations carried out in P at risk, Confusion Assessment Method -CAM-), cases of D during recovery, overall mortality and mortality in E with D. We measured and identified areas which need to be changed. After implementation, re-audit could ensure changes will be effective.
Results: Over 108 P, D occurred in 26 P (24.07%), 21 before (80.7%) and 5 after (19.2%) 72 hours from recovery. 17 overall deaths (15.7%), of which 5 (4.6%) in P with D. CAM was used in 2 P. 42 P (38.8%) were admitted at the beginning in different wards from Medicine Unit. Average length stay in E with and without D was, respectively, 13±5 *vs* 10±3. Our practice differs against standard but, after CMP implementation, preliminary data report improvements in D management.
Conclusions: D is frequent in Medicine Unit with high mortality and probably a cause of prolonged hospital stay. D assessment and CAM are underused in clinical practice, expecially in P with no appropriate recovery. CMP is a useful tool that could discourage inappropriate hospitalization and decrease the risk of D.

Management of venous thromboembolism. Our experience with new oral anticoagulants

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Background: Patients (P) with deep vein thrombosis (DVT) have venous thromboembolic (VTE) risk, reduced by Oral Anticoagulat Therapy (OAC) both AVK than NOACs. Major safety outcome for anticoagulation is haemorragic risk (HR). In our OAC Surveillance Ambulatory 75P with DVT were followed for VTE/HR. The aim of the study is CEA between warfarin (W), rivaroxaban (R) and apixaban (A) during 1 year of observation.
Methods: P with DVT, 26 in W (14F, 12M; 68±8 ys, INR 2-3), 21 in R (16F, 5M, 72±6 ys,) and 28 in A (11F, 17M, 76±7 ys) were compared. No difference in comorbidity (hypertension, cronic heart disease, diabetes, stroke). Previous VTE, respectively, 10%, 8% and 13%. Renal disease, respectively, 42.3%, 28.5% and 53.5%. Direct costs evaluation was defined with activity based costing (ABC) application. We calculated cost effectiveness value (CEV), quality adjusted life years (QALY-EuroQol), incremental cost-effectiveness ratio (ICER) into 3 groups.
Results: After 1 year of observation into 3 groups we checked no cardiovascular (CV) death, no pulmonary embolism. Average hospital stay in W, R and A group, respectively, 8±3 *vs* 7±2 *vs* 7±3 days. In W 1 recurrent DVT, 1 HE [major HE as haemoglobin fall ≥2 g/dL or transfusion need], in R no recurrent VTE, 1 rectal bleeding and 1 stop for cefalea. In A no recurrent VTE, no HE.
Discussion: NOACs are effective alternative to traditional therapy. Considering CEV in relation to Quality-adjusted life year (QALY), our data point to a different resources consumption between W, R and A. A is a cost-effective therapy in VTE

Applicazione di una procedura aziendale per la prevenzione di sanguinamento secondario in paziente in trattamento con dabigatran

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Caso: 77 anni maschio con insufficienza renale cronica (creatininemia 2.06) in trattamento con Dabigatran 110 mg bid per FA parossistica. Accesso in PS con proctorragia e addominalgia e diagnosi di ischemia intestinale con necessità di ricoagulare il paziente in previsione di

intervento chirurgico d'urgenza. Ultima dose di NAO assunta la mattina del giorno precedente il ricovero. Schema di trattamento adottato: Ugurol 1 gr ev in bolo, a seguire 1 gr in 8h. Complesso protrombinico a quattro fattori 50 U/Kg. Alle ore 17 ingresso in C.O.; dosaggio di Dabigatran alle ore 18:04, in corso di intervento, 229 ng/mL (range terapeutico 30-200). Trattato con 2 unità di emazie concentrate durante l'intervento che si è concluso senza complicanze emorragiche maggiori.
Conclusioni: In questo caso è stata messa in atto la procedura aziendale per il trattamento in urgenza/emergenza di emorragie maggiori, in atto o inducibili da procedure invasive, nei pazienti adulti in TAO, recentemente revisionata alla luce dell'utilizzo dei nuovi anticoagulanti orali. Nonostante il valore ancora elevato del farmaco nel sangue, il trattamento con complesso protrombinico a quattro fattori ha scongiurato complicanze emorragiche durante e post-intervento.

✪ Role of hyperoxia test in hypoxemic chronic obstructive pulmonary disease no-responder to oxygen therapy with patent foramen ovale. A pilot study

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Background: Hypoxemic Respiratory Failure in COPD is mainly the result of V/Q mismatching. However, little is known about the role of the anatomic right-to-left shunt (RTLS) due to PFO.
Objectives: To search PFO in hypoxemic COPD refractory to O_2therapy and to evaluate the diagnostic role of HT.
Materials and Methods: We conducted a prospective-observational study enrolling 11 patients with hypoxemia (3M, 8F, mean age 49.5 yrs) with PFO neurological complications (6) and COPD (4) refractory to oxygen therapy; 1 control case. All patients underwent to HT, Transthoracic (TTE) and Transesophageal Echo (TEE), spiro, arterial blood gas analysis and chest imaging. Dyspnoea and Quality of Life(QoL)VAS–scales were outcome-results. HT and TTE/TEE data of PFO was compared.
Results: In neurological PFO, HT has confirmed the RTLS defining also the functional entity. In hypoxemic COPD the positivity of HT confirmed PFO with Echo. Statistic analysis showed a linear regression correlation between anatomical (TEE) and functional status (HT): PFO measured in millimetres corresponds to the HT shunt per cent, as well as to pO_2%, $SatO_2$, Dyspnoea and QoL VAS-scales, but not to FEV_1%. With preserved right ventricle performance, PFO has been corrected with device, improving hypoxemia, Dyspnoea and QoL.
Conclusions: HT has proved a simple and reliable tool to research and evaluate functionally PFO-related RTLS in refractory COPD, addressing to a specific search of the anatomical defect by Echo. PFO plays therefore a key role in hypoxemic COPD and HT suggests therapeutic indications in hypoxemic PFO.

Una ritenzione urinaria acuta per nulla scontata...

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A.M., donna, 58 anni, affetta da ipertensione arteriosa, DM di tipo 2, BPCO. Giunge nel nostro reparto per stranguria in assenza di altri sintomi. EE nella norma in presenza all'esame delle urine di segni di infezione. Per il rilievo ad un'eco-clinica di globo vescicale si è stato posizionato CV con emissione di 1200 mL di urine ematuriche. Ad un Eco-Addome di controllo vescica con ispessimento di parete associato ad idroureteronefrosi. Nell'ipotesi di una cistite emorragica è stata quindi impostata antibiosi a base di ciprofloxacina; alla luce però della persistenza dell'ematuria sono state eseguite un'UroTC ed una RM che hanno confermato i reperti evidenziati all'Eco-Addome, dimostrando inoltre la presenza di tessuto di tipo infiammatorio cronico con scarsa impregnazione post-MdC intorno all'aorta addominale fino al carrefour. Alla PET assenza di tessuto eteroplastico. Non è stato possibile eseguire biopsia per la sede del tessuto sopra descritto. Data quindi la normalità delle IgG4 con sierologia per T. pallidum negativa in presenza di ANA con titolo 1:320 (Anti-Ro 52) è stata acquisita consulenza immunologica che ha valutato i reperti TC suggestivi di fibrosi retroperitoneale, ponendo indicazione ad intraprendere terapia a base di MPN 125 mg e.v. con progressivo decalage. A seguito della somministrazione dello steroide è stata tentata rimozione del CV ottenendo un buon ripristino della diuresi in presenza di scarso RPM. Nella DD delle RUA occorre tenere conto anche di patologie rare, tra l'altro non facilmente differenziabili da quadri ascrivibili processi morbosi ben più comuni.

Valutazione delle cause di esacerbazione dei sintomi respiratori nei soggetti in ingresso dal dipartimento di emergenza urgenza e accettazione nei reparti di Medicina Interna con diagnosi di broncopneumopatia cronica ostruttiva riacutizzata

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L'esacerbazione dei sintomi respiratori nei soggetti con broncopneumopatia cronica ostruttiva in molti casi non è ascrivibile ad una *pura* "riacutizzazione di BPCO" ma va piuttosto inquadrata come un evento riconducibile alle comorbilità che possono coesistere in questi pazienti.
Obiettivi: Tra i soggetti in ingresso in reparto per "BPCO riacutizzata" abbiamo voluto valutare le reali cause di esacerbazione dei sintomi respiratori e stabilire i parametri laboratoristici ed ultrasonografici che consentano di distinguere le *pure* riacutizzazioni di BPCO dalle altre patologie.
Materiali e Metodi: Ciascun paziente reclutato è stato sottoposto a determinati EE (D-dimero, PCR, Pct, Tpn-I, pBNP, EGA...), ECG, Eco-Torace+Cuore e PFR.
Risultati: In base ai risultati di tali indagini i pazienti sono stati suddivisi in gruppi: la diagnosi di *pura* BPCO riacutizzata (gr. AECOPD) è stata confermata solo nel 32%; nei restanti casi (gr. COPD Plus) il quadro è risultato imputabile ad altre patologie (32% polmonite, 26% SC, 16% interstiziopatia...). All'analisi statistica gli "AECOPD" sono risultati significativamente differenti dai "COPD Plus" per molti dei parametri indagati (in particolare con p<0,0001 per pCO2, pBNP, reperti Eco-Torace ed sPAP dell'Eco-Cuore).
Conclusioni: La diagnosi di BPCO riacutizzata come formulata attualmente raggruppa in un'unica categoria pazienti con caratteristiche cliniche ed esigenze terapeutiche estremamente differenti. Per migliorare l'accuratezza diagnostica occorre utilizzare un approccio integrato basato sulla combinazione di dati laboratoristici e strumentali.

Riqualificazione della rete referenti qualità. Declinazione in una unità operativa di Medicina Generale

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Premessa e Scopi dello studio: L'AO S.Anna di Como ha individuato tra gli obiettivi strategici del 2015 la riqualificazione della rete dei Referenti Qualità attraverso un percorso formativo con finalità di fornire strumenti per coordinare ed attuare processi di miglioramento all'interno delle proprie realtà lavorative.
Materiali e Metodi: Obiettivi erano: promuovere e gestire attività di valutazione, analisi e prevenzione del rischio e sviluppare conoscenze e competenze per promuovere gli obiettivi internazionali per la sicurezza dei pazienti.
Risultati: Sono state prodotte dal gruppo di lavoro: una scheda sinottica su cui riportare i risultati delle verifiche effettuate nei vari ambiti considerati, le criticità, le azioni di miglioramento; una scheda indicatore per la costruzione degli indicatori che ogni Unità Operativa ha scelto di monitorare; una griglia per l'analisi di eventi avversi/near miss. La nostra UO ha scelto come indicatori: l'appropiatezza dei ricoveri nel reparto di Cure Subacute, la valutazione dei ricoveri oltresoglia, il monitoraggio delle lesioni da pressione. Ha presentato due near miss, situazione di pericolo che non sie è tradotta in evento, analizzandoli con la Root Cause Analysis: descrizione del caso, analisi dei punti critici, azioni di miglioramento.
Conclusioni: La partecipazione al percorso da parte del Referente Qualità, la condivisione degli obiettivi all'interno dell'Unità Operativa e la condivisione degli indicatori, ha consentito una sinergia per realizzare una serie di processi virtuosi finalizzati ad una migliore efficienza ed efficacia.

An atypical joint involvement in rheumatoid arthritis

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Introduction: Rheumatoid arthritis (RA) is an autoimmune disease that causes chronic inflammation of the joints and other areas of the body. RA affects more often metacarpophalangeal and wrist joints and it is predominantly symmetrical.
Case report: a 59 years old man was admitted to our medical ward for worsening difficulties in walking and standing during the last year. Other symptoms were weight lost (10 Kg in the last year) and anorexia. He worked for a leather goods and he smoked 20 cigarettes a day for 40 years. Signs of acute arthritis as functional impairment and pain of right glenohumeral and coxofemoral joints were present. Afterwards knee, ankle and hands joints were involved. Blood tests showed: reactive C protein 83 mg/dL, ESR 59 mm/h, fibrinogen 508 mg/dL. Serum albumin-globulin ratio 0.73. ACPA 744 U/mL, RF 1130 IU/mL. Thoracic-abdominal CT, urinary and bronchial cytology excluded neoplastic foci. Neither the electromyography nor the somatosensory evoked potentials showed signs of nerves affections. A musculoskeletal ultrasonography revealed signs of joint effusion, acute synovitis, synovial hypertrophy, tenosynovitis and bone structure alterations. The radiographs of the joints showed signs of bone erosion, porosis and sclerosis. We started an anti-inflammatory therapy with Prednisone resulting in a fast improvement of symptoms and signs of arthritis.
Conclusions: Large joints may be an atypical localization of the inflammation in RA. It may cause difficulties in walking and standing as an atypical early manifestation of the illness.

Ischemic stroke in a patient with proximal venous thrombosis

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Introduction: Ischemic stroke may have an atherothrombotic or a cardioembolic etiology. It is not easy to identify the right etiology and therapy because the embolic source is often misunderstood.
Case report: a 54 years old man was admitted to our medical ward for dizziness, nystagmus, right dysmetria, dysarthria, dysphasia, dysphonia, hiccup, and right hemiparesis. In his history, a pulmonary adenocarcinoma was recently diagnosed. The electrocardiogram showed a sinus rhythm; no history of palpitations was revealed. The physical examination showed difficulties in the standing due to right lateropulsion. Moreover strength deficit of right arm and alterations at coordination tests were found. Brain CT revealed lacunar infarcts of left corona radiata and centrum semiovale and the occlusion of the right vertebral artery. MRi showed both bulbar and frontal infarcts in the territory of the middle cerebral artery. Vascular ultrasound (VUS) revealed proximal deep venous thrombosis of the right leg that was also complicated by pulmonary embolism. Echocardiography revealed the presence of a patent foramen ovale (PFO). Anticogaulant therapy with fondaparinux was finally established.
Conclusions: FO may be the cause of an inexplicable cardioembolic stroke in patients with proximal venous thrombosis.

Uso precoce del *Mini Nutritional Assessment* nel paziente anziano ospedalizzato

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Premessa e Scopi dello studio: I pazienti anziani ospedalizzati, hanno un alto rischio di malnutrizione per difetto, che condiziona morbilità, mortalità, qualità di vita e costi assistenziali. La corretta strategia nutrizionale, in questi casi, è importante sotto l'aspetto clinico e gestionale.
Materiali e Metodi: Abbiamo applicato l'assessment nutrizionale in tutti gli anziani (>65 anni) ricoverati presso la nostra UO per acuzie, complicanza, o comorbidità, di una malattia cronica. La *"presa in carico"* della malnutrizione prevedeva 7 step in sequenza, che vanno, in estrema sintesi, dalla valutazione del rischio con Mini Nutritional Assessment, alla cura della ristorazione in logica sanitaria.
Risultati: Su 63 pazienti (42 M, 21 F), 33 (17M) sono risultati malnutriti, 29 (10 M) sono risultati a rischio di malnutrizione. L'età media dei due gruppi, era rispettivamente 88.5 e 86.3 anni. Il 40% dei pazienti consumava a domicilio meno di due pasti/die, e beveva meno di 5 bicchieri di acqua/die. La perdita di peso media, negli ultimi tre mesi era stata di 3 Kg. Gran parte dei pazienti non aveva consapevolezza della propria inadeguata alimentazione.Le diete sono state assegnate in base alle esigenze nutrizionali ed alle patologie. L'intervento nutrizionale ha migliorato parametri bioumorali,punteggio MNA, e BMI.
Conclusioni: Nel paziente anziano ospedalizzato, un rapido ed efficace intervento nutrizionale permette di individuare i soggetti malnutriti ed a rischio di malnutrizione, e di intervenire con la dieta personalizzata per migliorare outcome di malattia e QoL.

Il *team* nutrizionale, aspetti clinico-gestionali

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Premessa e Scopi dello studio: La malnutrizione ha una prevalenza stimata fra il 30 ed il 65% fra i ricoverati nelle UU.OO. di Area Medica, con patologie croniche in fase di instabilità clinica o di riacutizzazione. Si tratta di una "malattia nella malattia", che causa complicanze, ed influenza morbilità, mortalità, qualità di vita e costi assistenziali.
Materiali e Metodi: Nelle UU.OO. di Medicina Interna, non sempre viene applicata una vera valutazione nutrizionale. Proponiamo una strategia nutrizionale personalizzata, pianificata e standardizzata, che un'equipe multiprofessionale, adotti per tutti i ricoverati. Il percorso nutrizionale prevede l'identificazione di obiettivi e fabbisogni per il singolo paziente, e della via di somministrazione adeguata al singolo caso: os, enterale, parenterale. Il Percorso Nutrizionale richiede formazione, training, empowerment, reengeneering.
Risultati: Come da evidenze della letteratura, l'approccio nutrizionale multidisciplinare, garantisce una migliore qualità assistenziale, contribuendo a ridurre tempi di degenza, costi, riospedalizzazioni, morbidità e mortalità.
Conclusioni: Il *team* Multidisciplinare permette l'applicazione di principi del Governo Clinico (PDTA, RM, HTA), migliora l'outcome della malattia, riduce complicanze e rischi della Nutrizione Artificiale, riduce tempi di degenza e costi. L'attività di un Team Nutrizionale aggiunge qualità al Percorso Clinico Assistenziale secondo un processo di Miglioramento Continuo. La NA richiede appropriatezza, ha efficacia clinica ed efficienza economica, risponde al concetto di *value-based medicine*.

✪ The use of antibiotics in wards of Internal Medicine: results of a large multicenter study in Lazio

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Aim of the study: >30% of hospitalized pts receive antibiotics, 50% inappropriately. This multicenter study evaluated the modalities of use of antibiotics in 13 Internal Medicine Units of Lazio.
Materials and Methods: The medical records of all the pts discharged in the first week of every month since Nov 2014 to Oct 2015 were evaluated for modality of antibiotics administration, clinical and microbiological diagnosis. All data were collected and analyzed by coordinating center.
Results: 58.1% of 1009 pts received antibiotics. Pts receiving antibiotics were older (75.9 *vs* 71.5 yrs), had longer hospitalization (13.6 *vs* 10 days) and higher mortality (16.4 *vs* 4.7%).The more frequent sites of infection were: respiratory tract (44.1%), abdominal tract (15%), urinary tract (14%). The place of acquisition was evaluated in 69.5% of pts. Infiammatory biomarkers were detected in 98.2% of pts (PCR=71.9%, PCT=26.3%, both 21.2%). Most initial regiments were empiric (77.5%) and parenteral (96.9%). The most used antibiotics were: inhibitor-protected penicillins (48.1%), ceftriaxone (23.6%), fluoroquinolones (20.9%). The microbiological investigation was performed in 41.6% and was positive in 49.3%. Out of these, 20.6% upgraded and 7.4% downgraded therapy. Switch to oral therapy occurred in 5.9%. The mean length of therapy was 9.46% dys.
Conclusions: More than half pts received antibiotics, most empirically

and one third without correct epidemiological valuation. In less than half of the pts was perform microbiological examination. Few pts were early discharged with oral therapy.

A man with crystal bones

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Background: Adequate concentrations of serum calcium (Ca), phosphate (P), pH and 25 hydroxyvitamin D (25D) are required for normal osteoid mineralization. Hypophosphatemia may be a missed cause of osteomalacia and fractures. Phosphate homeostasis is affected directly by fibroblast growth factor-23 (FGF-23),a phosphaturic hormone.
Diagnostic procedures and clinical course: A 49-yr-old man presented a long history of multiple fragility fractures. During the last 2 years he had suffered of two femoral fractures caused by low efficient trauma. Recent knees pain led to a MRI detecting bilateral tibial stress fractures. Laboratory tests revealed serum normal levels of Ca (9mg/dL), PTH, 25D, testosterone, cortisol and 24h-calciuria, elevated bone resorption markers (ALP 310U/L), severe hypophosphatemia (0.6mg/dL) with hyperphosphaturia (826 mg/24h). DEXA-scan revealed low mineral density (Z<-2). Ca-P product of 5,4 and hyperphosphaturia were predictable of osteomalacia caused by renal phosphate wasting. This diagnosis was confirmed by elevated FGF-23 and low normal range of 1,25 D serum levels with no aminoaciduria excluding renal disorders (Fanconi like). 68Ga-DOTATOC showed an area of avid uptake in the right ethmoid sinus where MRI localized a little mass which was removed and histologically proven to be a haemangiopericytoma.FGF-23 tumoral expression is ongoing. 20 days later plasma and urine phosphate had returned to within normal limits.
Conclusions: Tumor-induced osteomalacia is a paraneoplastic syndrome resulting in renal P wasting induced by small normally benign mesenchimal tumors secreting FGF-23 with an excellent prognosis after lesion resection.

Febbre, otite, nodulo polmonare, anticorpi anti-citoplasma dei neutrofili positività: sembra proprio una Wegener!

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Caso clinico: Giunto alla nostra osservazione per motivi Medico-Legali. Paziente di 40 anni non fumatore si presenta in P.S. per tosse febbricola e otite. Al laboratorio leucocitosi linfocitica. Alla TC si riscontrano addensamenti polmonari multipli irregolari con broncogramma aereo. Nell'ipotesi di polmonite acquisita in comunità si somministra terapia antibiotica senza risultato. Alla TC di controllo concomita tromboembolia dei rami segmentali inferiori, e nel novero degli esami di laboratorio richiesti, a emocolture e broncoscopia negative, il paziente viene trovato positivo per ANCA; si sospetta una granulomatosi di Wegener. Inizia terapia con steroidi e azatioprina con miglioramento sintomatico, risoluzione della febbre, persistenza di tosse. Scomparsa della TEP alla terapia con warfarin. Nel frattempo il risultato dell'esame colturale del BAL per ricerca BK da esito POSITIVO, conducendo finalmente alla quadruplice terapia con farmaci antitubercolari per 4 mesi, e risoluzione del caso seppure con esiti fibrotici (data la incongrua iniziale terapia immunosoppressiva).
Conclusioni: Rammentiamo che la TBC causa embolia dei rami segmentali e fornisce una falsa positività per ANCA, elementi che si possono confondere con una vasculite necrotizzante.

Una sincope di pertinenza chirurgica

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Caso clinico: Giunto alla nostra osservazione per motivi Medico-Legali. Un paziente di 50 anni viene valutato per tosse stizzosa convulsiva. Escluse le cause principali (asma, GERD, rinite, farmaci) tramite Rx torace, PFR, EGDS tutti negativi, viene trattato con svariate terapie ORL (antibiotici, aerosol fluidificanti, cortisonici e broncodilatatori, sedativi della tosse) senza nessun risultato. La tosse persiste, provocando episodi sincopali ricorrenti (due accessi in P.S. per trauma cranico). La diagnosi differenziale esclude le cause neurologiche e cardiache (TC encefalo, EEG, Rx colonna, Duplex TSA, ecocardio e Holter ECG negativi) confermando la origine situazionale della sincope da accessi di tosse. Il paziente modifica talmente le sue abitudini di vita da abbandonare la guida dell'auto, dormire sul divano per peggioramento della tosse in clinostatismo, e limitare le uscite di casa per contenere i danni di una eventuale sincope. Un neurologo dopo 5 mesi dai sintomi prescrive terapia antidepressiva! A questo punto la comparsa di un protidogramma alterato (ipogammaglobulinema) pare orientare la diagnosi: si esegue TC torace si invia il paziente al chirurgo toracico per riscontro di "formazione nodulare ipodensa di 29x27mm della loggia di Barety, sospetta per linfoma". La PET negativa orienta invece per un timoma (senza manifestazione miastenica o aplastica) asportato il quale il paziente risolve tutti i sintomi.
Conclusioni: Una rara causa di tosse, e una latenza nella esecuzione della TC torace a RX negativa, hanno ritardato notevolmente una diagnosi tipicamente internistica, eseguita poi presso un reparto di chirurgia toracica.

How to verify learning efficacy of theoretical-practical course: experience from a compact course of videocapillaroscopy

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Background: A quality audit to assess the learning efficacy of all kind of medical events is crucial; this is even topic when we refer to a compact theoretical-practical course on a new diagnostic methodology.
Methods: We evaluated 13 participants to 2015 Videocapillaroscopy compact (16 hours) Course. The didactic program was based upon theoretical lessons, interactive discussions and practical training on instrument with *in vivo* exams on normal subjects and patients. Learners were asked to draw up a multiple-items form on a videocapillaroscopic picture at begin (PRE) and at the end of the course (POST). Data we obtained were compared to each other and to the correct features. Statistical analysis evaluated differences in each PRE and POST parameter; subgroups post-hoc analysis was performed considering age of participants, medical speciality, geographical area, previous (n=5) or absent (N=8) skill on videocapillaroscopy.
Results: Percentage of errors resulted 46.1% PRE and 25.9% POST (p=0.005); the higher the age, the higher the% of errors in PRE data but not in the POST one; learners with previous skill showed better results in PRE data (p=0.006) while those without skill ameliorated much more; no difference was registered as concerns geographical areas and various medical specialists (PRE data) while internists presented better results than rheumatologists in POST data.
Conclusions: Learning efficacy of a theoretical-practical course on a new diagnostic method may be based upon an objective, statistically validated audit as showed in our experience.

Final report of Tuscany-Campania heart failure study

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Background: Heart failure (HF) is characterized by a high prevalence and hospitalization rate with considerable health and social impact; the knowledge of its epidemiological features remains the mainstay to assess adequacy of the health care needs.
Patients and Methods: We enrolled 1570 patients (713 M and 857 F) admitted because of HF in 32 Internal Medicine Units (IMU) in Tuscany (T) and 23 in Campania (C). Demographic data, re-hospitalization rate, HF aetiology, NYHA class, comorbidities, cardiac rhythm, LEVF evaluated with echocardiography and treatment (drugs) were registered and compared.
Results: In T (comparison with C), mean age was significantly higher (82.5±8.9 *vs* 77.1±9,8 years, p<0.001) as well as number of patients in NYHA class III-IV at admission (p<0.001) and re-hospitalization rate

(p<0.001). Patients with HF in C presented more frequently diabetes, chronic obstructive pulmonary disease, active cancer and previous stroke whereas chronic renal failure and atrial fibrillation were more frequent in T (p<0.001). Echocardiography was performed more frequently in T than in C (64% *vs* 52.6%, p<0.001) with LVEF ≥50% significantly higher in T (42.5% *vs* 34.2%, p<0.05).
Conclusions: Final data of TUSCAM-HF data confirms the presence of different characteristics of HF patients admitted in IMU of two Italian regions. These differences should be keep in mind in planning and interpretation of national multicentre studies on HF.

Approccio multidisciplinare in Medicina Interna: un caso complesso di spondiloartrite enteropatica

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Caso clinico: Uomo di 49 anni con diagnosi di colite ulcerosa (RCU) in terapia con mesalazina, giungeva in PS per dolore addominale, diarrea ematica e flogosi spiccata (PCR 9.9 mg/dL). La colonscopia mostrava severa riacutizzazione della RCU. Si associavano un'importante cervicalgia con limitazione funzionale, artralgie periferiche con segni di sinovite e entesite achillea bilaterale. La diagnosi di spondiloartrite (SpA) enteropatica assiale e periferica ad elevata attività (ASDAS 5) veniva confermata, dopo valutazione reumatologica, dalla positività dell'HLA-B27 e dell'Rx rachide e bacino (sindesmofitosi cervicale diffusa e sacroileite bilaterale). Visto il quadro clinico si decideva collegialmente di iniziare una terapia biologica, che veniva però posticipata a causa di pregressa esposizione a TB. Il paziente veniva trattato prima con isoniazide e successivamente con adalimumab e metotrexate (MTX). Dopo un anno si raggiungevano una discreta risposta gastrointestinale e remissione articolare (ASDAS 1.6). Dopo 18 mesi dal primo accesso il paziente si presenta nuovamente in PS con dolore addominale, diarrea ematica e PCR elevata (7,3 mg/dL). L'endoscopia conferma la riacutizzazione severa di malattia. Considerata la buona risposta articolare e la scarsa efficacia gastrointestinale, si decide di sostituire il MTX con salazopirina e azatioprina mantenendo adalimumab, con miglioramento del quadro.
Conclusioni: L'approccio multidisciplinare migliora la gestione diagnostico-terapeutica e la qualità della vita dei pazienti con malattie ad interessamento multisistemico.

A singular case of severe respiratory failure

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The absent improvement or resolution of pneumonia despite treatment, is a common clinical problem. This is usually due to the etiology of pneumonia and/or host's immune competence. We present the clinical case of a 53 year-old man hospitalized for progressive dyspnea, fever and worsening nonproductive cough, with chest radiographic features of bilateral perhilar interstitial infiltrates with basal right pulmonary parenchymal consolidation. Because he showed a lack of improvement of respiratory distress and clinical picture within the first 48 hours from empirical antibiotic treatmen (amoxicillina/clavulanate, azithromycin), despite CPAP ventilation (FiO2 50%), he performed chest CT scan which showed an interstitial pneumonia with extensive ground-glass attenuations. HIV test resulted positive. The microscopic analysis of a sputum specimen allowed us to make the diagnosis of PneumoCystis jirovecii Pneumonia (PCP). The patient was then treated with trimethoprim sulfamethoxazole then switched to clindamycin for intolerance. It was discharged with a diagnosis of HIV infection, CDC C3, acute respiratory failure PCP pneumonia. In conclusion for a proper treatment of interstitial pneumonias we should always investigate the causes not just suppose an atypical bacterial infection, but also at fungi and virus infections and definitely assess the patient's immune competence. As in the example above, the PCP is a typical opportunistic disease in new diagnosed HIV-positive patients with low CD4.

Macrophage activation syndrome: not only in pediatric age

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Backgroud: Macrophage activation syndrome (MAS) is rheumatic disease-associated member of the hyperinflammatory syndromes (HS), characterized by uncontrolled cytokine storm. MAS is characterized by uncontrolled inflammation manifest as unremmiting fever, cytopenia, splenomegaly, hepatitis, coagulopathy, hyperferritenemia, multisystem organ failure (MOF), and death. Unlike the quite high frequency in pediatric age, MAS is rarely associated with Rheumatic Arthritis (RA) in adults.
Case report: A 65-year-old woman with RA, previously treated with MTX and steroid, was admitted with fever and respiratory symptoms, meanwhile she was undergoing a new cycle of steroid and MTX, because of a RA relapse. The fever was unremitting, in spite of antibiotics: the chest-abdomen CT revealed an interstitial pneumonia, besides diffuse lymphadenopathy and splenomegaly. After the CT, clinical conditions worsened, manifesting hypotension, purpura, severe pancytopenia, MOF, diffuse erythema, hyposodiemia, hypofibrinogemia, hyperferritenemia. She was transferred to Intensive Care Unit, where she underwent intravenous IG, high doses of steroid and antiviral therapy, with resolution of symptoms and hematologic findings. The final diagnose was MAS due to a CMV infection, in patient with RA.
Conclusions: The diagnosis of MAS is wrought with difficulty, but the rapidly fatal conditions require immediate recognition to ensure urgent treatment. The clinicians must maintain high degree of suspicion for HS in auto-infiammatory conditions, even in those patients presenting RA.

Efficacy of sofosbuvir and ribavirin in the treatment of chronic moderate hepatitis C genotype 2 with alanine aminotransferase flare in an interferon ineligible patient

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Introduction: In the natural history of chronic HCV-related infection caused by genotype 2, ALT flares, even reaching levels ≥10 ULN, have been often reported in some subjects with previous persistent normal alaninoaminotransferase (PNAL). In this background, antiviral treatment is an urgent need, even in IFN (interferon)-ineligible patients.
Case report: On January 2015, a 50-years-old woman was examined in our department because of ALT flare in known chronic hepatitis C genotype 2. Her past medical history was positive for previous epilepsy, depression and cardiological disease. About HCV infection, in 2014 her exams showed ALT 24 UI/L while on January 2015 we noted ALT 588 UI/L AST 405 UI/L GGT 373 UI/L ALP 64 UI/L total bilirubin 0.5mg/dL ANA 1280 (nucleolar) AMA negative ASMA 160 aLKM 160 HCV RNA 3824000 UI/mL. Personal history was negative for herbal medicine intake. Liver stiffness measurement was equal to 11.5 kPa (IQR 0.9). We started antiviral treatment as follows: sofosbuvir 400 mg 1 cpr plus ribavirin 200 mg 2 cpr/bid per os for 12 weeks. After 2 weeks HCV RNA was negative and ALT 34 U/L. Therapy was well tolerated and the patient achieved SVR12 (sustainde virological response, HCV RNA negative 12 weeks after the end of therapy) with ANA ASMA aLKM negative.
Discussion: Treatment with sofosbuvir and ribavirin for 12 weeks is successful and safe in patients with neurological/cardiological disease and ALT flare in chronic moderate hepatitis C genotype 2. Autoantibodies can be detected in patients with HCV infection and they can be induced by virus.

Interferon free therapy in a "difficult" patient with chronic moderate hepatitis C genotype 1b

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Introduction: Some patients with chronic hepatitis C genotype 1 are considered "difficult" to treat, also because of virological breaktrought

during antiviral therapy. Actually, interferon free therapy has improved virological response in these patients.
Case report: A 35-year old man had detected HCV infection in 2009. In that occasion, his exams showed normal values of platelets, albumin and INR, ALT 123 U/L, HCV RNA 1362000 UI/mL genotype 1b, crioglobulin AMA ASMA ENA ANA aLKM negative. Abdomen ultrasound showed light steatosis. His past medical history was negative for other diseases. In 2011 he was treated with dual therapy (pegylated interferon and ribavirin) for only 24 weeks because he was "null responder". In 2013 we decided to start triple therapy with pegylated interferon, ribavirin and boceprevir, but after 12 weeks we had to stop antiviral treatment because of virological breaktrought. On July 2015 we performed FibroScan and liver stiffness measurement was equal to 11.3 (IQR 0.9). So we planned antiviral treatment as follows: ledispavir/sofosbuvir 90/400 mg 1 cpr plus ribavirin 200 mg 2 cpr+3 cpr per os (oral somministration) (twice a day) (patient's body weight was 73 kg) for 12 weeks. Therapy was well tolerated and the patient achieved SVR12 (HCV RNA negative 12 after the end of therapy).
Discussion: Treatment of chronic moderate hepatitis C genotype 1b with ledispavir/sofosbuvir and ribavirin for 12 weeks is successful and safe in patients "null responder" to dual/triple therapy.

Quetiapine as cause of thrombocytopenia...and not liver disease!

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Introduction: Thrombocytopenia can be a marker of portal hypertension in chronic liver disease. However, it is important to exclude other causes if the clinical picture is not typical of liver cirrhosis.
Case report: On January 2015, a 54-years-old man was examined in our department because of chronic hepatitis C genotype 3a (known from 2000). His past medical history was positive for IVDU (intravenous drug use) and psoriasis. His home therapy was: methadone 60 mg die and quetiapine 50 mg 1 c die (started on August 2014). His exams showed WBC 5870/mmc Hb 12.8 g/dL PLT 68000/mmc ALT 58 U/L total bilirubina 0.8 mg/dL albumin 4.5 g/dL INR 0.9 total cholesterol 218 mg/dL ANA AMA ASMA ENA negative. Test for H.pylori in faeces was negative, value of C-reactive protein was normal. Liver stiffness measurement was equal to 7.5 kPa (IQR 0.9), abdomen ultrasound showed steatosis, longitudinal spleen diameter was equal to 9 cm. On physical examination we did not detect hepatomegaly or splenomegaly, neither signs or symptoms of chronic liver disease could be found. After a consultation with psychiatrist, we tried to stop quetiapine and two months later thrombocytopenia was resolved (WBC 7220/mmc Hb 12 g/dL PLT 237000/mmc).
Discussion: Quetiapine is a drug that may rarely cause thrombocytopenia. FibroScan can be an useful tool to exclude thrombocytopenia correlated to cirrhosis.

✪ The approach to FibroScan in hepatitis C virus infection: has the new era of interferon free therapy changed something?

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Introduction: FibroScan can be used to assess liver fibrosis in patients with chronic hepatitis C. Staging of liver disease is necessary to prescribe interferon free treatment.
Aims: We explore the effect of the interferon free therapy on the FibroScan's demands in our HCV "real life" clinical practice.
Materials and Methods: We compared the features of a cohort of subjects, attended FibroScan in our Department from 01.01.2010 to 01.09.2010 *vs* 01.01.2015 to 01.09.2015. In the subgroup of patients with HCV infection, we analyzed age, liver stiffness, number of patients who attended FibroScan for the first time and in these patients we considered if staging is in agreement with aging.
Results: In 2010, 236 (72%) of 328 patients underwent FibroScan for HCV infection comparing to 606 (74%) of 819 in 2015 (p=0.48). Median age of patients was higher in 2015 (59 *vs* 55.3, p<0.001). Considering the number of FibroScan, performed for the first time, we reported 70% (166/236) in 2010 *vs* 68% (412/606) (p=0.51) in 2015. The percentage of patients with staging equal to F3-F4 in 2010 was similar to 2015 (42% *vs* 37%, p=0.07). Finally, we registered in the group of patients with F3-F4 attending for the first time FibroScan, a higher percentage (80%, 166/207) of patients aged ≥52 years old in 2015 than 2010 (59%, 55/94) (p<0.001).
Conclusions. Our date indicate that patients with HCV infection attending FibroScan in the era of interferon free therapy are older. In the context of FibroScan performed for the first time, it is frequent to find higher fibrosis in patients ≥52 years old.

Parathyroid hormone and vitamin D3: allies or competitors

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The lack of Vit. D3 is associated with a higher prevalence of CVD, so it was assumed a larger role than just bioregulator mineral metabolism. The deficiency of Vit. D3 leads to secondary hyperparathyroidism too often associated with CVD. PTH is a major regulator of calcium homeostasis, and its impact on CV risk has stimulated the clinical and experimental research. We investigated whether elevated PTH values were associated with CVD in diabetics.
Materials and Methods: We selected retrospectively over fifty diabetics who had carried out an evaluation of PTH, Vit. D3 and eGFR over the past five years. 639 diabetics met the selection criteria. The prevalence of coronary/MAI/stroke disease was confirmed by collecting medical history information each time. The eGFR was estimated using MDRD.
Results and Conclusions: The patients were diabetic for about 17 years, just under 10% had had a CV event, obese, with discrete mean values eGFR calculated. Dividing the population on the basis of a CV event occurred, the PTH value changes from 32,4±13,8 to 82,6±12,9 pg/mL (p<0,001), Vit. D3 from 18,41±9,6 to 16,11±10,2 (p=ns), and eGFR from 66,5±22,9 to 56,8±38,3 mL/min/1.73m^2(p<0.01). The OR calculated relative to PTH (OR=3,597; CI=2,04 to 6,34; p=0,000), the Vit. D3 (OR=0,457; CI=0,25 to 0,85; p=0,007) and EGFR (OR=2,249; CI=1,32 to 3,84; p=0,002), confirming the statistical relationship between the increased PTH, the decreased levels of Vit. D3 and eGFR and previous CV events. This analysis shows the necessity to look for other CV risk factors, focusing the attention on the PTH level, as well as Vit. D3 and eGFR.

Una diagnosi di sarcoidosi precoce, forse troppo

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Caso clinico: A 63, M in PS per febbre serotina e artromialgie. Rx torace, emocolture e urinocoltura negative. PCR elevata, leucocitosi neutrofila, procalcitonina e test sierologici malattie infettive negativi; Ecocardio e TAC addome negativi. Test autoimmuni negativi tranne ANA border line: 1:80. Tac Torace con 3 noduli mantellari. Inizia terapia steroidea con sfebbramento, riduzione artromialgie e indici infiammatori. Dopo 10 giorni esegue PET e ago aspirato eco endoscopico (FNA) di linfonodo toracico con evidenza citoistologica di microgranulomi compatibili con sarcoidosi. Dopo un mese peggioramento della funzione renale. Ricovero in Nefrologia con riscontro di positività pANCA immunofluorescenza e MPO-ANCA in ELISA. All'agobiopsia renale glomerulonefrite necrotizzante pauci-immune con fibrosi e diffuso infiltrato infiammatorio, tipo misto con tubulite e atrofia tubulare. Per presenza di infiltrati polmonari, linfonodi alla PET come per flogosi, il dato di IR acuta con sedimento urinario tipo nefritico, unitamente alla positività per pANCA/MPOANCA, pur in presenza di positività antiMPO più tipica della poliangioite microscopica, il riscontro di microgranulomi all'agoaspirato di linfonodo permette di concludere per: Granulomatosi con Poliangioite (GPA). Inizia terapia con rituximab con riduzione del titolo MPOANCA e stabilizzazione dell'insufficienza renale.

✪ Lipoprotein(a) as a risk factor for venous thromboembolism: a systematic review and meta-analysis of the literature

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Introduction: Elevated plasma levels of lipoprotein (a) (Lp(a)) is associated with an increased cardiovascular risk in several clinical studies. However, there is a lack of data supporting a positive association between elevated Lp(a) levels and venous thromboembolism (VTE). Thus, we conducted a systematic review of the literature to better clarify its role as a risk factor for VTE.
Methods: MEDLINE and the EMBASE (up to week October 2015) electronic databases were used to identify potentially eligible studies. Studies, measuring Lp(a) levels in adult patients with deep vein thrombosis and/or pulmonary embolism and in a population of patients without a VTE, were selected. Studies on patients with other unusual site major venous thromboembolic events. case reports and case series were excluded. Odds ratios (OR) of the association between high levels of Lp(a) and VTE and the weighted mean difference (WMD) in the Lp(a) levels in case and in controls were calculated using a random-effects model. Results were presented with the 95% confidence interval (CI).
Results: Fourteen studies for a total of more than 14000 patients, were included. Lp (a) was slightly but significantly associated with an increased risk of VTE (OR 1.56, 95% CI 1.36, 1.79; 10 studies, 13541 patients). VTE patients had significantly higher Lp(a) levels compared to controls (WMD 14.46 mg/L, 95% CI 12.14, 16.78; 4 studies, 470 patients).
Conclusions: Lp (a) appeared significantly associated with an increased risk of VTE. However Lp(a) levels were only slightly increased in VTE patients compared to controls.

Purpura fulminans and symmetrical peripheral gangrene secondary to *Escherichia coli* sepsis: a catastrophic event

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Case report: A previously healthy 77-year-old female presented to the Emergency Department after four days of diarrhea and vomiting; he was febrile, hypotensive; her fingers and toes were cold and pale. She was admitted to Intensive Care Unit with diagnosis of septic shock; she was intubated for respiratory failure and received intravenous fluid resuscitation, broad spectrum antibiotics and vasopressors. She suddenly developed map-like purple skin lesions in the lower limbs and acrocyanosis involving all four extremities, evolving to frank gangrene and hemorrhagic bullae. Arterial Doppler examination ruled out arterial thrombosis. Simultaneously, she developed disseminated intravascular coagulation (DIC), with severe thrombocytopenia, high D-dimer, low antithrombin III and prolonged PTT. Unfractionated heparin and antithrombin concentrates infusion was started. After isolation of Escherichia coli on blood cultures a specific antibiotic therapy was set up. Sepsis and DIC resolved without improvement of gangrene. Alprostadil infusion was also ineffective. The patient underwent amputation of all fingers excepted the first and bilateral transmetatarsal amputation.
Conclusions: Purpura fulminans and symmetrical peripheral gangrene are medical emergencies requiring rapid diagnosis. Even with appropriate intervention mortality and long-term morbidity are high. Multiple therapies have been reported, but little objective evidence exist to guide management. Only few cases triggered by *E. coli* are described.

Applicazioni extra-epatiche dell'ecografia con mezzo di contrasto: casistica di un reparto di Medicina Interna

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Introduzione: L'ecografia con mezzo di contrasto (CEUS) per lo studio delle caratteristiche vascolari delle lesioni epatiche. Con l'evoluzione delle evidenze della sua efficacia si sono tentate nuove applicazioni anche extra-epatiche inizialmente off-label e, dal 2011, con la pubblicazione delle ultime linee guida EFSUMB, con indicazioni ben codificate.
Materiali e Metodi: Sono state rivisitate tutte le cartelle cliniche delle CEUS effettuate presso il nostro ambulatorio divisionale nel 2015 con relative diagnosi conclusive.
Risultati: Sono stati condotti 21 esami con indicazione extra-epatica, 12 sul pancreas, 6 sulla milza e 3 sul rene. Le indicazioni alle indagini erano l'approfondimento di lesioni visualizzabili in B-mode in tutti gli esami eccetto che nello studio del rene, nel quale lo studio era mirato alla ricerca di segni di infezione in assenza di reperti significativi in B-mode. I risultati sono stati su pancreas: 1 tumore neuroendocrino, 3 pseudocisti, 2 lesioni cistiche, 3 adenocarcinomi, 1 negative ed 2 non conclusiva; sulla milza: 2 infarti splenici, 2 lesioni benigne, 1ascessi multipli, 1 LNH; su reni: 2 negativi per pielonefrite e 1 linfoma renale bilaterale. Gli studi sono stati confermati con metodiche panoramiche contrastografiche.
Conclusioni: La CEUS rappresenta un valido aiuto anche nell'ambito extra-epatico per caratterizzazione di lesioni visualizzabili in B-mode o per quesiti clinici specifici. In particolare altamente utile è l'elevata specificità e sensibilità nella diagnosi di infarto splenico.

Lesioni cistiche pancreatiche: sintesi delle linee guida degli ultimi anni, casistica del 2015 e gestione in una Unità Operativa di Medicina Interna

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Introduzione: Negli ultimi anni sono state scritte numerose consensus (Fukuoka 2012, Europee 2013, Italiane 2014, AGA 2015) sulle neoplasie cistiche pancreatiche (PCN), tutte concordano su una iniziale valutazione radiologica per definire tipo di neoplasia e caratteristiche a rischio. Se pazienti surgical fit la resezione è indicata in MCN, IPMN-BD e IPMN-BD con caratteristiche a rischio. La EUS+FNAB è indicata se dubbi diagnostici o caratteristiche sospette. Il follow-up si impiega per gli IPMN-BD fino alla comparsa di criteri di resezione o caratteristiche sospette, anche se vi è disaccordo su tali criteri, intervalli e metodiche da impiegare nel follow-up. Scopo della revisione è stato di capire quale atteggiamento sia stato impiegato nella nostra UO.
Materiali e Metodi: Raccolta della casistica dei nostri pazienti con PCN nel 2015.
Risultati: Sono stati valutati 8 pazienti, di cui 6 IPMN-BD, 1 MCN seguiti in follow-up (quest'ultimo non trattato poiché non surgical-fit) ed 1 SCN con crescita inattesa e sottoposto a FNAB risultato negativo a citologico e seguito in follow-up. La caratterizzazione iniziale avviene con RMN e CEUS. In tutti i casi sono state seguite le indicazioni di iter su cui le linee guida concordano. Intervalli di follow-up sono stati decisi caso per caso anche se è sempre stato ripetuto almeno un controllo annuale con RMN (coerente con consensus italiana 2014).
Conclusioni: L'attenta interpretazione delle linee guida disponibili permette una adeguata gestione delle PCN.

Acetabular metastases from a rare blood disease with renal involvement

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Introduction: Granulocytic sarcoma is a rare form of solid line granulocyte myeloid neoplasm.
Case study: 51-year old man underwent Rx for chronic pain in the left hip area covered so far as sciatica unresponsive to therapy. Examination showed alteration of the iliac wing profile. Following completion performs diagnostic with MRI which shows alteration of the iliac wing and left acetabulum signal associated with the presence of soft tissues. This findings has been interpreted as a metastases of unspecified orgin. Contrast enhanced CT total body found multiple ipodense bilateral renal lesions. CEUS confirmed multiple irregular, bilateral, non-calcified, non-capsulated renal lesions without vascular enhancement. These findings seemed compatible with lymph proliferative disease. Blood tests showed slight increase in monocytes, metamyelocytes 2%, 5% myelocytes, PLT 110.000/mmc, Hbg 8.7 g/dL, MCV 58 fL, Reticulocytes 2.2%. Were normal all the following parameters: renal function, protein electrophoresis, seric and urinary immunofixation, indices of

haemolysis, beta2 microglobulin. Negative HBV, HCV, HIV. Hb electrophoresis was compatible with thalassemia trait. The patient refused PET and renal biopsy. Acetabular biopsy CT-guided led to a histological diagnosis of granulocyte myeloid sarcoma.
Conclusions: In presence of multiple bilateral renal lesions, beside solid tumors, possibly expect the presence of lymphoproliferative disease with renal involvement.

✪ Impact of male sex on systemic sclerosis disease manifestations and survival

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Methods: a total of 142 (122 Women-20 Men) unselected consecutive SSc pts were included in our study with mean age 51.2 years (range 23-84), disease duration 12.2 years±7.5 (range 1-24). 96 pts. (67.8%) with Limited cutaneous SSc, 46 pts. (32.2%) with Diffuse cutaneous SSc.
Results: 10 SSc-male/20 (50%) and 36 SSc-women/122 (29%) had a diffuse cutaneous subtype (p<0.001). Mean age at onset of the disease was 46.98±14.28 in males and 44.98±14.34 years in female (p=0.02). Males were more likely to have renal crisis (10% *versus* 7%), abnormal nail fold capillaries (30% *versus* 25%), digital ulcers (35% *versus* 33%), esophageal dysmotility (80% *versus* 75%), telangiectasia (80% *versus* 77%), and interstitial lung disease (40% *versus* 33%, p=0.02). Male SSc patients had a shorter mean time from SSc diagnosis to PAH diagnosis (2.6 years *versus* 5.4 years, p=0.047). There were 18 deaths (12 males, 6 females). Males had increased mortality compared to females (Hazard Ratio (HR) 1.56, p=0.02). Mean age and disease duration at death were 60.37 and 8.46 in males and 63.96 and 12.38 years in female (p<0.01 for both comparisons). The causes of 18 total death observed are attributed directly to SSc in 14 cases and identified cases of death were PAH (4), lung disease (3), severe malabsorbtion (1), heart failure (4), acute renal crisis (1) and liver failure (1).

Un dilemma diagnostico: paziente oncologico o infettivologico?

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Uomo di 68 anni con riscontro di linfoadenopatia mediastinica, lesioni scheletriche litiche diffuse e frattura patologica di D9 con compressione midollare radiotrattata, giungeva ad osservazione per febbre e dispnea con insufficienza respiratoria di tipo I ed elevati indici di flogosi; alla TC torace reperti compatibili con polmonite interstiziale e decremento dimensionale delle note linfoadenopatie. Eseguiti inoltre: broncoscopia (esami citologico, istologico e colturale negativi); PET (lesioni ad elevato metabolismo polmonare bilaterale, limitata iperattività a carico di D9, modesto ipermetabolismo linfonodi mediastinici); negatività alle emocolture, urinocoltura, interferon gamma, antigeni urinari e procalcitonina; ecocardiogramma (non vegetazioni endocarditiche); BOM (nessuna proliferazione cancerigna). Il paziente veniva trattato con antibioticoterapia a largo spettro senza beneficio; introdotta successivamente quadruplice terapia ex adiuvantibus per sospetta micobatteriosi tubercolare con graduale miglioramento clinico, radiologico e riduzione degli indici di flogosi. Dimesso con tale terapia, dopo due mesi tornava a ricovero per algie spalla sinistra con evidenza TC di lesione litica e PET di aree di ipermetabolismo linfonodali ed ossee. Eseguita biopsia ossea omerale sinistra compatibile con linfoma di Hodgkin. Il paziente iniziava trattamento chemioterapico secondo schema ABVD. La peculiarità di questo caso clinico risiede nella prevalente localizzazione ossea di malattia ed esiguo interessamento linfonodale, in assenza di coinvolgimento midollare.

Insulin degludec/liraglutide is superior to insulin glargine in A1c reduction, risk of hypoglycemia and weight change: DUAL V study

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This 26-week, open-label trial compared the efficacy and safety of IDegLira *vs* IG in subjects with type 2 diabetesuncontrolled on IG (20-50U). Adults (n=557, A1c 7–10%) were randomized to either once-daily IDegLira or continued IG uptitration, both+metformin. Initial doses were 16 dose steps (16U IDeg+0.6 mg Lira) for IDegLira (maximum 50 dose steps) and pre-trial dose for IG (mean 32U; no maximum). Fasting self-measured blood glucose titration target was 71–90 mg/dL for both arms. Mean A1c decreased from 8.4 to 6.6% (IDegLira) and from 8.2 to 7.1% (IG) (p<0.001). Mean fasting plasma glucose decreased similarly in both arms from 160 to 110 mg/dL. Weight decreased from 88.3 to 86.9kg (IDegLira) and increased from 87.3 to 89.1kg (IG) (p<0.001). More subjects achieved the composite endpoints with IDegLira *vs* IG (Table). IDegLira was insulin sparing; mean 26-week dose was 41 dose steps (IDegLira) and 66U (IG) (p<0.001). Rates of confirmed and nocturnal hypoglycemia were significantly lower with IDegLira *vs* IG. Overall and serious adverse event rates were similar in both arms. Trial completion numbers were 90% (IDegLira) *vs* 95% (IG). IDegLira was superior to IG in A1c reduction, risk of hypoglycemia and weight change. IDegLira offers clinical advantages over IG in intensifying therapy while minimising insulin dose requirements, in subjects uncontrolled on IG.

Le endocarditi infettive in un ospedale terziario dell'Emilia Romagna. Osservazione di 5 anni

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L'Arcispedale Santa Maria Nuova (ASMN) di Reggio Emilia è un ospedale terziario IRCCS con 923 posti letto e 45.000 ricoveri/anno. È stata condotta un'analisi retrospettiva su tutti i pazienti dimessi dall'ASMN con una diagnosi di Endocardite Infettiva (EI) in un periodo di cinque anni (dal 2010 al 2014), periodo in cui sono state eseguite oltre 55.000 set di emocolture (flacone aerobio-anaerobio) con un tasso di positività complessivo attorno al 15%. Su un totale di 117 pazienti osservati, 83 (52 maschi e 31 femmine) hanno soddisfatto i nostri criteri di inclusione per lo studio. Le localizzazioni hanno interessato:valvola mitrale 35 (29 native e 6 protesiche); valvola aortica 34 (19 native e 15 protesiche), tricuspide 3 (2 native e 1 protesica), devices 7 (tubi valvolati, fili di defibrillatore, pace maker), valvola polmonare 1. Le emocolture sono state eseguite in tutti 83 i pazienti, 69 positive (84%) e 14 negative (17%). L'eziologia ha visto molteplici patogeni (22 in totale), in 6 degenti le emocolture sono risultate positive a più batteri contemporaneamente. La diagnostica ecografica è stata eseguita in 82 assistiti degli 83, 19 TTE e TEE, 41 TEE direttamente e 22 TTE. In 2 pazienti l'ecocardiografia è risultata negativa. Il decesso valutato entro 30 giorni dalla diagnosi di EI è avvenuto in 10 pazienti, entro 3 mesi in 4 pazienti, entro 12 mesi in 5 pazienti ed oltre 12 mesi dalla diagnosi in 6 pazienti per un totale di 25 decessi nel quinquennio di osservazione. L'EI è una patologia grave ed è fondamentale agire rapidamente ed in modo efficace per ridurre le complicanze.

Leishmaniosi viscerale recidivante post trattamento in anziana donna residente nel reggiano

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La Leishmaniosi è causata da protozoi del genere *Leishmania* trasmessa dalla puntura di flebotomi, è principalmente una zoonosi. Ospiti della *Leishmania* sono gli esseri umani e gli animali. Negli esseri umani, si manifesta sotto quattro forme. *Cutanea*: la più diffusa, si manifesta con lesioni. *Cutanea diffusa*: simile alla precedente ma con lesioni più estese sul corpo. *Mucocutanea*: con lesioni distruttive. *Viscerale*: la più grave. Se non trattata, ha una mortalità del 100%. Si manifesta con febbre, cachessia, epatosplenomegalia, pancitopenia e ipergammaglobulinemia. Donna di 90 aa. APR: ipertensione arteriosa.

Emicolectomia destra 30 aa prima. Magrezza. Terapia: lasitone e betabloccante. APP: nel giugno 2014 giunge in PS per edemi declivi. Viene ricoverata e gli ematochimici evidenziano: pancitopenia (Hb 9.5 g/dL), ipergammaglobulinemia. Eseguito un mieloaspirato: citomorfologico midollare compatibile per Leishmania viscerale. Positivo anche il DNA. Viene trattata con Amf-B liposomiale (10mg/Kg dose unitaria). Dopo 4 mesi si ripresenta in PS per diarrea, astenia e pancitopenia. Ripetuto un mieloaspirato e la ricerca del DNA, entrambe positivi per Leishmaniosi. Viene ripetuto trattamento con Amf-B. Nel gennaio 2015 si ripresenta in PS per anemia (Hb 4.7 g/dL) e cachessia. Trasfusa ed indagata con una gastroscopia, negativa per lesioni. Cachessia, pancitopenia ed ipergammaglobulinemia devono far sospettare una Leishmaniosi viscerale. Dopo il trattamento, spesso l'immunità cellulare si ristabilisce, con una protezione nei confronti di recidive e reinfezioni.

Batteriemia da *Lactococcus lactis* spp *lactis* in immunocompetente con infezione di cute e tessuti molli

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Lactococcus sono dei cocchi G+, anaerobi facoltativi catalasi-negativi che producono acido lattico dalla fermentazione dei carboidrati. Prima del 1984 questi batteri erano inclusi nel genere *Streptococcus,* erano simili agli streptococchi di gruppo D e talvolta venivano identificati come variante degli enterococchi.
Caso clinico: Maschio 23 anni collaboratore c/o una stalla. APR: muta per patologie di rilievo. Non assume farmaci. Allergia a betalattamici e macrolidi. APP: il 19 maggio si reca dal curante per eczema al 2° dito del piede sinistro; trattato con crema e amuchina. Per reazione a tale terapia, assume Moxifloxacina e Bentelan. Il 31 maggio persistendo la sintomatologia, l'edema e l'infezione cutanea si presenta in PS. Risulta febbrile con leucocitosi neutrofila. Ricovero in Medicina. Esegue emocolture. Viene intrapreso trattamento con Fluorochinolonico (FQ) e Metronidazolo in seguito con FQ+Clindamicina+Fluconazolo ottenendo la defervescenza e il ripristino degli indici d'infezione (all'ingresso GB 30.830, Neutrofili 24.330, PCR 8.23 PCT <0.05). Dalle emocolture viene isolato un *Lactococcus lactis* spp *lactis.* Richiediamo un'ecocardiografiadoppler che ci esclude una genesi endocarditica ed approfondiamo le possibili cause di immunodepressione (tipizzazione linfocitaria, Virus epatitici A-B-C, HIV, Immunoglobuline) ma tutte sono risultano negative. L'assistito dopo 17 giorni viene dimesso con risoluzione completa della clinica.
Conclusioni: *Lactococcus lactis* spp *lactis* è un raro agente eziologico di endocardite, ascesso cerebrale, infezione urinaria e di ferite cutanee.

Polipatologia e geriatria: un binomio spesso inscindibile

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Il concetto di multidisciplinarietà fa riferimento a quelle aree della Medicina, in particolare della Medicina Interna, ove si renda necessario l'apporto, su di un singolo paziente, della concorrenza di competenze di diversi specialisti. Donna 86 aa. APR: cardiopatia ipertensiva, ipotiroidismo, dislipidemia, artrite gottosa, IRC, epatopatia cronica HBV. APP: ipostenia ai quattro arti, artralgie, rigidità mattutina e rash eliotropo palpebrale (diagnosi di dermatomiosite trattata con Metotrexate). In seguito compare grave insufficienza respiratoria con sindrome da distress iatrogeno, viene quindi sospeso il Metotrexate, e immediatamente trattata con Meropenem, Fluconazolo e Steroide. Durante lo stesso ricovero compare una TVP bilaterale ed una TEP, iniziamo TAO. Si presenta però un'ematuria importante e si sospende TAO, si sostituisce lo steroide con Azatioprina. Dopo alcuni mesi compare IVU che trattiamo prima con fluorochinolonico poi con Pip/Taz. Ennesimo ricovero per recidiva di TVP, che trattiamo con EBPM. Insorge febbre e l'emocolture risultano positive a *Proteus mirabilis* ESBL che trattiamo con Pip/Taz. Viene sospesa EBPM e introduciamo Rivaroxaban. Per il persistere di dolore dorsale eseguiamo una TC del rachide D-L (e biopsia TC-guidata) con riscontro di spondilodiscite D12-L1. La coltura è positiva per *Proteus mirabilis* ESBL. Si tratta quindi con Carbapenemico+Aminoglucoside ev; a domicilio prosegue con Ertapenem e si riprende l'Azatioprina. La medicina olistica e la multidisciplinarietà è ad oggi l'arma vincente nel trattamento di pazienti complessi polipatologici.

Patient from tropics: a case of amoebic liver abscess complicating amoebic colitis

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Intestinal *Entamoeba histolytica* infection can lead to colitis and rarely liver abscess. A patient coming from travel abroad in Tropic Region present with persistent fever right side abdominal pain and other unspecific general symptoms. Blood colure as well as serologic investigation for the detection of antibodies to *Entamoeba histolytica* were performed on day 3, 7 and 10 after the onset of clinical symptoms. Diagnosis of *Entamoeba histolytica* liver abscess was made mainly by imaging (ultrasonography and CT scan), confirmated by needle aspiration for bacteriological studies. Colonic involvement presented in the form of herythema, inflammation and ulceration was founded: the amebic trophozoites were founded in histopathologic colonic section. Further stool examination were positive for trophozoites. The abscess was punctured and drained by ultrasound guide: the patient started therapy with metronidazole. Two weeks later the size of the abscess, routinely washed with saline solution twice per day by the drainage tube, decreased and the patient's clinical symptoms disappeared. The tube was removed: there were no sign of recurrence during the follow up period.

New and old work tools of communication in Internal Medicine

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Communication is the most important variable of a good team work and is crucial to efficient and safety of the work environment. Communication allows the diffusion of knowledge, the institutions of predictable and reproducible relationships and behaviors. The increasing complexity of health interventions requires the intervention of professionals capable of working together. Therefore an effective treatment of the patient also involves relations between health operators, patients and their families. The risks resulting from ineffective communication between operators during the handovers are a crucial aspect of patient care. Communication is a skill that can be structured by organizational policies and can be improved by training. In this context it is essential to develop efficient tools of communication. Our department of medicine composed a working group to experiment models of communication to implement throughout the department. We present our results before and after the educational intervention and the strengths of structured communication around the same department

Rectal persistent bleeding:a case of acquired hemophilia autoimmune

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A 83-years-old man with diverticulosis history, presented to our hospital for recurrent rectal bleeding. He had recently episodes of angina. Four months earlier, the patient underwent PTCA +DES and since then he took on dual antiplatelet therapy. Afterwards, the patient had two episodes of rectal bleeding: in the first, the colonoscopy showed diverticular bleeding stopped with endoscopic hemostasis, the second was characterized by recurrent acute diverticulitis. The suspension of ASA is recommended. The patient examination was unremarkable with the exception of blood red digital rectal and two ecchymoses in upper limbs. Hb was 7,4 g/dL, PT and fibrinogen were normal and aPTT was 4,27. Assays of specific factors showed activities of 1% for FVIII, whereas FIX, FXI and FXII were slightly below normal. A Bethesda assay demonstrated an inhibitor of 118 BU/mL, confirming the suspected

diagnosis of acquired hemophilia A. He was started on blood transfusion, DDAVP and dexamethasone for eradication of inhibitors. We achieved immediately haemostatic control and stopped the colonic bleeding. After 4 weeks of therapy, the patient reached normal APTT and FVIII satisfactory levels. A Bethesda assay monitoring demonstrated a favorable response. For the long-term management we decide a second line of immunosuppressive treatment according to the clinical and blood tests. We have described a case of AHA that is a rare condition caused by the development of autoantibodies against coagulation factors. Early recognition and initiation of therapy is essential in reducing morbidity and mortality.

Un caso di spondilodiscite atipico

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MM, maschio di 42 anni, giungeva ricoverato per scompenso glicidico da diabete mellito di nuova diagnosi; una recente visita angiologica aveva riscontrato trombosi arteriosa delle arterie poplitee. Durante il ricovero veniva eseguita angioTC addominale e degli arti inferiori che documentava anche estesa trombosi della vena splenica. Tra gli esami emergeva una positività ai LAC. Veniva impostata terapia ipoglicemizzante e terapia anticoagulante e data la stabilità clinica il paziente veniva dimesso in attesa di eseguire PET. Dopo circa 20 giorni veniva di nuovo ricoverato per dolore lombare, e iperpiressia. Le emocolture risultavano positive per *S. Aureus* per cui, nel sospetto di spondilodiscite, veniva effettuata RMN rachide LS che confermava tale ipotesi. Si impostava terapia antibiotica con levofloxacina e rifampicina che veniva proseguita al domicilio per 3 mesi. La PET effettuata al termine documentava una scomparsa delle zone di iperfissazione ascrivibili al processo spondilodiscitico con risoluzione dei sintomi del paziente. Ad un approfondimento anamnestico emergeva che 2 mesi prima il paziente aveva sofferto di una balanite suppurata sincrona ad intervento urologico di fimosi. In conclusione il caso descritto risulta a nostro avviso molto interessante in quanto si sono presentate clinicamente in un primo tempo le manifestazioni parainfettive della setticemia da *S. Aureus* (LAC positività con correlate trombosi arteriose e venosa e diabete mellito scompensato) e solo in un secondo tempo si è palesata la spondilodiscite.

✪ Direct-acting agents for chronic hepatitis C in the "real life": lights and shadows

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Introduction: New anti HCV direct-acting agents (DAA) should significantly improve management of chronic HCV infection.
Patients: From September 2014, 156 HCV+ patients (81% cirrhotic) started treatment with DAA accordingly with AIFA guidelines. Patients baseline characteristics were: 67% male, median age 53 (28-77), genotype (G)1a 46, G1b 41, G2 9, G3 53, G4 7. Scheduled treatments were: Simeprevir (SIM)+sofosbuvir (SOF) or ledipasvir (LED)+SOF or viekirax (VIE)+exviera (EXV)±ribavirin (RIB) for G1 patients; SOF+RIB for G2; SOF+RIB±daclatasvir (DAC) for G3; SOF+RIB or VIE+RIB for G4.
Results: 67 patients completed at least 4 weeks post treatment follow up, 49 (73%) are sustained virological responders (SVR), 11 patients relapsed post treatment, 5 suspended treatment, 2 did not respond. No significant DAA related side effect has been reported. SVR in G1b resulted significantly higher than in G3 patients (89% *vs* 64%, p=0.0325). If considering up to date AIFA guidelines, 37 patients (55%) received suboptimal treatment. Suboptimal therapy was more frequently utilised in G3 patients with respect to G1b (80% *vs* 17%, p<0.01). SVR resulted significantly higher in patients treated with optimal therapy than in patients treated with suboptimal therapy (83% *vs* 65%, p=0.045).
Conclusions: 1. New DAA confirm to be effective and well tolerated in a real world difficult-to-treat population. 2. Newer DAA and optimization of scheduled treatment will probably lead to higher rate of SVR. 3. At present the rate of SVR in G3 cirrhotic patients treated with DAA remains not satisfactory.

Higher early insulin exposure and greater early glucose-lowering effect with faster-acting insulin aspart *versus* insulin aspart in elderly and younger adults with type 1 diabetes

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Background and Aims: Faster-acting insulin aspart (FiAsp) is a new formulation of insulin aspart (IAsp), with initial faster absorption following subcutaneous (s.c.) injection. This single-dose, doubleblind, cross-over trial compared the PK and PD profiles of FiAsp *vs.* IAsp in elderly and younger adults with T1D.
Materials and Methods: Sixty-seven patients (37 aged 18-35 years;30 aged ≥65 years) received a single dose (0.2 U/kg s.c.) of FiAsp or IAsp in a euglycaemic glucose clamp setting.
Results: For both age groups, onset of appearance with FiAsp occurred twice as fast (relative difference: 55%, elderly, 47%, younger adults) than with IAsp, with a greater early insulin exposure during the first 1 h; total exposure was similar in both groups.Earlier onset of action with FiAsp *vs.* IAsp (relative difference: 35%, elderly, 33% younger adults) occurred in both age groups (elderly, –10.17 min [–15.29; –5.06]; younger adults, –8.70 min [–15.07; –2.34]) and was supported by shorter t50%GIRmax *vs.* IAsp (elderly, –5.58 min [–8.99; –2.17]; younger adults, –10.28 min [–15.41; –5.15]). FiAsp also had a greater early glucose-lowering effect within 2 h post-dose *vs.* IAsp (greatest [*i.e.*, 2-fold] difference within the first 30 min; LSmean, mg/kg: elderly, 44.72 *vs.* 21.41; younger adults, 42.83 *vs.* 20.52).
Conclusions: Earlier onset and greater early insulin exposure with FiAsp led to a greater early glucose-lowering effect *vs.* IAsp, which was retained in both elderly and younger adults with T1D.

Five cases of spondylodiscitis in Internal Medicine unit

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Background and Purpose of the study: Spondylodiscitis (SD) is an infectious process of vertebral column. It can individually affect vertebrae (spondylitis), discs (discitis) or both SD. Incidence peaks after 50 years (with a smaller peak between 10-20 years).
Case report: 5 patients admitted to Internal Medicine Unit in Cuggiono from 01/01/14 to 12/31/15 for unusual, severe, back pain unresponsive to common therapy, lasting for weeks with reported onset of fever. Blood tests showed elevated inflammatory markers. Spinal X-ray and MRI confirmed a SD framework. Man, 59 years old (yo) hepatitis C and hemolytic anemia in steroid chronic use: D8-D9 SD. Empirical therapy with linezolid and levofloxacina. Man, 77 yo, end stage renal disease with arteriovenous fistula: L2-L3 SD with abscess in left iliopsoas muscle, Treated with carbapenem. Woman, 74 yo, hepatocarcinoma, replacement of aortic valve, in steroid chronic use for Horton disease, blood culture positive for *Alpha-hemolytic Streptococcus*, treated with ampicillin-sulbactam. Woman, 89 yo, S3-L4 SD with sub-amputation of foot in diabetes treated with ampicillin-sulbactam. Man, 79 yo, D12-L1 SD with aortitis after endovascoar intervention for aortical aneurism treated with imipenem+teicoplanina.
Conclusions: Pcs hospitalized showed non-specific SD; extra-skeletal infectious events occurring in the previous 6 months may justify the bacterial dissemination. Intravenous antibiotic therapy was effective in all patients. None of the patients had relapses or other complications.

Bartonella lymphadenitis: a case report

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Background and Purpose of the study: *Bartonella henselae* (Bh) is a proteobacterium that can cause bacteremia, endocarditis and cat scratch disease. Cat fleas contaminated with Bh eliminate the germ with faeces, and cats contaminate their paws with fleas' excrements and transmit Bh to humans through the scratch.
Case report: A South American 27 years old male patient was treated by the primary care psysician with amoxicillin/clavulanate for 8 days without relief from fever, headache, arthralgia and maculopapular rash. Two days later a armpit painful lymph node appeared. He reported negative history. The armpit lymph node increased till 3 cm,becoming hard, painful to the touch and very mobile, suggesting an infectious disease. Laboratory tests showed PCR 10mg/dL, GB 16.000, N 86%. Abdomen ultrasound was normal. Sierological tests were performed for mononucleosis, toxoplasmosis, tuberculosis, syphilis and Bh. We confirmed the presence of IgM (>1:80) anti Bh and 2 weeks later also IgG (>1:120). The patient began a treatment with doxycycline (1 cp x2) for 15 days with resolution of the clinical picture without complications. Controls at 30 days confirmed the presence of IgG and the disappearance of IgM. Mode of infection remains unknown since contacts with cats or other animals are not reported.
Conclusions: The cat scratch disease and other infections caused by Bh are generally self-limiting, but can be treated with azithromycin or doxycycline.

Endocrine hypertension in old woman

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Case report: 80 year old woman came to the Intenal Medicine ambulatory for bad hypertension (HY) control: two recent accesses in first aid (FA) for hypertensive crisis with values of 205/100 mmHg resolved with clonidine and furosemide. History of ischemic heart disease, diabetes mellitus, dyslipidemia, and HY from 6 years treated with ramipril and amlodipine with good control. Routine exams were normal. We dimetted patient increasing ramipril and adding calcium antagonist. Ten days later she came back to FA for a new episode of severe hypertension (180/100 mmHg). We found: hypokalemia (2.8 mmol/l) and no good glucose control (Hbglicata 8.9%). We decided to suspend ramipril and added clonidine (TTS2) and amlodipine. Urinary electrolytes 24 hours, aldosterone and renin in plasma: normal Kaliuria, high aldosteronemia both in clino and ortho statism, reninemia normal and relationship aldosterone/renin was high. She underwent abdomen functional magnetic resonance magnetic confirmed adrenal 28mm nodule in the posterior region of the right adrenal gland. She began therapy canrenone100 mg and clonitinaTTS2. She had a good response.
Conclusions: the renovascular hypertension is common in the elderly, the endocrine etiology is common among 40-50 anni. We cannot exclude secondary causes of hypertension in the elderly.

Therapeutic strategies in *Clostridium difficile* infection in the Internal Medicine department of Cuggiono hospital

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Background and Purpose of the study: Intestinal infections from *Clostridium difficile* (CD) are a current problem in all departments of Internal Medicine.
Materials and Methods: We implemented a preventive therapy (th), starting metronidazole at a dose of 500 mg every 6 hours in all patients (pt) in antibiotic th or contact with infected diagnosed CD with symptoms suggestive of infection, such as diarrhea, change in fecal color and consistency. Th was continued until the disappearance of symptoms or after the negativity of CD toxin. We present incidence in 3 years from 2013 to 2015 in the Internal Medicine Department in Cuggiono hospital: 24 acute beds, 6 subacute beds.
Results: In 2013, coinciding with the opening of the sub-acute care we recorded 23 cases (19 acute, 4 subacute) of 882 (795 acute, 87 subacute) total admissions, of which 6 died and 6 re-admissions, mean age 84.5 years, mean stay 20.3 days for acute, mean age 75.5 years, mean stay 20,5 days for subacute, 2 neoplastic pt in chemotherapy (CT). In 2014 we had 915 admissions (824/91) with 10 cases (9 acute, 1 subacute) of CD, 2 deaths, no re-admissions, mean age 82.76 years, mean stay 17.1 days, 2 pt in CT. In 2015 we had 942 (877/65) admissions with 6 (5/1) cases of CD infections, no deaths, mean age 81.6 years, mean stay 13 days, 2 pt in CT.
Conclusions: Intervention strategy was positive, there were no margins of improvement for pt in CT. Decrease in hospitalization days reduced the risk of CD infections. Unnecessary treatment with metronidazole (estimated at around 10%) did not prove harmful.

End stage renal disease and not diagnostic creatinine

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Background and Purpose of the study: Serum creatinine (s-cr) and urea level sometimes does not express the status of renal function especially in case of major chronic diseases which can mask symptoms and distort laboratory tests.
Case report: 4 patients (pts) with ESRD but normal or slightly elevated s-cr and urea. Abdomen ultrasounds showed bilateral renal cortical thinning with signs of nephroangiosclerosis, none criteria for nephrotic syndrome. A 77 yo man with severe malabsorption (mal), 45kg, albumin 1.7g/dL, s-cr 0.82mg/dL, u-cr (creatinine urine) 23mg/dL, urea 72mg/dL, clearance (cl) cr 10mL/min. A 88 yo woman with severe hypothyroidism, anasarca, mal 60kg, s-cr siero1.72mg/dL, u-cr 31mg/dL, urea 57mg/dL, cl cr 3mL/min. A 84-year woman with hyporexia by delayed gastric emptying and intestinal chronic severe dysautonomia, 42 kg, s-cr 1.65mg/dL, u-cr 20mg/dL, urea 63mg/dL, cl cr 18mL/min. A 89 yo woman with exacerbation severe chronic obstructive bronchitis, mal 72kg, s-cr 1.15mg/dL, u-cr 49mg/dL, urea 71mg/dL, cl cr 18 mL/min.
Conclusions: We hypothesize that mal masked laboratory data about kidney failure. Therefore, in pts with malnutrition or mal cl cr is the best overall index of kidney function according to different formulas in use, should be performed. We don't know whether renal failure is the primary cause of mal or not. In all cases cl cr with collection of 24-hour urine, whose average would be an excellent diagnostic support, and cystatin C were not investigated, but CKD-EPI GFR formula is reliable at any age and is not bound to the pt's weight.

Dalla sciatalgia alla fistola aorto-enterica con aneurisma dell'aorta addominale inglobato in un'ansa intestinale: il passo non è poi così breve

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Ricovero per melena e intenso dolore all'arto inferiore destro,a livello anamnestico pregresso intervento per aneurisma dell'aorta addominale. Severa anemia (Hb7,4). Non sanguinamento a livello gastroscopico, mucosa duodenale non evidenziabile per presenza di ingesti alimentari. L'ecografia addominale non evidenziava lesioni né versamento. Gamba destra iperemica, edematosa, l'ecodoppler venoso escludeva una TVP. Peggioramento delle condizioni generali con segni di bassa portata, eseguita TAC addome con mdc che a livello del passaggio aorto-iliaco, documentava la presenza del già noto aneurisma che aveva eroso ed infiltrato la parete posteriore di un'ansa del tenue mesenteriale risultandone completamente inglobato con arterie iliache comuni emergenti dall'interno dell'ansa, trombosi dell'arteria iliaca interna destra.Intervento chirurgico urgente e contemporaneo del chirurgo vascolare e generale, gli operatori evidenziavano: fistola aorto-duodenale, la protesi aortica appare dalla fistola essendo la parete posteriore del duodeno praticamente inesistente. Durante le ma-

novra di isolamento della protesi aortica si evidenzia la pregressa rottura aortica da distacco dell'anastomosi, veniva eseguita una legatura dell'aorta addominale e bypass axillo bifemorale, praticata sutura dell'ansa digiunale con il moncone duodenale.
Conclusioni: La fistola aorto-enterica rappresenta una complicanza rara nell'ambito della patologia aneurismatica dell'aorta addominale, di difficile diagnosi, spesso misconosciuta e deve essere sospettata in caso di emorragia intestinale superiore con reperto endoscopico negativo.

Impatto, nella realtà clinica, della ventilazione meccanica non invasiva nella broncopneumopatia cronica ostruttiva riacutizzata

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Nella pratica clinica l'uso della ventilazione meccanica non invasiva (NIV) nell'insufficienza respiratoria, da BPCO riacutizzata, rimane scarso. Abbiamo voluto valutare, nei pazienti avviati dal PS per BPCO riacutizzata, la necessità del trattamento con NIV. Dei 288 pazienti, sequenzialmente ricoverati dal 1 maggio al 30 settembre 2015, l'8.8% erano affetti da BPCO riacutizzata. Di cinque non è stato possibile raccogliere tutti i dati e sono stati esclusi. Dei 21, 11 presentavano all'ingresso valori di pH <7.35. Tranne due, gli altri nove soggetti sono stati avviati alla terapia con NIV. Dei pazienti che presentavano valori di pH <7.25 solo due sono stati avviati dal PS all'UO di Medicina Interna. Dei 21 pazienti, 20 presentavano, all'ingresso dal PS valori di pCO_2 superiori a 45 mmHg. Dei 21 pazienti, 19 sono stati dimessi in condizioni cliniche migliorate. Uno è deceduto a causa del peggioramento delle condizioni respiratorie, un paziente è stato trasferito in rianimazione. La ventilazione meccanica non invasiva permette un utile supporto nei pazienti affetti da riacutizzazione da BPCO e che presentino valori di pH e di pCO_2 compromessi. Il nostro lavoro dimostra come nella normale routine clinica, anche in pazienti con gravi compromissioni dei valori di pH e di gas arteriosi, tale terapia possa essere considerata valida permettendo una buona prognosi e riducendo, probabilmente, la necessità di intubazione orotracheale.

Cytomegalovirus colitis

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Cytomegalovirus (CMV) is a virus of the *Herpes Virus* family that after primary infection can remain latent in the host and can be reactivated in all conditions of immune system alteration. We report the case of a 59 year old woman suffering from jaw melanoma with lymph node and lung metastases treated with an anti CTLA-4 monoclonal antibody (Ipilimumab) for about a month. At the admission the patient complained of weakness, fever and diarrhoea.Because of the ongoing therapy, for a suspected gastrointestinal drug toxicity, we considered the algorithm of related immuno adverse events, so we stopped Ipilimumab and we started theraphy with steroid and antibiotics.The persistence of symptoms, despite the established therapy,induced us to extend the diagnostic research to other causes of colitis. Therefore we found a positive serology for IgM antibodies antiCMV and CMV-DNA in the blood.The sigmoidoscopy highlighted a framework compatible with CMVcolitis,confirmed by histological examination. It was undertaken treatment with ganciclovir 5 mg/kg/day with benefit. Given the frequency of immunosuppressive therapy in autoimmune and neoplastic diseases or in immunodeficiency conditions,in the differential diagnosis of chronic diarrhea should be also considered an infection/reactivation by CMV.

Differenze di genere nella sepsi: epidemiologia, fattori prognostici e outcomes in una casistica retrospettiva nel setting della Medicina Interna

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Introduzione: Analisi delle differenze di genere nella sepsi in una popolazione di pazienti anziani fragili in un setting Internistico.
Metodi: Analisi retrospettiva di tutti i pazienti ricoverati con diagnosi di sepsi tra il 01/01/2013 e il 31/12/2014.
Risultati: 269 pazienti selezionati (56.51% maschi). Età media elevata in entrambi i sessi. All'analisi univariata non correlazione significativa tra genere e outcomes negativi (sviluppo di sepsi grave ad alto rischio o shock settico P=0.59, trasferimento in TI P=0.33, mortalità intraospedaliera associata alla sepsi P=0.19). Valori medi di procalcitonina (P=0.26) e il N° di disfunzioni d'organo (P=0.95) simili. All'analisi multivariata i fattori di rischio indipendenti e sesso specifici per gli outcomes avversi della sepsi sono stati: la provenienza dal setting chirurgico (P=0.023), le neoplasie ematologiche (P=0.052), la NPT (P=0.059) e i livelli di procalcitonina >0.5 ng/mL (P=0.025) negli uomini; neoplasie ematologiche (P=0.005); livelli di procalcitonina >0.5 ng/mL (P=0.059) e le neoplasie solide (P=0.047), nelle donne. Il fumo (P=0.05) e la fibrillazione atriale (P=0.057) correlano in maniera indipendente nelle donne ad un maggior rischio di trasferimento in TI; negli uomini la mortalità è associata alla presenza di scompenso cardiaco (P=0.019).
Conclusioni: Le differenze di genere nella sepsi, nel setting internistico, si discostano da quelle rilevate in ambito intensivo. Alcuni fattori di rischio sesso specifici possono predire l'evoluzione del quadro clinico.

A case of non-cirrhotic hyperammonemia due to a spontaneous portal-systemic venous shunt

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Hepatic encephalopathy is suspected in non-cirrhotic cases of encephalopathy because the symptoms are accompanied by hyperammonaemia. Some cases have been misdiagnosed as psychiatric diseases. A 68-year-old female patient presented with confusion, lethargy, nausea and vomiting. Examination disclosed normal vital signs. Neurological examination revealed a minimally responsive woman without apparent focal deficits. She had no history of hematologic disorders nor alcohol abuse Brain TC did not demonstrate any intracranial abnormalities and EEG did not reveal any subclinical epileptiform discharges. Her ammonaemia was 191 mg/dL (NV<75) while hepatitis viral markers were negative. The patient was started on lactulose, rifaximin and a low-protein diet. An abdominal doppler ultrasound revealed a dilatation of superior mesenteric vein. MRI examination was not performed because of precence of aortic valve protesis The decision was made to attempt portal venography which demonstrated a splenoportal-systemic venous shunt, that was obliterated by interventional radiology using metal coils. As a consequence, mesenteric venous blood hepatopetally returns to flow into the liver where ammonia level subsides and hepatic encephalopathy disappears. It is crucial that physicians initially recognize the presence of non-cirrhotic, portal-systemic encephalopathy, indeed accurate diagnosis and subsequent appropriate treatments completely release most patients from daily troubles. However, investigation of long-term prognosis after therapy is also necessary.

Revisione di una casistica di 2526 trombosi venose profonde per valutarne la provenienza

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Premessa e Scopo dello studio: La Trombosi Venosa Profonda (TVP) è una patologia frequente nei pazienti ricoverati in Ospedale, siamo andati a valutare la provenienza dei pazienti affetti da tale patologia afferenti presso gli ambulatori di Angiologia della nostra UO.
Materiali e Metodi: Dal 2003 al 2015 sono state diagnosticate dai nostri ambulatori 2526 TVP di cui 1957 iliaco-femoro-poplitee e 169 succlavio-ascellari. Abbiamo valutato come sono giunte alla nostra osservazione e i reparti ospedalieri di provenienza.
Risultati: 1260 (50%) erano provenienti da reparti Ospedalieri; 689 (27%) erano state inviate come richieste urgenti dai MMG e 577 (23%) provenivano dal PS. Abbiamo poi valutato da quali reparti Ospedalieri provenivano: 826 (67%) da Medicine e Geriatrie; 246 (20%) da Oncologie; 162 (13%) da reparti Chirurgici. Dalle Oncologie provenivano

153 (91%) delle 169 TVP Succlavio-Ascellari che nelle stragrande maggioranza dei casi erano correlate alla presenza di Catetere Venoso Centrale o similare.
Conclusioni: La numerosità del campione e la sua omogeneità,erano tutte state diagnosticate dai nostri Ambulatori di Angiologia, ci permettono di affermare che la maggioranza delle TVP colpisce pazienti ricoverati, che i reparti più interessati dal problema sono quelli Internistici, che le TVP Succlavio-Ascellari sono di pertinenza pressochè esclusiva di pazienti Oncologici portatori di device. L'attenzione e la profilassi nei confronti della TVP deve avvenire in maniera capillare e precisa nei reparti internistici per ridurne l'incidenza con il conseguente rischio di Embolia Polmonare.

Un caso di fascite necrotizzante da verosimile inquinamento ambientale

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Premessa: La fascite necrotizzante è una forma di infezione degli strati profondi della pelle e dei tessuti sottocutanei, che si espande rapidamente attraverso il tessuto connettivo. La malattia, di natura batterica, si sviluppa in modo rapido con necrosi dei tessuti sottocutanei che determina shock settico e morte.
Caso clinico: Paziente di anni 79, cade dalla bicicletta riportando abrasioni a livello delle gambe, passeggiando attraversa un canale in una zona marina inquinata. Dopo alcuni giorni comparsa di eritema bolloso necrotizzante alla gamba destra e febbre elevata. Rapido peggioramento, nonostante terapia antibiotica, con febbre elevata, stato soporoso, tachicardia, tachipnea gamba edematosa, flittenulare, ulcerata con sospetto clinico di fascite necrotizzante. Eseguita TAC: presenza nel sottocute di falde fluide attribuibili a fenomeni colliquativi con compartecipazione di ampie porzioni della fascia muscolare conferma con RM. Richiesto intervento dell'Ortopedico che eseguiva escarectomia della cute e del sottocute con evidenza di sottocute ampiamente necrotizzato e colliquato. Dopo l'intervento progressivo miglioramento clinico, scomparsa della febbre, graduale ripresa dell'alimentazione e mobilizzazione. Dopo 40 giorni intervento del chirurgo plastico con innesto cutaneo libero prelevato da entrambe le cosce. Il paziente veniva dimesso dopo 60 giorni in ottime condizioni generali.
Conclusioni: L'intervento chirurgico ha evitato la morte del paziente ed ha confermato che in questa patologia l'approccio integrato medico-chirurgico con intervento di fasciotomia è fondamentale.

Acute pancreatitis: facing with too many causes!

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Background: Recognition of the aetiology of acute pancreatitis (AP) is the mainstay to avoid recurrences when the cause is amendable. Problems may arise in presence of multiple possible aetiological factors requiring different strategy of management.
Case report: Female patient, aged 79 years, admitted because of severe abdominal upper quadrant pain with ileus. Anamnesis revealed diabetes mellitus, arterial hypertension and recurrences of mild abdominal pain responsive to medications. In Emergency setting laboratory, echo and CT scan data allowed to the diagnosis of oedematous AP with rare necrotic areas. In our Unit the patient underwent abdominal RMI showing: a) mild dilation of the main bile duct with distal insertion into a paravaterian diverticulum; b) congenital abnormality of the pancreatic ductal system (complete pancreas divisum); c) cysctic dilation of secondary pancreatic ducts at the head level (type 2-IPMN)
Conclusions: Each one of the three conditions revealed by MRI is included in the list of less frequent causes of AP. It is objectively difficult to recognize in the present case the real aetiological "weight" of the three possible causes. Considering the outcome of the disease (mild form of AP with complete recovery in one week) we decide to follow-up the patient without any interventional procedure; hypolipidic diet and imecromone (1200mg/diex3 months) were prescribed. No recurrences at one year were observed.

Rare adverse effect of flutamide: case report

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Background: Flutamide is a non steroidal anti-androgenic drug, commonly used in the treatment of advanced prostate cancer, acne and hirsutism. Its adverse effects more commonly reported are gynecomastia, liver toxicity, headache, gastrointestinal complaints, photosensitivity, cutaneous reactions.
Case report: A 62-years-old patient was admitted because of appearance of a lupus-like facial erythema and headache. Advanced prostate cancer (T4, Gleason 7) was discovered one year before; after radiotherapy, treatment with leuprolide 1mg/die/s.c. was prescribed. Flutamide (750 mg/die/os) was associated two months before our observation to reinforce anti-androgenic activity. At admission, the patient presented with a discoloration (greenish-yellow) of urine. Extensive laboratory work-up (including autoimmunity) was negative except for mild anemia and hypercalcemia. CT scan showed vertebral metastasis. A literature research revealed that flutamide may present, as rare adverse effects, cutaneous facial lesions from lupus-like erythema to bullous/necrolytic eruptions and urine discoloration related to the presence of flutamide and its metabolites. Topical steroids were prescribed with a satisfying clinical response.

Adult autoimmune enteropathy: a case report

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Clinical presentation: Male 81 years old, affected by chronic watery diarrhea associated with weight loss (20 kg in 8 months) and severe electrolyte abnormalities. No other constitutional symptoms, no abdominal pain, unresponsive to fasting. Inflammatory markers and serology for celiac disease were negative, ANA positive 1:320, HLA compatible to celiac disease. Colonoscopy, CT abdomen and wireless capsule endoscopy were unremarkable. A jejunal biopsy highlights villous atrophy, cryptitis, expansion of the lamina propria with diffuse mononuclear and granulocyte infiltrate, IEL 30/100 enterocytes.
Initial therapeutic decisions: Gluten-free diet was started in addition to budesonide without any improvement (multiple diarrheal exacerbations and additional weight loss of 11 kg in 1 year). No histological difference in jejunal biopsy after six months of dietary restriction.
Diagnosis: Diagnosis of autoimmune enteropathy (AIE) with immunofluorescence detection of high titer antienterocyte Ab. Initiated prednisone 1 mg/kg+azathioprine 2 mg/kg with complete remission. AZT suspended for liver toxicity after 6 months. Currently free of disease on PDN 5 mg+budesonide 4x3 mg daily after 13 mouths of follow up.
Conclusions: AIE is a rare disorder to be considered in the differential diagnosis of malabsorption associated to small intestinal mucosal atrophy and is characterized by the presence of Ab anti-enterocytes. AIE is more common in infants, adult involvement has been documented in only a few dozen cases in the world. Therapy is based mainly on nutritional support and immunosuppression.

L'ecografia epatica con mezzo di contrasto nella diagnostica delle cisti idatidee epatiche inattive

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Premesse e Scopo nello studio: Il nostro studio intende dimostrare che la ecografia epatica con mezzo di contrasto (CEUS) è la metodica di prima scelta nello studio delle cisti idatidee inattive. La classificazione secondo Garbi riconosce, per aspetto ecografico, cinque tipi di cisti; quelle che interessano il nostro studio sono quelle inattive (di tipo IV) in quanto possono simulare una neoplasia all'ecografia standard ed alla TC.
Materiali e Metodi: Un paziente giunto alla nostra osservazione, dopo riscontro ecografico di formazione nodulare di tipo solido intra-epatica veniva sottoposto ad esame TC che non risultava dirimente circa la

caratterizzazione della lesione. È stata quindi eseguita un'ecografia con mezzo di contrasto sonovue (Bracco).
Risultati: Alla CEUS si è potuta rilevare la totale assenza di perfusione della lesione in tutte le 3 fasi contrastografiche, elemento che ha permesso di porre diagnosi, in accordo con i dati anamnestico-clinici,di cisti idatidea inattiva e di escludere la natura neoformativa della lesione.
Conclusioni: La CEUS si è confermata tecnica di elevata sensibilità nella caratterizzazione delle formazioni "occupanti spazio " epatiche ; la metodica in questi casi risulta particolarmente indicata perchè accomuna la non esposizione a numerose radiazioni ionizzanti alla possibilità di evitare un esame invasivo come la biopsia epatica.

Deceptions and pitfalls in dementia: a singular case of anorexia in the elderly

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Introduction: An 83-year-old woman with a long history of dementia due to Alzheimer's Disease (AD) was admitted to our ward due to progressive decline in her general condition and presenting dysphagia for weeks with severe weight loss.
Case report: On admission physical examination revealed a state of senile cachexia, expressive aphasia, and muscular tone-spasticity. In addition, according to pain assessment in advanced dementia (PAINAD), our patient claimed severe pain (8/10). Remarkably, we found a forced posture of her mouth, with the inability to fully occlude the jaw and concomitant mandibular deviation to the right on full aperture, with hypo-mobility of the right temporo-mandibular joint (TMJ). This revealed the presence of a dislocation of the right TMJ. Thus, the patient was referred to a maxillo-facial surgeon, who performed manual reduction of the joint. After the procedure and 10-days of jaw immobilisation the patient started to eat without any swallowing disorders and recovered ability to communicate.
Discussion and Conclusions: Our case report is relevant because it occurs in an elderly patient with advanced dementia, whose communication is severely compromised. There is a high risk for misleading diagnoses and under-treatment in dementia, especially in non-communicative patients. In particular, changes in behaviour and physical functions in elderly patients with dementia must always be considered as a sign for an up-coming problem and pain itself should always be assessed using appropriate tools for non-communicative patients.

✪ Clinical and prognostic differences between upper and lower extremity deep vein thrombosis: findings of the RIETE Registry

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Objectives: Data from the Registro Informatizado de Enfermedad TromboEmbolica (RIETE) used to evaluate differences in risk factors, treatment strategies and outcomes in patients with catheter and non-catheter related upper-extremity deep vein thrombosis (UEDVT) and lower-extremity deep vein thrombosis (LEDVT).
Methods: Clinical characteristics, treatment details and 90-day outcomes were compared.
Results: Of 54,184 patients enrolled, 28,501 (53%) had a LEDVT, 941 (1.7%) had a non-catheter UEDVT and 627 (1.2%) had a catheter UEDVT. As to baseline, LEDVT-patients presented more pulmonary embolisms (PE) (p <0.001), while catheter-related UEDVT had more frequently anemic, cancer, or previous major bleeding (p<0.001). Factor V Leiden and Prothrombin G20210A were more associated with LEDVT (p<.05). LEDVT were initially treated with Low-Molecular-Weight-Heparin (LMWH) more than non catheter-related UEDVT (p<.001). At 90-days follow-up, catheter-related UEDVT experienced more recurrent PEs and major bleeding (p<0.05); UEDVT presented a higher risk of infection and respiratory insufficiency (p<0.05), and higher mortality (p<0.001). As to initial treatment of UEDVT were less frequently administered LMWH and vitamin K antagonists (VKA); as to long-term therapy more LEDVT were treated with VKA than UEDVT (p<01).
Conclusions: patients with UEDVT had a higher incidence of recurrent PE, a higher risk of bleeding, infection and respiratory insufficiency. These patients received fewer doses of LMWH and vitamin K antagonists, but were more frequently treated with unfractionated heparin.

Gender differences in the population of patients with atrial fibrillation hospitalized in Internal Medicine department for any cause in two years (2012 and 2015)

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Background: WHO recommends the integration of gender considerations into health policies as standard practice.
Aim of the study: To evaluate gender differences in the population of patients with atrial fibrillation (AF) hospitalized in Internal Medicine ward for any cause.
Materials and Methods: In this population we analyzed the gender differences of prevalence and type of AF, thromboembolic and bleeding risk, renal function (eGRF) and antithrombotic treatment.
Results: Of 2177 total admissions, 1122 (51.5%) males (M) and 1055 (48.5%) females (F), 273 had AF (total prevalence of 12.5%), of which 114 M (41%) and 159 F (59%): the prevalence of AF was 15% in F *vs* 10% in M (chi^2 test: p<0,0001). Paroxysmal AF has a prevalence of 28% in M *vs* 19% F, persistent AF of 8% in M *vs* 7% in F, permanent AF of 64% in M *vs* 74% in F (chi^2 test NS). No difference is in the distribution of age (yrs): 80,2±8,7 in M *vs* 81,5±7,5 in F (T-test NS). CHADSVASc and HASBLED scores are respectively 5±1,6 in M *vs* 6±1,4 in F and 3,7±1,3 in M *vs* 2,5±0,9 in F (T test p <0,0001). eGFR is 63±21 mL/min in M *vs* 56±19 mL/min in F (T-test NS: p=0,2); CKD ≥3° stage K-DOQI is present in 44% of M *vs* 55% of F (chi^2-test NS: p=0,06). Patients treated with Oral Anticoagulant drugs were 41.7% of M and 49.5% of F (chi^2-test NS: p=0,2).
Conclusions: Our data show some statistically significant differences in F: higher prevalence of AF and of CKD ≥3° stage K-DOQI, higher CHADSVASc and lower HASBLED scores. Other differences are not statistically significant: more permanent AF, worst eGFR and more anticoagulant therapy.

Chronic obstructive pulmonary disease diary: a divalent tool on the road to adherence and appropriateness

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In the management of chronic diseases, poor adherence to medications is associated with an increase in care interventions. In our country (AIFA, 26/8/2014), the percentage of therapeutic adherence is approximately 38.4%: it increases in diabetic patients (62.1%), but is reduced in patients being treated for Asthma and COPD (14.3%). Among the possible strategies for improvement, it might be useful to provide the patient with an instrument that allows him to control his health status and the therapeutic regimen. This tool could be useful to physician as a guide to the diagnosis, the appropriateness and planning of follow-up. For the COPD patient, we have developed a booklet easy to consult. It consists of three basic parts: classification of the patient, COPD therapy, monitoring of symptoms and exacerbations. The goal of our project is to determine whether the adoption of this instrument can improve therapeutic adherence, reducing the number and severity of exacerbations. This check will be held every year with a post evaluation at the end of five years.

Sleep disorders in Internal Medicine wards

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Introduction: Insomnia is a highly prevalent sleep disorder. It is defined by having difficulty falling asleep, maintaining sleep, or by short sleep duration, despite adequate opportunity for a full night's sleep, with possible consequences during the daytime. The aim of our study is to define the impact of insomnia in patients admitted in Internal Medicine wards, regardless of the event that resulted in hospitalization.
Materials and Methods: During January-June 2015, 429 patients were admitted to Internal Medicine 1 (AORN "Antonio Cardarelli", Naples). Those with modifications of mental status have been excluded from our investigation. Among eligible patients (mean age=75.5 years; F/M=61/35), most reported chronic insomnia (>1 month) and 22.9% to be in treatment with antidepressants and/or benzodiazepines.
Results: Compared to patients with recent-onset insomnia, patients with chronic insomnia were older (mean age: 77.5 *vs* 69.2 years), and with a greater number of comorbidities (≥4). In this subgroup, initial insomnia and terminal insomnia were predominant, coexisting in 28.5% of cases.
Conclusions: Insomnia is a major public health problem that requires a proper diagnosis. Our observation was not intended to define the diagnostic of the disorder or to estimate the relationship between insomnia and drugs, some of which are known to interfere with sleep. However, as part of the quality of care, it is useful to consider the importance of this problem, the impact of which is underestimated and whose management is often inadequate.

Critical issues in the management of chronic obstructive pulmonary disease in stable patient

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Introduction: We tried to identify the major obstacles to management of Chronic Obstructive Pulmonary Disease (COPD) in stable patients with the use of the questionnaire tool.
Materials and Methods: In autumn 2014, we asked 20 general practitioners and 20 patients (GOLD 2 and 3) to report at least three issues that hinder the home care of COPD. The first 10 of these issues have been administered in the form of a questionnaire, in autumn 2015, to an equal number of physician and patients (16M, 4F; mean age: 68.9±5.3); of the latter, 12 were current smokers. The patients were classified as following depending of Education Level (ISCED): Level 1 (6), Level 2 (11), Level 3 (2), Level 5 (1).
Results: The analysis showed a high correlation between physicians and patients on the complexity of therapy, side effects, length of the waiting lists and persistence of smoking. For a third of the patients, the informations was inadequate about the use of the devices (Instruction Level 1-2) and the evolution of the disease (Instruction Level 1). Physicians give higher priority to the comorbidities (60%), poor adherence (30%) and socio-cultural condition (45%); the latter has not affected the judgment of the patients on the inadequacy of the outpatient follow-up (50%).
Conclusions: The therapy is only one aspect of overall COPD management, whose centerpiece remains the physician-patient relationship. However, if the patient communication takes longer than any other clinical activity, it cannot be completely satisfactory in the times intended for the physician's office.

✪ *Glutathione S-transferase mu 1* and *Glutathione S-transferase theta 1* deletion polymorphisms as metabolic syndrome-related genetic risk factors in Italian patients

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Background: Metabolic syndrome (MS) is a complex disorder characterized by the presence of multiple cardiovascular risk factors and high risk of diabetes. Several studies suggest the correlation between MS, oxidative stress and inflammation, assuming a possible lack of balance between antioxidant defenses and oxidative agents. Glutathione S-transferases (GSTs) play an important role in cellular detoxification, contributing to the maintenance of the redox state of the cells by the elimination of Reactive Oxygen Species (ROS). The aim of our study is to highlight whether some genetic variants of GST genes may correlate with specific physiological factors contributing to the development of the disease phenotype.
Materials and Methods: 100 patients with MS were recruited. DNA was used for subsequent genetic analysis. Some functional GST variants were analyzed: *GSTA1*-69C/T*, *GSTM1* positive/null, *GSTO2*N142D*, *GSTP1*I105V*, *GSTT1* positive/null and *GSTT2B* positive/null.
Results: The results suggest a significant involvement of *GSTM1* ($p < 0.001$) and *GSTT1* ($p < 0.001$) in the development of MS phenotype.
Conclusions: The outcomes of this study suggest that *GSTM1* and *GSTT1* may be useful genetic markers in MS.

Entire *transthyretin* gene sequencing and genotype-phenotype correlation in italian patients with transthyretin-related amyloidosis

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Transthyretin-related amyloidosis (ATTR) is an autosomal dominant disease featured by the buildup of abnormal deposits of a TTR product called amyloid in the organs and tissues. Protein deposits most frequently occur in the nervous system, heart, genitourinary and gastrointestinal tract. TTR is encoded by the *TTR* gene on chromosome 18, where 113 amyloidogenic variants have been identified. Among many mutations that have been found in the *TTR* gene, the non-synonymous substitution of methionine for valine at position 30 (Val30Met) is the responsible of a high phenotypic heterogeneity, regarding to prevalence and age of onset. Many hypotheses have been proposed in order to deepen the knowledge about this phenotypic variation and one of these is related to a putative key role of *TTR* non-coding variants. The main objective of the study is the whole *TTR* gene analysis in 40 ATTR patients aimed to identify variants/haplotypes that could be linked to specific clinical display. The ongoing evaluation has already allowed to dissect several genomic regions that usually do not provide annotation for all variants. Thus we aimed to support standard genetic testing with a putative prediction tools assisting in clinical outcome prediction.

Alpha-fetoprotein dosage is effective for hepato-carcinoma surveillance in cirrhotic, hepatitis B virus-positive patients in therapy with antiviral nucleos(t)ide analogs

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Hepatitis B virus (HBV) infection is, worldwide, one of the major causes of hepatocellular carcinoma (HCC). Recently, HCC incidence in patients with cirrhosis and more advanced disease has been reduced by NUC therapy. However, the surveillance of the patients, treated or not, at major risk for HCC is still the best strategy to reduce mortality. To this end, national and international guidelines recommend a biannual hepatic ultrasonography; in combination,

alpha-fetoprotein (AFP) dosage could allow a gain in sensitivity but also an increase in false positives. Here, we describe two clinical cases of HBV-positive patients, virus-suppressed by over 4 years, which presented, in the absence of any echographic change, small variations of AFP serum levels. Level II instrumental examinations demonstrated presence of HCC.
Conclusions: In HBV-positive patients, virus-suppressed by NUCs, the sudden increase of AFP levels may indicate, as an alternative to ultrasound, the progression to HCC.

✪ Zoledronic acid is safe and effective in recent onset complex regional pain syndrome

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The Complex Regional Pain Syndrome (CRPS) is characterized by pain, oedema, signs of vasomotor instability, allodynia, stiffnes and functional limitation; bone oedema on MRI and osteoporosis to radiography. No treatments to be decisive. The bisphosphonate are the more drugs used. Zoledronic acid is a high power bisphosphonate. We assessed the degree of improvement in pain, oedema and functional limitation in patients with CRPS. 18 patients with CRPS onset less than three months were treated with zoledronic acid 5 mg, single dose. Each patient performed x-ray and MRI. At the time of the infusion the patient performed VAS pain, edema, functional assessment. 5 mg zoledronic acid was made.
Results: All patients had pain relief measured using the VAS; improvement of oedema was evaluated by the disappearance of the "fovea"sign.; improvement of functional limitation. The functional limitation is improved and the patients begans to work. Anyone has reported side effects. After six months an MRI showed the total disappearance of oedema. Zoledronic acid (5 mg) is able to inhibit not just the activity of mature osteoclasts, but also the maturation of osteoclast precursors that are active in the early stages of the CPRS; over that inhibit the production of cytokines that perpetuate the pathogenic mechanism. Administered within the first three months of CPRS's clinical manifestations it has been rapid, safe and effective in reducing pain and edema. It is also able to improve until the disappearance bone oedema and functional limitation quickly restoring the articular physiology.

Atypical clinical presentation of meningococcal meningitis: a case report

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Background: The classic meningococcal meningitis triad (fever, neck stiffness, altered mental status) is present in about 30% of patients; when rash is added, 90% of patients have at least two of the four signs.
Case report: A young woman was examined in the Emergency Department for fever, pharyngitis and widespread petechial rash. Her vital signs were: temperature 37,5°C, pulse 90 beats/min and blood pressure 110/60 mmHg. Physical examination, including neurological evaluation, did not show any abnormalities. Chest X-ray was negative. Blood exams showed leukocytosis, normal platelets count, CPR 20 mg/dL (nv<0,5 mg/dL). On the basis of these results and petechial rash evidence, lumbar puncture was performed. CSF was opalescent; chemical-physical exam showed: total proteins 2,8, glucose 5, WBC 7600. In the hypotesis of meningococcal meningitis antimicrobial therapy was started. Blood and cerebrospinal fluid cultures were positive for *N. meningitidis*. During the first hours the patient experienced allucinations and mild psychomotor agitation that spontaneously recovered. A brain MRI showed minimal extra-assial inflammatory exudate as areas of restricted diffusion in diffusion-weighted images and mild hyperintensity in FLAIR weighted images. She was discharged after 10 days in good conditions.
Discussion: Our patient presented as only symptoms petechiae and fever. We underline the need of considering meningococcal meningitis diagnosis when any suggestive symptom or sign is present, even in absence of classic meningitis triad, to obtain earlier diagnosis and improve prognosis.

Segnalazione precoce da pronto soccorso delle dimissioni protette di pazienti internistici: fattibilità, utilità e appropriatezza in una realtà ospedaliera di area disagiata

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Premessa: Il ricovero di pazienti con pluripatologie e fragilità in ambito internistico spesso comporta la non dimissibilità dopo la risoluzione dell'evento acuto, con necessità di dimissione protetta (DP) in lungodegenza, RSA, RAF, o attivazione ADI, e tempi lunghi di attesa in Ospedale. L'identificazione precoce di tali casi può ridurre la durata della degenza, le complicanze assistenza-correlate ed ottimizzare il turn-over dei posti letto.
Materiali e Metodi: Per valutare utilità, fattibilità e appropriatezza della segnalazione precoce dei pazienti con necessità di DP sono stati presentati al Nucleo Ospedaliero Continuità Cure (NOCC) i casi che già in Pronto Soccorso mostravano tali caratteristiche, applicando la valutazione multidimensionale prevista (scale di Brass, Barthel e Braden, CIRS, Adi.Co, e DMI).
Risultati: Nel 2015 sono stati segnalati 82 casi in PS. Di questi 43 sono stati inviati in strutture post-acuzie (18 da PS, 25 da Medicina), 13 dimessi in ADI (11 da PS, 2 da Medicina) e 6 a domicilio con segnalazione ai servizi sociali (4 da PS, 2 da Medicina). 8 pazienti sono deceduti durante il ricovero (1 in PS, 7 in Medicina). 12 pazienti sono stati dimessi in dimissione ordinaria. Il tempo tra segnalazione e trasferimento in struttura è stato di 1,5 gg e 12,3 gg per i trasferiti da PS e Medicina, con buona appropriatezza delle segnalazioni: 73% di DP effettuate rispetto al totale dei casi segnalati.
Conclusioni: La segnalazione da PS della necessità di DP è fattibile, utile nell'ottimizzare i tempi di degenza e appropriata nella selezione dei pazienti.

Sindrome da inappropriata secrezione di vasopressina e osteoporosi severa

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Studi recenti indicano un associazione tra l' iponatriemia e un aumentato rischio di osteoporosi e fratture.
Scopo dello studio: Riportiamo il caso clinico si una donna affetta da sindrome da inappropriata secrezione di ADH (SIADH) e osteoporosi severa che supporta questa associazione.
Caso clinico: una donna di 55 anni giungeva alla nostra osservazione per il sospetto di SIADH. Presentava una iponatriemia cronica diagnosticata all' età di 40 anni con valori di sodio al momento dell' osservazione di 123 mmol/l. La paziente riferiva dall' età di 48 anni la comparsa di fratture da fragilità di femore, coste, tibia e perone. Per l' osteoporosi severa era stata trattata con alendronato, teriparatide per 24 mesi e da circa un anno era in trattamento con denosumab. Non presentava altri fattori di rischio noti per osteoporosi. Gli esami ematochimici e urinari, la normalità della funzione surrenalica e tiroidea, lo stato di euvolemia, la negatività delle indagini strumentali, permettevano di confermare la diagnosi di SIADH idiopatica. La paziente iniziava, dopo ricovero ospedaliero, terapia con tolvaptan 7,5 mg die con raggiungimento di valori di sodio di 133mmol/l.
Conclusioni: Questo caso documenta come l' iponatriemia cronica, in accordo con i dati riportati in letteratura, può avere effetti negativi sul metabolismo osseo e favorire la comparsa di osteoporosi e fratture. I pazienti con SIADH dovrebbero essere valutati per l' osteoporosi e preventivamente trattati per ridurre il rischio di frattura.

Torsion of a wandering spleen in an adult woman

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Background: Wandering spleen is a rare condition, mainly affecting children-young adolescents, characterized by the congenital absence or underdevelopment of one or all of the ligaments that hold the spleen in its normal anatomic position. Patients with a wandering spleen may be asymptomatic or have chronic or intermittent abdominal pain because of partial torsion and spontaneous detorsion of the spleen
Case report: A 54-year-old woman was admitted for acute and intermittent abdominal pain associated with nausea and constipation without fever. There was no evidence of abdominal mass or trauma. Her medical history included recurring episodes of abdominal pain and a previous hospitalization for "idiopathic" spleen infarct detected by CT scan; in particular thrombosis of splenic vessels and laboratory tests for thrombophilia were negative. An abdominal ultrasonography showed an enlarged and mild prolapsed spleen and abdominal contrast enhanced-CT revealed a complete (180°) torsion of spleen on its vascular peduncle. The patient underwent urgent laparoscopic procedure during which splenectomy was performed in reason of the presence of thrombosis of the vascular pedicle and splenic infarction.
Conclusions: The torsion of a wandering spleen is a rare abdominal surgical emergency requiring prompt diagnosis and intervention. The usual treatment is splenopexy but, if there is no blood flow after unwinding the spleen through detorsion or if massive infarction and thrombosis of the splenic vessels has occurred, splenectomy must be performed.

Severe sepsis with necrotizing soft tissue infection by *Vibrio vulnificus*

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Background: *Vibrio vulnificus* is a Gram-negative bacillus found worldwide in warm coastal waters. *V. vulnificus* can cause mild to moderate gastroenteritis by ingestion of contaminated raw/under cooked seafood or skin wound infection by direct exposure to contaminated seawater. The average mortality rate in patients with severe primary sepsis exceeds 50%. In Italy, only one case of *Vibrio vulnificus* infection was described.
Case report: A 79-year-old female was admitted for recent onset of fever and right arm pain. Her medical history included type 2 diabetes and steroid-dipendent bronchiolitis BOOP. At the admission she presented only a small post-traumatic skin lesion on her right arm. Laboratory exams showed alterations compatible with severe sepsis. Blood culture samples became positive for *Vibrio vulnificus* in 4 hours. In the first 24 hours she developed an hemorrhagic bullous cellulitis on her right arm and hand. CT scan excluded involvement of the fascial structure. Reviewing the patient's history we found that few days before she handled and soaked clams exposing her right arm small open wound to the contaminated seawater. The patients was early treated with ceftazidime plus doxycycline with a gradual clinical improvement.
Conclusions: *Vibrio vulnificus* infection can lead to life-threatening complications in immunocompromised subjects. Early diagnosis, targeted antimicrobial therapy, aggressive supportive therapy and attention to the wound site with frequent debridement of necrotic tissue are key for increasing treatment success and survival rate.

Clinical use of smartphone for oxygen saturation measurement in critical area

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Knowledge of vital parameters is mandatory in the clinical management especially in critical area. Today's technology allows to detect these parameters with different instrument. A new possibility is using smartphones. At the moment there are no relevant data about its use in critical area. We used the smartphone for the evaluation of the arterial blood oxygenation (SpO_2%) in the critical area. The change of the light intensity in the red and green colour channels in the video frames of the patient fingertip was processed. Two photoplethysmograms (PPGs) were obtained at the wavelengths 600nm (PPG_{600}) and 940nm (PPG_{900}), respectively. These two PPGs were used to evaluate the SpO_2%. To compare the values *versus* gold standards we used the pulse oximeter CMS50D+ (resolution 1%; accuracy 2%) and gas chromatograph ABL800 (resolution 0.1%; accuracy 0.5%). We used smartphone Samsung Note3 acquiring video with low resolution 320x240 pixel. SpO_2% was simultaneously monitored by oximeter on the finger, smartphone on the finger of the other hand, the blood sample was performed on the radius artery. Valuation was performed on three male and 2 female patients of critical area, affected by COPD, blood oxygenation in range of 87.8-94.2%. Smartphone and clinical gold standards gives compatible results. The maximum error was 2% respect to the gascromatograph. Although it is not actually conceivable its routine use in critical unit, our study confirms the reliability of the use of smartphone to detect vital signs, also in unstable patients, in order to use it as a remote monitoring.

Pancreatite acuta ed embolia polmonare: una rara associazione

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Introduzione: La pancreatite acuta (PA) prevede una forma lieve ed una forma grave o necrotico-emorragica. Le cause più frequenti sono: litiasi biliare, alcool ed ERCP.
Caso clinico: Maschio di 40aa, etilista, cocainomane. Si presenta con dolore addominale acuto, febbre (39°C), dispnea, sepsi complicata (SOFA score 4, GB: 24000, PAM 90 mmhg, FC 110 bpm, PCT 5, PCR 24, PAO_2/FIO_2 190, lattati 2.5, Hb 12; PLT 100.000, D-Dim 4160, emocolture neg. TAC addome: imbibizione pancreatica edematosa con raccolte fluide peripancreatiche (Balthazar 4.0). Embolia dell'a.polmonare (EP), dei rami lobari per il lobo medio, inf di dx e diramazioni segmentarie e subseg. All'ecocardio PAPS 45 mmhg.
Decorso: Terapia idratante, antibiotica e fondaparinux 7,5 per 5 giorni; poi rivaroxaban 15 mgx^2/die per 10 gg e 20 mg die. Sensibile miglioramento dei sintomi. TAC torace: riduzione aree emboliche ed organizzazione delle lesioni pancreatiche in pseudocisti. Screenig trombofilico: deficit di folati ed iperomocisteinemia (migliorati dopo terapia con acido Folico), omozigosi per il gene MTHFR, LAC negativi.
Conclusioni: L'EP é una rara complicazione della PA. Nel caso in esame la concomitanza di eventi contemporanei può rendere ragione dell'insorgenza di tale rara complicanza: sepsi, uso di alcool e droghe, presenza di fattori trombofilici (deficit di folati, iperomocisteinemia, mutazione per MTHFR). Riteniamo, pertanto, utile, in tale tipologia di pazienti, uno studio accorto del circolo polmonare, anche in assenza di sintomi specifici.

✪ Valutazione multidimensionale in una popolazione di pazienti ricoverati in Medicina Interna

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Background: La valutazione multidimensionale (VMD) fornisce informazioni sullo stato di salute psico-fisico e sul livello di autonomia del soggetto anziano. Viene frequentemente utilizzata in ambito geriatrico per definire il setting assistenziale appropriato.
Scopo dello studio: Valutare il profilo dell'autonomia funzionale, del livello cognitivo e del rischio di malnutrizione in soggetti ricoverati per qualsiasi causa nella UOC di Medicina dell'Ospedale "F. Miulli" (Acquaviva delle Fonti, BA).
Materiali e Metodi: La VMD è stata eseguita su 100 soggetti ricoverati consecutivamente presso la UOC di Medicina. I parametri valutati sono: ADL, IADL, SPMSQ, MNA.
Risultati: L'età media del campione era di 80.12 aa (48M, 52F). La media del punteggio ADL (funzioni conservate) era di 3.67, quella delle IADL di 3.65, il punteggio del SPMSQ era di 3.44 ed il MNA ha mostrato un punteggio medio di 22.
Conclusioni: Dai dati emerge che la popolazione di soggetti ricoverati in medicina è mutata nel tempo diventando una popolazione geriatrica

a tutti gli effetti. No esistono differenze tra maschi e femmine. La VDM dimostra che, in media, i soggetti sono parzialmente autonomi (dipendenti) nelle attività di base ed in quelle strumentali della vita quotidiana (ADL e IADL), inoltre presentano un certo grado di deficit cognitivo e sono a rischio di malnutrizione. I dati dimostrano che eseguire una VDM anche in medicina interna è utile per identificare i bisogni assistenziali del soggetto, prevenire rischi iatrogeni legati al ricovero e garantire assistenza a domicilio per le frequenti disabilità.

Insidious fever of unknown origin

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Fever of unknown origin (FUO) represents a challenging condition requiring a strict differential diagnosis among infective diseases, immunologic disorders and malignancies. A 56 year-old white male complained 2 months lasting recurrent fever, non productive cough and fatigue, not improving after several antimicrobial drugs. Medical history was relevant for smoking habit, prostatic hypertrophy, parossistic atrial fibrillation, hypertension. Physical examination was negative for lymph node, liver or spleen enlargement, skin or vessel abnormalities, cardiac bruits. At admission, he presented fever up to 38.5°C persisting with low grade temperature along nights. Laboratory tests showed mild anemia, increased inflammatory markers and prostate-specific antigen (PSA). Blood and urine cultures, wide viral and bacterial serologies were negative. Among immunologic assays, only anti-nuclear antibodies (ANA) were detected (1:160, ELISA). Extensive evaluation including chest X-ray, abdomen and cardiac US, bronchoscopy, thorax and abdomen-CT and prostatic biopsydid not reveal any pathological findings. Finally, a 18-FDG PET-CT, performed in the suspicion of occult cancer, showed an unexpected diffuse aortitis involving thoracic and abdominal aorta. To differentiate among vasculitis, a temporal artery biopsy was performed and giant cell arteritis (GCA) was diagnosed; hence, successful steroid therapy was started. Vasculitis, in particular GCA without clinically appreciable temporal artery involvement (headache and/or visual loss) is a potential and insidious cause of FUO.

Hyponatremia: others than usual causes

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A 84-year-old man, known for sub-total gastrectomy for peptic ulcer, presented to our Internal Medicine Unit with a history of post-prandial vomiting, nausea, severe sweating, fatigue and 'light headedness'. The results of a physical examination were unremarkable and there were no signs of autonomic neuropathy. Routine laboratory blood tests including thyroid function were normal, as well as gastric endoscopy. To rule out, hidden episodes of hypoglycemia, he underwent a glucose tolerance test with a standard 75 g glucose load, which showed a normal fasting glucose level (98 mg/dL), an appropriate rise in glucose and return to baseline in 90 minutes, but a subsequent fall to 45 mg/dL at 120 minutes, a partial recovery, but a second fall to 54 mg/dL at 180 minutes; meanwhile, insulin levels progressively rose, with a peak at 90 minutes (147 microU/mL), and remained elevated up to 120 minutes, causing the fall in serum glucose; the HOMA index revealed insulin-resistance. The present clinic presentation was attributed accelerated gastric emptying due to gastrectomy, associated with reactive hypoglycemia (dumping syndrome). The patient was treated with a low carbohydrate and "grazing" diet: he had a very good response to treatment, and his symptoms settled.

Hypertension and masked hypertension in a small town in central Italy revealed using ambulatory blood pressure monitoring: a descriptive observational study

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Objectives: To evaluate the anamnestic prevalence of hypertension and the number of subjects with high blood pressure independently by clinical history; quantify how many subjects are in our population with masked hypertension.
Design: Descriptive observational study with simple random sampling of residents in Santarcangelo di Romagna.
Setting and Participants: From February 2011 to February 2013 we carried out the prospective evaluation of 127 participants: 59 females and 68 males, whose average age was 64 years (range 51 - 80). We performed office blood pressure, ambulatory blood pressure monitoring (ABPM) and recorded clinical history.
Results and Conclusions: Our population was made of 62 cases with anamnesis of high blood pressure (the anti-hypertensive treatment works only in 79% cases) and of 65 persons without anamnestic hypertension. In this sub-population in 9 cases the office measurement performed before ABPM was normal, but ABPM found high values of blood pressure night time, and an increased average value, condition compatible with a MH diagnosis. The implications are that there is a substantial number of people in the general population who has untreated hypertension and an increased risk of cardiovascular disease that requires serious consideration. The results obtained in this work, in our opinion, suggest a more intensive use of ABPM in the management of patients with high blood pressure or without hypertension but with organ damage difficult to explain, particularly in diabetics and smokers.

Respiratory diseases in gender therapy: the reasons for a difference

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The Pharmacoepidemiology shows that women are the greatest consumers of drugs, 20-30% longer than men, have less grip and a higher risk of developing ADRs. Was to analyze the reasons for the gender difference in therapeutic categories for respiratory diseases, pain and depression where the drug is an important tracer indicator. From the database USL Arezzo extracted the data consumption of drugs for the treatment of respiratory diseases in 2015. Respiratory diseases they are exposure to the drug the 2nd after that cardiovascular disease. The man prevalence index - woman is almost comparable (about 10%), but in the next decade, the changing habits (smoking) and lifestyles, they also provide for a pass in this disease. Gender makes a difference in what women can develop a greater degree of lung injury, with a generally more severe dyspnea; also for COPD, in equal GOLD stage, refer a worse quality of life. Was an increase of drug exposure in more women than in men, and this figure is almost twice the national average (6% *vs.* 3%). The molecules used showed an incidence of COPD especially in the 45-60 range with aa increase of 5% compared to 2014. The examined pathologies develop more easily in multifactorial contexts, influencing the development of the same, both in terms of symptoms that compliance and influencing the quality of life. Our data may show that the co-presence of depression amplifies the reasons for this gender difference. Thus emerges the need to develop gender-oriented recommendations to our specific situation, to ensure a personalized therapeutic approach.

Pain in gender therapy: the reasons for a difference

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Introduction: The Pharmacoepidemiology shows that women are the greatest consumers of drugs, 20-30% longer than men, have less grip and a higher risk of developing ADRs.
Aim of the study: Was to analyze the reasons for the gender difference in therapeutic categories for pain, respiratory diseases and depression, that have a high socio-economic impact and where the drug is an important tracer indicator.
Materials and Methods: From the database Territorial pharmaceutical USL Arezzo extracted the data consumption of drugs for the treatment

of pain, from January to September 2015, along with those for respiratory diseases and depression.
Results: The pain-related diseases in women have a prevalence rate of 26.4% *vs.* 18.2% of men. Our drug exposure data reveal a dual use for opioids and FANS and triple for triptans, tracing a symptom of severe, which already begins after age 40 by a margin of 18%. Genetic factors, socio-economic contexts and emotion may explain these differences. The deepening of the pharmacokinetics, pharmacodynamics and gender sensitivity to the drug is essential to be able to decline to women the therapeutic approach.
Conclusions: The examined pathologies develop more easily in multifactorial contexts, influencing the development of the same, both in terms of symptoms that compliance and influencing the quality of life. Our data may show that the co-presence of depression amplifies the reasons for this gender difference. Thus emerges the need to develop gender-oriented recommendations to our specific situation, to ensure a personalized therapeutic approach.

Depression in gender therapy: the reasons for a difference

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The pharmacoepidemiology shows that women are the greatest consumers of drugs, 20-30% longer than men, have less grip and a higher risk of developing ADRs (Adverse Drug Reactions). Was to analyze the reasons for the gender difference in therapeutic categories for depression, pain and respiratory diseases, that have a high socio-economic impact and where the drug is an important tracer indicator. From the database territorial pharmaceutical USL Arezzo extracted the data consumption of drugs for the treatment of depression, in 2015, along with those for respiratory diseases and pain. Depression it affects women with a ratio of 3: 1. Before the 15 aa is equal, then to grow at an exponential rate with age. In consumer given the choice of the molecule we can orient in the identification of the disorder, making emerge generalized anxiety, behavioral disorders and panic attacks. The use of paroxetine, most prescribed drug, is already outlined in his youth and is particularly used in all stress-related depressive disorders. ADRs are typically more frequent and severe in women and in those with polypharmacy trigger interactions more easily. The examined pathologies develop more easily in multifactorial contexts, influencing the development of the same, both in terms of symptoms that compliance and influencing the quality of life. Our data may show that the co-presence of depression amplifies the reasons for this gender difference. Thus emerges the need to develop gender-oriented recommendations to our specific situation, to ensure a personalized therapeutic approach.

An old disease to remember in differential diagnosis of brain lesions: tubercolomas or metastasis?

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Background: We often forget an old disease: tuberculosis (TB). Pulmonary TB is mostly an easy diagnosis. However a more rare but serious form of systemic TB may be difficult to diagnose since symptoms are non-specific. Misdiagnosis can lead to delay in treatment. TB should be considered in the differential diagnosis of multiple brain lesions.
Case report: 70 yrs old male, presented with sudden onset of ataxia and dysarthria, without fever. The patient was HIV negative, had no past history of cancer or recent travel. Brain computerized tomography (CT) was not negative; magnetic resonance (MR) demonstrated multiple punctuate brain lesions, with complete ring like enhancement. A few lesions showed peri-lesional oedema; either TB or multiple metastasis was suspected. Positron emission tomography–CT showed diffuse nodular lesions in lungs which were not specific. Lumbar puncture (LP) was negative for mycobacterium or for cancerous cells. TB was first ruled out.The patient was treated with desamethasone. However bronchoalveolar lavage was positive for TB and a triple drug antituberculosis treatment was initiated. After 8 days a follow-up MR showed a dramatic improvement both in terms of reduction of edema as well as in the number of lesions. We didn't observe a clinical improvement. One month later, however he developed obstructive hydrocephalus and has entered coma.
Conclusions: Multidisciplinary approach was found most rewarding in this case. Systemic TB must be considered even in immunocompetent patients and LP negative patients especially when MR is reported highly suspicious.

✪ Initial experience with idarucizumab in dabigatran-treated patients requiring emergency surgery or intervention: interim results from the RE-VERSE AD™ Study

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Originally presented at ESC, London, UK, Aug 29-Sep 2, 2015.

Background: Idarucizumab, a humanized Fab-fragment, binds dabigatran with high affinity and thereby rapidly neutralizes its anticoagulant activity.
Objectives: Results from first 39 patients enrolled in RE-VERSE AD study who required urgent surgery/intervention.
Methods: Patients receive 5 g intravenous idarucizumab. Primary endpoint is max% reversal of the anticoagulant effect of dabigatran, within 4h after idarucizumab administration, based on central laboratory assessment of dilute thrombin time (dTT) or ecarin clotting time (ECT).
Results: Median max percentage reversal was 100% (95% CI, 100–100) as assessed by both the dTT and ECT, with reversal evident on the sample taken after the first infusion. The dTT and ECT were normalized in 93% and 88% of evaluable patients, respectively, within minutes after idarucizumab infusion. A total of 34 patients re-initiated antithrombotic therapy following the procedure.
Conclusions: Idarucizumab rapidly and completely reversed the anticoagulant activity of dabigatran in 88–93% of patients, based on ECT or dTT, respectively. Intraoperative haemostasis was judged as normal in 92% of patients. no major bleeding complication in the 24 hour post-operative period. No safety concerns were identified. For dabigatran-treated patients, idarucizumab has the potential to streamline management by providing specific and rapid reversal.

Pulsed electrostatic field: effects on primary hemostasis

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Aims: Obesity and Type II Diabetes Mellitus (T2DM) are the major cardiometabolic risk factors, however, the correction of eating habits and physical inactivity, even reviving acceptable carbohydrate levels, do not eliminate the risk of cardiovascular disease. The life expectancy of patients with T2DM and Diabetic Foot Syndrome (DFS) is dramatically short and worse vascular prognosis in renal patients with T2DM. Several works show that patients with T2DM vascular changes are correlated with platelet disorder. The micro-angiopathy, in relation to endothelial dysfunction, decisively affects the vascular prognosis, perhaps more than macroangiopathy. Increased availability of nitric oxide (NO) can cause numerous predictable and positive effects in relation to the different vascular mechanisms. In *vitro*, in animals and in *vivo* studies showed effects on the endothelium benefits by the electrostatic field pulsed (PESF).
Methods: We measured NO blood in a group of patients with T2DM on dialysis before and after a PESF cycle and we tested the reaction of surface receptor platelets GPIb and GPIIb/IIIa.
Results: PESF causes an increase in the level of NO, probably due to a prolonged period of exposure, and a modification of the platelets surface receptors in renal dialysis in patients with T2DM.
Conclusions: The physical source, although, further investigation is required, can be instrumental in contributing to help with the complica-

tions of vascular disease. In our case the increase of NO caused had important effects on haemostasis that can't be ignored.

Endoscopic removal of a large symptomatic impacted bone in the colon

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Most foreign bodies pass gastrointestinal tract without consequences. Very small percentage perforates the bowel. Impaction, perforation, or obstruction often occur at GI angulations or narrowing. 75 years-old male patient presented with 2 months' intermittent abdominal pain and diarrhea. He had also hematochezia. Normal bowel sounds and no rebounding pain. Physical examination showed a diffuse tenderness of abdomen without defense. An x-ray of the abdomen showed in hypogastrium a calcific body compatible with bone fragment in sigmoid colon. Excluded perforation we proceeded to recto-sigmoidoscopy previous preparation with macrogol. At 25 cm from the anal verge, the mucosa was edematous and hyperemic and an impacted foreign body was present. We removed it using biopsy forceps, a silk tie was looped around the impacted bone and then gently pulled caudally as it exited the anus. No evidence of perforation or complications. Patient became asymptomatic without any residual symptom. We describe a case in which poorly suggestive symptoms and a non-specific examination has allowed early detection and endoscopy with a rapid resolution of symptoms. Safe extraction of an osseous foreign body can almost always be performed with the endoscope stating an adequate preliminary evaluation and the selection of proper equipment.

Two cases of overt gastrointestinal bleeding. But they were really obscure?

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Introduction: Obscure gastrointestinal bleeding, after negative esophagogastroduodenoscopy (EGD) and colonscopy, is responsible for 5% of all gastrointestinal hemorrhages. Small bowel capsule endoscopy (SBCE) have unveiled the small bowel, contributed to improvement of its clinical management. The indication and use of SBCE has increased in especially in elderly anticoagulated patients.
Clinical cases: Two cases of elderly patients treated with anticoagulants with melena. Interrupted warfarin, an EGD and colonoscopy were negative. Before proceeding to SBCE we decided to resume anticoagulant therapy (AT). Examination with SBCE allowed observing: an active bleeding Dieulafoy-like ulcer of duodenum and an active bleeding angiodyplasia of the cecum. In both cases a targeted endoscopy has allowed to realize a hemostasis of the two "missed" lesions at endoscopy. Maybe they were missed for the absence of active bleeding at time of endoscopy.
Conclusions: Our report uderlines the importance of the resumption of AT before SBCE to obtain a higher diagnostic yield. A significant association between anticoagulant use and increased likelihood of finding a potentially bleeding lesion in the small bowel exists and SBCE is able to highlight a number of missed lesions at upper and lower endoscopy. Systemic anticoagulation during SBCE may improve the sensitivity for detecting a bleeding source. If used mainly for patients who have intermittent or low-grade bleeding, potentially increases the diagnostic yield. The risk/benefit ratio for bleeding provocation must be assessed in each individual patient.

Atypical onset of Klatskin tumor

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Introduction: Bile duct tumors are rare. Usually present with upper right abdominal pain,weight loss or jaundiceat a rather advanced stage when the process has already grown to a rather significant extent.
Case report: 70-years-old male presented with melena and syncope. Endoscopic examination upper digestive tract was normal. Biochemical investigations showed an increase in total and direct bilirubin. Dilated intrahepatic ducts at ultrasound; an ulcerated lesion of the right colon at colonoscopy. Histological examination revealed a malignant neoplastic process with both a tubular and a solid growth pattern in conformity with metastasis of a Kaltskin tumor. Magnetic resonance cholangiopancreatography showed occlusion of both main bile ducts. ERCP displays good filling of choledocus and common bile-duct whereas left and right could not be displayed due to neoplastic stenosis and confirmed a bile malignancy (Klatskin type II). Intraductal stent was placed. Multiple thoracic, abdominal and supraclavicular lymphadenopathy at CT scan. Histological examination of supraclavicular lymph node confirmed of bile-ducts cancer origin.
Conclusions: We described a rare case of Klatskin cancer debut with digestive bleeding from colorectal metastases. Immuno-histological staining shows adenocarcinoma of the non-intestinal klatskinoide type. Both the colon metastasis and lymphonode showed immunoreactivity for CK19+, CDX2+, CK8/18+. Lymphatic metastasis of Klatskin tumors is a common and well known phenomenon as is intrahepatic dissemination. Intestinal dissemination has rarely be reported.

Pulmonary embolism in direct oral anticoagulants era: a real life experience

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Background and Objectives: Venous thromboembolism is the 3rd most common cardiovascular disease. Direct oral anticoagulants (DOACs) have been recently introduced in clinical practice. The present study is aimed to compare PE pts, treated by old and new anticoagulants (ACs).
Methods: All pts with PE admitted to our ward from 1/1 to 12/31/15 were enrolled retrospectively by medical records review.
Results: During the study period, 1715 pts were admitted. PE was confirmed in 52 pts (3%; mean±SD age 76.1±12.9 ys, 48%F). Median Charlson Index was 4 (0-10); median Pulmonary Severity Index (PESI) was 104.5 (range 49-180). 80% of pts were in PESI class 3-5. DOAcs were prescribed to 25 pts (48%), warfarin to 19 (36.5%), enoxaparin/fondaparinux to 8 (15.5%). Mean hospital stay was 9.1±5.5 days. Only 1 patient died in hospital, 2 within 30d from discharge, 2 later. Only 2 major bleedings occurred after discharge. Pts treated by DOACs compared to those treated by old ACs were not too much younger (73.3±13.0 *vs* 78.7±12.2 ys p=0.139), but significantly less comorbid (CI 4 *vs* 6, p=0.0035), with lower PESI (99 *vs* 127, p=0.03), shorter hospitalization (8.5 *vs* 9.6 p=0.01), less complications (1 death *vs* 4, 1 bleeding *vs* 2). On imaging, thrombotic burden was not different in the 2 groups (p=0.5). Pts with high and very high PESI were treated by DOACs, if not contraindicated.
Conclusions: Comorbidities and relative DOACs contraindications seem to influence the drug choice. DOACs are as effective and safe as old ACs in high and very high PESI class. Larger studies are needed to confirm our results.

L'esperienza di bed management presso l'Ente Ospedaliero Ospedali Galliera di Genova

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Premessa e Scopo dello studio: La frequente indisponibilità dei posti letto all'interno dei reparti di degenza, i livelli critici del tempo di attesa di ricovero per pazienti da PS e l'insufficiente integrazione con i servizi territoriali, determinano il sovraccarico funzionale ospedaliero (effetto "imbuto"). Si è reso necessario istituire un team di bed management (BMT) per il coordinamento e l'integrazione tra logistica e aree produttive in ospedale senza spreco di risorse.
Materiali e Metodi: In base alla deliberazione della Giunta regionale

n. 1509 del 29/11/2013 è stato istituito il BMT, elaborato il documento di gestione di processo "attività di bed management", attivato il gruppo operativo del BMT (GOBMT), implementati gli aspetti informatici per il governo e la verifica del sistema, fornita adeguata informativa per gli operatori sanitari (OOSS).
Risultati: Approvato il documento di processo, attivato il GOBMT, composto dal medico di DS (responsabile), da un Coordinatore infermieristico della DS ed uno del PS. Nel primo semestre di attività si è registrato un -47% e – 14% rispettivamente del numero di pazienti ricoverati "fuori reparto" e del tempo di attesa in PS. Sensibile è risultata la riduzione di attività non sanitaria (es. telefonate..) da parte degli OOSS.
Conclusioni: L'attivazione del BMT ha dimostrato come sia possibile migliorare i flussi da e per l'ospedale con soddisfazione degli OOSS contribuendo non solo all'ottimizzazione delle risorse disponibili ma anche a migliorare l'esperienza del paziente che afferisce al setting assistenziale più adatto.

Drug induced liver injury by rivaroxaban: a case report

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Background: Hepatotoxicity by rivaroxaban is unusual, even if some reports have been recently published. Here, we report a case of cholestatic hepatitis in patient treated with rivaroxaban for two months.
Patient and Method: A man of 79 years old, was admitted to our division of Internal Medicine following jaundice, pruritus and increase of LFTs (30 times unl). He was suffering from chronic liver disease, anti-HCV was positive; following the diagnosis of atrial fibrillation and myocardial infarction he started rivaroxaban at 20 mg/die last September.
Results: At admission, AST was 15xN; ALT was 35xN, total Bilirubin was 21.83 mg/dL; alkaline phosphatase and GGT were slightly increased. Non organ specific autoantibody were negative; no alcohol abuse was reported; serology was negative for HAV, HBV, CMV, EBV, HSV. Abdominal Ultrasound and CT scan contrast enhancement showed biliary obstruction and /or pancreatic or liver mass; PET total body was negative. RUCAM score was applied and result was 9 (rivaroxaban-DILI highly probable). Thus, rivaroxaban was with drawan and LFTs return within the normal range in about 4 weeks.
Conclusions: New oral anticoagulants are commonly used as prevention of tromboembolic risk. Safety regarding the use of these new drugs are actually ongoing. Therefore, it seems to be useful monitoring LFTs in patient taking new oral anticoagulants, avoiding the risk of DILI. Pharmacosurveillance screening programs should be undertaken to better describe the possibility of rivaroxaban induced liver injury.

Un'incidentaloma tiroideo: il carcinoma midollare. Riflessioni su un caso

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Il signor F.F. di 61 anni, giunge a visita endocrinologica per riscontro alla PET-TC, eseguita su indicazione pneumologica per noduli polmonari di ndd (stabilità radiologica da circa 2 anni), di area di captazione con SUV[6],5 a livello del lobo sinistro della ghiandola tiroidea. L'esame ecografico mostrava al lobo tiroideo sinistro, nel terzo medio-superiore, formazione nodulare ipoecogena di 9X7mm con vascolarizzazione periferica. La calcitonina era di 60 pg/mL, funzionalità tiroidea nella norma. FNAC non diagnostico (TIR3). Alla rivalutazione a 2 mesi, un ulteriore rialzo della calcitonina a 100 pg/mL, in un quadro di stabilità clinica ed ecografica. Si decideva, al fine di definire l'iter diagnostico-terapeutico, di sottoporre il paziente ad emitiroidectomia sinistra. All'esame istologico quadro di CMT di 8 mm, con margini exeresi liberi. TC total body negativa per secondarismi. Introdotta terapia con levotiroxina a dosaggio soppressivo. Al follow-up secondo linee guida ATA, ad 1 mese e a 3 mesi, il dosaggio CEA e calcitonina nella norma. Negativa la ricerca di mutazioni del gene RET. La scelta chirurgica, supportata da una captazione patologica del nodulo alla PET-TC e il rialzo della calcitonina in pochi mesi, ci ha permesso di avere una diagnosi precoce di CMT, non fornita dal FNAC per le dimensioni ridotte del nodulo. Questo caso ci ha portato a riflettere sulla necessità di adattare le linee guida ad ogni singolo paziente. Alla luce dei dati in letteratura il paziente continuerà follow-up laboratoristico ecografico senza necessità di revisione chirurgica.

A case of Guillain Barrè syndrome following an acute bilateral hip arthritis

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A 77 year old man came to our attention for intermittent fever for three months associated with right hip pain and functional impairment. He had bilateral total hip arthroplasty for osteoarthritis. The blood test showed leukocytosis, inflammatory markers increased but PCT, urine and blood cultures, widal-wright reaction, serology for *Borrelia*, Cl. trachomatis, *T. pallidum*, Quantiferon test, Rheumatoid factor was negative. A chest X ray, an abdominal US and a cardiac echo were within normal limits. The pelvis RX, hip and sacroiliac joints showed a depletion area next to right hip prosthesis. Articular US showed active synovitis and effusion of the coxal-femoral joint bilateral. We started broad-spectrum antibiotics. The patient became afebrile and the blood tests improved so we stopped the antibiotics to perform joint aspiration and analyze the synovial fluid free from antibiotics. Unfortunately we was not able to do joint aspiration because quickly the patient developed weakness of the legs, paresthesias in a stocking-glove distribution. On examination he had dysphagia and generalized areflexia. The EMG showed signs of acute demyelinating neuropathy so the patient was transferred to ICU where he started plasma exchange. Two days after the weakness involved also the upper limbs and he developed respiratory failure requiring endotracheal intubation. A diagnosis of Guillain Barrè Syndrome was made and the patient started IVIG. In the following days he improved recovering a bit of muscle strength, was extubated and a month later discharged with a rehabilitation program.

Prevalence of hyponatremia in patients admitted to an Internal Medicine Unit

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Hyponatremia is a frequent clinical condition among patients admitted in Internal Medicine unit often characterized by late diagnosis, longer hospital stays, increased mortality and costs. Even if its prevalence is high among patients with common diseases as heart failure, hepatic cirrhosis and SIADH, therapy is often delayed and inappropriate. It is characterized by serum sodium (Na) <135meq/l; severe diseases presenting with Na <125meq/l with a 20% mortality in undertreated forms. Consequently we have evaluated the prevalence of hyponatremia in 420 consecutive patients admitted in our Internal Medicine unit in 2015. In our Unit, Sieric Na levels have been evaluated for almost 3 times o (Admission, during hospitalization and dischargement). Sieric Na levels were low in 60 of 420 patients and among them, 12 patients showed sieric Na<125meq/l. Main causes were hypervolemic syndromes (N=40), euvolemic syndromes (N=16), SIADH (N=11), heart failure (N=22), cirrhosis (N=9) nephritic syndrome (N=2), with presence of comorbidities in hypervolemia (N=14) and an average hospital length to stayed (13.1±8.2 days). Our data showed how hyponatremia in hospital is often understimated and that therapy is inappropriate; so they confirm the importance of a registry and of guidelines in the treatment of this important disease.

Recurrent fever in a patient with malabsorption

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A 47 years old man presented at the emergency department with fever and chills with headhache and fatigue. He reported antibiotic profilaxis for odontoiatric surgery a few days before. He referred a history of fever of unknown origin and periods of fatigue since he was 20. He didn't take any medications. A brain CT scan resulted normal and a lombar

puncture showed clear cerebrospinal fluid with normal chemical examination. Transesophageal echocardiogram was negative for endocarditis. Chest CT scan was normal. Blood and urine coltures were negative. Blood samples showed normocitic anemia (Hb 10.8g/dL, MCV 90fL) and thrombocytopenia (PLT 80.000/mm3), low serum level of folic acid and severe vitamin B12 deficiency (<60pg/mL), normal value of ferritin, slightly increase of INR and inflammation index (es. VES 48mm/h; PCR 185mg/L). For suspected malabsorption a gastroscopy showed an erosive antral gastritis with normal duodenum. Histologic examination of duodenal mucosa showed limphocytic infiltration (MARSH OBERHUBER 2), suggesting celiac disease Antibody specific for celiac disease were negative but we found positivity for ANA (1:160), Reumatic Factor IgA and antibody to gastric parietal cell. Research for *H. pylori* was negative. We also find an elevated gastrin value. The histologic finding of lymphocytic infiltration isn't sufficient to make diagnosis of celiac disease but it is suggestive so the patient started a gluten-free diet and parenteral therapy with vitamin B12 reporting improvement of asthenia and disappearance of fever, with normalization of vitamin B12 level.

Educational nutritional intervention (survey before and after) in people with type 2 diabetes of an outclinic hospital ambulatory

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Background and Purpose of the study: Numerous studies show that diabetes self-management is associated with improved outcomes and the "group educational model" is the most effective for the treatment of chronic diseases as diabetes.
Materials and Methods: We recruited 83 patients (pts) of the outclinic of our hospital. 43 F and 40 M, BMI>30 kg/ m², age 60+8 yrs with T2DM 10+5 yrs treated with oral hypoglycemic agents and/or insulin. All pts participated to an interactive workshop on diabetes and nutrition held by diabetologists and nutritionists. Before the workshop they underwent a multiple choice questionnaire that rated their nutritional knowledge. In the workshop they learned concepts as INRAN guidelines, food pyramid, Mediterranean diet principles, CHO counting even through role-playing exercises. A post workshop questionnaire (survey before and after) evaluated pts'nutritional knowledge and their degree of satisfaction.
Results: We observed that before the workshop pts' nutritional knowledge was quite poor (only 35% of the answers were correct, while after the seminar there was an increase of 50% of correct answers (75% specifically). Pts'appreciation was high (100% of the answers to specific questions). After the workshop, we distributed a booklet prepared by our diabetes team containing practical advices and nutritionally balanced recipes for their home self management and self-monitoring.
Conclusions: The survey "before and after" is very effective in achieving quality, tool of Clinical Governance. This educational intervention can be used to increase the empowerment of diabetic pts leading to better adherence to their chronic "diet".

✪ Evaluation of a long-term (3 years) educational intervention in insulin-treated diabetic patients

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Background and Purpose of the study: Blood glucose self-monitoring is important for diabetic pts such as their ability to adapt insulin doses on blood sugar levels and type of meal.
Materials and Methods: To evaluate the educational efficiency of our Diabetology team we participated in 2013 to the PA.STA (PA.sto STA.ndard) project. We selected a group of insulin-treated diabetic pts of our hospital and involved them in a dinner (pizza margherita and water as a drink) to assess their ability to adapt insulin therapy to the circumstance. After 3 years we decided to repeat this educational intervention. We called again the 12 patients of 2013 and we added other 4 pts: total 16 pts. All pts were aged 40-65 years, both sexes, followed (at least for 4 yrs) at our Hospital ambulatory. Pts filled out before the pizza a data sheet including: diabetes duration, hypoglycemic episodes, previous training to insulin and their adaptation when eating out, insulin therapy and regular doses used. We performed blood glucose tests (pre-dinner, 2 h after the start of the dinner and the next morning at fasting) in all pts with the same glucometer (Accuchek Mobile Roche).
Results: The most virtued pts were those who participated to the previous project, those with "seniority" of disease, those undergone to a more thorough educational work. New pts showed less familiar adaptation to insulin therapy. Some pts showed embarrassment to practice insulin publicly.
Conclusioni: Our experience was extremely useful to evaluate the educational efficay of our previous work and to reaffirm its importance through the years.

✪ Use of sodium-glucose co-transporter-2 inhibitors in type 2 diabetes and heart failure: our first clinical experience

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Background and Purpose of the study: The glucose-lowering treatment of T2DM can benefit of a new class of drugs: SGLT-2. They reduce the renal threshold for glucose, reducing blood sugar through increased urinary glucose excretion. We used these drugs in 12 patients with T2DM with high cardiovascular risk (previous MI or angina) and suffering from heart failure.
Materials and Methods: We evaluated 12 pts with T2DM (at least 5 yrs of T2DM) (7M and 5F) 58±10 yrs, treated with oral hypoglycemic agents. At time 0 we modified therapy replacing previous therapy with empaglifozin 10 mg/day alone or in add-on to metformin in 6 pts, with dapagliflozin 5 mg alone or in add-on to metformin in 3 pts and canagliflozin 100 mg alone or in add-on to metformin; we measured anthropometric parameters (weight, height, BMI, waist circumference), blood pressure (SBP, DBP), biochemical parameters (fasting blood glucose, HbA1c, blood lipids, blood count, proBNP, uric acid, insulin, albuminuria), impedentiometry and echocardiogram. Each month for 3 months we remeasured biochemical and anthropometric parameters, PA, and BIA at the end of 3rd month we also repeated the echocardiogram.
Results: We observed a reduction in body weight (84+2*vs*80+5), blood pressure (130±8 *vs*126±3), proBNP (450±116 *vs* 283±57), HbA1c (7.8±3*vs*7.1±4) p<0.05 and an improvement in LEVF (38±6*vs*34±5* p<0.002).
Conclusions: SGLT-2 inhibitors can be recommended to treat T2DM in pts with chronic heart failure and intact renal function. Further studies are in progress to assess long-term survival benefits.

An exceptionally rare case of acquired isolated prolonged prothrombin time

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Background: Outside vitamin K deficiency and oral anticoagulant therapy, a prolonged prothrombin time (PT) is usually due to a factor VII (FVII) deficiency.
Cases: A 78 years old man with coronary heart disease, previous myocardial infarction and heart failure, previous cancer of larynx and end-stage renal disease requiring dialysis presented for haemoptysis. He was taking aspirin, 100 mg daily. Blood studies revealed an INR of 2.6 that persisted after iv vitamin K; aPTT was within normal range. INR was 0.9 the previous year. FVII activity was 36% and rose to 76% with 1:10 dilution, thus suggesting the presence of an inhibitor. However, with a different thromboplastin FVII activity was 110%. Further studies revealed the following: PT ratio, 2.02; aPTT ratio, 0.80; dRVTTs ratio, 1.8; dVRTTm ratio, 2.05; dRVVTc ratio, 1.22; dRVTTs/dRVTTc ratio, 1.47 (*i.e.*,

presence of LAC) and low-titer antiphospholipid antibodies. The patient recovered with supportive therapy only.
Discussion: A search for LAC is usually done when aPTT, and not PT, is prolonged. However, antibodies against antiphospholipids may rarely interfere with PT. Mixing test and LAC should be performed in the case of an isolated, acquired prolonged PT not corrected by vitamin K. This may avoid potentially deleterious diagnosis of FVII deficiency and inhibitor, a bleeding disorder, whereas the antiphospholipid syndrome is a well known prothrombotic state.

✪ Quality of life in patients with heart failure admitted in Internal Medicine: preliminary data

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Background: Intrinsic value of the quality of life (QoL) in chronic illnesses is nowadays well recognized as an useful parameter in clinical trials and in clinical practice for an outcomes-research based strategy to define a "good" clinical assistance.
Patients and Methods: 26 consecutive patients (6 M e 20 F) with heart failure (HF) were enrolled in two months (mean age 75.1 year-range 55-92). The *Kansas City Cardiomyopathy Questionnaire* (KCCQ) in Italian version was administered. KCCQ consist of 15 queries with 23 items regarding physical limitations, symptoms, health status self-assessment, social impact and QoL and its score ranges fro 0 to 100. NYHA class data, comorbidities and number of drugs assumed were registered for each patient. Statistical correlation of these data with KCCQ score was performed.
Results: As expected, a relevant decrease of QoL was observed in HF patients; in addition, a significant correlation between: a) KCCQ score and NYHA classes (II *vs* III: p=0.0003; II *vs* IV: p=0.024); b) KCCQ score and comorbidities (≤4 *vs* >4 diseases: p=0.0013); c) KCCQ score and number of drugs (≤7 *vs* >7: p=0.039).
Conclusions: QoL is now considered the most important clinical outcome in symptomatic chronic illnesses. On this concern, HF is one of the main causes of worsening of the global health status and its severity well correlates with progressive impairment of QoL. Psychological support is necessary for these patients being helpful to define a complete severity stratification and risk of non-adherence to treatment.

Unusual Cushing's syndrome due to a small cell prostate cancer

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A 75-yr-old man was hospitalized because of rapid onset of severe hypokalemia due to ACTH dependent Cushing syndrome (CS): ACTH 177 (n.v. 7.2-63.3 ng/L), salivar cortisol 50.6 (n.v. <2.1 ug/L), plasma cortisol not suppress by overnight 8 mg dexamethasone test (168 ug/L), pituitary RMI negative, CRH stimulated ACTH by the sampling of inferior petrosal sinus indicative of paraneoplastic syndrome. Total body TC scan revealed an enlargement of the prostate already known and recently submitted to urologic clinical consultation; PSA was 1.7 ug/L (n.v <4.1). A subsequent PET 68 Gallium detected an elevated uptake (SUV 12.7) to the prostate and the following transurethral biopsy demontrated a small cell prostate cancer with positive staining for ACTH. Despite many treatments to control the syndrome and glucocorticoid over secretion (antihypertensive drugs, potassium supplementation, octreotide), the patient clinical conditions worsened. Surgical resection of the prostate was excluded and chemotherapy (epirubicin, carboplatin) was started but followed by febrile neutropenia and lethal intestinal perforation.
Conclusions: CS due to prostate cancer is a very rare disease. CS can be related to ACTH secretion of small cell carcinoma or adenocarcinoma; rarely due to CRH secretion. PSA is not typically elevated. As described, patients generally die because of Cushing's disease or because of chemotherapy complications rather then cancer itself. Bilateral surrenectomy has suggested when a pharmacological control of ACTH secretion cannot be achieved.

Erythema multiforme major as severe manifestation of *Mycoplasma pneumoniae* infection

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Fever, dry cough and usual aphtous stomatitis occurs in a healthy 15-yr-old boy. Amoxicillin therapy is started but there are not improvements instead a vescicular rash appears. Varicella-like illness is supposed and the patient is treated by antiviral and corticosteroid (CS). Chest x-ray is normal. The clinical situation getting worse because of the evolution in a sparse bullous lesions, erosive stomatitis and blepharitis. The patient is hospitalized in the Internal Medicine Unit with diagnosis of Erythema Multiforme (EM). In the differential diagnosis of infections related to EM, it discloses a serology positive for *Mycoplasma pneumoniae* (M.p) in acute phase. Other infectious and autoimmune diseases are not detected. Clarythromycin is added to systemic CS and supportive care with progressive clinical resolution. M.p. is a common cause of respiratory infections (in the last year we have disclosed 7 cases) but it causes also extra-pulmonary manifestations until the 25%, associated or isolated to those of the respiratory tract. Dermatologic eruptions are tipicals in young people, pleomorphics for manifestations and severity but the prognosis is generally good. It has been recently coined the "M.p.-induced rash and mucositis" syndrome, a distinct form from Steven-Johnson and EM. CS and Immunoglobulins are the treatment along underlying infectious is treated. Because of young people can be hospitalized in Internist Units after 14 years and many hospitals are about to merge clinical units, we could run up more often against the protean manifestations and varying severity of M.p.

Deceptions and pitfalls in cancer: when the severity of the clinical picture makes diagnosis difficult. A case report

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Introduction: Patients with advanced cancer often develop a rapid worsening of their clinical condition whose exact cause is sometime unknown or attributed to the worsening of a known problem. We describe a case in which the clinical worsening of our patient was found to depend by an initially unrecognized disease whose treatment led to improvement in the patient's quality of life.
Case report: A 71 years old man presented to our attention for ingravescent dyspnea and malaise. He had a history of advanced stage left lung adenocarcinoma with massive pleural effusion. Physical examination revealed bilateral basal abolition of breath sounds. Blood tests showed mild anemia. A Chest X-ray confirmed pleural effusion. TT echocardiography was within normal limits. A chest drainage was repeated every three days with evacuation of abundant hematic effusion but without any improvement of dyspnea. Given the extreme worsening of the clinical condition it was decided to refer the patient to a palliative care ward. While waiting for the transfer a compressive US of the lower limbs evidenced femoral-popliteal left DVT (completely asymptomatic). A contrast chest CT Scan revealed bilateral thrombosis of the main pulmonary artery: anticoagulant treatment was started immediately with subsequent improvement of dyspnea which allowed the return to of the patient to home.
Discussion and Conclusions: Our case emphasizes the diagnostic difficulties in patients with advanced stage cancer in which worsening of symptoms should always be carefully studied to search for hidden treatable causes.

Le insidie diagnostiche di una anemia in una paziente ipertesa

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Premessa: La diagnosi di patologie importanti può presentarsi diffi-

coltosa per sintomi atipici. Veniva valutata una paziente di 70 anni affetta da più di 20 anni da ipertensione in trattamento multi-farmacologico, ipertiroidismo trattato con metimazolo (sospeso da qualche mese), dislipidemia.
Valutazione: Vigile; PA 140/70 mm Hg; FC 95 bpm, ritmica;SpO2 >95%. Eupnea. Non dispnea/sincope. Minimo angor per sforzi lievi. Lieve pallore cutaneo. Tiroide non palpabile. Soffio 3/6, aspro, sul focolaio aortico, non irradiato. Addome trattabile. Ipertiroidismo di grado lieve; anemia (Hb 9 g/dL) ipocromica iposideremica iperferritinemica; LDL 150 mg/dL. In attesa di auto-anticorpi (PGA; connettivite) ed endoscopia. All'ecocardiogramma aorta ascendente ectasica (>4 cm). Normali dimensioni/spessori cardiaci. FE>50%. Steno-insufficienza aortica lieve, insufficienza mitralica moderata-severa, a doppio jet, insufficienza tricupidale. PAPs 60 mm Hg. L'ectasia spingeva ad indagare ogni tratto dell'aorta: a livello addominale, scollamento della parete interna con immagine di falso lume.
Conclusioni: La paziente era in carico per anemia, ricercando patologie autoimmuni/sanguinamenti occulti. Vi era ipertensione con FC ai limiti alti: poiché la paziente era dislipidemica, ipertiroidea e con soffio aortico si rivalutava il quadro cardiovascolare, imbattendosi in un sospetto di aneurisma dissecante (dissezione di tipo B?). La sintomatologia accusata era piuttosto vaga e l'assenza di segni sistemici/d'ipoperfusione d'organo generavano dubbi, da approfondire in esami di II livello (angioTC).

An uncommon bleeding complication in the elderly under warfarin therapy

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Background: Patients with prosthetic heart valves have an increased risk of thromboembolic complications: these risks of such complications are dependent on the structure of the implant, patient characteristics, efficacy of the anticoagulant. In turn, the safety of OAT binds to its major adverse event, which is the risk of bleeding.
Case report: Patient 75 years with dyslipidemia, osteoarthritis, previous mitral valve disease treated with mechanical valve implantation (St Jude Medical) 20 years earlier, INR latest analysis 3. He accused by about 7 days a lower pain in abdomen with frontal irradiation to the knee. Abdomen is tractable, no signs of acute urinary retention. We initially prescribed analgesics: no resolution of the symptoms. After 1 week, VAS 9/10 with PA 150/80 mmHg, bloating as swelling, skin pale and tense to the touch. We performed soft tissue US showing "in the context of the right rectus abdominis muscle a formation with echo-mixed structure, predominantly hypoechogenic well-capsulated, 80x18x26 mm. Moderate infarction edematous subcutaneous surrounding tissue".
Conclusions: We put the diagnosis of capsulated hematoma. We opted for the suspension of the OAT - without reversal – and US follow-up of the lesion: after 15 days it appeared diminished in size, and after two months it was significantly reduced, with a resolution of the painful symptoms. OAT represent the gold standard of anticoagulation in patients undergoing cardiac valve replacement. The described clinical case is a not common case of bleeding complication in elderly patients being warfarin.

Lights and shadows of antiarrhythmic prophylaxis in the oldest old patient. A case report

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Sudden cardiac death for arrhythmia is a major cause of cardiovascular death, especially in the elderly. Clinical indications to the PMK system have expanded over time and also they include oldest old patients. A 89 years patient, good condition cognitive, some behavioural disturb, agitation and insomnia and rage toward caregiver. About 25 years before AMI. She had type 2 diabetes for 20 years. A year ago a TIA. We observed her for cardiovascular revaluation. Good general conditions and vital signs. Good diuresis in patient with incontinence pads for poor motility, venous ulcer in the left leg. Little movement/displacements. EKG: AV block grade II, Mobitz II, HR 70 bpm. Absence of syncope in the past or recent history. Also she denies angina/dyspnea. Good prognosis for one year. Blood chemistry in the limits with creatinine 0.6 mg/dL. Echocardiogram: preserved size of the ventricles and global contractility (EF 40-45%). Left and right atrium both magnified. We highlighted the presence of pericardial effusion (>300 cc). Mild aortic insufficiency, moderate mitral and tricuspid regurgitation, PAPs 60 mmHg. Therapy: furosemide 50 mg, haloperidol 2 mg, trazodone 25 mg, pantoprazole 20 mg, 250 mg Tiklid, Clexane 4000 IU, 5 mg ramipril. Complications of PMK occurrences represent serious and high mortality. In the old old/ oldest old the adequate knowledge of such complications by the clinician cardiologist/geriatrician together with VMD enables the pre-implantation stratification of risk-benefit ratio and reduction of incidence of intra- and post-procedural complications.

Transdermal clonidine for severe hyperemesis gravidarum. A follow-up on 115 patients treated over five years 2010-2015

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Background: Clonidine is a central $\alpha 2$ stimulant drug active on receptors in lower brainstem region: it inhibits noradrenergic signalling by reducing norepinephrine release from presynaptic noradrenergic neurons. Registered as antihypertensive, it is also active in prevention of postoperative emesis; it has an acceptable profile of safety for use in pregnancy and the TD formulation increases patients' compliance.
Methods: A pilot RCT reported on efficacy of TD clonidine in controlling the symptoms in severe HG. CLONEMESI was a randomised, double-blind, placebo-controlled study with a crossover design (Maina et al BJOG 2014): the study found that TD clonidine leads to improvement in symptoms, with less nausea and vomiting and reduced morning ketonuria as well as a reduction of other antiemetic drug doses and a smaller requirement of IV rehydration. Hence, having obtained the authorization to off-label use of the drug from our Institution, we kept at active surveillance on women treated and on their pregnancy outcomes. We report the follow-up of N. 110 women.
Results: Treatment started at 10 weeks (95% CI 9-11) and the median duration of treatment was 12 weeks (95% CI 10-14). Gestational age at delivery was 38 weeks (range 33-41) and median birth weight for singletons was 3,244 grams (range 2,310-4,180).No significant correlation between length of treatment and birthweight was reported: r=-0.031 (p=0.835).
Conclusions: TD clonidine maintains at the moment an appealing profile of safety, tolerance and effectiveness for treating severe and/or persistent forms of HG

Parametri e proposta di criteri per l'interpretazione della pressione arteriosa. Studio su 4080 casi

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Premessa e Scopo: Il monitoraggio dinamico o ambulatorio della pressione (ABPM) per 24 ore è una metodica indispensabile per la corretta valutazione del paziente iperteso. Il presente studio vuole individuare un indice della PA delle 24h non inficiato dall'attività del simpatico.
Materiali e Metodi: 4080 esami ABPM divisi in 4 gruppi in base alla PAS/PAD medie delle 24h. A: PAS/PAD <130/80 mmHg; B: PAS/PAD >130/80 mmHg; C: PAS >140 mmHg; D: PAS >150 mmHg. Sono stati calcolati: pressione arteriosa media delle 24h (PAM_{24h}), la FC media delle 24h (FCm_{24h}), DS di PAM_{24h} e DS di FCm_{24h}. Il Quoziente di Normalizzazione ($QN=PAM_{24h}/FCm_{24h}$) è la PAM/battito priva dell'influenza del simpatico. Il rapporto DS PAM_{24h}/DS FCm_{24h} è il coefficiente di variabilità (CV). Dalla formula QN+(CVx0.5) ricaviamo il carico pressorio (CP), ovvero il grado di ipertensione libero dall'azione del sistema simpatico.
Risultati: Dai valori ottenuti (media, DS e IC=0.95 e t di Student per PAM, CV, QN e CP) abbiamo estrapolato un gruppo (gruppo E) con un QN medio ≤a quello del gruppo normale A, una PA più elevata (gruppi

C e D). Una FCm significativamente più alta, ma età e CP significativamente inferiori agli altri gruppi.
Conclusioni: Il carico pressorio fornisce numerose informazioni su PA, pressione differenziale, variabilità pressoria priva di interferenze del simpatico. Il QN ha identificato pazienti (gruppo E) con PAM_{24h} e FCm_{24h} più alta. I pazienti del gruppo E, con PA patologica, si possono ritenere normotesi e gli aumenti pressori si ritiene che siano dovuti ad un tono simpatico aumentato.

Studio sul grado di correlazione tra frazione di eiezione del ventricolo ed atrio sinistro

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Premessa: gli Autori hanno valutato il contributo dell'attività atriale alla F.E. del VS.
Materiali e Metodi: In 85 pazienti, tra 15 e 85 anni, è stata calcolata la F.E. del VS e dell'AS con la metodica dei dischi paralleli di Simpson, e correlati statisticamente tramite il coefficiente di Pearson. Dei dati generali è stata estratta una tabella contenente i pazienti con FA, ipertensione arteriosa, insufficienza mitralica (IM) e ipercinesia da tachicardia sinusale.
Risultati: Si è evidenziata una bassa correlazione tra le F.E. del VS e le F.E. dell'AS, per cui è da ritenere che le due variabili sono indipendenti. Inoltre nella FA si è vista una riduzione della cavità atriale con F.E. bassa, mentre la F.E. dell'AS è risultata alta nell'IM, nell'ipertensione arteriosa e nell'ipercinesia del VS.
Conclusioni: La mancata correlazione della F.E. dell'AS con la F.E. del VS sembra confermare la scarsa importanza dell'attività atriale sulla gittata sistolica ed il ruolo svolto dalle fibre di collagene del VS nella fase protodiastolica. Nella FA la F.E. misurabile è legata alle modificazioni di volume nell'atrio conseguenti alla deplezione di sangue in protodiastole e quindi in relazione alla funzione aspirativa del VS. Nell'IM la F.E. è alta perché il maggiore riempimento atriale pone in tensione le fibre elastiche atriali che partecipano alla successiva fase espulsiva dell'atrio stesso. Negli stati di ipertensione arteriosa e di ipercinesia, la F.E. dell'AS è tendenzialmente più alta per una maggiore forza di contrazione delle fibrocellule muscolari atriali.

Confronto tra la velocimetria Doppler mitralica valutata in ventricolo sinistro e in atrio sinistro

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Premessa: Il flusso trans-mitralico è costituito da due onde (onda E e onda A), la prima è dovuta prevalentemente alla fase aspirativa del VS, la seconda è legata all'attività di contrazione. Gli Autori hanno confrontato la velocità del flusso in ventricolo e in atrio sinistro.
Materiali e Metodi: In 35 soggetti random, è stata misurata la velocimetria doppler trans-mitralica in VS, tramite una sonda ecocardiografica e calcolato il rapporto percentuale tra le velocità misurate in VS e AS, il rapporto tra le onde E intraventricolari ed intra-atriali ed il rapporto tra le onde A intraventricolari ed intra-atriali. Sono state calcolate, infine, medie e coefficienti di correlazione di Pearson.
Risultati: Si è evidenziata una riduzione media di 1.33 volte del rapporto E/A intra-atriale rispetto a quello intraventricolare, mentre la riduzione dell'onda E intra-atriale è risultata in media di 1.53 volte con una riduzione media dell'onda A di 1.12. Si è evidenziata una buona correlazione per il rapporto onda E intraventricolare/intra-atriale e per le modificazioni di E/A intra-atriale sinistro e onda E intra-atriale.
Conclusioni: Il flusso diastolico che attraversa la mitrale ha una velocità e una pressione minore in AS, ciò è da imputare ad una minore velocità dell'onda protodiastolica. Ciò potrebbe intendersi come una maggiore importanza della funzione diastolica del VS sul flusso protodiastolico. Tali dati supportano la maggiore importanza della "fase aspiratoria" del VS rispetto al fenomeno passivo del riempimento del VS.

✪ Prevalence and role of thrombophilia in Sardinian women with recurrence pregnancy loss during the first trimester of pregnancy

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Pregnancy is a normal physiological state that predisposes to thrombosis, determined by hormonal changes in the body and several studies have reported that thrombophilia is responsible for recurrent pregnancy loss (RPL). The aim of this study was to evaluate the prevalence and role of inherited thrombophilia in early pregnancy loss, specifically in the first trimester.
Materials and Methods: A total of 110 women (patients) with a history of two or more miscarriages during the first trimester of pregnancy and 95 women (controls) who had experienced two or more births without a miscarriage were included in this study. In both groups, functional activity of protein C and S, activated protein C resistance, FVL assay by polymerase chain reaction and prothrombin gene mutation, MTHFR, antithrombin, levels of homocysteine,and the presence of antiphospholipid antibodies (anticardiolipin and antiB2GPI) and a lupus anticoagulan, were ossesse.
Results: In the patient group, PC, and PS, protrombin gene mutation were detected in 2.88%, 2.85%, and 5.4% cases, respectively. Positivity for antiphosholipids antibodies in 3,5%. In the control group non significant differences were observed
Conclusions: Based on our results, we can conclude that in our study thrombophilia is a causal factor for miscarriages in the first trimester of pregnancy, although there are the conflicting data in the literature.

Is D-dimer as reliable as Padua score in assessing the thrombotic risk in medical patients?

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Introduction: The Padua prediction score is a risk assessment model used to identify medical patients at high risk for venous thromboembolim(VTE). We aimed to assess the relationship between the severity of Padua score and D-dimer as a measure of overall thrombotic activity.
Materials and Methods: A total of 350 patients hospitalized in the medical wards, at the our Internal division of Cagliari, were enrolled in the study. Patients treated with anticoagulation, and those admitted for VTE were excluded. Padua score was classified into two categories; low-risk for VTE (<4 points), and high-risk for VTE (≥4 points). D-dimer was performed with quantitative immunoturbidimetric agglutination method (Instrumentation Laboratory, Milan).
Results: Overall 151 (43.1%) patients had Padua score b 4, and 199 (57%) patients had Padua score ≥4. Comparison of the D-dimer value between the two Padua score categories showed significant difference (p=0,0001) Among the individual Padua score risk factors, active cancer, reduced mobility and previous VTE were significantly associated with increased value of D-dimer.
Conclusions: D-dimer measurement obtained at the same time in acutely hospitalized patients correlates with the Padua prediction score. The increase of D-dimer may be used by the clinician to selected the patients for thrombotic prophylaxis. This finding should be interpreted with caution considering the factors leading to an increase of the D-dimer.

Does combination of antiphospholipid antibodies improve the definition of thrombotic risk in patients with lupus anticoagulant positivity?

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In antiphospholipid syndrome (APS), a triple positive antiphospholipid (aPL) antibody profile [two positive serum IgG aPL antibodies along with one positive functional plasma lupus anticoagulant (LAC) test result] is associated with an increased risk for thrombosis, whereas patients with single positive test results may have little to no increased risk.
Methods: We extracted from our database all LAC test results [dilute Russell viper venom times (dRVVT) and silica clotting times (SCT)] that had concomitant serum IgG anti- and aCL antibodies.Clinical history for thrombotic events was checked concomitantly to the assays of laboratory tests.
Results: There were 220 patients with positivity for LAC with or without anti-cardiolipin and/or anti-beta2-glycoprotein I. A total of 136 out of 220 subjects have had a documented thrombotic episode. A triple positive aPL antibody profile was found in 88 patients with APS and in 27 healthy (p=0,008). LAC positivity alone (SCT and/or DRVVT) is detected in 69 patients; Twenty-nine of them suffered from a thrombotic event while the other did not.
Conclusions: We conclude that LAC positivity *per sè* is a risk factor not negligible and sufficient to determine a risk of thromboembolism. This is demonstrated by the presence of thrombotic events in patients in our series with only one test positive for LAC and against the lack of events in patients who still have a triple positivity

Intravenous and subcutaneous tocilizumab in a cohort of patients affected with rheumatoid arthritis in real-life

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Background: Tocilizumab (TCZ) is a humanized monoclonal anti-interleukin-6 receptor antibody, used for the treatment of moderate to severe rheumatoid arthritis (RA). Few data are available for TCZ use in real-life.
Methods: We evaluated 87 patients, 53 treated with IV-TCZ (8 mg/kg every 4 w), 12 with SC-TCZ (162 mg every week) and 22 patients who switched from IV to SC during follow-up. DAS28-CRP was used for activity assessment. Treatment retention rate was estimated by Kaplan-Meier method.
Results: Sixty-six patients (76%) were treated in monotherapy and 21 (24%) in combination with methotrexate; 16 (18%) patients were naïve for previous biologic drugs. At baseline, disease activity was severe in 36% of patients, moderate in 59% and mild or inactive in 5%; at month[6], 49% of patients achieved clinical remission. The mean overall DAS28 was 4.72 at baseline, 2.61 at 6 months, 2.14 at 12 months and always <2.6 up to month 60 (p<0.001 for all comparisons between baseline and subsequent assessments).
Thirty-three patients (38%) discontinued TCZ because of inefficacy (67%), AEs (24%) or other reasons (9%). We observed an overall high retention rate (85.2%, 70.2%, 61.3%, 54.6%, 43.2% at[6], 12, 24, 48 and 60 months respectively); no significant difference was found between combination or monotherapy (p=0.58) or between IV or SC at 22 months (p=0.51).
Conclusions: TCZ is effective, well tolerated and safe in a population of RA patients followed in a real-life setting.

Appropriatezza prescrittiva della terapia insulinica in ospedale

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Premessa e Scopo dello studio: La terapia insulinica in ospedale richiede continui aggiustamenti dei dosaggi in base ai tanti elementi che ne modificano quotidianamente il fabbisogno. Scopo del progetto è di creare strumenti di supporto per una prescrizione semiguidata della terapia insulinica, basata su evidenze e flessibile.
Materiali e Metodi: Nei 5 ospedali dell'Azienda USL di Reggio E. è in uso un applicativo informatizzato per la terapia, che permette la identificazione del paziente e del farmaco prescritto e somministrato, Sono state inserite le Penne monouso di Insulina ed è stato messo a punto un foglio di calcolo semiguidato per la prescrizione di insulina basal-bolus. Basta inserire il peso del paziente e si ottiene il fabbisogno di insulina/die: si moltiplica il peso per 0,4, in condizioni di resistenza insulinica media,o per 0,6 in condizioni di resistenza severa (es.grande obesità). Il foglio di calcolo produce le dosi di insulina da assegnare come basale (60%) e da distribuire ai pasti (20-40-40%),e le variazioni automatiche calcolate in base ad una griglia di valori glicemici pre-prandiali predefiniti.
Risultati: Il medico che prescrive usa il foglio di calcolo ed inserisce i dosaggi di insulina ai pasti e al basale. L'infermiera trasmette,con il terminale a lettore-ottico,le glic ai pasti al foglio di ter. informatizzato che restituisce la dose di insulina da somministrare
Conclusioni: Il sistema semiguidato di prescrizione insulinica garantisce appropriatezza prescrittiva e autonomia alle infermiere nell'adeguare le dosi ai pasti.

Are there people more exposed than other to potentially fatal illness? A rare pituitary apoplexy case in a chinese patient

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Background and Purpose of the study: We've handled a case, occurring in a Chinese man, of pituitary apoplexy with panipopituitary deficiency.
Materials and Methods: A chinese male was admitted in Ambulatory (affiliated to our ward) for headache, vomit, fever and left eyelid ptosis. The brain CT described "a pituitary adenoma protruding in sphenoid sinus". The patient has been treated with high doses iv of corticosteroids drugs for ipocorticosurrenalism and with initial low doses of levotiroxine to ipothyroidism. The MRI described "A 2x1,9x1,6 cm mass in sellar size. The pituitary gland isn't recognize. The mass impinge upon the optic chiasm and invade the dural wall of the left cavernous sinus and eroded the bony sellar floor. The report is a pituitary adenoma with some inhomogeneous signs from paramagnetic activity or with some products of haemoglobina metabolism from apoplexy ". The patient was sent to Neurosurgery for transfenoidal adenomectomy
Results: The patient lived in a closed Chinese community and this situation exposes to a major risk of fatal illness.The first symptoms as headache, visual simptoms, asthenia, cognitive slowdown were misunderstood and undervalued. The treatment of ipocorticosurrenalism is the first safe-live action that permits to make other investigations and cure.
Conclusions: The first observation was made in the Ambulatory and diagnostic steps and treatments were made in the ward. So it was possible to look after the patient correctly with subsequent interventions: first aid medications, neurosurgery and substitutive endocrine therapy

An unusual case of hypoglicemia

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A 76-year-old male was admitted to our General Medicine Unit with complaints of increasing drowsiness, associated with episodes of mental confusion. He was known for extended cutaneous peri-auricular basalioma, operated two times for local relapses, and with recent multiple lung localizations; he has been recently directed towards a palliative treatment with nebulizer cannabis. At clinic examination he presented as euvolemic with normal hydration and normal urinary output; he used to drink at least 3 L water every day. Biochemistry revealed severe hyponatremia (plasma Na 122 mEq/L), plasma chloride was 89 mmol/L, potassium was 4.7 mmol/L; plasma osmolarity was 272 mOsm/kg; urine sodium, osmolarity, and specific gravity were found to be raised, the values being 290 mmol/24h, 610 mOsm/kg, and >1.050, respectively; plasma glucose was normal. Given the hyponatremia associated with euvolemic status, plasma hypo-osmolality with hyperosmolar urine and increased urinary sodium, syndrome of inappropriate secretion of antidiuretic hormone (SIADH) was diagnosed. The patient was treated with water restriction (750 mL/die), with improvement of consciousness and normalization of natremia (plasma Na 136 mEq/L). Usual causes of hyponatremia (adrenal and thyroid insufficiency, central nervous system lesions, and pituitary insufficiency)

were ruled out; the present clinic presentation was attributed to excessive vasopressin stimulation due to the oncologic disease, exacerbated by the abuse of water intake, and the use of cannabis.

An unusual case of rhabdomyolysis

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Background: Rhabdomyolysis means striated muscle destruction with loss of intracellular muscle molecules into the circulation. Despite the great diversity in etiology its final pathogenetic pathway includes sarcoplasm free ionized calcium increase with a pathologic actin/miosin interaction and proteases 's activation causing muscle destruction.
Case report: A 73-year-old-woman was admitted for weakness and muscle pain. She was taking unipril 5 mg plus dichlorothiazide 25 mg. Serum tests revealed: LDH 1183 UI/l, CPK 8745 UI/l, AST 235 UI/l, ALT 116 UI/l, Na 120 mEq/l. Early aggressive fluid replacement with saline was started and the thiazide therapy was stopped. In a few days the CK was <1000 UI/l and the liver enzimes and the sodium normalized.
Discussion: Patient's rhabdomyolisis is to relate to her hyponatriemia. Almost two hypoteses could explain this relationship: 1. hyponatriemia provokes an aqueous intoxication of muscolar cells and to maintain the osmolar balance K+ leaves the cells decreasing the membrane potentialcausing a reduction of [ATP]; 2. hyponatriemia reduces the gradient of Na+ input in the muscle cell increasing the intracellular [Ca++] and starting an enzymatic process of cellular death. On the other hand many drugs, including thiazide, may directly induce rhabdomyolysis by an increase in sarcolemma sodium permeability or by a direct/indirect impairment in the production/use/consumption of ATP; the increased intracellular [Na+] activates Na/K ATPase pump (ATP consumption) and leads to the accumulation of intracellular calcium which activates proteases causing further cellular injury.

An unusual cause of humerus fracture

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A 75-year-old female was found at home unconscious, with sphincters release: in the Emergency Department when she woke up, she declared that she was not aware about what has happened; she complained of back pain, associated with powerlessness of both arms. She was known to have multiple cardiovascular risk factors, such as hypertension, diabetes, and hypercholesterolemia; also, she declared a single episode of seizures few years ago. Just before admission to our General Medicine Unit she had an episode of generalized tonic-clonic seizures, confirming the clinic hypothesis. The patient underwent: biochemical analysis, which revealed increased levels of CPK (18605 U/L), LDH (1049 U/L), and metabolic acidosis (pH 7.24, pCO2 31 kPa, pO2 97 kPa, HCO3 14.8 mmol/L, BE -12 mmol/L, lactate 8.2 mmol/L); tomographic scan of the brain, which showed vascular encephalopathy with atrophy, and electroencephalogram, which showed a few diffuse cusped-like anomalies; to rule out infective encephalopathy she underwent liquor puncture, which was negative. She was treated with intravenous fluids, associated with anti-epileptic treatment with levetiracetam. As for the back pain, she underwent X-Ray scans of the spinal column and shoulders, which showed bilateral humerus fractures, which was attributed to a non-traumatic complication of the tonic-clonic seizures. Thus, the patients underwent orthopedic surgery of both arms, with intraosseous needle insertion, without complications.

Invasive candidiasis in B-cell chronic lymphocytic leukemia: an example of Internal Medicine complexity

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Invasive candidiasis is increasing in immunocompromised patients; fast diagnosis and therapy are needed due to life-threatening evolution. A 77 year-old woman, with Karnofsky score 60/100, complained dyspnoea and chest discomfort. At admission Xray confirmed pneumonia: comorbidities included emphysema, HBV positivity, hypertensive cardiopathy, B-CLL treated with ibrutinib after several chemotherapies; recurrent infections, allergy to tigeciclyne. Empiric meropenem, linezolid, voriconazole were administered. Ibrutinib was withdrawn (hemorrhagic risk), bronchoscopy showed plentiful bilateral secretion; CT documented bilateral parenchyma consolidation, otolaryngologist diagnosed a septal abscess. Positivity of BAL (*Candida* Albicans) and Beta-D-glucan test supported the diagnosis of invasive candidiasis with chest involvement; assays for *Aspergillus*, *Criptococcus* and CMV-DNA resulted negative. Switching to amphotericin B determined a considerable clinical improvement, but several complications occurred: transient hypovision (linezolid), ipokaliemia (amphotericin B), bone pain, pelvis fracture, atrial fibrillation with heart failure, oral ulcers, HSV mucositis, epistaxis, paraneoplastic hyponatriemia, cytopenia with need of transfusion, parenteral nutrition. Respiratory failure and clinical worsening ended with death in 28 days. Increasing invasive candidiasis prevalence is challenging internist capabilities in managing oncohaematological patients; multidisciplinary clinical cooperation and joined ethical considerations are required in handling growing complexity of patients

Pancreatite acuta da ipertrigliceridemia

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Caso clinico: Uomo di 45 anni si ricovera per dolore epigastrico, poliuria e polidipsia. Gli esami ematochimici evidenziavano glicemia elevata e siero fortemente lipemico. La TC addome evidenziava lieve aumento della testa del pancreas con distensione delle anse intestinali. I successivi esami ematochimici mostravano trigliceridi 5986 mg/dL, iperglicemia, acidosi lattica, leucocitosi neutrofila. L'amilasemia totale era normale, con aumento dell'amilasi pancreatica 78 U/l e della lipasi 134 U/l. Si instaurava terapia con antibiotici ad ampio spettro, idratazione (100 mL/ora), bicarbonato di sodio (40 mL/h), pro cinetici, insulinoterapia con boli ogni 6 ore in relazione al profilo glicemico, e terapia ipotrigliceridimizzante con fibrati. Veniva instaurata terapia nutrizionale. La TC con mdc evidenziava una pancreatite di altro grado III IV sec Balthazar.
Discussione: La pancreatite acuta da ipertrigliceridemia è una forma rara di pancreatite (1-4% dei casi). Si verifica con trigliceridi in genere superiori a 1000 mg/dL. Valori superiori a 2000 mg/dL devono essere considerati un'urgenza medica. I criteri diagnostici clinici, bioumorali e strumentali sono gli stessi che si applicano per la pancreatite acuta. Livelli di trigliceridi superiori a 500 mg/dL possono alterare il dosaggio delle amilasi causandone una falsa normalità. E' pertanto più sensibile e specifico il dosaggio delle lipasi. Il trattamento della pancreatite da ipertrigliceridemia è simile a quello delle pancreatiti da altre cause, tuttavia è necessario ridurre i trigliceridi al di sotto di 500 mg/dL.

✪ Independent role of white blood cells in predicting the short term outcome in patients with acute pulmonary embolism

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Background: White blood cells (WBC) count is an inexpensive parameter, readily available in almost all hospitalized patients. WBC is considered an independent prognostic risk factor in patients with cardio-cerebrovascular diseases. However, its influence on the outcome of patients with pulmonary embolism (PE) has not been explored yet. Thus, our aim was to assess its independent role in predicting short-term mortality in patients with acute PE evaluated with the PE Severity Index (PESI) score.
Methods: Consecutive inpatients with an objective diagnosis of PE (2005 to 2013) were included. PESI score, WBC values, neutrophils (N) count and the ratio of neutrophils and lymphocytes (N/L) ratio were calculated. We assessed the accuracy of the PESI score alone or in combination with WBC, N or N/L in predicting the in-hospital mortality comparing their areas under the curve (AUC).

Results: 969 patients were included (mean age 71.4 years, 45.2%males) were included. The AUC of PESI score in predicting the in-hospital mortality was 0.643. Addition of WBC, N or N/L to the PESI score significantly increased the AUC (0.721; 0.725 and 0.755 respectively). Exclusion of patient with infection at hospital admission do not substantially modify the results (data not shown).
Conclusions: The association of these inexpensive and readily available markers, in particular of N/L, with the PESI score seems to improve the predictive value of the score. Other prospective studies are warranted to confirm our preliminary findings.

Comparison between intrarticular injection of hyaluronic acid, oxygen ozone, and the combination of both in the treatment of knee osteoarthrosis: a preliminary report of a prospective randomized study

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Objectives: To compare short-term clinical outcomes between intraarticular injection of hyaluronic acid (HA), oxygen-ozone (O_2O_3), and the combination of both, in patients affected by osteoarthrosis (OA) of the knee.
Design: Prospective randomized controlled trial, Level of evidence 2.
Setting: 70 patients (45 to 75 yr) with knee OA (grade II and III according to Lawrence and Kellgren) were recruited at the outpatient of Ozone therapy Unit and at the Physical Medicine and Rehabilitation Complex Unit in Rome, between June 2014 and July 2015.
Intervention: They were randomized to an intra-articular injections of either HA (n=23), O_2O_3 (n=23) and both (n=24) one per week for 5 consecutive weeks.
Main outcome measures: KOOS questionnaire and visual analog scale (VAS), before treatment (Pre) at the end (Post), and at 2 months after treatment ended (Follow Up).
Results: Analysis showed a significant effect (P<0.05) of condition (Pre, Post and Follow- up) in all parameters of the KOOS score and a significant effect (P<0.05) of group (HA, O_2O_3 and both) in pain, symptoms, activities of daily living and quality of life. In particular the O_2O_3 group scores were higher in respect of HA scores and the both group score were higher in respect of the HA and O_2O_3 groups, especially in the follow up condition.
Conclusions: The combination of O_2O_3 and HA treatment led to a significantly better outcome especially at 2 months follow-up than HA and O_2O_3 used separately in patients affected by OA of the knee.

A case of headache

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A 84 yr old woman was admitted to A/E for an accidental fall without loss of consciousness. An high ventricular response atrial fibrillation was documented. Erythrocyte sedimentation rate (ESR), C-reactive protein (CRP) and WBC were also above the normal range. Despite the absence of a clear site of infection the patient underwent a course of antibiotics (without any benefit) along with the cardiologic therapy. During her stay in the Internal Medicine ward, a more careful medical history focused the attention on a headache begun one month before. Jaw claudication was also reported. No visual loss or polymyalgia rheumatica were reported. A thick and stiff temporal artery was palpable on the right side. The serological autoimmune pattern was completely negative. She underwent a right temporal artery biopsy and in the meanwhile high dose steroid treatment was initiated. The headache promptly disappeared after few days along with inflammatory biomarkers fall. The biopsy result confirmed the diagnosis of giant cell arteritis. Horton arteritis must be considered in patients who complain of headache and who present an increase ESR and CRP without clear suspicion of infection.

A case of malignant fever

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A 76 year-old man was admitted to hospital for fever, dyspnea, and worsening of his neurological status. In the medical history: Parkinson's disease since 10 years. At a first visit 38 °C of temperature, hypotension (PA 70/50 mmHg) and stupor were found. Markedly elevated WBC and C-reactive protein along with acute respiratory and renal failure were documented. The patient underwent a chest CT scan documenting a right lower lobe pneumonia, probably 'ab ingestis'. Treatment with oxygen, meropenem, saline and dopamine was started. Oral treatment was discontinued because an impaired swallowing and an altered mental status. The patient showed a clear improvement within the first 48 hours both by the point of view of vital signs, with disappearance of fever, than of laboratory markers (WBC and CRP decreased). However, after 36 hours the fever reappeared and increased during the following days up to peaks of 40°C, despite several administration of paracetamol. An high suspicious of neuroleptic malignant syndrome was raised and CPK, measured to support the diagnosis, was found highly elevated (100 times). Unfortunately the patient died in the meantime. Neuroleptic malignant syndrome is a severe condition which can affect also patient discontinuing neuroleptic drugs for several days and must be considered in patient under treatment with this drugs.

Venous thromboembolism prevention in spontaneous intracerebral hemorrhage: preliminary results of a protocol based on sequential strategy of intermittent pneumatic compression followed by low molecular weight heparin

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Background: Concerns exists about the optimal strategy for venous thromboembolism (VTE) prevention in spontaneous intracerebral hemorrhage (ICH). The aim of our study was to analyze the preliminary results of a protocol based on a sequential strategy of intermittent pneumatic compression (IPC) followed by low molecular weight heparin (LMWH) starting in our ward from the half of 2014.
Materials and Methods: We analyzed data records of patients admitted in our ward for spontaneous ICH from June 2014 to January 2015 and underwent to IPC followed by LMWH. Main endpoints were hematoma enlargement and 90-days symptomatic VTE events.
Results: In the analyzed period sixteen patients, 56% females, with mean age 78.2±10.2 years met criteria for inclusion in the present study. Median LOS was nine days. Median ICH score was 2. Sixty-two percent of patients had hematoma volume >30 cc. Median time for starting IPC was one day from hospital admission; median time from IPC placement to IPC discontinuation was three days. Median time for starting LMWH was four days and half. One patient (6.5%) died during hospitalization. Any patient suffered neither for hematoma enlargement nor 90-days symptomatic VTE. Median modified Rankin scale at hospital discharge was 4.
Conclusions: The preliminary results of our study seem to demonstrated that a strategy based on short term of IPC followed by LMWH could be safe and efficacy. Further prospective randomized clinical trials are warranted.

Hemorrhagic pseudocyst in chronic pancreatitis mimicking haematoma of the duodenal wall: case report

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Background: Pseudocysts related to necrotizing recurrences or pancreatic duct system obstruction may develop in chronic pancreatitis. These lesions may complicate with infection, rupture or haemorrhage and in some cases may generate relevant differential diagnostic problems.
Case report: A 42 years-old male patient was admitted because of cranial trauma due to street assault. He is foreigner and homeless, heavy alcoholic drinker and smoker. Anamnesis revealed recurrent upper abdominal pain. Hyper –amylasemia, lipasemia, AST, ALT and CPK at admission with macrocytic anemia. CT scan revealed the presence of a haematoma of the whole duodenal wall without active bleeding and pancreatic enlargement with dilation of the main pancreatic duct and side branches, calcifications and pseudocysts. The patient denied significant abdominal trauma during the assault. Clinical picture and haemoglobin level ameliorated, abdomen remained treatable. To better

address indication/exclusion of surgical treatment, abdominal RMI with cholangio-pancreatic sequences was performed after one week: haemorrhagic cephalic pseudocyst instead of duodenal wall haematoma was defined together with diffuse lesions typical of advanced chronic calcific pancreatitis. Conservative nutritional treatment was pursued. After six months from discharge, abdominal echography showed a sharp decrease in size of the pseudocyst at the head of the pancreas.

Atrial fibrillation in the geriatric population: demographic, clinical and therapeutic features

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Background and Aims of the study: The main guidelines recommend anticoagulation for stroke in patients with non-valvular atrial fibrillation (NVAF) at high risk of thromboembolism. This applies to the elderly population that has a higher risk. Aim of the study was to verify the characteristics of a population of elderly subjects with NVAF hospitalized.
Materials and Methods: Retrospective analysis of medical records related to all subjects with NVAF hospitalized for any cause in UO Geriatrics, Regional Hospital "F. Miulli" Acquaviva delle Fonti (BA), in two consecutive years (2102 and 2015) were performed; were recorded personal data, CHA2DS2VASc and HASBLED scores, the number of drugs taken and the current regime for NVAF.
Results: The sample consisted of 367 subjects, 156 M (42.5%) and 211 F (57.5%), mean age of 83.68 yrs. Of total admissions examined (1972), 18.6% were suffering from NVAF. CHA2DS2VASc score was, on average, of 4.5 while HASBLED was 2.3. The therapy was well distributed: warfarin 38.4%, 14.8% ASA, clopidogrel 6.8%. LMWH 17.5%. The NOAC together represent 10% of treated patients. Patients take, on average 2.7 drugs, over anticoagulation.
Conclusions: Our sample represents a population of geriatric subjects, high thromboembolic and intermediate-risk of bleeding, with comorbidities and undertreated. 52.4% of the subjects does not follow appropriate treatment for NVAF. The impact of the complexity and compliance for the traditional anticoagulant therapy could be overcome with more extended use of the new oral anticoagulants.

A monocentric experience about clinical-pathological and survival features of 49 cases with B cell non Hodgkin's lymphoma hepatitis C virus positive: past and future

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Introduction: To evaluate clinical-pathological features and prognosis of B cell-non Hodking's lymphoma (NHL) in Hepatitis C Virus (HCV) positive patients.
Methods: From 1994 to 2015 49 consecutive patients HCV positive with NHL (45 indolent NHL, 4 Diffuse Large B Cell Lymphoma DLBCL) have been evaluated. All cases were HCV positive: genotype 1b in 68% and 2-3 32%. Chronic hepatitis was found in 16 cases, liver cirrhosis in 2 cases, hepatocellular carcinoma in 4 cases (HCC). Mixed Cryoglobulinemia type II with clinical manifestations was found in 30 cases. All DLBCL were managed with immunochemotherapy. Twenty seven patients with indolent NHL have been treated with Peginterferon alfa and Ribavirin for 48 weeks in genotype 1-4 and for 24 weeks for genotypes 2-3, five patients have been treated with the new antiviral agents. The follow-up was 48 months after the end of therapy.
Results: 33% indolent NHL patients treated with Peginterferon based therapy achieved complete haematological (CR) and sustained virological responses (SVR). Three patients with HCC and NHL died. Two patients with DLBCL died while only one achieved CR. All case with novel antiretroviral agents achieved a SVR but no CR.
Conclusions: HCV related indolent NHL could be managed with therapy based on peginterferon, while in DLBCL HCV chemotherapy is recommended. Prognosis poor in patients with NHL associated with HCC. The introduction of new antiviral agents showed high SVR rates. However we need larger studies to evaluate the efficacy of these new drugs in the treatment of indolent NHL HCV related.

Homocysteine lowering therapy in hypertensive subjects at low cardiovascular risk: role of nutraceuticals

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Objectives: Primary cardiovascular (CV) prevention may be achieved by lifestyle/nutrition changes, although a relevant role is emerging for nutraceutical compounds (NCs). The aim of this study was to investigate the efficacy of NCs in lowering homocysteine (HCys) serum levels *versus* a conventional vitamins supplementation in hypertensive subjects at low CV risk.
Materials and Methods: One-hundred and four patients (mean age 62.0±13.7 years, 69% males), 52 for each group, with grade-1 essential hypertension and hyper-homocysteinemia (HCys ≥15 μmol/L), and without history of CV disease were enrolled. They were randomized to receive, for 2 months, the NCs Normocis^{400} once-daily (containing 400 μg folate-6-5-methyltetrahydrofolate, 3mg vitamin B6, 5μg vitamin B12, 2.4mg vitamin B2, 12.5mg zinc and 250mg bethaine), or free supplementation with folic acid and/or vitamin B complex at dosages commonly available (control group). Differences in serum HCys were compared by ANOVA for repeated measures.
Results: A significant HCys reduction ($p<0.0001$) *vs.* baseline was found at the end of study treatment as for Normocis^{400} (21.5±8.7 to 10.0±1.7) than controls (22.6±6.2 to 14.3±2.8). HCys reduction was significantly higher among patients treated Normocis^{400} ($p<0.035$). The ideal HCys level (*i.e.* <10 μmol/L) was 33.7% in the Normocis^{400} group, and it was significantly higher than in controls ($p<0.001$).
Conclusions: Up to date, there are no clear recommendations for the treatment of hyper-homocysteinemia, but Normocis^{400} appears to be safe, well tolerated and effective in reducing HCys levels.

Role of the fixed-dose triple combination therapy in the management of uncontrolled hypertension: from the randomized clinical trials to clinical practice

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Objectives: Blood pressure (BP) control is difficult to achieve with current BP-lowering drugs. In this study the efficacy of a triple fixed-combination (TFC) of anti-hypertensive drugs in hypertensive subjects (HTs) with uncontrolled hypertension (HT) was evaluated.
Methods: Forty-one HTs (mean age 59.2±12.7 years, 63.4% males) with uncontrolled essential HT (clinic systolic BP ≥140 or diastolic BP ≥90 mmHg) previously treated with anti-hypertensive therapy with a renin-angiotensin-aldosterone system (RAAS) inhibitor plus hydrochlorothiazide were switched to once daily TFC therapy with perindopril (5 to 10 mg), indapamide (1.25 to 2.5 mg) and amlodipine (5 to 10 mg). These subjects were age-sex- matched with HTs taking a free-combination therapy (control group) including a RAAS inhibitor, a diuretic and a calcium channel blocker (CCB). Clinic BP and ambulatory BP (ABPM) were evaluated at baseline and after 1-month follow-up. Analysis of variance for repeated measures was provided.
Results: In both treatment groups, a significant reduction of clinic and ABPM values was found at the end of follow-up. However a significant reduction of the 24h, daytime and night-time systolic (SBP) and pulse pressure (PP) ABPM values was found only in the TFC than the control group. Diastolic BP and heart rate remained unchanged. No patients were lost at the follow-up and no side effects were observed.
Conclusions: A TFC appears to be safe, well tolerated and effective in reducing SBP and PP in HTs uncontrolled by a free antihypertensive including a RAAS inhibitor, a diuretic and a CCB.

✪ Direct acting antivirals for the treatment of hepatitis virus C related cryoglobulinemic vasculitis: a multicentre open label study

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Background: Hepatitis C virus (HCV) is the major etiologic agent of cryoglobulinemic vasculitis (CV). Interferon - therapy are associated with important side effects and may esacerbate vasculitis. Recently, about new-generation direct antiviral agents (DAA) in HCV-related CV, some reports have been published.
Aim: The aim of this study is to verify efficacy and safety of IFN-free therapy, DDA treatment, in HCV-related cryoglobulinemic vasculitis.
Materials and Methods: Twenty one consecutive patients (10 females and 11 males, median age 69 years, range 39-73) affected by HCV-related CV were included in this study. All cases were enrolled between February 2015 and October 2015 in five Italian centres. Patients received: sofosbuvir plus ribavirin (n=10), sofosbuvir plus simeprevis (n=4), sofosbuvir plus ledipasvir (n=4), ombitasvir/paritaprevir/ritonavir plus dasasbuvir (n: 3). The primary efficacy endpoint was a complete clinical response of cryoglobulinemic vasculitis at the end of treatment (week 12).
Results: Main clinical features of CV included purpura (47%), arthralgias (33%), peripheral neuropathy (33%), glomerulonephritis (14%), and marginal zone B-lymphomas (10%). Mixed Cryoglobulinemia was type II (86%), Type III (16%), median cryocrit level was 3%. The majority (52%) had genotype HCV 1b. In patients with CV the liver fibrosis stage was F0-F1 in 10%; F2 in 10%, F3 in 20%, F4 in 60% of patients with no significant differences among the different groups. Seven patients (33%) were antiviral treatment naïve, and the remaining 14 (67%) were virological non responders to a previous IFN–based therapy. All HCV related CV patients completed therapy with DDA treatment. Preliminary results are available showing high rate of virological response SVR (100%) and clinical complete response (14%), partial response (18%) after 4 weeks and at 8 weeks, at the end therapy (week 12) and after 8 weeks of treatment. Purpura and arthralgias diseapperead in 60% of patients after 4 weeks and the end therapy and a reduction of cryocrit from 3 to 2% in patients was observed at the end and the after 8 weeks of treatment. The Rheumatoid Factor level decrease from 149 to 76 U/L and C4 serum level remained low from 6 to 9 mg/dL at the end and the after 8 weeks of treatment. Peripheral neuropathy in 2 patients showed improvement at the end of therapy. No significant change in clinical and laboratory features was observed in patients with glomerulonephritis. No patients with MBL and NHL showed haematological response. The most common side effects were fatigue, insomnia, and anaemia.
Conclusions: The preliminary data indicate that DDA treatment had efficacy to eradication of HCV in CV and without significant side effects, but appeared to be associated with low rate of clinical response of the vasculitis. Treated patients will be prospectively followed up to better characterize the long term outcome.

Hepatitis B virus related cryoglobulinemic vasculitis: a multicentre open label study from the Gruppo italiano di studio delle crioglobulinemie

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Background: Hepatitis-B Virus (HBV) cryoglobulinemic vasculitis (CV) is rare and its treatment is ill-defined. The conventional therapy of the reumatological disorders with immunosoppressive therapy is not indicated in HBV-related CV; antiviral therapy with nucleos(t)ide analogues seems to be the best treatment in these cases. The evidence of effective antiviral treatment with nucleoside analogues is limited to case reports.
Aims: To describe the clinical and treatment characteristics of HBV-related CV patients. In addition, the efficacy of treatment with antiviral agent nucleotide (NUC), including Entecavir, Tenofovir, Adefovir, and Lamivudine was explored.
Methods: In seven Italian centres, 24 HBV-positive CV patients (median age 61 years, range 46-82, 11 females and 10 males) were included in this study. All cases were enrolled between 2006 and December 2014.
Results: The extra-hepatic manifestations were: purpura (96%), arthralgias (71%), leg ulcer (13%) peripheral neuropathy (46%), chronic hepatitis (47%), liver cirrhosis (21%), glomerulonephritis (17%) and lymphoplasmocytic lymphoma (4%). Mixed cryoglobulinemias were type II (86%) and type III (24%). The median cryocrit was 4% (range 1- 90), rheumatoid factor was 260 U/L (range 20-5850), C4 was 10 mg/dL (range 2-31), ALT 66 U/L (range 21-224). All patients were HBsAg-positive and 83% anti-HbeAg-positive. At enrollment, they were treated with steroids (eight), entecavir (seven), alpha-IFN (four), Tenofovir, Adefovir and Lamivudine (one each). After NUC treatment, no disease progression was observed and, in all patients, HBV-DNA had become undetectable. Moreover, a regression of purpura and a reduction of cryocrit were observed. Four patients died during therapy, two of kidney failure and two of liver cirrhosis.
Conclusions: NUC therapy appeared to be safe and effective in HBV related CV. Since the sample size of this study was small, large-scale cooperative studies are needed to assess this issue.

The usual physical activity predicts mortality in elderly patients with advanced heart failure

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Objectives: To evaluate the role of usual physical activity (PASE) on mortality in elderly patients with advanced heart failure (HF).
Methods: 216 elderly patients (≥65 years) consecutively admitted to Cardiac Rehabilitation soon after HF decompensation between January 2009 and July 2010 were enrolled. Mortality was collected in October 2015. Age, sex, NYHA class, Comorbidity by Cumulative Index Rating Scale (CIRS), Frailty by means of Fried criteria. 6-minute walk test (6-MWT), Barthel Index (BI), Geriatric Depression Scale (GDS), Mini Mental State Examination (MMSE), Physical Activity Scale for the Elderly (PASE) were measured.
Results: The mean age was 74±6.1. Previous infarction and angina were present in 54.3%, 14.3% have had PTCA. The value of CIRS was 2.1±0.6, BI of 69.6±23.4 and PASE 53.1±23.4. Cognitive impairment (MMSE <24 was present in 32.1% while depression (GDS ≥5) in 48.6%. The prevalence of frailty was 61.1%, 6-MWT at entrance was 194.8±104.8 meters and difference in meters between entry and discharge was 58.4±60.2 96 (44%) patients died after a follow-up of 44.1±21.1 months. Cox regression analysis showed that PA usually held in the week before the HF instabilization, measured with PASE, predicts mortality independently by frailty, CIRS, BI. MMSE, GDS, 6-MWT at entry and delta 6-MWT.
Conclusions: Advanced HF patients were characterized by high mortality, co-morbidity, disability and frailty. Low level of PA predicts mortality regardless of comorbidity, disability, cognitive function and depression.

Ipereccitabilità neuronale da coma iperosmolare

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La sindrome epilettica rappresenta un'emergenza medica. L'incidenza è di 40-60 casi all'anno per 100.000 abitanti. La mortalità è variabile fra il 2 e il 5%. Nella maggior parte dei casi lo stato di male sopravviene per la sospensione improvvisa delle terapie antiepilettica in soggetti con epilessia cronica, ma può complicare patologie neurologiche acute e croniche e malattie febbrili in soggetti senza preesistente epilessia.
Presentazione caso: Uomo di 26 anni giunto in PS per episodio comiziale:diabetico in terapia insulinica, nefropatia diabete relata non

meglio inquadrata ipertensione artriosa, fumatore. All'esame fisico: convulsioni subentranti, pz normoteso in stato di incoscienza, sudato, da una prima rilevazione al glucometro glicemia indosabile. L'ECG presentava ritmo sinusale a 96 BPM. PA=156/70 mm/Hg. TC=36,9. SPO2 AA 90%. Agli esami ematochimici glicemia 1130, creatinia 4.22 GB, 12500 elettroliti ed enzimi cardiaci erano nella norma, HGB 9.2,g/dL con indici infiammatori PCR e fibrinogeno nella norma. La tc cranio non mostrava alterazioni delle strutture cerebrali e la rx praticata in ps non evidenziava segni idi addensamento polmonare. Il pz è stato intubato e ricoverato in rianimazione. Ottimizzata la terapia antiepilettica ed ipoglicemizzante il paziente è stato poi trasferito in medicina.
Discussione: Lo stato di male può manifestarsi in varie forme cliniche. La condizione di maggiore gravità è lo stato di male convulsivo, in cui vi è la ricorrenza di manifestazioni motorie di tipo clonico o tonico-clonico; la ripetizione di convulsioni generalizzate è un'emergenza per la vita, poiché l'impegno cardiovascolare e respiratorio è molto intenso.

A delayed diagnosis of microscopic polyangiitis due to long-term steroid treatment

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A Peruvian 40 years old woman was admitted to our hospital for back pain and fatigue lasting for 7 day associated with an episode of transient loss of consciousness. Blood tests revealed severe microcytic anemia (Hb 6,9 g/dL, MCV 77,8 fl., Ht 24%), renal failure (Creatinine 5,15 mg/dL, urea 1,92 g/l) and hyperkaliemia (6 mEq/l). She hadn't a documented history of renal failure (last creatinine value available 0,69 mg/dL). She referred a history of uveitis treated with high-dose of steroid for about 3 years that she had interrupted a year before without tapering. Actually, the patient regularly take NSAIDs for a chronic headache. An abdominal ultrasound found kidneys regular for size and morphology and a slight reduction of the cortico-medullary differentiation. Our laboratory demonstrated proteinuria in nephrotic range (4968 mg/24h), ANA 1: 320, ANCA anti-MPO 168 IU/mL, C3-binders CIC 28.7 microEq/mL. Clinical and laboratory evidences might support the diagnosis of Microscopic Polyangiitis, later confirmed by renal biopsy. Patient was treated with high-dose iv steroid therapy (1 mg/kg/day) and rituximab with clinical and bioumoral improvement. Microscopic Polyangiitis (MPA) is a systemic inflammatory necrotizing vasculitis that affects mainly small vessels of various organs. General and aspecific symptoms may often precede syndromic clinical manifestations.

Non solo focolai a lenta risoluzione

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Introduzione: La presenza di ANCA nel siero di un paziente con sintomi suggestivi per vasculite ANCA-associata (artromialgie, malessere generale ed incremento degli indici di flogosi non giustificabili, segni di vasculite cutanea, ulcere o gangrena digitale, neuropatia, emorragia o noduli polmonari, ematuria, proteinuria, erosioni della mucosa nasale, sinusite ed otite cronica, massa retro-orbitaria) ha un'elevata sensibilità (>80%) e specificità (>95%) per queste malattie.
Storia clinica: Una signora di 78 anni è giunta alla nostra attenzione per la persistenza di febbre dopo terapia antibiotica per focolaio broncopnumonico. In anamnesi presentava ipotiroidismo, ipertensione arteriosa, fratture vertebrali da schiacciamento. Durante il ricovero si è assistito al fallimento di terapia antibiotica empirica ad ampio spettro, con riscontro TC di due consolidazioni polmonari.
Risultati: Per la comparsa di pomfi agli AAII è stato eseguito uno screening autoimmunitario con positività dei c-ANCA ad alto titolo. In assenza di lesioni polmonari evidenziabili alla fibrobroncoscopia è stato raccolto un BAL i cui esami citologico e colturali sono risultati negativi. Dopo introduzione di terapia steroidea si è ottenuto un miglioramento clinico, radiologico, del titolo autoanticorpale e degli indici di flogosi.
Conclusioni: La Granulomatosi di Wegener si distingue dalle altre vasculiti ANCA–associate per la positività dei c-ANCA e per la presenza di granulomi; in questo caso la scomparsa delle lesioni cutanee e polmonari e la assenza di danno renale hanno impedito una diagnosi bioptica.

Ambulatory management of heart failure

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Background and Aim of the study: To demonstrate the outpatient management of heart failure in order to make a correct diagnosis and reduce number of hospitalizations. We use NYHA (New York Heart Association) functional classes to classified severity of symptoms (particularly dyspnea) of heart failure.
Materials and Methods: 93 consecutive patients (pt) were evaluated from 11.13.14 to 2.12.16, in ambulatory, 32 women, 61 men, mean age 71 yo, with a medical visit, weight, BMI, ultrasound of the heart. All the pt are periodically contacted with phone calls.
Results: 42 pt have a pace-maker. Heart failure etiologies are ischemic (46 pt, mean age 74 yo, including 9 women, 37 men), idiopathic (22 pt, 68 yo including 11 women, 11 men), valvular (10 pt, mean age 75 yo, 6 women, 4 men), toxic (5 pt, mean age 64,3 yo, 3 women, 2 men), hypertensive (50 pt, mean age 72 yo, including 19 women and 31 men), diabetes mellitus (27 pt, mean age 70 yo, 8 women and 19 men); 6 people with rare cause of heath failure. We have evaluated for each pt ejection fraction with ultrasound: range 20-61%, average 37.53, mediana 35.5, moda 35, and attributed NHYA class: I 9 pt, I and ½ 10 pt, II 46 pt, II and ½ 17 pt, III 8 pt, III and ½ 3 pt.
During these period only 20 pt (21.5% of 93) were hospitalized (6 to implant ICDs), we have followed pt with 146 calls, range 0-7 and outpatient visits.
Conclusions: Study demonstrates the efficiency of the methods used in order to reduce the incidence of hospital admissions due to complications in pt with severe cardiac failure.

Polycythemia vera/acute myeloid leukemia: in and out

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Herein we describe the case of a 71 year old man affected by JAK2-mutated polycythemia vera (PV), who developed acute myeloid leukemia (AML) and was reinduced into cronic phase by Azacitidine (AZA). After 15 years of treatment with bloodletting (usually 3/year) and cytoreductive therapy with Hydroxyurea (HU) (for 3 years) and the alkylating agent Busulphan to control thrombocytosis (13 cycles, the last one 8 years before), a progression to an high risk AML with bone marrow blasts >80% was documented. The patient was considered "unfit" for intensive chemotherapy, based on age and comorbidities. Therefore he was treated with induction chemotherapy including low dose of Idarubicine, Fludaraine and Cytosine Arabinoside (ARA-C) and then with consolidation therapy with two cycles of low dose ARA-C obtaining a complete hematologic response. Then the maintenance with the hypomethylating agent AZA was started, administered subcutaneously at the approved FDA/EMEA schedule of 75 mg/m^2/d for 7 every 28 days.After two cycles of AZA the patient showed the recurrence of features of PV. Currently the treatment with AZA is still ongoing (until progression) and the patient is submitted to monthly bloodletting and cytoreductive therapy with HU. Conclusions: usually transformation of PV to AML is associated with poor response to chemotherapy and short survival. Even if the time of our observation is too short, this case demonstrates that low dose chemotherapy followed by AZA maintenance may, in some patients with AML transformation, reverse the disease course to the antecedent chronic phase.

A case of *Listeria meningitis*

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Herein we describe the case of a 75 years old man with stage III A IgAλ multiple myeloma (MM) and *Listeria meningitis*. At diagnosis of MM he was ineligible for intensive treatment due to age and comorbidities. So he was treated with melphalan, dexamethasone and zoledronic

acid, with partial improvement. After 8 cycles of therapy he was admitted to the Medical ward with fever, agitatation and back pain. Physical examination was not significant. Blood tests showed leukocytosis and mild increase in PCR. Head CT scan did not showed signs of stroke or intracranial hypertension. Chest X ray was negative. In the suspicion of meningitis, Ceftriaxone was started but the patient was soon referred to the intensive care unit due to persistance of fever and appearance of drowsiness and hemodynamic instability. From blood and cerebrospinal fluid cultures penicillin-sensitive *Listeria Monocytogenes* was found. Despite adequate antibiotic therapy, multi organ failure occurred and the patient died few days later. Discussion: Listeria central nervous system infections have 100% mortality if untreated and 13 to 43% if properly treated. Listeria is the most common cause of bacterial meningitis in patients with underlying neoplastic disease, especially lymphoma, in organ transplant recipients and in those receiving glucocorticoids for any reason, so that appropriate treatment should be started immediately in patients with suspected meningitis and those conditions. On the other hand, screening for malignancy is recommended among survivors of *Listeria meningitis*, mostly over 50 years of age.

Studio osservazionale sulla qualità dell'assistenza infermieristica in cure palliative

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Premessa: Il grado di soddisfazione dei servizi di Cure Palliative è considerato un outcome da perseguire ad assistenza conclusa quindi al decesso del paziente. Lo studio ha lo scopo di comprendere come migliorare l'assistenza fornita, che cosa implementare, dove destinare le risorse e dare un segno di interessamento alle opinioni dei familiari, permettendogli di dichiarare la propria situazione emozionale.
Materiali e Metodi: In letteratura la scala più utilizzata per valutare la soddisfazione dei familiari dei pazienti in Cure Palliative è il FamCare, modificato in italiano nel FamCare2 che definisce le percezioni dei familiari. Lo studio è stato condotto nel 2014 su un campione di 390 familiari di pazienti assistiti e deceduti nel centro di cure palliative ANTEA.
Risultati: Del totale dei 390 familiari hanno risposto 150 con un livello di soddisfazione alto. Il 76% del campione considera positivo il rispetto dell'equipe verso la dignità del paziente e il 71% la disponibilità nei confronti della famiglia. Tuttavia è emerso che alcuni familiari non sono soddisfatti delle informazioni loro fornite circa gli effetti collaterali dei trattamenti e per l'assistenza quotidiana.
Conclusioni: I risultati ottenuti, conformi alla letteratura, sottolineano che l'approccio multidisciplinare al malato terminale rappresenta la strategia più efficace per rispondere alle sue complesse esigenze e per garantirgli la migliore qualità di vita. L'equipe attraverso audit interni deve analizzare caso per caso con l'obiettivo di offrire una qualità sempre più elevata di assistenza.

A mysterious case of Kikuchi-Fujimoto disease

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A 45 year-old African male, who had concluded 4 months of therapy with pegylated interferon+ribavirin for hepatitis C, by getting a Sustained Virologic Response, was hospitalized for fatigue, cough, fever for 1 month. His bilateral axillary lymph nodes and supraclavicular area were enlarged, but painless.
Diagnostic study: Leukopenia, ESR 63 mm/h; autoimmunity study, infectious serology and other biochemical exams were normal. TC total body: micro-nodules in both lungs, pleural and pelvic effusion, massive mediastinal and hilar lymphadenopathy without cervical lesions. PET/CT: increased signal in bilateral axillary lymph nodes, in supraclavicular and mediastinal areas and hilar lymphadenopathy. Bone biopsy was normal; sputum exams and BAL for BK were negative. Biopsy of the lymph nodes shows structure subverted for many histiocytic cells and plasmacytoid and necrotizing granuloma.
For ex-juvantibus test, we treated him with prednisone for a month, with rapid improvement. At six months, he was healed.
Discussion: The exclusion of other more common causes of lymphadenopathy and the favourable outcome have led to the diagnosis of Kikuchi-Fujimoto disease or histiocytic necrotizing lymphadenitis. It is a rare idiopathic self-limiting disease, most commonly in Asian and Caucasian females of childbearing age. The clinical course can mimic lymphoma, sarcoidosis and tuberculosis.
Conclusions: The interest of the case lies in the rarity for the African race and in the possible trigger of interferon therapy. This disease comes in differential diagnosis of fever of unknown origin.

93% oxygen: the emerging technology for health system

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Introduction: With the introductions of the Oxygen O_2 93% monography in the European Pharmacopoeia, it is now possible to administer this medicinal gas to patients as an alternative to the traditional O_2 99%. The ASLTO3, a Public Local Health Service in Piedmont, is the first in Italy to decide to experiment the production of O_2 93% at the Venaria Reale Hospital in Turin.
Materials and Methods: Since July 2015 (12 months), a Randomized Controlled Trial has been carried out. O_2 93% or O_2 99% were been randomly administered to the patients hospitalized in General Medicine. Clinical efficacy and management safety were defined as outcomes of the present study. Cost-efficacy and cost-efficiency analysis have been performed.
Results: The pilot study demonstrated an overlapping of the clinical efficacy (Group O_2 93%: 95% flux l/min, 91% SaO_2 in range, 92% blood gas analysis T_1 in range; Group O_2 99%: 97% flux l/min, 90% SaO_2, 93% in range, blood gas analysis T_1 in range), an absence of chemical alterations and no interruption of supply measured through a remote monitoring. The new system (costs of installation: 39000€) has produced a saving cost of 15000€, already in the first year, compared to the current 55000€ per year for 18000m^3 of O_2 99% and it would produce a saving cost of 50000 € in the following years, as well as an increase in availability of O_2 (32000 m^3).
Conclusions: O_2 93% represents an emerging technology with a clinical and economic impact on the Health Systems with a large-scale saving costs estimated in 20 million euro per year for Piedmont Region only.

Consensus document shared among Internal Medicine (FADOI), Endocrinologista (AME) and General Practitioners (SNAMID) Societies to improve prescriptive and operational appropriateness of thyroid disease

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Background: The population suffering from thyroid problems is increasing; however there are incidental findings, simple morphological or functional conditions that are not to be considered illnesses and they could be handled in different stages by general practitioner (GP). There is a greater demand of specialist advice resulting in increased wait times.
Goals: To reduce waiting times and improve prescriptive and management appropriateness between GP and medical specialists defining diagnostic criteria for the identification of specialist indications and mode of care.
Methods: It was produced a consensus document FADOI-AME-SNAMID containing the general criteria for the clinical management of the most frequent thyroid diseases. Document requirements have been based on the best available evidences, resulted concise and easily accessible and workable.

Results: Management advices for: thyroid nodule; overt and subclinical hyperthyroidism and hypothyroidism; pregnancy; criteria for requesting urgent consultation and for laboratory examinations; first level diagnostics by the GP, indication and timing of specialist consultation; hints of therapy; follow-up mode and taking care of the patient; exemption ticket; bibliography
Conclusions: Presented a document shared among GP and specialists in thyroid diseases, either working in Internal Medicine or in Endocrinology. The results should be translated into better appropriateness, reduction of useless and excessive medicalizations, an abbreviation of waiting times for specialist consultation, without additional resources.

An overlooked and unexpected complication of pneumonia

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A 67 year old female patient was admitted to the ED of Padua Hospital, because of dyspnea and cough which had started one month before. Past medical history was only characterized by hypertension. When symptoms first presented a chest X ray showed a left fibrotic scissure. No signs of inflammation were present at the blood tests. A chest US revealed a mild left pleural effusion. Neither fever nor chest pain were reported. She started a treatment with levoxacin and oral corticosteroids with no benefits. She was transferred to the Medicine Unit with the suspicion of pneumonia. Physical examination only revealed hyperphonesis on the left chest. No jugular congestion or other signs of right ventricular restriction were present. Blood gas analysis showed mild respiratory alkalosis with modest hypoxiemia. To rule out pulmonary embolism, a bedside US chest scan was performed: the right ventricle was enlarged with mild pericardial effusion, but the main finding was a right mediastinal shift with cardiac displacement. A chest X ray was mandatory for the differential diagnosis of pneumothorax, which wast confirmed. A CT scan was performed to assess the entity of the collapse, described as submassive. The patient was managed with left chest tube drainage in continuous aspiration for 3 days. The complete expansion of the left lung was obtained and the patient was discharged. This case makes us reflect on the possible complications of atypical pneumonia; this patient overlooked symptoms until cough probably caused the rupture of a subpleurical bleb with occurrence of pneumothorax.

Un caso di pneumatosi intestinale asintomatica associata a malattia di Takayasu

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Introduzione: Riportiamo un caso di PI associato a terapia cortisonica per malattia di Takayasu. La PI consiste nella presenza di bolle di gas nella parete dell'intestino tenue e/o colon. E' relativamente rara e da intendersi come segno clinico e non malattia. L'incidenza non è nota perchè spesso asintomatica. La PI si presenta tipicamente tra quinta e ottava decade in forma idiopatica (15%) o secondaria (85%) a numerose m. gastrointestinali e sistemiche (i. intestinale, IBD, infezioni, COPD, diabete, uso steroidi, chemioterapia). Associata a malattie che causano necrosi e perforazione intestinale è gravata da alta mortalità. La patogenesi, poco nota, è multifattoriale: pressione dei gas intraluminali, batteri intestinali e tossine da questi prodotti.
Caso clinico: Donna di a. 63, anamnesi di malattia di Takayasu trattata con cortisone da 10 anni, diabete mellito, ipertensione. In seguito a trauma addominale accidentale, eseguiva tac addome con evidenza di distensione del colon e presenza di bolle aree nella parete e nel tessuto adiposo pericolico. Anche se asintomatica e obiettività addominale nella norma, eseguiva AngioTac addome che documentava pervio il tronco celiaco, a. mesenterica inferiore, diramazioni e asse mesenterico-portale. Alla colonscopia aspetto della mucosa mammelonata per presenza di cisti sottomucose pallide e bluastre che bioptizzate si sgonfiavano con sibilo sonoro. Considerata la benignità del quadro ed il riscontro occasionale la paziente era dimessa con indicazione a controlli endoscopici periodici.
Conclusioni: Riteniamo che il caso sia da riferirsi alla terapia cortisonica prolungata.

Prevalence of malnutrition in Internal Medicine department and relation between Mini Nutritional Assessment and body mass index score: preliminary data

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Premise and Purpose of the study: To assess: 1. the extent of malnutrition in an Internal Medicine Department; 2. the relation between Mini Nutritional Assessment (MNA) and BMI.
Materials and Methods: In a two weeks period, a dedicated physician prospectively assessed the nutritional status of all patients admitted in our Internal Medicine Department using MNA. A score ranging between 23.5 and 17 identifies malnourished (or at risk) subjects.
Results: We evaluated 19 patients, 9 male and 10 females, with a mean age of 78,9±14,2 years. The BMI was 24.2 Kg/m^2 (median). According to MNA scores, 3 [15,8%] patients (M/F 2/1) resulted in a normal nutritional status, 12 [63,2%] (M/F 5/7) were at risk of malnutrition and 4 [21%] (M/F 2/2) were malnourished. The percentage of malnutrition was similar between males and females (22,2% *vs* 20%), while the risk of malnutrition was more frequent in female (55,6% *vs* 70%). BMI was in the range of ideal weight or overweight both in patients with normal nutritional status (30,7 Kg/m^2, median), and in patients at risk of malnutrition (25,15 Kg/m^2) or malnourished (22,55 Kg/m^2). 31% of patients had pitting edema of the legs due to heart or renal failure. MNA and BMI showed a poor correlation in our population (r^2 0,6)
Conclusions: Our study confirms that malnutrition assessed by MNA is a very common problem in Internal Medicine Department. BMI seemed to overestimate the nutritional status, maybe because an high frequency of fluid retention.

Correlazione fra consumo di soluzione alcoolica per l'igiene delle mani e riduzione della trasmissione di infezioni ospedaliere

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Premessa e Scopo dello studio: L'uso di soluzione alcoolica è incentivato dall' OMS come uno degli strumenti più utili per eseguire la igiene delle mani, con lo scopo di ridurre la incidenza delle infezioni ospedaliere. La compliance del personale è variabile, e necessita di monitoraggio sia della applicazione sia dei risultati raggiunti.
Materiali e Metodi: Misurazione del consumo annuale di soluzione alcoolica per l'igiene delle mani/1000 giorni di degenza; misurazione della incidenza di sepsi da Stafilococco meticillino-resistente (MRSA); misurazione della incidenza di tamponi rettali che si positivizzano per *klebsielle* KCP durante il ricovero.
Risultati: I ricoveri in Medicina sono stati 1500 nel 2013, 1350 nel 2014 e 1550 nel 2015. il consumo di soluzione alcoolica nel reparto di Medicina è stato di 10.7 L/1000 gg di degenza nel 2013, 13.3 nel 2014 e 18.4 nel 2015. La incidenza di sepsi da MRSA è parallelamente scesa da 7 casi nel 2013 a 1 nel 2014, e 0 nel 2015. I tamponi rettali positivizzati per KCP dopo il ricovero sono stati: nel 2013 non rilevati, nel 2014: 15; nel 2015: 2 (sepsi da KCP nel 2015: 0).
Conclusioni: Il consumo di soluzione alcoolica raccomandato dall'OMS è di 20 L/1000 gg di degenza. Avvicinandosi a tale target le infezioni nosocomiali si riducono progressivamente. Promuovere la igiene delle mani è importante, difficile, ma utile, come dimostrato da questo studio. Riportare agli operatori i risultati delle loro fatiche è importante per coinvolgerli tutti nel raggiungimento degli obiettivi comuni. Questo abstract è pensato per il congresso ANIMO.

Il *locus of control* nei programmi di riabilitazione respiratoria in pazienti con broncopneumopatia cronica ostruttiva

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Il locus of control (LOC) è un costrutto psicologico che può spiegare alcuni comportamenti correlati con le condizioni di salute, come l'aderenza al trattamento. Scopo del lavoro è stato valutare l'influenza delle credenze riguardanti le proprie condizioni di salute, sull'outcome di un programma di riabilitazione respiratoria (PRR). Abbiamo analizzato 20 soggetti (13m; età 73.9±7.8) con BPCO severa inseriti in PRR dopo insufficienza respiratoria acuta, correlando l'outcome del PRR con le caratteristiche demografiche, lo stato psicologico ed il LOC. Abbiamo inoltre confrontato il sottogruppo di pazienti che ha riportato un maggiore miglioramento della dispnea (TDI≥2) dopo PRR (Gruppo2) con gli altri (Gruppo1). I pazienti presentavano una moderata compromissione della indipendenza funzionale (FIM 90.3±29.5), ed un profilo LOC con alta confidenza negli altri (4.3±1.3) e nei medici (5.2±0.5), e bassa nella sorte (2.8±1.1). Dopo PRR si osservava un miglioramento di: pressione inspiratoria (MIP) ed espiratoria (MEP) massime, flusso espiratorio alla tosse (PCEF), depressione, ansia di stato, qualità della vita (SGRQ). Gruppo2 all'ingresso mostrava valori più alti di FIM, PCEF, MIP, MEP, e SGRQ score inferiore. Non evidenza di differenze significative tra i due gruppi per quanto riguarda il profilo LOC e l'ansia di tratto. Alla dimissione, Gruppo2 mostrava un significativo miglioramento di MIP, MEP, ansia di stato. I valori basali di FIM, PCEF, MIP e MEP possono predire un ridotto effetto dei PRR sulla dispnea. Il TDI non sembra correlare con i punteggi di LOC e di ansia di tratto.

A possible case of Carney syndrome in a middle-aged male

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Background: Carney Syndrome is a rare disorder characterized by various association of tumors in different organs: gastrointestinal stromal tumor (GIST) of the stomach, esophagus leiomyoma, lung chondroma, paraganglioma, adrenal adenoma and pheochromocytoma. It usually affects young women and is a chronic and often indolent condition. Its etiology is unknown, but frequently with a genetic basis.
Case description: We described the unusual case of a 65 year old male affected by resistant hypertension and GIST of the stomach. The patient was investigated for secondary hypertension, revealing borderline values for 24-h urinary metanefrine and elevated blood chromogranine A. MNR of the abdomen showed left adrenal adenoma of about 10 mm and I^{123}MIBG-scintigraphy radionuclide uptake in the same site. Given the hypothesis of Carney Syndrome, thorax-abdomen CT was performed, showing absence of metastatasis and genetic analysis for common gene sites for pheocromocytoma was negative. After a second MNR of the abdomen revealing further enlargment of left adrenal neoplasm the patient was submitted to surgery removal of both lesions.
Conclusions: Carney syndrome is a rare multi-neoplastic condition usually affecting young women and mostly genetically linked. This is the first case describing this syndrome in an advanced middle-aged male more than 60 year old.

Parinaud syndrome secondary to midbrain stroke in a patient on dabigatran and clopidogrel treatment

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Background: Parinaud syndrome (PS) is a neurological disorder characterized by a vertical ophthalmoplegia frequently associated with convergence-retraction nystagmus and sometime with diplopia. The syndrome is due to lesions of the midbrain peri-acqueductal region induced by hydrocephalus, pineal gland tumors, demyelinating disorders, whereas stroke is an uncommon cause.
Case report: A 77-year old man suffering for diabetes, blood hypertension, normotensive hydrocephalus without surgical indication and on secondary cardiovascular prevention by using dabigatran 110 mg bid for permanent atrial fibrillation (CHA_2DS_2-VASC score 5), and clopidogrel 75 mg od for previous ischemic heart attack came to our attention for acute onset of diplopia and dizziness. Neurological examination showed severe limitations of upward and downward gaze and convergence retraction nystagmus, suggesting a Parinaud syndrome. Basal brain CT scan was negative. Diffusion brain MRI showed an acute ischemic lesion having an ovular shape and a 1 cm diameter in the left peri-aqueductal midbrain suggesting an acute lacunar stroke. Plasma concentration showed normal anticoagulant activity of dabigatran whereas platelets aggregation test showed normal activity of clopidogrel. Imaging and functional tests didn't show an increasing in normotensive hydrocephalus. None surgical indication was confirmed.
Conclusions: Vascular aetiology PS uncommon. At our knowledge the present report is the first one literature evidence of vascular Parinaud syndrome in patients on well conducted dabigatran and clopidogrel treatment.

Catastrophic infra-renal abdominal aorta thrombotic occlusion complicating type II heparin induced thrombocytopenia in an octogenarian female

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Background: Abdominal aorta thrombotic occlusion is an uncommon and potentially catastrophic consequence of type II heparin induced thrombocytopenia (HIT), despite revascularization.
Case report: An eighty-one years old female came to our attention because of acute onset of dyspnoea associated with dysesthetic pain and paresis of both legs. She was under enoxaparin treatment because of distal deep vein thrombosis complicating recent knee arthroplasty. Blood assay showed a very low platelet count, under 30.000/mm^3. Ultrasonography of the common femoral arteries showed a post-occlusive flow pattern. The computer tomography angiography detected bilateral pulmonary emboli and complete thrombotic occlusion of infra-renal abdominal aorta. Enoxaparin was immediately discontinued, and the patient was treated by using subcutaneous fondaparinux 5 mg od, this choice because of it was the only one available non heparinic drug at that moment in our hospital. Platelets count recovered over 50.000/mm^3 three days later, therefore the patient underwent to surgical thrombectomy. However, despite thrombectomy was technically successful, the patient died some days later for the consequence of severe ischemic damage and revascularization syndrome.
Conclusions: Thrombotic aorta occlusion is a catastrophic and potentially lethal consequence of type II HIT. Prompt diagnosis and appropriate treatment are fundamental. The synthetic direct thrombin inhibitor argatroban should be the first line treatment in the emergency setting of type II HIT leading to a faster revascularization.

Secondary prevention by direct oral anticoagulants in acute phase of cardioembolic stroke: a real life experience in elderly patients

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Background: Concerns exists about the optimal timing and dose for anticoagulation in acute phase of cardioembolic stroke, especially in elderly patients. Direct oral anticoagulants (DOACs) are now a concrete option in management of patients at risk of cardioembolism. However, patients with acute stroke were excluded in phase III randomized clinical trials. The aim of our study was to report on our experience about timing and dose of DOACs in acute phase of cardioembolic stroke.
Materials and Methods: We analyzed data records of 65-years old and older patients admitted in our ward for acute cardioembolic stroke and underwent to secondary prevention by DOACs during hospitalization.
Results: From DOACs marketing, thirty-three patients with mean age 82±7 years received DOACs within two weeks from acute cardioembolic stroke onset. Median NIHSS was 8. Fifty-five percent of patients had acute ischemic lesion greater than 2.5 cm. Median timing for starting DOACs was five days (IQR: 3-8.25). Seventy-five percent of patients received low dose DOACs. None patient died during hospitalization neither presented symptomatic intracranial bleeding.
Conclusions: Our real life report could add information about secondary prevention in acute phase of cardioembolic stroke.

A strange jaundice: a rare case of ampullary carcinoid

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Introduction: The term carcinoid is generally applied to well-differentiated neuroendocrine tumors (NETs) and implies well-differentiated histology (low- to intermediate-grade). Carcinoids are rare tumors. Overall 0,05% of all carcinoids are originally ampullary.
Case report: A 82-years-old man presented with jaundice with associated anorexia and weight loss. He had a history of cholelithiasis. The MRI revealed a rounded lesion in the ampullary area. EGDS confirmed a mass at the papilla of Vater and biopsies were taken. Endoscopic Ultrasound described an irregular mass in the ampullary area; the tumour showed early signs of pancreas' infiltration. CT did not identify signs of metastasys. Pathology established a carcinoid diagnosis. The patient was presented to surgeons who decided to proceed with a pancreaticoduodenectomy.
Discussion: In this disease, obstructive jaundice is a common presentation (>60%) other features include abdominal discomfort (24,6%) acute pancreatitis (6%) and weight-loss (3,7%).Carcinoid syndrome is rare in these tumours (<3%). EGDS, ERCP, Endoscopic Ultrasound are the diagnostic modality of choice. CT and MRI may identify a primary site and metastasys. CgA plasma level helps in biochemical evaluation. Octreoscan is a sensitive diagnostic modality to detect NETs which have somatostatin receptors.
Conclusions: Carcinoid tumours of ampulla of Vater are extremely rare cause of extra-hepatic biliary obstruction. Histopathological diagnosis remains the gold standard. The well-differentiated NETs are slow-growing tumors with a good prognosis.

The scales of the risk assessment for pressure sores

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Background and Purpose of the study: Pressure sores (PS) are a problem for all patients (pts) bedridden or forced positions. Goal of prevention programs, care and treatment of the PS is to identify the pts at risk, by scale (SL) of risk assessment.
Materials and Methods: We enrolled 1500 pts with all quality indicators collected, consecutively discharged from 7/1/12 to 15/06/15, from long-term care Medicine of the nursing home Villa Iris Pianezza (TO), 72% of the total discharged. We performed comparisons between populations (pts with PS at entrance, pts without PS at entrance, pts who will develop a new PS during current hospitalization, pts who will not develop, pts without PS at entrance who will never develop, pts without PS entrance with past PS) by comparing the statistical significance of T Student Test of Norton SL, Braden SL, Scotts SL, the% of true positives, sensitivity, specificity, positive predictive value (PV) and the negative PV.
Results: mean age 80.06 years, mean stay 47.10 days, mortality 22.8%, M 40.6%, F 59.4%. 4.72% with active disease, 13.5% bedridden, 35% double incontinence, 24,15% catheterized at entrance, 18,86% positive urine culture, 34.6% resorts to pain therapy. 18% PS at entrance, 2.26% develops new PS during hospitalization.
Conclusions: almost all of the parameters used had a high statistical significance. Scotts SL greater significance, Braden SL greater specificity and accuracy. All 3 SL had high negative PV, but all 3 SL had limited positive PV. Braden SL was the most accurate, appropriate and reliable for post-acute geriatric pts.

Follow-up of patients treated with novel oral anticoagulants

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Introduction: Novel Oral Anticoagulants (NOAC) therapy could expose patients to risks of complications unless a careful follow-up is assured. A structured educational program and a strict follow-up of these patients could be essential to ensure therapy adherence and to monitor possible adverse reactions.
Materials and Methods: During the last year 140 subjects (100 F and 40 M, mean age 74±12.4 years) were recruited from patients attending the outpatient anticoagulation consultation at the Internal Medicine Department. All patients were treated with NOACs: 113 patients had atrial fibrillation (AF), 11 pulmonary embolism (PE) and 17 deep vein thrombosis (DVT).
Results: Patients were predominantly frail with several comorbidities; most of them (60) had at least 3 more comorbidities, 29 had one more disease whereas only 44 had just the disease needing the anticoagulant treatment. Charlson Comorbidity Index, adjusted for age, was >5 in most of the subjects. Mean CHA_2DS_2-VASC score was 4.15 and HAS BLED 2.4 in AF patients. 72.4% of patients returned to follow-up visits, 17.6% were contacted by telephone calls; only 8.8% were lost to follow-up. Three patients died during the follow-up even though no death was related to NOACs adverse events. Discontinuation of treatment was due to accidental falls in 3 cases, to minor bleeding (1 gastrointestinal) in 6 patients.
Conclusions: A carefully monitored follow-up of patients treated with NOACs assured a good adherence to treatment and was helpful to prevent complications, especially in frail elderly patients.

Confronto tra le caratteristiche al basale in Italia dei pazienti trattati con terapia standard e nuovi anticoagulanti orali arruolati rispettivamente nel Registri PREvention oF thromboembolic events – European Registry in Atrial Fibrillation (PREFER in AF) e PREFER in AF Prolongation

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Razionale: A due anni dall'introduzione (NAO), la gestione del paziente affetto da FA non può più prescindere da questi moderni approcci terapeutici.
Metodi: Il registro PREFER in AF ha arruolato 7243 pazienti, 1888 in Italia (01/12 – 01/13) di cui solo il 3% era in trattamento con NAO. Il 19% non era in trattamento antitrombotico. Il registro PREFER in AF Prolongation ha arruolato 4155 pazienti, 604 in Italia (06/14 – 04/15), il 99,34% in trattamento con NAO. I dati che seguono hanno lo scopo di confrontare le differenze al basale tra le popolazioni dei due Registri.
Risultati: Confrontando PREFER in AF e PREFER in AF Prolongation si hanno i seguenti risultati, rispettivamente: età media anni 70,9 *vs* 74,4; >75 anni 42,5% *vs* 50,8%; FA permanente 35,6% *vs* 41,6%; ipertensione arteriosa 76% *vs* 83%; insufficienza renale cronica (IRC) 12,4% *vs* 15,4%; scompenso cardiaco 19,7% *vs* 19,9%; precedenti ictus ischemici[6],7% *vs* 10,6%; punteggio medio CHA_2DS_2-VASC[3],3 *vs*[3],5; punteggio medio HAS-BLED[2],2 *vs*[2],0;
Conclusioni: Nel registro PREFER in AF Prolongation (principalmente pazienti trattati con NAO) i pazienti presentavano età leggermente maggiore, maggior prevalenza di: FA permanente, insufficienza renale cronica, pregresso ictus ischemico, ipertensione arteriosa.
Questo può essere interpretato come una maggiore sicurezza nella prescrizione dei NAO da parte dei medici in pazienti con fattori di rischio rilevanti, o un adeguamento dei clinici ai requisiti del piano terapeutico per la prescrizione di questi farmaci.

Leucocitosi simil-leucemoide e pseudo-addome acuto in paziente con porfiria acuta intermittente misconosciuta

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Introduzione: Le porfirie acute, a causa della loro multiforme presentazione clinica mimante molte altre patologie, spesso non sono diagnosticate. Presentiamo il caso di una donna di 28 a.
Caso clinico: La pz con iperpiressia-diarrea-addome acuto e TC addome mdc - colonscopia negative. Nelle ore successive crisi comiziale e disestesia-ipostenia agli arti inferiori prossimalmente con TC e RM

encefalo negative ed EEG con rallentamenti puntuti. La pz si presenta prostrata, in stato ansioso-depressivo e con segni di impegno neurovegetativo (tachicardia incessante e indipendente dalla curva termica e ipotensione ortostatica). Il laboratorio evidenzia leucocitosi neutrofila (WBC 50.000), riduzione di Na,K, e Mg con aumento di VES e PCR. Vista l' ingravescenza della clinica e la inefficacia della terapia viene eseguita laparoscopia esplorativa (esito negativo). Il successivo dosaggio di porfirine plasmatiche e urinarie ne evidenzia concentrazioni elevate con pattern genetico per la forma acuta intermittente.
Conclusioni: La porfiria acuta rappresenta una sfida per il clinico. Essa deve essere considerata in ogni paziente con algie addominali, quando una prima valutazione clinica non è suggestiva di altre cause, specie se associata a sintomi neurologici e psichiatrici, disfunzione vegetativa e disionia. Un attacco acuto può essere preceduto da un periodo di alterazioni comportamentali con possibile evoluzione in sintomi di severa neuropatia autonomica fino al deficit neurosensitivo. La mancata diagnosi, associata ad un trattamento inadeguato, può essere fatale.

Grave enterorragia ed anemizzazione acuta in ulcera solitaria del colon ascendente

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Introduzione: Le ulcere del colon dx sono una sfida per il clinico in quanto possono mimare condizioni cliniche molto diverse per terapia e prognosi. Presentiamo il caso di una donna di 69 a.
Caso clinico: La paziente veniva alla nostra osservazione per algia in fossa iliaca dx, melena ed anemizzazione. In anamnesi assunzione di ASA-Clopidogrel per Angina di Prinzmetal. All'obiettività addominale dolenzia in fossa iliaca dx, modesta resistenza di parete e melena. Il laboratorio evidenziava Hb 8,36 gr%, MCV 93 fl, PCR 45 mg/l; negativa TC torace-addome e la EGDS. Inviati campioni di feci per es. colturale, parassitologico e ricerca di ameba iniziava trattamento con ac. tranexamico e piperacillina-tazobactam. A paziente stabilizzata veniva eseguita pancolonscopia che dimostrava un'ulcera del colon dx di 10x15 mm a fondo fibrinoso, dura al toccamento. All' istologia: infiltrato linfomocitario della lamina propria. Negativi gli esami colturali, parassitologico e infettivologico. Esami endoscopici seriati evidenziavano la cicatrizzazione della lesione.
Conclusioni: Le ulcere del colon sono rare e più spesso localizzate nel cieco - colon ascendente. Simulano diverse patologie quali l' appendicite acuta o il ca colico. L'eziologia è un enigma. Sono descritti casi in pz con S. di Behçet, TBC intestinale, Amebiasi, infezioni da CMV, *Campylobacter jejuni*, *Strongyloides*, *Entamoeba histolytica*, nefropatie in dialisi – trapiantati di rene o in terapia con FANS, KCl orale e contraccettivi orali.

Malnutrizione, immunodeficit ed infezioni nel paziente obeso trattato con diversione biliopancreatica: caso clinico

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Introduzione: Nel pz operato di BPD il follow-up nutrizionale è fondamentale. La malnutrizione si associa a infezioni severe. Presentiamo il caso di un uomo di 43 a.
Caso clinico: Il pz viene alla ns osservazione per dispnea ingravescente, febbre e tumefazione perineale dolente. In anamnesi obesità trattata con BPD 8 anni prima e distiroidismo. Il laboratorio evidenzia neutrofilia e linfopenia Th CD3+CD4 137 cell/micl; Ts 55; Ratio Th/Ts 2.51, PCR 181, PCT 33 ng/mL, albumina 2.1 gr%, Hb 4.8 gr, MCV 69 fl. HIV neg. Alla TC torace-addome-pelvi focolai confluenti in entrambi i campi polmonari ed ascesso perineale. Espettorato: *P. aeruginosa*, K. Pneumonie, Acin. Bau., BK neg. Inizia trattamento con Colimicina+Meropenem+Levofloxacina ev. L'ascesso pelvico viene drenato. Dopo iniziale miglioramento nuovo episodio di dispnea. Alla TC torace quadro compatibile con polmonite da *P. Carinii*. Iniziato trattamento con Bactrim ev. Nonostante terapia massimale e correzione della malnutrizione exitus in 30° giornata.
Conclusioni: Gli operati di BPD devono seguire una dieta ricca in carne, pesce, uova, insaccati, formaggi ed assumere supplementazioni orali di calcio, ferro e vitamine. I controlli sono necessari per verificare che l'alimentazione sia corretta e che le supplementazioni siano sufficienti nella dose consigliata. Il follow-up nutrizionale può comunque fallire, o per scarsa compliance o per eccesso di malassorbimento e la malnutrizione che ne consegue può condizionare uno stato di immunodeficit globale con insorgenza di infezioni fatali come nel ns paziente.

Il D-dimero quale spia di patologia non trombotica: caso clinico

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Introduzione: Il D-dimero è un prodotto di degradazione della fibrina e rappresenta un marcatore laboratoristico di ipercoagulabilità. Tuttavia l'aumento delle sue concentrazioni plasmatiche avviene in numerose patologie con trombotiche. Noi presentiamo il caso di una donna di 29 a.
Caso clinico: La pz lamentava coliche addominali ricorrenti associate ad alvo alternante stipsi e diarrea. Si sottoponeva ad ecografia addome (negativa) e a routine ematochimica (negativa ad eccezione del D-dimero 3236 mcg/l). L'obiettività generale era nella norma. Il D-dimero veniva ridosato in altri 2 laboratori ottenendo lo stesso esito. Eseguiva Ecodoppler arti superiori ed inferiori (negativo) e colonscopia (negativa). A questo punto si supponeva un incremento aspecifico e secondario a patologia flogistica. Si effettuava nuova batteria ematochimica comprensiva di autoimmunità con riscontro di positività per: Reumatest 94 IU/mL, ANA 1/320, ASMA 1/40, ENA 7.1, SSA e RO-52 (positivi), amilasi 167 U/l e VES 36 mm/1 h. Veniva reinterrogata la pz in merito ad eventuale sensazione di secchezza delle mucose e oculare. La pz si ricordava di usare qualche volta lacrime artificiali. Sottoposta ad esami scintigrafico delle ghiandole salivari e test di *Schirmer* veniva posta la diagnosi di S. di Sjogren.
Conclusioni: L'aumento, anche marcato, del D-dimero avviene in numerose patologie non trombotiche. Nella ns pz ha avuto la funzione di spia per patologia autoimmunitaria prima ancora della comparsa di sintomi clinici conclamati consentendo di effettuare la diagnosi.

Comparison of unidimensional Numeric Rating Scale and multidimensional American Pain Society Patient Outcome Questionnaire measure of pain in cancer patients

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Pain is a multidimensional experience and measuring only intensity with a unidimensional scale has not always been adequate in evaluating treatment effectiveness. From 1 May to 30 September 2015, 106 hospitalized patients with a cancer diagnosis were evaluated at the Internal Medicine Unit of Miulli Hospital. 90 of them with medium or high intensity pain were randomized 1:1, at admission, to the unidimensional Numeric Rating Scale (NRS) or the multi-dimensional measure, according to the American Pain Society Patient Outcome Questionnaire (APS-POQ); moreover, a correlation with epidemiological data was performed. Both measures of pain assessment were easy to apply and were overlapping in the assessment of pain intensity. The multidimensional scale also allowed for the evaluation of the following parameters: worst daily pain intensity; pain interference with daily activities; pain influence on mood; verification of pain relief; satisfaction of care received; patient participation in treatment decisions. Epidemiological data:48 patients (53%) had severe intensity of pain (33% of them had haematological cancers pathologies, 17% had prostate cancer, 13% had gastric cancer); 42 patients (47%) had medium intensity pain (62% with tumor onset in the definition phase, 14% had chemotherapy related pain). In both groups, pain was mainly associated with metastases (48/62%) and age (>70 years). The APS-scale POQ proved easy to apply and more comprehensive than the NR, as the POQ evaluated specific parameters. Its use may therefore be recommended in cancer pain management.

A case of acute pericarditis associated with human parvovirus B19 infection

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A 51 years old woman, with past medical history of hypertension and severe obesity (BMI >55 kg/sm), was admitted to our Operative Unit for dyspnea lasting 2 weeks, atypical chest pain and fever. The chest XRay showed a suspicious right pneumonia and hearth enlargement; an empirical wide-spectrum antibiotic therapy was then started. Despite that, dyspnea and hypertermia didnt't resolve and a transtoracic echocardiography demonstrated a pericardic effusion with maximum thickness of 3 cm. Hearth friction rub became evident at physical exam. Complete autoantibody screening resulted negative, troponin levels were normal and serum PCR showed high number of copies of human Parvovirus B19 DNA (9.828.863.240 copies/mL). Subsequently, the patient complained worsening respiratory and circulatory failure requiring intensive assistance (NIV), and severe anemia became evident. A treatment with high dose immunoglobulin, blood transfusion, lysine acetilsalycilate and steroids was administrated. The general conditions improved, pericardial effusion and dyspnea progressively resolved. The patient was then referred to the cardiologic rehabilitation unit, and no furthert complications presented. The infection from Parvovirus B19 can trigger hearth failure being cause of myocarditis, pericarditis, anemia. Literature reports suggest that therapy with high dose immunoglobulin can be useful in this clinical contest.

An unusual case of massive chylothorax in a patient with disseminated mycobacteriosis

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We report the case of a 63 years old male from western Africa with past medical history of Pott's disease, and lung tuberculosis. In December 2014 the patient complained lung infection by *M. fortuitum* associated with lower limb skin and lymph-node lesions, treated with amikacin and cefoxitin. A maintenance treatment with doxicicline and trimethoprim-sulfametoxazole was prescribed. In October 2015 the patient was admitted to our Operative Unit for cachexia, anorexia and worsening asthenia. The chest XRay showed massive left pleuric effusion wich required the positioning of a thoracic drainage; we observed discharge of lactescent pleuric fluid rich in cholesterol and tryglicerides, with normal values of white blood cells, glucose and LDH, indicative of chylothorax. The colture test resulted steryle. A chest and abdomen CT scan revealed the presence of hydropneumothorax, lung and pleural nodules, pericardial effusion, enlarged mediastinal lymphnodes without evidence of neoplastic lesions. Parenteral nutrition and antibiotic therapy with ciprofloxacin and clarithromycin were started. The pleuric effusion improved, allowing drainage removal. The patient was finally addressed to a thoracic surgical consultation. Chylotorax can be associated to non-controlled mediastinic tubercolar disease; although often associated with *M. Tubercolosis*, literature suggests its possible association with non tubercolar mycobacteriosis in immunocompromised subjects. The isolation of the pathogen can be difficult because of the peculiar growth characteristics of such agents.

A case of adrenocorticotropic hormone-secreting neuroendocrine carcinoma in an old patient

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Background: Ectopic adrenocorticotropic hormone secretion (EAS) is responsible for approximately 10-15% Cushing's syndrome. EAS is associated with various tumors, particularly small cell lung cancer and gastrointestinal neuroendocrine tumors. The diagnosis is sometimes challenging and the source of ACTH production can be difficult to identify.
Case report: A 76-year-old woman was admitted with recent onset of diabetes, polyuria, polydipsia, fatigue, and frequent hypertensive crisis. Laboratory investigations revealed anemia, thrombocytopenia, hypokalemia, hypercortisolemia and high levels of ACTH. Abdominal echography and TC showed a[5],5cm hepatic mass, 18F-FDG PET/CT detached a focal uptake on IV segment of the liver, with a central area of decreased captation. Conversely, ^{68}Ga-DOTATOC PET didn't show any increase in SUV values. The histological examination of the mass identified an ACTH-secreting poorly differentiated neuroendocrine carcinoma, whose primary lesion was unknown. The patient underwent a cycle of etoposide and carboplatinum chemotherapy, which was badly tolerated. Only palliative treatments were carried on and she died 4 months later.
Conclusions: When an elderly patient presents recently onset of diabetes, hypertension, persistent hypokalemia, related to increased values of ACTH and plasmatic cortisol, ectopic ACTH secretion due to neuroendocrine carcinoma should be considered as differential diagnosis among all causes determining hypercortisolemia.

A rare presentation of Cushing's syndrome

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Cortisol exerts direct and indirect effects on bone, enhancing its resorption first and then inhibiting its formation with a reduced bone resistance and quality. Vertebral and costal fractures have been reported as a presenting symptom of Cushing's syndrome by several authors. A high incidence of non-traumatic fractures in the period preceding the diagnosis of Cushing's syndrome was described in retrospective studies. A 70-year-old woman who had a spine pain was diagnosed as Cushing's disease with multiple spine compression fractures. The patient had a complex fracture and gradually presented the features of Cushing's syndrome. Her plasma ACTH and cortisol levels were extremely high. Radiological findings and chemical markers for bone metabolism showed severe osteoporosis. Magnetic resonance imaging showed the presence of a pituitary microadenoma. Transphenoidal surgery was performed. This case indicates that Cushing's syndrome should be considered for severe osteoporotic patients.

Thyroid atypia: experience of a hospital network

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Fine-needle cytology (FNC) is a useful test for thyroid nodule evaluation and has been widely accepted as the main diagnostic procedure. Cytological analysis is facilitated by the 'Thy' classification. However, management of patients with atypia of undetermined significance/follicular lesion of undetermined significance (AUS/FLUS) remains problematic. Approximately 5-15% of cases are reported to be malignant and their management is still controversial. The aim of this study was to investigate the outcome of patients undergoing surgery following detection of thyroid nodules with Bethesda category III on FNC. Medical records of 211 patients with Thy 3a lesion were retrospectively reviewed from 516 patients who underwent FNC during 2015 period at a single hospital network (ASL Napoli 1 Centro). Follow-up history was available for 23 patients. Following thyroidectomy, thyroid carcinomas were detected in 8.6% of thy3a lesions. In summary, data from our study show that a cytological Thy 3a lesion is not frequently associated to malignancy. In conclusion, we suggest careful monitoring and follow-up of patients with Thy 3 lesions and multidisciplinary approach to establish correct patient-specific management of thyroid nodules.

Clinical controversy about a overdiagnosis: a puzzling embolism

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At the state of art angio-MSCT is the gold standard for the diagnosis of pulmonary embolism (sensitivity 96-100%; specificity 97-98%). However, the exponential growth of CT exams increases the identification of subsegmental defects without a parallel impact on the mortality rate (from 12.3% to 11.9% per 100,000 cases), while the large use of anticoagulants increases side effects and exposure to radiation with additional risk of cancer deaths. This fact sets up the possibility of overdiagnosis. More attention should be paid to the smaller lung embolisms, especially sub-segmental, with isolated filling defects without involvement of larger vessels (22-24% of all CT angiography positive for EP), often asymptomatic, fortuitously

diagnosed, with D-dimer negative and low clinical pretest probability on Wells score, Geneva score, Pulmonary Embolism Rule-out Criteria. So an unexpected diagnosis stands as a controversial question regarding therapeutic opportunities. We report the case of a 85 year old woman repeatedly transfused for severe anemia (lowest Hb: 5.2 g/dL) from a cecum cancer bleeding. She was found having a pulmonary embolism of the left lower lobe segmental branches on a CT-scan, without clinical and/or instrumental signs of deep thrombosis. We decided to avoid anticoagulant therapy until when she underwent an intestinal resection, because of the high risk of bleeding and the clinical benignity of her EP (arterial blood-gases were normal). A CT scan shortly after surgery showed the disappearance of the defect intraluminal thrombotic previously reported.

When microcytosis masks other causes of severe anemia: a case report

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A 42year old woman was admitted to this hospital because of severe anemia, fatigue and malaise. The patient had a history of alcoholism and depression. Two years before she had a transfusion of packed RBCs because her Hb values were 4.5g/dL. On examination the temperature was 36.6 °C, the blood pressure 125/88mmHg; other vital signs, the oxygen saturation, and the remainder of the examination were normal. The laboratory findings showed Hb 4.9g/dL, RBC 2.18x10^6μL, Ht 15.7%, MCV 72fl, WBC 3.58x10^3μL, Plt 119x10^3μL, serum iron 206 mcg/dL, serum ferritin 413 ng/dL, haptoglobin 0.25 g/L, total bilirubin 0.92mg/dL, unconjugated bilirubin 0.72mg/dL, AST 67U/L, ALT 42 U/L, LDH 1084UI. There was no apparent source of bleeding. The reticulocyte percentage on admission was 0.59%. She required transfusion of four packed red blood cells because of the severe anemia. B_{12} and folate supplements were given. The peripheral blood smear did not reveal morphologic alterations. The bone marrow aspiration evidenced poorly represented and dysplastic erythroid population. Genetic testing revealed heterozigosity for α-globin gene. Blood alcohol concentration was 2.24 g/L. Gastro-duodenoscopy showed atrophic gastritis. The patient remained in the hospital for 7 days. At follow-up visit 30 days after discharge from the hospital, the hematocrit was 40.7%, Hb 12.4g/dL, MCV 81.7fl. The reticulocyte percentage was 1.4%. We suspect intramedullary erythroblastolysis secondary to vitamin B_{12} deficiency in a woman with alcohol abuse and concomitant microcytic anemia due to heterozygosity for α-thalassemia.

La cura dell'ascolto: ruolo strategico dell'Ufficio Relazioni con il Pubblico nelle organizzazioni sanitarie

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Premessa e Scopo dello studio: Il parere del cittadino, attraverso indagini customer satisfaction e segnalazioni, deriva dal ruolo partecipativo, libero di esprimere il suo pensiero positivo se ha avuto buona esperienza o negativo per un'ingiustizia subita. I problemi sollecitano i professionisti ad attivarsi in modo proattivo per individuare limiti o punti di forza dell'organizzazione.
Materiali e Metodi: Il regolamento di tutela impegna la struttura alla risoluzione tempestiva o a riflessioni che permettono ai professionisti di mostrare competenza, autonomia e responsabilità. La rilevazione qualità percepita fa acquisire dati impiegabili nel processo di miglioramento. Si effettua paperless, è gestita dall'URP con interviste telefoniche o e-mail: 1000 ogni anno.
Risultati: Nei documenti di gestione tutela e rilevazione qualità percepita sono descritti lo strumento LEAN per risoluzione reclami just in time (32% totale), attività di mediazione (24 colloqui con i cittadini, azioni di miglioramento scaturite dall'ascolto (48).
Conclusioni: La presa in carico, per cui l'URP entra nel vivo del problema e valuta insieme alla persona e agli operatori le soluzioni percorribili fino all'esito finale. La personalizzazione, per cui l'URP sviluppa una capacità di supporto alla persona affiancando il cittadino nella interlocuzione con gli Operatori, attraverso un'attività di consulenza calibrata sul singolo. Per superare un approccio datato delle strutture impegnate nell'accoglienza e nell'assistenza, il cittadino deve diventare centrale in un'ottica di cultura del servizio.

✪ Alzheimer disease and in-hospital mortality due to pulmonary embolism: is there a gender-effect? A single-centre study on 8,201 consecutive admissions in Italy

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Background: Alzheimer's disease (AD) is the sixth leading cause of death in the United States, and the fifth leading cause of death in subjects aged ≥65 years. The venous thromboembolism (VTE) is the most common cause of preventable mortality in hospitalized patients, and pulmonary embolism (PE) is responsible for 5-10% of all hospital deaths. The aim of this study was to evaluate the relationship between in-hospital mortality (IHM) and PE, comorbidities, and gender in a consecutive cohort of AD patients admitted to a university hospital in Italy.
Patients and Methods: between 2000 and 2013, all patients aged more than 65 years with AD and admitted to St. Anna Hospital in Ferrara, were included. IHM was the main outcome. Data about age, gender, occurrence of PE during hospitalization, and diagnosis of immobilization were collected and Charlson comorbidity index (CCI) was calculated. All variables were derived from ICD-9-CM.
Results: The total sample consisted of 8,201 AD patients (63.9% females), with a mean age of 79.7±12 years. Deceased patients were 631 (7.7%), and in 17 PE was diagnosed. Univariate analysis showed that age (80.7±11.7 *vs.* 79.7±12, p=0.041), male sex prevalence (10.2% *vs* 6.3%, p<0.001) and PE diagnosis (2.7% *vs* 0.9%, p<0.001) were higher in the IHM group.
Conclusions: In a large cohort of elderly patients admitted to a hospital of North-Eastern area of Italy, PE was associated with IHM independently from comorbidity. Although AD affected more women, fatal PEs were more likely to occur in males.

Risk readmission score and mortality in Internal Medicine readmitted patients

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Background: Two new scores were proposed in 2010 and 2013 in order to identify patients at high risk of readmission to hospital. Aim of this study was to evaluate the two scores and risk of death among patients discharged and then readmitted from an Italian Internal Medicine department.
Methods: During 30 months we identified 613 readmitted patients. We analyzed retrospectively age, sex, length-of-hospital stay (LOS) and deaths. Patients re-hospitalized with an admission diagnosis coincident with the index hospitalization were classified as avoidable, whilst when diagnosis was different as non-avoidable. HOSPITAL score for 30-day potentially avoidable readmission and Elders Risk Assessment (ERA) index were calculated.
Results: Patients (56.6% women) were aged 79±10.4 years and incidence of 30-day readmission was 20.4 patients/month. Re-hospitalization could be classified as avoidable in 286 cases (46.7%) and death at the end of follow-up was recorded in 366 (59.7%). HOSPITAL score ≥7 and ERA score ≥16, both able to identify high risk patients for readmission, were calculated in 108 (17.6%) and 385 (64.4%) of cases respectively. Patients with non-avoidable readmissions were older, were more frequently female, diabetic and had higher ERA score than subjects with avoidable readmission. Multivariate logistic regression analysis demonstrated that only age and ERA score were independently associated with death.
Conclusions: Re-hospitalizations are a frequent phenomenon related to age. ERA score appears to be a practical instrument able to identify high risk patients.

Una rara causa di anemia da non dimenticare

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Paziente di 85 anni si ricovera in medicina per anemizzazione e riferita melena. In anamnesi numerosi ricoveri in Medicina Interna (almeno 4) per anemizzazione da episodi di melena ricorrenti, diverticolosi del colon, ipertensione arteriosa, insufficienza renale cronica, valvulopatia

aortica operata e artrite reumatoide. Gli esami ematochimici all'ingresso evidenziano anemia normocitica con iperferritinemia, segni di emolisi (incremento LDH e aptoglobina ridotta) e piastrinopenia. Durante i ricoveri precedenti i controlli gastroscopici erano risultati ripetutamente negativi mentre la colonscopia aveva evidenziato un quadro di diverticolosi del sigma con segni TC di diverticolite. Durante l'ultimo ricovero il controllo gastroscopico effettuato a 48 ore da un episodio di melena ha evidenziato la presenza di una lesione di Dieulafoy della seconda porzione duodenale sottoposta a trattamento periendoscopico. La lesione di Dieulafoy è una causa rara ma severa di sanguinamento gastrointestinale acuto sostenuto da una malformazione arteriosa congenite localizzata più frequentemente nello stomaco prossimale (70%). La diagnosi endoscopica è spesso difficile e può richiedere ripetute indagini endoscopiche. La terapia endoscopica è il trattamento di scelta e risulta efficace nella maggior parte dei pazienti. L'angiografia e la chirurgia sono indicate in caso di fallimento dell'endoscopia o di inaccessibilità della lesione.

Strategie di intervento per l'enterite da *Clostridium difficile*, tre anni di attività

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Premessa e Scopo dello studio: Il notevole incremento di casi di enterite da *Clostridium difficile* (CD) nel reparto di Medicina Interna di Cuggiono (24 letti) in occasione dell'apertura dei 6 letti di cure subacute (sa), con pazienti (pt) provenienti a da tutti i reparti dei 4 presidi (Legnano, Magenta, Cuggiono, Abbiategrasso) ci ha spinto ad attuare strategie nuove.
Materiali e Metodi: Abbiamo applicato sia una strategia farmacologica a basso costo (metronidazolo 500mg x4) per tutti i pt in th antibiotica o a contatto con pt sicuramente infetti da CD, o con sintomi suggestivi di infezione, diarrea, cambiamento del colore e consistenza fecale, sia un precoce e tempestivo isolamento ancora prima della conferma della positività della tossina. Riportiamo i dati dal 2013-2015.
Risultati: Nel 2013 abbiamo registrato 23 casi (19 acuti, 4 sa su 882 ricoveri), di cui 6 deceduti. Età media 84,5 anni, degenza 20.3 giorni (gg) per acuti, età media 75,5 anni, degenza 20,5 gg per sa, 2 neoplastici in chemioterapia (CT). Nel 2014: 915 ricoveri (824/91), 10 casi di CD (9 acuti, 1 sa), 2 morti, età media 82.76 anni, degenza 17.1 gg, 2 pt in CT. Nel 2015: 942 ricoveri (877/65) 6 casi (5 acuti, 1 sa), età media 81,6 anni, degenza: 9.6 gg, acuti 30 gg sa. 2 pt in CT. Nessuna reazione avversa al metronidazolo, neppure nei pt che sono stati trattati e sono risultati negativi al CD.
Conclusioni: Isolamento precoce e terapia tempestiva hanno ridotto il numero di infezioni e la mortalità da CD nei pt non neoplastici. La diminuzione dei gg di ospedalizzazione ha ridotto il rischio di infezioni CD.

An addicted Staphylococcus

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A 46-year-old male patient, with a history of substance abuse, was admitted for upper and lower back pain, unresponsive to non-steroidal antinflammatory drugs, limbs weakness and difficulty in walking. Laboratory exams showed neutrophilic leukocytosis, increase of inflammation markers. A neurological evaluation revealed signs of dorsal myelopathy and injury of the pyramidal tract prevalent in upper limbs. A full spine MRI with contrast showed a corpuscular collection in the cervical epidural space and between D5-D8 vertebral bodies, with compression and signs of ischemic injury of the bone marrow and infiltration of transverse process of D6, suggestive of infectious-inflammatory disease. A CT-guided percutaneous biopsy of D6 was performed: the bacterial culture revealed *Staphylococcus Aureus* infection. Targeted broad-spectrum antibiotic therapy was started. We diagnosed a paravertebral abscess by *S. Aureus* infection, he was transferred to the Thoracic Surgery Unit and underwent surgical debridement of the epidural abscess. Cervical localization of vertebral osteomyelitis is uncommon, except for a contest of substance abuse, implying injection of infected material into the arm veins and local spread of infection to the paraspinal venous plexus in the cervical region, to the epidural space and contiguous vertebral bodies with compression of the spinal cord or nerve root. Common organisms include *S. Aureus* and streptococcus spp, but also gram-negative bacilli. Likely the primary aetiology of neural damage is a mechanical compression, playing the vascular injury a secondary role.

La trappola degli studi genome-wide association nella genetica della malattia di Alzheimer: uno studio italiano caso-controllo

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Premessa e Scopo dello studio: L'avvento dell'era genomica ha cambiato la visione globale degli studi caso-controllo nella malattia di Alzheimer. Mentre prima si indagavano uno o più geni per un numero limitato di polimorfismi, ora si indagano migliaia di polimorfismi in migliaia di pazienti. Questi sono gli studi di associazione "Genome Wide" (GWA). Lo scopo però rimane sempre lo stesso: individuare varianti genetiche associate alla malattia. Quello che rimane ancora in dubbio è la validazione clinica dei risultati in piccoli campioni, e quindi, nella pratica clinica del singolo paziente. Scopo di questo studio è proprio quello di validare su una casistica limitata dei marcatori genetici GWA per verificarne l'attendibilità clinica.
Materiali e Metodi: I polimorfismi GWA rs11136000 (gene CLU), rs541458 (gene PICALM), rs2306604 (gene TFAM), e rs1554948 (gene TNK1), sono stati analizzati in cieco su 517 pazienti Alzheimer, 552 controlli anziani, e 513 controlli giovani.
Risultati: In rispetto ai controlli anziani, differenze significative si osservano nella distribuzione dei genotipi PICALM-T/C e C/C (p=0.020 e p=0.005), e TNK1-T/A (p=0.007). Queste differenze però scompaiono nell'analisi di regressione logistica corretta per il genotipo dell'apolipoproteina E (APOE).
Conclusioni: Il nostro studio dimostra come fattori di rischio documentati da grossi studi GWA possano non comportarsi alla stessa maniera su piccoli campioni selezionati di pazienti. Ne deriva che l'utilità dell'analisi di questi marcatori sul singolo paziente non è utile nel dirimere problematiche diagnostiche.

Refractory chylothorax due to liver cirrhosis: successful treatment by transjugular intrahepatic portosystemic shunt

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Clinical case: We report on the case of a 64-year-old woman with dyspnea due to a large chylothorax. She was known to have HCV-related liver cirrhosis but no ascites. There was recent history of chest trauma. Cardiac function was normal and thorough diagnostic work-up didn't reveal any signs of malignancy. Immunophenotype of blood and pleural fluid was negative. Tubercolosis was excluded. Video-assisted thoracoscopic surgery showed inflamed pleura and diaphragm in absence of trauma or malignancy. In summary, no other causes of the chylothorax than portal hypertension could be found. We administered diuretic therapy and somatostatin and we have taken a low-fat diet supplemented with medium-chain triglycerides, later replaced with parenteral feeding, but all these treatments failed to relieve symptoms. After placement of the thoracic pig-tail patient was discharged to home. There were two episodes of hepatic encephalopathy probably due to dehydration. A

transjugular intrahepatic portosystemic shunt (TIPS) had successfully been placed and pleural effusion decreased considerably. TIPS has definitively resolved the chylothorax without recurrence. The patient has successfully performed therapy with sofosbuvir and she is currently on the list for transplant.
Conclusions: Chylothorax is a rare and apparently underappreciated manifestation of liver cirrhosis resulting from transdiaphragmatic passage of chylous ascites. Even in absence of ascites, chylothorax might be caused by portal hypertension and TIPS can be an effective treatment option.

Scompenso cardiaco a funzione sistolica conservata *versus* funzione sistolica ridotta in pazienti ricoverati in Medicina Interna: dati di uno studio retrospettivo

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Introduzione e background: Lo scompenso cardiaco è frequente motivo di ricovero in Medicina Interna. Per promuovere una migliore qualità di trattamento è necessaria una chiara comprensione delle differenze dei pazienti con scompenso cardiaco a funzione sistolica conservata rispetto a quelli con funzione sistolica ridotta.
Materiali e Metodi: Studio retrospettivo su 300 pazienti ricoverati per scompenso cardiaco acuto tra il 1 gennaio 2013 ed il 31 ottobre 2014. Sono state analizzate caratteristiche generali, comorbidità, parametri ecocardiografici e radiografici, esami di laboratorio, terapia domiciliare ed alla dimissione e terapia con diuretici d'ansa e inotropi durante la degenza. I pazienti sono stati divisi in due gruppi in funzione del valore della frazione d'eiezione. Abbiamo quindi condotto un'analisi univarita determinando le differenze significative tra caratteristiche epidemiologiche, cliniche, bioumorali, ecocardiografiche e terapeutiche e valutare gli eventuali fattori prognostici correlati all'outcome (mortalità intraospedaliera o trasferimento in Unità di Terapia Intensiva).
Risultati: Il 42,33% aveva una frazione di eiezione conservata *vs* il 57,67% con frazione di eiezione ridotta. I pazienti con FE conservata avevano un'età media di 81,9 anni e il valore medio di Charlson Comorbidity Score era di^3,80. I pazienti con FE conservata avevano una maggiore prevalenza di BPCO (p=0,01; OR=0,46). I pazienti con disfunzione sistolica ridotta presentavano una maggiore incidenza di cardiopatia ischemica (p=0,000) con valori più elevati di urea (p=0,001) all'ingresso. Dal punto di vista ecocardiografico i pazienti con FE conservata avevano valori medi più elevati di spessori parietali del ventricolo sinistro (p=0,014) e del setto interventricolare (p=0,021). I pazienti con FE ridotta avevano una maggiore prescrizione di beta-bloccanti (p=0,019) e nitrati (p=0,036). Alla dimissione si è rivelata maggiore la prescrizione di beta-bloccanti (p=0,001; OR=2,3),antialdosteronici (p=0,002) e statine (p=0,042) nei pazienti con FE ridotta. I principali fattori associati ad un outcome sfavorevole erano il proBNP all'ingresso (p=0,015; OR=0,06), urea (p=0,023; OR=3,97) e creatinina (p=0,028; OR=1,74) alla dimissione per i pazienti con FE ridotta
Conclusioni: Lo scompenso cardiaco a funzione sistolica conservata differisce in termini di presentazione clinica, laboratoristica, strumentale e terapeutica dallo scompenso cardiaco a funzione sistolica ridotta. Nel nostro studio i pazienti con FE ridotta avevano un outcome peggiore; in questa popolazione i fattori significativamente correlati all'outcome si sono rivelati i valori di proBNP all'ingresso e quelli di urea e creatinina alla dimissione.

✪ Sepsis in oncologic patients admitted to Internal Medicine: a retrospective study

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Purposes: Research of possible clinical and laboratory markers that predict an adverse outcome (hospital mortality) in septic cancer patients admitted in Internal Medicine. The assessments of accuracy of validated prognostic score in ICU (APACHE II, SOFA) and ER (MEDS), and specific prognostic score for the cancer patients (ECOG PS and Karnofsky) in our population admitted in Internal Medicine.
Materials and Methods: Analysis conducted with a retrospective study of 139 cancer patients hospitalized at the Department of Medicine of the University Hospital Careggi in Florence for sepsis, severe sepsis and septic shock. Logistic regression was used for the correlation of the predictors of hospital mortality.
Results: Of the total of 139 cancer patients, with a mean age of 70.6 years, of which 80 (57.6%) were men and 59 (42.4%) women.The main patients comorbidities were detected with heart failure (NYHA class III-IV 31.6%), diabetes mellitus (24.5%), chronic renal failure (23.7%), liver disease, dementia (23.1%) and COPD (8.6% of the population). The presence of three coexisting comorbidities was detected in 49 patients (35.2%). Classes of antibiotics most widely used in the initial empiric therapy were the glycopeptides (52%), carbapenems (44%), fluoroquinolones (41%), and penicillin (26%). In 34.5% of 139 patients had to be a change in the empirical treatment based on antibiogramme.
The results of our study show that the prognostic score validated in oncology (Karnofsky PS, ECOG PS) are more useful for stratification of severity in our patient population, compared to the main score used routinely (APACHE II, SOFA, MEDS) for septic patients, and validated in the setting of intensive care and emergency.
Conclusions: Severe sepsis and septic shock are conditions with high mortality in cancer patients, despite the recent advances in diagnostic and therapeutic;from here the aim to properly stratify the patient to optimize the treatment and predict outcome.Oncologic score are more useful for stratification of severity in septic cancer patients.

Idiopathic relapsing panniculitis: a diagnostic challenge. Case report

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Background: Idiopathic relapsing lobular non-suppurative panniculitis (Weber-Christian disease) is a rare inflammatory disorder characterized by recurrent subcutaneous painful nodules associated with fever, malaise, asthenia. In severe cases, the inflammation can involve the lungs, heart, spleen, kidneys, adrenal glands and gastrointestinal tract. Cause is unknown, prognosis is extremely variable. Differential diagnosis is difficult and involves infectious, neoplastic and autoimmune nodules.
Case report: A 34-years–old woman was admitted because of subcutaneous painful nodules at abdomen, thorax, arms and legs, with muscle pain and functional impairment, fever and deep asthenia. Eight years before some nodular painful lesions appeared for the first time at right leg; after other two years the lesions re-appeared on both legs; cutaneous biopsy showed non-specific features. Low-dose steroids were prescribed. Afterwards, other recurrent episodes were registered; diffusion to arms, truncus and abdomen were observed in the time. At admission the patient underwent an extensive laboratory and instrumental work up (including CT scan, muscle RMI, videocapillaroscopy) with non-conclusive results. A new biopsy at level of a significant abdominal nodule was performed: lymph-monocytic hypodermal infiltration, foam hystiocytic cells in a lobular context, cell-fat necrosis and no-vasculitis features were observed. The patient started cyclosporin 100 mgx2/die (3mg/bwKg/die). Recovery of general condition was achieved; no recurrence at 18 months follow up was recorded.

Un caso di cripto-iperaldosteronismo

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Introduzione: Ipertensione secondaria rappresenta la causa più frequente di elevati valori pressori nelle giovani donne. Alterazioni della funzione neuormonale renale su base vascolare o iperaldosteronismo sono le ipotesi fisiopatologiche più verosimili.
Caso clinico: Si recava in ambulatorio per cefalea ed ipertensione D.M, femmina, 23 anni, storia familiare di ipertensione arteriosa (IA), dislipidemia e cardiopatia ischemica, tabagista, policistosi ovarica e dato scintigrafico suggestivo di doppio distretto del rene sn. Esame obiettivo toracico, cardiaco e addominale negativo, PA 130/100 mmHg in tera-

pia con ramipril 5 mg. Per valutare l'ipotesi nefrovascolare, praticava un'ecodoppler delle arterie renali, negativo per stenosi. Gli esami ematochimici mostravano un lieve iperaldosteronismo con ARR (aldosterone/PRA) normale. Per valutare la pervietà dell'arteria renale accessoria la paziente è stata sottoposta ad angioTC che non mostrava stenosi. Si è ritenuto opportuno praticare un'angiografia venosa con sampling in vena cava inferiore, che ha mostrato valori diagnostici di iperaldosteronismo (aldosterone: 662.2pg/mL; PRA: 0,46ng/mL/h e ARR 1432). Infine la RMN dell'addome ha mostrato iperplasia surrenalica bilaterale

Discussione: Le anomalie renali favorivano l'ipotesi di una IA nefrovascolare, negata dalle indagini strumentali. L'ipotesi alternativa di iperaldosteronismo è stata confermata dal cateterismo venoso, con ulteriore validazione morfologica con RMN.

An uncommon case of autoimmune-hemolytic anemia

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Background: Pernicious anemia, due to gastric autoimmune atrophy, is a cause of macrocytosis and hemolysis, as a result of ineffective erythropoiesis. However in this case, the anemia was not completely justified by vitamin B12 deficiency.

Case report: A 45-years-old caucasian male presented with symptomatic anemia (Hb 7,0 g/dL), extreme macrocytosis (MCV 121 fL), accompanied by elevated LDH (4.371 U/L), normal unconjugated bilirubin (0,77 mg/dL), low serum haptoglobin level (7 mg/dL) and reticulocytosis (255.000 cells/mmc). Moreover direct Coombs test was positive and vitamin B12 level was very low (50 pg/mL). After five days of treatment with intramuscular vitamin B12, hemoglobin only slightly increased (Hb 8.5 g/dL). EGDS showed the typical atrophy-related lesions and anti-gastric parietal cell antibodies were found in the serum (50,33 U/mL). Also thyroid peroxidase antibodies were detected. With these results, prednisone per os (1 mg/kg/die) was started and haemoglobin level quickly raised (Hb 12.2 g/dL) after 1-week therapy.

Conclusions: The simultaneous presentation of pernicious anemia and autoimmune hemolytic anemia is uncommon. Initial laboratory tests were compatible with both conditions, but the positive findings at the EGDS and serum antibodies investigation led us to focus only on vitamin B12 deficiency. Instead, the presence of high initial reticulocytosis, the partial failure of substitutive therapy and the good response to the corticosteroid strategy, proved the combined autoimmune-hemolytic pathogenesis of the anemia.

Una malattia arcinota sottovalutata

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La pz, R.T., donna di 51 aa, presentava in anamnesi patologica remota asma bronchiale allergico (trattato con anti-istaminici e salbutamolo spray al bisogno) ed attacchi di panico. E' giunta in PS Legnano il 01/11/15 per arresto cardiorespiratorio secondario a grave crisi asmatica poi è stata ricoverata in Rianimazione. Per coma post-anossico è stata confezionata tracheostomia e PEG (questa in seguito rimossa per infezione). Durante la degenza ha presentato crisi comiziali, trattate mediante diazepam e levetiracetam con solo parziale beneficio quindi con fenitoina e valproato ed infine clonazepam, sempre con controllo solo parziale; si sono verificati vari episodi di broncospasmo trattati con steroidi, broncodilatatori e ventilazione manuale con pallone di Ambu ed O2; inoltre un episodio di fibrillazione atriale parossistica risolto con amiodarone. Sono stati necessari antibiotici per *K. oxytoca* e MSSA isolati dalle vie aeree. IL 24/12 è stata trasferita in Pneumologia Abbiategrasso. Presentava ancora coma e movimenti afinalistici diffusi perciò è stato reintrodotto levetiracetam con beneficio parziale. E' stata posizionata CPAP. Ha presentato due crisi broncospastiche risolte con steroidi, broncodilatatori e ventilazione manuale con pallone di Ambu ed O2. Il 02/01 improvvisa grave desaturazione per ulteriore crisi broncospastica: nonostante i consueti provvedimenti, si verifica un nuovo arresto cardiorespiratorio, non responsivo alle manovre rianimatorie avanzate eseguite per 30 minuti, perciò la pz è deceduta.

Strana malattia nodulare del polmone

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Il pz, maschio di 73 aa, con unico dato anamnestico di pregressa emorragia cerebrale post-traumatica, è stato ricoverato per dispnea da sforzo presente da 3-4 mesi. Alla TC torace eseguita ambulatorialmente si evidenziava presenza di infiltrato interstiziale diffuso, noduli polmonari multipli e ispessimenti a manicotto peribronchiali. La spirometria ha mostrato un deficit ventilatorio misto severo con DLCO ridotta; nella norma, nonostante la dispnea da sforzo, sia l'emogasanalisi sia il test del cammino. Ha eseguito broncoscopia con riscontro di diffuse mammellonature a partenza dalla base della lingua, estese ad entrambi gli emisistemi bronchiali, prevalenti a sin con stenosi del lobare inferiore; dalle biopsie è emersa malattia linfoproliferativa tipo non Hodgkin della zona marginale. La BOM è risultata negativa mentre l'agoaspirato midollare ha confermato il riscontro. Anche l'immunofenotipo su sangue periferico ha evidenziato malattia linfoproliferativa con doppia componente monoclonale IgM k sia in zona Beta2 che in gamma. La diagnosi è stata pertanto LNH leucemizzato con ampio interessamento polmonare. Il pz è stato successivamente trasferito in Oncologia Osp. Magenta per stadiazione e terapia del caso.

Clinical history of cancer patients with isolated distal deep vein thrombosis: a multicenter cohort study

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Background: Isolated distal deep vein thrombosis (IDDVT) accounts for one-fourth to one-half of all deep vein thrombosis (DVT) of the leg. About 10-20% of patients with venous thromboembolic events (VTEs) have concomitant cancer. Unfortunately, information on the clinical history of IDDVT is extremely limited and, to date, no study has evaluated the long-term risk of VTE recurrence in IDDVT patients with cancer.

Aim of the study: To provide information on the clinical history of IDDVT patients with active cancer.

Methods: A multicenter, cohort study including active cancer patients with an objective diagnosis of IDDVT was conducted. Information on baseline characteristics, thrombosis location and extension, concomitant risk factors, type and duration of treatment was collected. All patients were followed up to 24 months. During follow-up, VTE recurrence, major bleeding episodes and death were registered. Potential risk factors for VTE recurrence were evaluated.

Results: 308 patients in 13 centers were included; 99.0% of patients received an antithrombotic treatment. Total population follow-up was 389 patients year (mean follow-up 15.2 months). Mean duration of treatment was 4.2 months. During the study period there were 46 episodes of VTE recurrence (35 proximal DVT or PE) for a incidence rate of 13.2 events per 100 patients year; 7 patients had a major bleeding event (2.3%) and 137 died (44.5%).

Conclusions: Cancer patients with IDDVT have a high risk of VTE recurrence. Other studies are warranted to address the adequate management of these patients.

Early detection of *Mycobacterium tuberculosis* and rifampicin resistance by Gene Xpert technology in a rural Ugandian hospital: the experience of dr. Ambrosoli Memorial Hospital

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Introduction: Nucleic acid amplification (NAA) testing can be used for rapid diagnosis of TB providing important, timely, diagnostic, benefits. The Gene Xpert MTB/RIF was approved for smear-positive or smear-negative sputum samples. Rifampicin resistance is strictly related to the presence of MDR-TB. Gene Xpert can detect the presence of infection in sputum negative patient and select the patient with rifampicin resistance, who will be send in a referral hospital to undergo a DST (drug sensitivity test), and isolated and treated, if MDR – TB will be confirmed. Gene Xpert technology was recently introduced in Dr. Ambrosoli Memorial Hospital, Kalongo.
Aims of the study: The aim of the study is to analyze the impact of the implementation of the gene Xpert technology in the detection of *M. tuberculosis* in the AFB negative patients and the detection of Rifampicin resistance.
Methods: A simple paper- format was given to the Laboratory to register simple data of the patient and all the process of the registration will be check finally by the Medical. Indications for Gene Xpert test are: AFB negative patient, in particular HIV patients, Children, AFB positive patients with high suspicion of MDR TB, *i.e.* HIV patients, treatment failure patients and relapse-on-treatment patients. All the patients investegated during the year 2016 will be registered.
Conclusions: Data collected during the 2016 will be analyzed, compared to data of LPA (line probe assay), DST, and cultures released from the referral TB center in Gulu. Data will be compared with the 2012 Uganda TB surveillance.

A 17-year old man with fever and generalized lymphadenopathy

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A 17-year old man was referred to the Internal Medicine Ward to investigate a 4-day high fever, not responsive to paracetamol, and a painful right inguinal lymphadenopathy. The patient had no important diseases in his clinical history. On physical examination he was in well condition. No headache, non rigor nucalis were founded. Chest was clear. Heart sounds were normal, no murmurs were heard. On the tibial right region was a single small eritematous nodule, with no pus or necrosis. Lymphadenopathy was present in the right inguinal region, in the neck bilaterally and in the right axillary region. Moreover, splenomegaly was present, confirmed by ultrasound. CBC count showed only a mild monocytosis (13%). C reactive protein was high (87,51 mg/dL). Serology for CMV, EBV, *T. gondii* and Quantiferon TB were negative. Soft tissues ultrasound displayed a hypoechoic with high vascularization right inguinal lymphadenopathy, which was removed by surgeon for biopsy. The histological specimen showed a proliferation of venules and endothelium, clots of monocytoid elements with central necrosis, with rare presence of Langerhans cells; Pas and Ziehl-Neelsen stain were negative for presence of fungi and mycobacteria. The specimen analysis was consistent with a granulomatous-necrotizing lymphadenitis. Finally the laboratory sent the *B. Henselae* serology test which was positive at high title. The patient was treated with Azythromicine 250 mg OD for 4 days. After 2 weeks there was no sequelae with a restitutio ad integrum.

Coagulazione vasale disseminata come sindrome acuta di esordio di carcinoma gastrico

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La coagulazione vasale disseminata (CID) è una grave condizione legata all'ingresso in circolo di materiale con attività di fattore tissutale. La CID può accompagnarsi a varie condizioni morbose tra cui le neoplasie. Usualmente, in tali casi, si presenta in fase tardiva mentre è poco frequente come condizione acuta all'esordio. Riportiamo il caso di un maschio 52enne, ricoverato per la presenza di alterazioni coagulative [piatrinopenia (86000 mm^3), INR 1.4, fibrinogeno 104 mg/dL, D-Dimero 30 mg/dL, Hb 10.6 g/dL]; il paziente si era rivolto al PS per la presenza da tre giorni di dolori in mesogastrio. Il successivo striscio periferico mostrava schistociti, l'aptoglobina 4 mg/dL, LDH 2531 U/l, reticolociti 3%. Per tali alterazioni, suggestivi di CID acuta, si iniziava la somministrazione di plasma fresco e, per il peggioramento dell'anemia (Hb 6.2%), di emazie. Sulla possibile causa della CID, considerata la sintomatologia dolorosa, si ci orientava per una genesi paraneoplastica visto anche l'aumento della FA e la positività di CEA e $CA_{19.9}$. Una prima EGDS e la coloscopia risultavano negativi. Viste le alterazioni ematologiche si è procededuto con aspirato midollare che escludeva una patologie emoproliferative; la biopsia osteomidollare mostrava infiltrato midollare di cellule altamente indifferenziate ad anello con castone. Alla luce di tale risultato si ripeteva la EGDS da cui emergeva la presenza, all'angulus, di un'area di mucosa depressa, con margini irregolari mammellonati, la cui biopsia confermava la natura neoplastica. La CID regrediva dopo otto giorni di terapia.

Procalcitonin elevation during neuroleptic malignant syndrome

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Procalcitonin (PCT) is a well-known biomarker for the diagnosis of sepsis; elevated PCT levels has been described in patients without proven infection too; this is thought to be related to a non clear answer to non infective insults. Neuroleptic malignant syndrome it has been reported to occur with all drugs that effect the central dopaminergic system (including dopamine agonists and levodopa); the classic triad involves fever, rigidity and cognitive changes. We report the case of an elevation of PCT without bacterial sepsis in a 75 years old woman treated with a combination melevodopa (MD), carbidopa and levodopa that was admitted twice in a month in our medical ward due to fever and dyskinetic movements of face and limbs. Each time MD was started few days before admission by her neurologist. At the second admission fever was the prominent sign but C-reactive protein (PCR) and white blood cells (WBC) were normal. PCT was high (55 pg/mL) on a routine dosage; due to the former diagnosis of drug related fever MD was stopped again and no antibiotic therapy was started. We witnessed a drop of PCT values (34 and 4 pg/mL on day 1 and 2). Nevertheless several blood and urine colture were performed as echocardiogram, total body CT scan and lumbar puncture. All the results were negative for bacterial or viral infections. The patient was rehydratated and recovered after several days. Although PCT have high sensitivity and specificity for differentiating bacterial infection from systemic inflammation is also important to interpret the results in the context of the full medical picture.

✪ Neoadjuvant treatment of a duodenal gastrointestinal stromal tumor revealed a new imatinib-sensitive KIT mutation

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Background and Study aim: GISTs are rare mesenchymal tumors of the GI tract. Surgery is of choice in localized disease, and neoadjuvant treatment with imatinib (a tyrosine kinase inhibitor, TKI) is increasingly applied. Indeed, 90% of GISTs have a gain-of-function somatic alteration in the proto oncogene KIT. Exon 11 is the most frequently involved. Detection of mutations in GIST is critical for targeted therapy since patients respond differently to TKI, depending on the specific mutations displayed by their tumors. We report a new imatinib-sensitive mutation in exon 11 in a duodenal GIST who underwent neoadjuvant treatment.

Case description: A 35-y old male presented with melena and an ulcerated GIST (fine needle biopsy, 3.4x2.2x3.1 cm) at the II duodenal tract (medial aspect of the duodenal wall, immediately distal to the papilla and exteding to nearby pancreas). The lesion was amenable with pancreaticoduodenectomy and displayed contact with cava inferior. Neoadjuvant treatment was started with complete metabolic response (PET-FDG negative at+30d). Segmental duodenal resection distally to the papilla was performed 6 months later when NMR showed substantial size reduction and no blood vessel contacts. Molecular studies revealed a new exon 11 deletion (p.T574_H580delTQLPYDH) in the functional domain of c-KIT.
Conclusions: Neoadjuvant treatment allowed conservative surgery as well as to demonstrate imatinib sensitivity of a new exon 11 c-Kit-deletion. This case underlies the clinical and scientific relevance of this procedure and of the molecular characterization of GIST.

Interregional patient mobility in a mountain area-hospital

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Background and Study aim: Interegional patient mobility is becoming an increasingly relevant phenomenon for its social, economic and health policy impact. We here describe the patient demographics of the "mountain community"-Hospital S.S. Annunziata of Varzi, located in south-lombardy, in an area that borders similar territories of 2 regions, namely Piedmont and Emilia-Romagna. These regions made important reorganizations in health care during the last years, and these resulted in substantial changes in health coverage in these less-populated areas.
Materials and Methods: Place of residence and clinical condition of patients accessing the 24 H Emergency Unit and the Internal Medicine Unit of Varzi Hospital in 2015 were analyzed.
Results: A total of 5245 patient admissions were observed at the Emergency Unit in 2015 (one-year-increase, +13.5%). Patients from bordering regions were increased from 11% in 2014 to 13% in 2015, with a rise in Internal Medicine admissions for extra-regional patients from 7 to 11%. Nearly 80% of Emergency Unit admissions were spontaneous, and 77% of them were triaged with green code.
Conclusions: Changes in regional health care may have a relevant impact in patient mobility, and logistics is a factor that need to be considered when planning for health reorganization. Bordering regions should coordinate to address this phenomenon.

Efficacy and safety of liraglutide *versus* sulfonylurea both in combination with metformin during Ramadan in subjects with type 2 diabetes: a randomized trial

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Subjects with type 2 diabetes (T2D) who fast during Ramadan have a 5- and 7.5-fold increased risk of severe hyper- and hypoglycemia, respectively. The effect of liraglutide (lira) *vs* sulfonylurea (SU), both+metformin (Met), on change in glycemic control in subjects with T2D who fasted during Ramadan was examined. In this up to 33-week, open-label trial, adults (HbA_{1c} 7-10%; BMI ≥20 kg/m^2; stable SU+Met; intent to fast during Ramadan) were randomized to either switch to once daily lira 1.8 mg (N=172) or continue pretrial SU (N=171), both+Met. After 3-week dose escalation, a 6–19-week maintenance period preceded Ramadan. Primary endpoint was change in fructosamine (FA) from start to end of Ramadan (lira N=151; SU N=165). During Ramadan, despite lower FA & HbA_{1c} at start of Ramadan in the lira arm, a similar reduction in FA with lira and SU was seen. Confirmed hypoglycemic episodes appeared to be lower with lira and fewer subjects withdrew during Ramadan (lira[3], SU 11). AE frequencies appeared similar: lira 23.7%; SU 20.9%. GI AEs were more common for lira (10.5%; SU 3.7%). A low incidence of SAEs was observed (lira 1.3%; SU 0%). During Ramadan, lira showed similar improvements in glycemic control from lower FA & HbA_{1c} levels compared to SU with a similar number of AEs, apparently fewer confirmed hypoglycemic episodes and better weight control.

Duration and impact of hypoglycemic events with insulin degludec and insulin glargine: a meta-analysis

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Insulin degludec (IDeg) is a basal insulin with an ultra-long duration of action and a distinct mechanism of protraction resulting in a flat and stable pharmacokinetic profile and a low rate of hypoglycemia. This meta-analysis comprised 3 treat-to-target, open-label, non-inferiority trials comparing IDeg and insulin glargine (IGlar) in[1],922 insulinnaïve patients with T2D on a basal insulin-only regimen. Across these trials, rates of overall confirmed hypoglycemia were significantly lower for IDeg *vs* IGlar (rate ratio 0.83, 95%CI: [0.70; 0.98]). Patients were interviewed to discuss their hypoglycemic events at each visit. The interview captured: time to recognize event, duration of event, time to recover, any contact to healthcare professionals (HCP) and impact on usual activities.[6],065 events were recorded and analysed using an ANOVA model controlling for covariates. There were no statistical differences in the characteristics of hypoglycemic events between IDeg and IGlar for any of the parameters tested. Time to recognize: 7.2 min for both IDeg and IGlar. Duration: 26.4 *vs* 28.2 min for IDeg *vs* IGlar. Time to recover: 34.2 *vs* 32.4 min for IDeg *vs* IGlar. 35.4% of patients reported that the event had an impact on daily activities with IDeg *vs* 33.0% for IGlar. After an event 9.2% (IDeg) *vs* 10.2% (IGlar) contacted a HCP. In conclusion, rates of overall confirmed hypoglycemia were 17% lower with IDeg *vs* IGlar and there were no differences in terms of recovery time, impact on daily activities or use of healthcare resources.

A case of tuberculous arthritis in immunosuppressive therapy

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A 45-year-old Filipino man was admitted to our hospital for fever, strangury and urine retention of 1week's evolution. He had history of kidney transplant, treated with corticosteroids and immunosuppressants, and left ankle prosthesis because of iatrogenic osteoporosis. No CAD, no DM, no haematuria, no caught, no significant weight loss. His clinical examination was normal, except for left ankle pain, which had become greater after trauma in the workplace. An abdominal echography showed atrophic native kidney, normal sixe of transplanted kidney, no renal pelvis dilatations. The chest Rx-rays didn't show abnormalities. Routine biological examination was normal excepted for fibrinogen elevation. No signs of urinary infections. Vancomicina and Imipenem Cilastatina were started. A Musculoskeletal Ultrasound revealed the presence of left ankle arthritis with signs of severe synovitis and hypoechoic fluid. Joint fluid aspiration showed a no haemorrhagic and turbid fluid. Culture for common bacteria and *M. tuberculosis* was done together with PCR analysis. Blood culture and urine culture were negative. Urine and stool samples were collected for mycobacterial smear microscopy and culture with negative results. Spinal and knee X-rays showed focal calcified signs of degenation. PCR of joint fluids identified *Mycobacterium tuberculosis*. Consequently, the patient was treated with Rifampicin, Isoniazid, Levofloxacin and Linezolid.
Conclusions: Tuberculosis infection of bone and joint must be considered when predisposing epidemiological factors are present to avoid delay in therapy.

Once upon a time there was a beauty sleeping in... Internal Medicine!

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Introduction: Hypothermia can due to exposure to cold, drug intoxications, endocrine disorders, hypothyroidism, central or peripheral neurological disease. Shapiro syndrome (SS) is the most and mysterious spontaneous periodic hypothermia.
Case report: A very beauty 29 y-old girl was admitted to our Dept for severe asthenia, sweating, progressive bradypsychia. She appeared pale, hypotese, bradycardic, hypothermic, hyperhydrotic, lethargic. She was non-smoker, non-narconon and contraceptives user, and she had experienced a similar symptomatology during menses two years before. At *Cardiac evaluation* sinusal bradycardia. Normal *respiratory, abdomen evaluation and gas analysis*. Normal *Chest-X-ray*. At *Laboratory* slight anaemia and leukocytosis, but neither endocrinological abnormalities nor evidence of infectious disease. At *Brain CT-scan* presence of agenesis of corpus callosum. She was treated immediately on supporting therapy on warm saline solution and hotbed, with increase of AP values and body temperature. Our Beauty Sleeping improved, maintaining the same supportive therapy, recovered within two weeks and was discharged with diagnosis of Shapiro syndrome and now she is looking for her Prince Charming!
Discussion: SS is usually a benign disorder, probably due to a diencephalic thermoregulator centers paroxysmal dysregulation, characterised by paroxysmal episodes of sweating, hypothermia, often associated with agenesis of corpus callosum, of variable duration and frequency but with spontaneously favourable outcome in several weeks or months.

The Carmelina's calvary due to her Prader-Willi syndrome

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Introduction: Prader-Willi Syndrome (PWS) is a rare genetic and congenital condition characterised by weak muscle tone in newborns, delayed motor development, low mental development, behavioural disturbances, obesity, almond-shaped and cross-eye, limb abnormalities, hypogonadism, hypersomnia, diabetes. Cardiorespiratory failure is the most common cause of death.
Case report: Carmelina, a 22-y-old female patient with PWS, was admitted to our Dept for hypersomnolence, palpitations, dyspnoea. She appeared tachycardic, poly-dyspnoic with cyanosis, limb oedema, jugular turgor, cardiorespiratory failure. Normal body T, EKG, BP. *Gas analysis* pO2 59 mmHg, pCO2 60 mmHg, pH 7.2. *Laboratory* slight anaemia, leukocytosis, renal failure signs, rise of ESR. Treated on diuretics and O2 erogation, she worsened becoming soporous and anuric and her gas analisys showed pO2 40 mmHg, pCO2 110 mmHg. *Chest-X-ray* wide cardiac shade. *Echocardiography* showed pulmonar hypertension signs. We therefore treated our Carmelina on C-PAP, furosemide with rapid amelioration of her clinical conditions and laboratory parameters.
Discussion: We here report a case of a young woman with PWS, with sleep disordered breathing and daytime hypersomnolence, who developed an acute cardiorespiratory and renal failure. C-PAP and furosemide greatly improved her severe clinical conditions restoring haemodynamic balance, renal function, respiratory performance remitting sleepiness, reversing sleep disordered breathing and improving surprisingly day after day Carmelina's mental acuity.

An unforgettable clinical case of Fabry-Anderson disease

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Introduction: Fabry disease (FD) is a rare hereditary X-linked recessive disorder due to inactivation of a lysosomal hydrolase, the enzyme α-galactosidase A (GLA), with storage of undegraded glycosphingolipids in the lysosomes and cellular/microvascular dysfunction. Clinically it is characterised by pain to extremities or gastrointestinal, renal involvement, cardiomyopathy, dermatological manifestations, ocular involvement.
Case report: A 25-year-old male patient was admitted to our Dept with sudden right arm and leg impairment and dysarthria. At history many episodes of TIA since he was only 17 y old, myocardial infarct at the age of 22 y and chronic kidney disease diagnosed at 23 y. He presented dysarthric with right side body impairment. Normal *cardiac evaluation*, BP, HR, EKG with non-acute ischaemic signs. At *Echocardiogram* ejection fraction of 53%, myocardial hypertrophy. At *Brain CT-scan and NMR* presence of many lacunar ischaemic areas. At *Laboratory* leukocytosis, rise of creatinine, urea, proteinuria with decrease of glomerular filtration rate. Treated on thrombolysis with t-PA he gradually improved. Suspecting a FD, we submitted him to renal biopsy with histology and electron microscopy study, to Cardiovascular Magnetic Resonance, to genetic analyses of GLA, which confirmed the diagnosis, and to enzyme replacement therapy.
Discussion: The diagnosis of FD, too often under or misdiagnosed, is made clinically and confirmed by demonstration of the deficient GLA activity, and luckily currently safely and effectively treated by enzyme replacement therapy.

✪ When bad luck is... too much: the Turcot syndrome

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Introduction: Turcot syndrome is a rare autosomal recessive disorder clinically characterised by primary tumors of the central nervous system associated with adenomatous colonic polyps and dermatological alterations with onset in the first or second decades of life.
Case report: A 32-year-old male was admitted to our Dept with tonic-clonic seizure and loss of consciousness. He had experienced weakness and weight loss, headache and vomiting in the last weeks. He presented awake and oriented, with motor deficit in the right side and multiple areas of skin hyperpigmentation. At *Brain CT* intraparenchymal hemorrhage with mass effect of the left parietotemporal side. He promptly underwent left parietotemporal craniotomy, resection of the tumor and which histopathology revealed be a glioblastoma multiforme. During hospitalization, he presented a sudden gastrointestinal bleeding. At *colon endoscopy* 17 colorectal tubulovillous adenomatous polyps, immediately excised, with high-grade dysplasia. He underwent genetic evaluation. We considering the presence of glioblastoma, colonic polyposis and skin alterations, hypothesized a case of Lynch disease and made diagnosis of Turcot syndrome.
Discussion: Turcot syndrome, is one of the diseases belonging to the hereditary nonpolyposis colorectal cancer syndrome (HNPCC), also known as Lynch syndrome. It is characterised by an inherited mutation in one of four DNA mismatch repair genes, with consequent development of colon cancer and brain tumors. The diagnosis of HNPCC is based on a combination of clinical and genetic criteria.

Alice in Wonderland... the mad hatter story by Lewis Carroll could become actual in the modern age!

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Introduction: Mercury intoxication may present in a wide range of clinical forms from a simple disease to fatal poisoning. Acute or chronic exposure to mercury can result in acute lung injury with cough, sore throat, shortness of breath, chest pain, fever, erythematous rash, itch, chills, gastrointestinal complaints, metallic taste, headache, weakness.
Case report: A 42 year-old woman was admitted to our Dept for weakness, headache, nausea, fever, body erythematous rash, itch, abdomen

pain. Her body T 39°C, HR 96 b/m and RR 22 b/m. Normal Respiratory and Cardiac evaluation, BP EKG gas analysis. At *Laboratory* leukocytosis, slight anaemia, rise of ESR, CRP, LDH. Negative resulted all tests of infectious autoimmune or rheumatological diseases. *Abdomen, cervical and axillary ultrasonography* revealed the presence of hepatomegaly and severe reactive lymphadenopathies. Cardiac, dermatological, haematological, infectious, autoimmune diseases were excluded by Specialists consulted. After a deep medical history taking, we learned that she had eaten a lot of canned tuna in the last months. So, suspecting an exposure to mercury from canned tuna, we submitted her to serum and urine mercury level dosage which resulted highly elevated and to chelating therapy on penicillamine with significant improvement.
Discussion: Tuna fish is one of the most convenient protein sources that exists in the world, so it easily becomes a guy's go-to lunch, but unluckily, due to its possible presence of mercury, it can condition a severe poisoning as that of Alice in wonderland Mad Hutter!

A case report of purpura due to leukocytoclastic vasculitis induced by levofloxacin

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Introduction: Up to 20% of cases of cutaneous vasculitis are drug-induced with histology revealing demonstrating leukocytoclastic vasculitis (LCV). The classic presentation of cutaneous vasculitis is palpable purpura, but it ranges from erythematous lesions to deep ulcers or digital gangrene.
Case report: A 70-year old man, afflicted with hypertension, severe varicose veins in his lower extremities, benign prostatic hypertrophy, erectile dysfunction, relapsing urinary infections, presented to our Dept for painful, erythematous, and violaceous rash on his left leg after a therapy on levofloxacin. Normal the patient's vital signs as body T, HR, RR,BP and pulse oximetry, but purpuric papules and petechiae were present on the medial and anterior distal both legs.. At *Laboratory* no any alterations and all the potential causes of vasculitis (ANA, RF, antistreptolysin-O, C-ANCA, P-ANCA, hepatitis B and C markers) were negative. A *punch biopsy* resulted consistent with leukocytoclastic vasculitis. Upon review of the patient's recent medications, levofloxacin-induced vasculitis was suspected and he was prescribed a therapy on prednisone and clindamycin. At follow up one month later, the patient presented dramatic improvement in his lower extremity lesions.
Discussion: Leukocytoclastic fluoroquinolone-induced cutaneous vasculitis is little-known between the possible adverse events commonly due to fluoroquinolones, but recognition of this uncommon event is crucial since continuation or re-exposure of the offending agent may have life-threatening consequences.

Ovarian cyst and its catastrophic effects in a patient with Moschowitz syndrome

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Introduction: Moschowitz syndrome (MS) or Thrombotic thrombocytopenic purpura (TTP) is a disorder of blood-coagulation system, characterised by extensive microscopic thrombi in the small blood vessels with consequent damage of kidneys, heart and brain, most cases of which are due to inhibition of the enzyme ADAMTS13 by autoantibodies conditioning increase platelet adhesion to endothelium.
Case report: A young woman was admitted to our Dept for sudden abdominal pain and hematuria. At her history endometriosis, severe anaemia and severe piastrinopoenia at 20 y and diagnosis of TTP and hydronephrosis at 25 y. At *Laboratory* deep anaemia and piastrinopoenia, Coombs test negative, rise of LDH and presence of schistocytes at peripheral blood examen as in a recurrence of MS. She immediately treated on plasma exchange and prednisone spectacularly improved and underwent CT-scan of abdomen which revealed the presence of big ovarian cyst. But she though surgically treated by Gynecologist, few days later she worsened again due to onset of ureteral haematomas with hydronephrosis! Treated on double J stent placement, antibiotics and prednisone however we obtained the gradual amelioration of the clinical conditions and laboratory parameters our patient. Luckily now she is healthy in quite good clinical conditions.
Discussion: Physicians ever should keep in mind that the research of the cause of origin or relapse of MS and the prompt administration of therapy consisting in plasma exchange and administration of immunosuppressants must start in these patients in the shortest possible time.

A mysterious and fatal tachyarrhythmia in a female patient afflicted with Fabry disease

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Introduction: Fabry disease (FD) is a rare genetic lysosomal storage disease, due to alpha galactosidase enzyme deficiency, inherited in an X-linked manner involving neurological, cardiovascular, gastrointestinal, dermatological and renal apparatuses and conditioning hypertension, cardiomyopathy, angiokeratomas, anhidrosis or hyperhidrosis, Raynaud's disease like symptoms, ocular alterations, neuropathy, tinnitus vertigo and stroke, renal insufficiency and failure.
Case report: A female 60-year old patient diagnosed cardiac variant of Fabry disease since a left ventricular endomyocardial biopsy revealed specific features of FD with cardiac involvement some years before already on enzyme replacement therapy (ERT), was admitted to our Dept for a sudden episode of cardiopalmus, asthenia dyspnoea and breath shortness. At cardiac evaluation hypotension and presence of tachyarrhythmia confirmed at EKG as sustained atrial fibrillation. Echocardiography showed the presence of dilated cardiomyopathy. At laboratory nothing important. Normal was Chest X-ray. She was treated on amiodarone and beta-blockers and at last on electrical cardioversion obtaining the remission of AF. But unluckily she developed a severe and fatal shock in few hours.
Discussion: Women with FD are considered to have a good prognosis and significant arrhythmias are uncommon in patients with Fabry cardiomyopathy on ERT, but here we report the case of an unlucky female patient who developed in few hours a severe and fatal outcome despite all medical efforts to help and save her.

Ricoveri per sepsi in Medicina Interna 2014-2015: uno studio prospettico

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Premessa: Il fenomeno crescente della resistenza agli antibiotici ha reso più difficile il trattamento delle infezioni gravi ospedaliere. Nel presente studio abbiamo voluto indagare se fossero in aumento i casi di sepsi nel Reparto di Medicina Interna del nostro Ospedale.
Metodi: 1608 pazienti ricoverati in Medicina Interna dal 1 gennaio 2014 al 31 dicembre 2015 sono stati inclusi consecutivamente (età media 74.3±15.8 anni, 48.8% maschi). La diagnosi principale, la durata e l'esito della degenza sono stati raccolti e sono stati individuati i casi di sepsi e shock settico.
Risultati: La durata mediana dei ricoveri era di 8 giorni (0-98 giorni). La mortalità intraospedaliera totale era 7.9% (6.54% nel 2014 *vs.* 9.9% nel 2015; p=0.01). Durante il periodo di studio sono stati ricoverati 49 casi di sepsi (51% maschi, età media 79.1±13.7 anni). L'eziologia era da germi gram-positivi nel 35%, gram-negativi nel 22.5% e non determinata nei restanti casi. La mortalità dei pazienti ricoverati con sepsi era significativamente maggiore rispetto ai pazienti affetti da altre patologie (28.6% *vs.* 7.6%; p<0.001), come anche la durata del ricovero (16.6±17.2 giorni *vs.* 10.4±8.4 giorni; p=0.01). La mortalità intraospedaliera per sepsi è aumentata dal 18.2% nel 2014 al 37% nel 2015 (p=ns).
Conclusioni: Abbiamo assistito ad un aumento della mortalità intraospedaliera, in linea con l'aumento della mortalità nazionale. La mortalità per sepsi è elevata con un trend in aumento negli ultimi 2 anni; la sepsi rappresenta un forte carico assistenziale dovuto alla maggiore durata dei ricoveri.

Infections in the department of Internal Medicine

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Introduction: The hospital infection control and management of antibiotics and antifungal represent markers of high impact on the patient and on the structure.
Aims of the study: Check for infections and monitor the use of antibiotics or antifungal in the UOC of Internal Medicine.
Materials and Methods: In the period October 2015 January 2016 were evaluated 58 patients with bacterial/fungal infection (23 F and 35 M).48 patients were only treated with antibiotics (82.8%), 1 patient was treated with antifungal only (1.7%) and 9 both with antibiotics and antifungal (15.5%).The motivations of the prescriptions were evaluated.
Results: Data demonstrate the following prevalences for the site of infection: (28.1%), respiratory tract, (15.8%) hematological, (14%) intra-abdominal, (10.5%) gastrointestinal (10.5%) urinary tract, (8.8%) skin and soft tissue.The prevalence of infection is 12.14%.The total average duration of therapy was 12.6 days.The duration of treatment is: 17.6 days of treatment for hematological infections, 14.8 days for intra-abdominal, 13.8 days for gastrointestinal, 13.6 days of treatment for skin infections and soft tissue, 11 days for infections of the urinary tract and 10.4 days for infections of the respiratory tract.
Conclusions: Data obtained from monitoring indicate a high prevalence of respiratory infection followed by sepsis (hematologic). These data represent an outcome in order to reduce the occurrence of antimicrobial resistance, the rate of hospital infections and assure the best therapeutic choice in terms of cost/effectiveness.

✪ Appropriate use of antibiotics and antifungals in the Departments of Medicine

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Introduction: The use of antibiotics (AB) and antifungals (AF) in the hospital requires careful and continuous monitoring because overuse and inappropriate exposes patients to adverse events, develops resistance, creating negative effects on pharmaceutical expenditure and budget of the hospital.
Aim of the study: Monitor AB and AF therapies in Medicine Departments and evaluate the adherence with respect to the guidelines.
Materials and Methods: Using the guidelines in CPR, was conducted an evaluation of AB and AF treatment from October 2015 to January 2016. Pt evaluated were 110. Of these, (52.7%) received at least one prescription therapy AB and/or AF.
Results: The data show that, for AB, 8 therapies set by the PS were inappropriate/unnecessary. The other therapies were to be considered appropriate for all indication (86%). 10/57 AB therapies were inappropriate for dosage, because underdosing. In this case, the percentage of appropriateness is 82.4%. 18/57 AB therapies have been inappropriate for duration. Exactly 13 were too long and 5 too short. Therefore, the appropriateness is 68.4%. For the AF, instead, there were 10 prescriptions, all appropriate for indication (100%); in 4 of these, it is not being operated the loading dose on the first day of therapy. Appropriateness for posology is 60%. 4/10 therapies are to be considered inappropriate for durability, because too long, with an appropriateness of 60%.
Conclusions: Appropriate use of these drugs improves the care pathway and treatment outcome and reduces adverse effects and occurrence of antimicrobial resistance.

✪ Procalcitonin is a useful tool in differentiating Candida and bacterial bloodstream infections in critically ill septic patients outside the Intensive Care Unit

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Purpose: We aimed to explore the role of PCT for the diagnosis of *Candida* spp. bloodstream infections in a population of critically ill septic patients admitted to Internal Medicine Units.
Methods: All cases of candidemia identified in three Internal Medicine Units, from January 1st 2012 to August 31st 2015, were enrolled in this retrospective case-control study. For each case of candidemia two patients with bacteremic sepsis were included in the study as control cases. The end point of the study was to evaluate the diagnostic performance of PCT for the diagnosis of *Candida* spp. blood stream infections in patients with objectively documented sepsis.
Results: Fifty-two patients with candidemia and 104 controls with bacteremia were enrolled. Median and interquartile range (IQR) PCT values were significantly lower in patients with candidemia (0.63; IQR 0.25-2.09 ng/mL) than in those with bacteremia (4.69;1.20-21.42 ng/mL). At ROC curve analysis values of PCT less than 2.5 ng/mL had a negative predictive value (NPV) of 98,3% with an AUC of 0.76 (0.68-0.84 95% CI) for the identification of *Candida* spp. At multivariate analysis a PCT value <2.5 ng/mL showed an Odds Ratio of 5.43 (95% CI 1.52-19.43; p=0.009) for candidemia.
Conclusions: In septic patients at risk of C*andida* infection a PCT value lower than 2.5 ng/mL should raise the suspicion of fungal infection, adding value for considering prompt initiation of antifungal therapy.

Making operational acute complex care model: a working proposal of organizational and personnel standards to improve the appropriateness in the management of acute poly-pathological patients

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Background: Improved care for acute diseases has increased mean age and people affected by multiple chronic diseases. Mutated socioeconomic conditions augmented elderly and socially frail subjects. ACCM is a model of integrated management of multi-morbid patients needing acute hospital care and represents the hospital counterpart of Chronic Care Model (CCM). Target population are hospitalized acutely ill complex poly-pathological patients (AICPPs) requiring high technological resources and continuous monitoring. Mission is improving management of medical admissions through predefined intra-hospital tracks and global, multidisciplinary, patient-centred approach. Internal medicine specialist (IMS) is the care team coordinator.
Methods: After Literature review and patients'needs assessment in Internal Medicine Wards (Liguria and Lazio), we present organizational and personnel standards to make operational the ACCM in hospital settings in High Dependency (HDA) and Ordinary Areas (OA).
Results: Proposed standards are: in HDA, every 12 beds, 3 doctors in 12 daytime hours, 1 during night shifts; 2 nurse and 1 social health operator (OSS) per shift. In OA, every 20 beds, 4 doctors, 2 nurses and 2 OSS in 12 daytime hours and 1 doctor, 2 nurses, 1 OSS during night shifts.
Conclusions: Epidemiological transition leading to progressive increase in AICPPs requiring frequent hospitalization enhances the role of IMS in coordination and delivery of care. ACCM represents a practical response to this change of roles. Medical and nursing staff standards and competencies has to be reviewed to ensure AICPPs adequate care.

FADOI-NUT INT enrollment completed in the pilot centers. The lifestyle influence on chronic disease burden in Internal Medicine patients

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Background: FADOI NUT INT is an observational pilot study carried out at 3 Internal Medicine Wards (IMW) to characterize the nutritional status (NS) of patients through diet, anthropometric parameters, physical activity. Secondary end points: correlation between NS, outcomes and costs.
Methods: Data were collected by a questionnaire (CRF) to describe anthropometric data, social and economic status, pre-admission diet, physical activity, comorbidities, DRG.
Results: 186 patients were enrolled and 183 evaluated. M//F 107/76; mean age 67,6 years, mean BMI 26,43 (pre-obese). Comorbidity average value (CIRS score) was[3],8, severity[1],7. First 4 DRG were Hearth Failure (127), Respiratory Failure (087-089), DRGs cancer related, Sepsis (5493). Mean DRG value was 4277 €. A first composite Index of Nutritional Status (INS) was calculated by geometric mean of: nutrition index, BMI index and physical activity index. Maximum INS value is 0.92 stratified in 4 ranges (Very Low-Low-High-Very High - High better than Low). Very Low class 11%, Low 28% High 40% and 21% Very High.
Conclusions: IMW patients present overweight related to lack of awareness of the importance of nutrition and physical activity in chronic diseases (CD). The study confirms the complexity of the patients (comorbidities >3) and the global burden of diseases due mainly to cardiovascular diseases and cancer according to the first 4 DRG found. The INS proposed can be an useful tool to measure the lifestyle influence on CD burden both in evaluating patients at admission and in measuring patients'outcomes.

Physical activity in patients affected by chronic diseases: a practical application of World Health Organization indication of disability prevention implementing adapted physical activity

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Background: Special knowledge in sports medicine inside Internal Medicine could enhance health and fitness preventing injury and illness. Exercise role in promoting healthy lifestyle is essential to prevent most diseases through healthy lifestyle, including diet and lack of risky attitudes (smoking, alcohol) with early detection of age-related diseases. The World Health Organization (WHO) disability classification ICF (International Classification of Functioning, Disability and Health) suggests to adapt activities and environment to people's abilities.
Methods: A previous 2014 pilot study on 157 athletes validate the composite Index of Nutritional Status and Lifestyle Assessment (INS) administering a questionnaire (CRF) to combine BMI, physical activity (PA) (weekly frequency per duration) and quality of food enhancing their effect on metabolism and food combination.
Results: Maximum INS value is 0.92 stratified in 4 ranges between 0.01 and 0.92 (very low-low-high-very high). The athlete sample, by selecting individuals with normal Body Mass Index (BMI), doing regularly exercise and following balanced diet, shows high (75%) and very high (23%) INS value. PA benefits on health can be extended also to patients with chronic diseases (CD) according to scientific consensus for a continuous dose-response relationship between PA and health benefits.
Conclusions: Lower risks of cardiovascular disease have been observed with just 45–75 minutes of walking per week. The adoption of Adapted Physical Activity (APA) for patient with disabilities due to CD could be a valid starting point together with balanced diet for risk reduction in secondary prevention.

Who serves the public hospital today? Suggestions for health policy from the preliminary results of a national study on hospital discharge forms

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Background: As opposed to what we imagine and is shown by scientific studies, hospital Internal Medicine (IM) specialist faces especially difficult diagnoses and problems of instability in acutely ill patients with complex disease (AICPPs). In the changed Italian epidemiological scenario and increased life expectancy, the internist role appears particularly crucial in response to growing pressure on the hospitals'emergency department due to overcrowding.
Methods: A collaborative study with FADOI and CREA Sanità on 2013 national SDOs started on November 2014 and is ongoing.
Objectives of the study: Evaluation of emergency admissions and clinical cases in IM compared to other specialties, patients'allocation, availability of community-based healthcare services, comparison of costs for disease management, rating the weight of DRG in IM compared to total DRGs.
Results: The identikit of the person seeking care at public hospital is as follow: 1.old age (over 65 are 79%, 60% in IM); 2. low level of education (primary school 51%, 60% in IM); 3. active comorbidities (from 3 to 4), 4. in emergency (55% of hospital admissions, 27% admitted in IM) because of exacerbation of one or more of the diseases which the patient is suffering, 5. mainly admitted in Internal Medicine Department (Medical Area 42% of the emergency admissions); 6. needing continuous monitoring and high technology.
Conclusions: IM appears as central Department in the future hospital. Regional health plans cannot leave out of consideration increasing weight of AICPPs on hospital network and the role of IM in managing them properly and efficiently.

Clinical competence: from theory to training programs towards the Internal Medicine specialist portfolio

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Background: Following the evidences of 2015 FADOI Lazio Health Economic Committee showing lack of instruments in evaluate clinical competence (CC) in Internal Medicine and in designing specific training to realize a personnel portfolio, an innovative training course was designed to drop CC theory (developed by FADOI-SDA Bocconi) in daily practice.
Methods: A consensus meeting was planned to discuss preliminarily the topics and share the methodology. A theoretical-practical course (T-PC) regarding evaluation of CC on basic Management skills for Internal Medicine (IM) doctors was developed. T-PC has been designed with lectures (5 hrs), group works (14 hrs) and final project works.
Results: T-PC made with a fully interactive methodology in small groups, introduce the subject of skills evaluation in health professional, defines the educational level reached and how the skills can fit into the department and healthcare authority goals, defines the evaluation grids, sets a practical model of improvement path of individual skills (personnel portfolio). Peculiarities: focus on the professionals' ability to know how to choose a path (even individual) to update skills; use of innovative teaching methods (workshops in small groups with tutor); web skills gain; electronic health records training.
Conclusions: Introduction of T-PC directed to IM specialists is an innovative methodology to assess individual skills, to match them with local health authorities goals and to plan a three year path to achieve a personnel portfolio and represents a CC implementation tool in daily clinical practice.

✪ Implementing acute complex care model: the checklist to evaluate acute patients at admission to stratify them according to pre-defined intra-hospital tracks

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Background: Acute Complex Care Model (ACCM) is an innovative model for the management of the hospitalized acute complex patients and represents the hospital counterpart of the Chronic Care Model. The

target population are acutely ill complex and poly-pathological patients, admitted to hospital and requiring high technology resources and continuous monitoring. The mission is to improve the management of medical admissions through pre-defined intra-hospital tracks and a global, multidisciplinary, patient centred approach.
Methods: A checklist containing the major items characterizing the ACCM patients was elaborated and administered to 50 acute patients admitted to 2 Internal Medicine pilot centres in Rome. The scores used were NEWS (National Early Warning Score) for severity and CIRS (Cumulative Illness Rating Scale) for complexity.
Results: Mean age: 72,66; M/F: 22/28. 24% of the sample presented NEWS ≥7 requiring continuous monitoring of the vital functions. Comorbidity average value according to CIRS score was[4],3; severity[1],7. At admission the patients needed high technological support, at least 2 specialists examinations, an average of 5 urgent exams and always intravenous treatment.
Conclusions: The preliminary results of ACCM checklist demonstrates that around 25% of the patients admitted in IM wards are acute and need continuous monitoring in High Dependency Areas. Rapid assessment of patients' conditions at admission according ACCM can be helpful to put them quickly in a correct intra-hospital track. Therefore, ACCM seems to be an useful tool to start up the intensity of care organization in hospital settings.

Health without borders

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Background: In 2014 there was 240 million migrants in the world, 3% of the world population. Increasing tendency is the permanent settlement with family. Migrants increasingly represent an important asset for Europe and contribute to the demographic and economic development of the European Union. In Italy they are 5.36 million, 8.2% of the residents. 93.8% migrated for family reasons, work and protection. They produce 8.8% of GDP. The now structural reality of migration and all the answers given by public entities such as the National Health Service requires the development of new professional skills that can serve multi-ethnic and multicultural population in an integrated and multidisciplinary approach, global and centered on the user.
Methods: With the aim of strengthening intercultural competences of health professionals and set up a local network using training experience in their Local Health Authority, in February 2016 at the Local Health Authority Roma 2 was realized the first training course " The Intercultural Competence inside health services". The technique used was the work in small groups applying experiential training.
Results: 34 health professionals were trained (doctors, nurses, administrative staff in direct contact with migrants). The activities were carried out through small groups workshops supervised by a tutor and realizing different Role Playing.
Conclusions: The experiential methodology enabled an holistic learning, enhanced creativity and promoted the fun, offering an innovative way to overcome prejudices and promote cultural integration towards an efficient healthcare system.

Nail fold capillaroscopic abnormalities in systemic lupus erythematosus

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Objectives: to describe our single center experience in the use of nail fold capillaroscopy in LES and to evaluate relationship to the disease activity score and specific autoantibodies.
Methods: Review of the all nail fold capillaroscopies done in our center for 84 patients with LES between January 012 and December 2015. Nail fold capillaroscopy (NFC) was performed using a Videocap 3.0 (DS Medica) with magnification 200x..Global disease activity was assessed using SLEDAI.
Results: The nail fold capillaroscopies were made in 84 patients (89,8% females, 10,2% males) who fulfilled the 1982 ACR criteria for LES. The mean age of these patients was 48, 2 (range 5-79) years. Mean disease duration 9,1±6.9 years. In 39 patients (46,4%)the exams were considered normal capillaroscopies. Morphological changes in nail fold capillaroscopy was observed in 45 (53,6%)patients with LES.In 21 pts (44,7%) were found moderate capillaroscopic abnormalities (hemorrhages and tortuous capillary loops and meandering, elongated capillaries), Others 24 pts (55,3%) were classified as having severe capillaroscopic changes (extended architectural derangement, neoangiogenesis as bushy, branching, ramified and coiled capillaries, enlarged capillaries (width >30 and <50 micron) microhaemorrhages and micro aneurysm. According to SLEDAI score the comparison between patients with severe changes in nail fold capillaroscopy showed significantly higher SLEDAI levels (12,6±3.4) than patients with moderate capillaroscopic changes (9,6±2,8) p<0,05, than patients with normal capillaries (7,6±8,7) p<0,001.Micro vascular changes may be related to a more severe disease state.

Evaluation of malnutrition in SSc patients

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Malnutrition is a risk factor for increased morbidity and mortality in SSc patients. Nutritional assessment has been recognized as an important step to identify SSc patients at greater risk of complications in clinical practice.
Aims: To evaluate nutritional status of patients with SSc.
Methods: 38 patients (29 F and 9 M) were enrolled from April 2015 to December 2015; the disease of the patients was classified as L-SSc in 27 patients (56.8%), as D-SSc in 11 patients (40.2%) Mean Modified Rodnan skin score was 13.1±8.5. All patients had a history of Raynaud phenomenon (RP) and first non-RP SSc symptom occurred 10.1±7.5 months before baseline. 34 patients had interstitial lung disease (extensive in 8), 4 had history of renal crisis, and PAH was also present in 7 patients (18,4%). DLCO was 59.0±17.7%. All patients were submitted to nutritional assessment by the following methods: anthropometric parameters (body mass index-BMI, skinfolds and circumferences), biochemical parameters, dynamometry and questionnaires.
Results: The prevalence of malnutrition, according to the different methods used, was: BMI (<20) 22.0%, triceps skin thickness 86.0%, midarm circumference 78.0%, midarm muscle circumference 78.0%, Mini Nutritional Assessment 32.0% Malnutrition in D-SSc patients, predominantly in male gender, was significantly higher comparing with L-SSc, with all the methods used (p 5 0.05), except for BMI (p 4 0.05). Conclusions: Prevalence of malnutrition in SSc patients was superior to 70% with all the evaluation methods, except for BMI. Greater severity of disease was associated with higher prevalence of malnutrition.

Nail fold videocapillaroscopy features associated with calcinosis in systemic sclerosis

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Systemic sclerosis (SSc)-related calcinosis (which is well demonstrated on X-rays), frequently affects the fingers, and can be a major source of pain and disability.
Aims: To investigate the microangiopathy by nail fold videocapillaroscopy (NVC) and to examine clinical and serological associates of SSc-related calcinosis.
Methods: A total of 142 (122Women-20Men) unselected consecutive SSc pts were included in our study. They had mean age 51.2 years (range 23-84), disease duration 12.2 years±7.5 (range 1-24). NCV was performed and analysed by one investigator blinded for the results of X-Rays of the hands and wrists.
Results: 24 pts (16,9%) had clinically apparent calcinosis. 16 pts (11,3%) 8 pts (5,6%) with Limited SSc and 16 pts (11,3%) with Diffuse SSc. Age distribution, and gender, was similar in those with and without calcinosis. Mean mRSS was 11.1±9.0 in diffuse SSc and 4.8±5.0 in limited SSc subtype. Pulmonary function tests showed re-

strictive (45,8% with calcinosis *vs.* 49,1% without calcinosis) and obstructive pattern (12,5% with calcinosis *vs.* 11,8% without calcinosis). Patients with calcinosis were more likely to have the late pattern on NCV defined by severe loss of capillaries and neoangiogenesis. Reduced number of capillaries was significantly found in pts with calcinosis (3,13±1,96 *vs* 5,03±2,18 mean capillaries for finger, p 0,001). Multivariate logistic regression analysis showed independent association between the late NCV pattern and calcinosis (OR 3,01, 95% confidence interval, CI 1,16-6,42).
Conclusions: These results strengthen the link between calcinosis and digital destructive vasculopathy.

From abdominal x-ray to brain magnetic resonance imaging: a case of syndrome of inappropriate antidiuretic hormone secretion

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Background: SIADH is a disorder of impaired water excretion. If water intake exceeds the urine output the ensuing water retention leads to the development of hyponatremia. Any CNS disorder (stroke, hemorrhage, infection), trauma, malignancies and drugs, can enhance ADH release.
Case report: A 89-year-old woman was admitted to our hospital because of fatigue, abdominal pain and anorexia, with previusly no cognitive impairment, she had recent VZV trigeminal nerve reactivation and she was in treatment with escitalopram. Laboratory testing revealed moderate hyponatremia (127 mEq/L). Results of other routine hematologic tests (serum potassium, coagulation, renal function, liver function, CRP) were normal. Abdominal XR showed mild, diffuse gaseous distention. In the first hours of hospitalization we treated the hyponatremia with 0,9% saline, but quickly she appeared lethargic, with further reduction of natremia (113 mEq/l), kalemia (2,5 mEq/L) and plasma osmolarity (249 mOsmol/kg), with normal urine osmolarity (431 mOsmol/kg). Suspecting a SIADH, we discontinued the SSRI and started 3% saline with gradual clinical and serum sodium improvement. We completed the investigations with: brain MRI that show an inhomogeneous neurohypophysis (expression of loss of secretory ADH vesicles) and chest TC that excluded lung pathologies.
Conclusions: A lot of disorder can enhance ADH release. The correct approach, after the diagnosis and the correction of the potential causes, is water restriction and infusion of hypertonic solution.

Clostridium difficile infection and candidemia: a new burden for medical wards

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Over the last decade, increase in the incidence and severity of *Clostridium difficile* infection (CDI), associated with the emergence of hypervirulent strains, have been reported. Studies showed that patients treated for severe CDI often developed Candidemia, hypothesizing a link and predicting a spread of Candidemia in medical wards. We report a case of a 78-year-old woman hospitalized for acute pancreatitis with MOF. She received an aggressive hydration and iv meropenem via a CVC, with clinical recovery. After 7 days of therapy, she developed fever, abdominal pain and diarrhea. A stool test was positive for C. difficile toxin and iv metronidazole and oral vancomycin were started. Vancomycin therapy lasted 17 days for a partial clinical resolution. At vancomycin withdrawn, she developed Candidemia and started iv fluconazole, after removal of CVC, which showed growth of *Candida*. Neither endophthalmitis nor heart valve involvement was documented. CDI and Candidemia share the same risk factors and it can justify the link. However the disruption of microbiota and gut mucosa predisposes to intestinal colonization and translation of *Candida* and other healthcare-associated pathogens. Moreover, some studies found that vancomycin, when used for long duration with high dosage, promotes acquisition of *Candida* and vancomycin resistant enterococci and that intestinal tract is an important reservoir for Candidemia and bacteremia, particularly in old aged, immunocompromised patients with medical devices. It can influence CDI therapy, choosing microflora sparing antibiotics and dosages.

Scompenso cardiaco congestizio da severa malnutrizione in pregresso intervento di chirurgia bariatrica

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Obiettivo della chirurgia bariatrica è ridurre il peso del soggetto obeso e di conseguenza le comorbilità legate al sovrappeso. La malnutrizione, nel caso di interventi malassorbitivi, è una complicanza specifica. Donna, 51 anni, ricoverata in Dermatologia per dermatite. Nove mesi prima, ricovero in altro Ospedale, sottoposta a biopsia cutanea con diagnosi istologica di AGEP (Acute Generalised Exanthematous Pustolosis). Anamnesi: diversione biliopancreatica per obesità a 43 anni, ipotiroidismo, depressione. Negli ultimi mesi peggioramento della dermatite e delle condizioni generali che ne hanno determinato il ricovero attuale. Esame obiettivo: paziente in condizioni generali scadenti, anasarca, dermatite diffusa tronco e arti, ipotensione, tachicardia. Esami significativamente alterati: emocromo (anemia macrocitica), aumento di AST,ALT, GammaGT, diminuzione di Fe, Ca, K, P, proteine totali, albumina, prealbumina, VitB12 e VitD, VitA indosabile, aumento di APTT e PT ridotto. RX torace: versamento pleurico bilaterale, USG addome: epatomegalia, versamento ascito. Ecocardiogramma:VS con pareti ipocinetiche EF 25%. La paziente è stata trattata con terapia diuretica ad alto dosaggio, B-bloccante e ACE inibitore. Sono stati avviati supplementazione polivitaminica, dieta personalizzata e trattamento fisioterapico. Al termine di due mesi di degenza è stata dimessa in condizioni soddisfacenti con normalizzazione degli indici nutrizionali, remissione della dermatite, recupero motorio completo, risoluzione degli edemi e normalizzazione della performance cardiaca con EF 60%.

✪ Another indication to novel oral anticoagulants?

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Introduction: Dissection of carotid and vertebral arteries (CAD) is an important cause of stroke in the young, up to 25% in patients less than 45 years. Antiplatelets or anticoagulants are the conventional treatment, but the superiority of either approach has not yet been established. Anticoagulants represent the treatment of choice expecially in case of severely stenotic or occluded vessels and in case of luminal thrombosis or cerebral microembolism. Given the safety profile of novel oral anticoagulants (NOACs) and their efficacy in stroke prevention (atrial fibrillation), we evaluated their use in young patients with CAD.
Case reports: We treated with Rivaroxaban 20 mg daily three young patients (mean age 42 years). Oral anticoagulation was preferred to antiplatelets for the dissection features: cerebral embolization in two and severe vertebral stenosis in one. The choice of NOACs over Warfarin was motived by the difficult monitoring with Warfarin and by the patients compliance. After 60 days from NOACs start, Doppler sonography (TSA e TCCD) and brain MR documented signs of recanalization. The clinical symptoms (headache and dizziness) improved as well and no major bleeding or clinically significant event was reported, but only slight metrorrhagia.
Conclusions: Althought there are only few retrospective cases reports on the use of NOACs in CAD, these drugs, easier to use and with a fastest and predictable action, could represent a suitable alternative to conventional anticoagulation, especially in young patients with active life.

Stroke and thrombosis: dangerous liaison

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Introduction: Paradoxical embolism (PE) is considered a cause of cryptogenic stroke. The diagnosis requires a venous source of embolism, an intracardiac defect or a pulmonary fistula, and evidence of arterial thrombosis. Percutaneous or surgical closure of the intracardiac defect, anticoagulation or their combination are the possible therapeutic choices, anyway there is no evidence of superiority of one over the others.

Case report: A 59-year-old man presented with left leg swelling and dyspnea after prolonged bed rest for back pain. The CUS documented a left femoral-popliteal thrombosis and the CT angiography a segmental pulmonary embolism. He started Enoxaparin 8000 U and after 4 hours he presented right hemiplegia and aphasia. Carotid and transcranial doppler showed a left middle cerebral artery occlusion, confirmed by CT scan. Systemic fibrinolysis was administered and brain MR showed a large ischemic lesion suggestive for embolism. The diagnostic work-up excluded cancer, atherothrombosis and atrial fibrillation. A microbubble test and echocardiography revealed a significant right to left shunt consistent with patent foramen ovale (PFO). Inherited thrombophilia was detected (V Leiden heterozygosis). He started Apixaban 5 mg bid.
Conclusions: PFO is present in about 25% of adult population and its prevalence is more than 2-fold higher among patients with cryptogenic stroke. A direct causal relationship or a source of venous embolism are difficult to establish. Anticoagulation with NOACs can provide an easy and long life therapeutic approach.

✪ Cerebral venous thrombosis in amyloid angiopathy

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Introduction: Cerebral Amyloid Angiopathy (CAA) is commonly seen in the elderly: it is found in 4 to 10% of all spontaneous cerebral haemorrhages. CAA involves leptomeningeal arterie and cerebral cortex small arterie with secondary recurrent parenchymal haemorrages (mostly fronto-temporal). Cerebral venous thrombosis (CVT) may present as well with parenchymal hemorrhage caused by venulo-brain-capillary hypertension; younger patients are mostly affected. We report the case of an old woman presenting with the rare association CAA-CVT.
Case report: A 90-year-old woman, affected by hypertensive heart disease and with a previous spontaneous subarachnoid hemorrage, presented with an unusual type, diffuse headache. She was diagnosed a possible CAA (Boston criteria). Cerebral MR showed a CVT (transverse-sigmoid sinus and left jugular vein) and hypertrophied and tortuous cortical veins, consistent with venous engorgement. Heparin was started and, for the high cerebral hemorrhagic risk, she continued with Apixaban 2.5 mg bid. Paraneoplastic forms were excluded and the thrombosis was classified as idiopathic.
Conclusions: The association with CAA and CVT is rare. Amyloid deposits are observed in cerebral veins as well as in cerebral arteries walls, with an incidence up to 78% of CAA carriers. Amyloid angiopathy affecting vein walls can lead to the development of CVT thus resulting in additional brain bleeding events. Direct oral anticoagulants may have a therapeutic role in this setting thanks to their lower incidence of cerebral bleeding.

Haemophilia or lab error?

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Introduction: Angiomatoid Fibrous Histiocytoma (AFH) is a rare soft-tissue tumor (0.3%) that tipically affects the extremities of children and young adults. Its clinical, radiological and morphological patterns are similar to those of an organising haemoatoma, since the tumor contains multiple and extensive hemorrhagic areas that results in cystic changes due to hypocellularity and hyalinization around the dilated vessels.
Case report: A 17-year-old boy presented for pain and functional impairment of his right thigh. Ultrasound documented an extensive lesion at femural level which suggested an haematoma with different stages of bleeding; aPTT was prolonged on several samples (38 sec, 1.46 ratio); LAC was negative, suggesting a congenital factor deficiency in the intrinsic coagulation pathway. However, spontaneous bleeding in other body site, haemartrosis or incongruous hemorrhage after minor trauma were not reported and the family hystory was totally negative for a congenital bleeding diathesis. The plasmatic concentration of all the intrinsic coagulation pathway factors resulted normal. MR examination eventually solved the mystery, showing a neoplastic thigh lesion with bleeding signs. Biopsy confirmed the diagnosis of AFH and had no bleeding complications as well as the following surgical resection. A second LAC test resulted positive.
Conclusions: The absence of haemarthrosis, mucosal bleeding or in other body sites and the negative family history suggested the aPTT prolongation to be secondary to LAC positivity. This was held to be a paraneoplastic feature in patient with AFH.

Niente è come sembra...

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S.M. di 33 aa, giunta in PS per attacco di panico. Lamentava da due anni dispepsia, episodi ricorrenti di vomito alimentare con conseguente malnutrizione proteico-energetica e grave calo ponderale (BMI 13,4; peso 31Kg), amenorrea secondaria da circa un anno. Tale sintomatologia si era accentuata durante gli ultimi giorni con marcata difficoltà all'alimentazione. Si evidenziavano alcalosi respiratoria, iponatriemia, ipokaliemia, incremento di creatinina secondario a disidratazione. La valutazione psichiatrica escludeva disturbi del comportamento alimentare. Gli esami di laboratorio volti a caratterizzare la condizione di malnutrizione risultavano negativi eccetto calprest e ASCA. L'EGDS riscontrava stenosi di D3 e mucosa duodenale a monte ipotrofica, ulcerazioni piane e confluenti contestualmente biopsiate. L'ecografia addome non rilevava alterazioni significative. Per chiarire l'eziologia della stenosi si eseguiva TC addome che mostrava ispessimento concentrico della parete duodenale e delle prime anse digiunali stenosante il lume per circa 20 cm con marcata dilatazione gastro-duodenale. Analogo ispessimento di parete digiunale era apprezzabile in corrispondenza della fossa iliaca sn. La CEUS evidenziava flogosi parietale. L'esame istologico non risultava patognomonico pur non contrastando con l'ipotesi di m. di Crohn. Al follow up, successivamente a terapia con glucocorticoidi e azatioprina, si osservava un rapido miglioramento clinico con incremento ponderale e risoluzione delle lesioni mucosali; invariata la stenosi duodenale suscettibile di futuro trattamento chirurgico.

✪ Lactate in pleural and abdominal effusion

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Introduction: The aim of this study is to evaluate whether the increase in lactate in pleural and abdominal effusion can be used as a criterion for the differential diagnosis of the nature of the fluid (transudate or exudate).Unfortunately,the chemical-physical examination for the calculation of Light's criteria is not an immediate test.Pursuing an acid-base assessment of the fluid,we have noticed an increase in the value of lactate,beyond the blood range,in the cases that were diagnosed like exudate to the calculation of Light criteria.
Methods: We collected data of 30 patients who had clinical indication for thoracentesis or paracentesis.We performed arterial blood gas with lactate,total protein and serum LDH dosage,acid-base assessment with lactate,total protein and LDH dosage,cytology and bacterial culture on the fluid.Of every patient we calculated "liquid/serum" lactate ratio in order to measure the eventually present increase in pleural or abdominal effusion.The diagnosis of the liquid effusion nature (exudate or transudate) was performed by Light's criteria.
Results: Of the 30 patients,15 had peritoneal effusion and 15 had pleural effusion,15 patients had a exudate and 15 a transudate by Light's criteria.We performed a ROC curve to predict the presence of exudate by the liquid serum lactate ratio and we obtained an AuROC of 0.69 with the best cut-off value of^2,02(Sensitivity 0,73 and Specificity 0,73).
Conclusions: Liquid/Serum lactate ratio seems to be a promising tool to predict the presence of an exudate,in particular in pleural effusions. Further studies are needed to warrant these statements

Case report: lung ultrasound in the diagnosis and follow-up of pneumonia

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Bedside lung ultrasound (LUS) is an important technique in the diagnosis, management and follow-up of pneumonia and other pleural and pulmonary disease. LUS advantages are its low cost, lack of ionizing radiation, portability and repeatability. Alveolar or focal interstitial pattern have been described as the usual sonographic findings in pneumonia. The sonomorphology of lobar pneumonia includes areas of echopoor echogenicity with blurred margins and pleural line attenuation, positive air and fluid broncograms, localized pleural effusion and focal B-lines. Multiple studies have recently been conducted comparing LUS with chest radiography and thorax computed tomography (CT) in patients with pneumonia; the results show that lung US is equivalent, and in many cases superior, to chest radiography. CT scan is still considered to be the gold standard, although it can't be used in some patients due to radiation exposure or haemodynamic instability. After a literature review about LUS compared to chest radiography and thorax CT scan, we present a case report about a patient with clinically suspected pneumonia. LUS was performed at the moment of clinical suspicion, showing a lesion with typical air and fluid bronchogram reflecting pneumonia, confirmed by chest radiography. Repeated monitoring with LUS allowed us to show the subsequent stages of pneumonia with sonographic findings up until lung hepatization. In conclusion, bedside LUS can be easily used to assess the initial diagnosis of pneumonia; moreover it can be easily repeated, allowing the effect of therapy to be monitored.

✪ The implementation of chronic care model is effective to manage 56389 people with diabetes mellitus

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Background: The Diabetes Network of Palermo District (DNPD) links all the pubblic healthcare diabetes resources of Palermo District. Since 2010, DNPD implemented a Chronic Care Model (CCM) based on: 1) full integration of primary care resources and specialized diabetes centers through common education and training programs, shared clinical pathways, and single clinical information system (MyStar Connect®); 2) self-management support to empower patients and caregivers; 3) decision support for healthcare providers; 4) collaboration with community leaders.
Aims: To assess if CCM is effective to improve the health of people.
Methods: Assessment of the trend of the proportion of people with diabetes who yearly (from 2011 until to 2015) achieved some target values of intermediate (primary) outcomes: HbA1C <7.0%; LDL <100 mmHg; systolic blood pressure (SBP) <130 mmHg. Secondary outcomes were defined by different target values of the primary outcomes, BMI and albuminuria. A sub-analysis for diabetes type was also performed.
Results: CCM implementation on 56389 people with diabetes was followed by a significant increase, from 2011 until to 2015, of people who achieved HbA1c <7.0% (from 43.4 to 50.7%; p <0.001), LDL <100 mmHg (from 51.9 to 56.3%; p <0.001), SBP <130 mmHg (from 29.4 to 35.4%; p <0.001).
Conclusions: CCM implementation is effective to improve the health of people with diabetes, with a reasonable expectation of a long term reduction of healthcare costs. At the best of our knowledge, this is the largest study on the implementation of CCM to diabetes management in Italy.

Impact of well controlled blood pressure on arterial properties in hypertensives

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We evaluated the impact of well controlled blood pressure (BP) on structural and functional properties of arteries. We studied 80 hypertensives who had been either on medications (55) or on lifestyle modification for at least 12 months to maintain target BP. Follow-up visit were scheduled every 6 months. We assessed B-mode ultrasound of mean carotid intima-media thickness (mean-IMT) and maximum IMT (M-MAX) in each carotid artery segment bilaterally. Endothelial function was evaluated by post-occlusion flow mediated dilation (FMD) of the brachial artery using high-sensitivity ultrasonography. Arterial elastic properties were evaluated by assessing carotid distensibility and compliance. 40 normotensives paired for age and sex served as controls. In hypertensives, BP was well controlled. Compared to controls, significantly higher BP, BMI, and waist were present, whereas age and metabolic parameters were similar. In hypertensives, IMT was significantly higher than in controls. FMD was also impaired in hypertensives. IMT parameters related only to age and LDL was the only factor related to FMD. There was no relationship of IMT and FMD with BP levels. Compared to controls, arterial elasticity was significantly impaired. In hypertensives with long term well controlled BP, the atherogenic remodelling persists. Structural impairment (IMT) is mainly dependent upon age, while functional (FMD) relates to cholesterol levels. Carotid elasticity was also impaired. The "pseudonormalization" of the BP is not sufficient to eliminate the hypertensive status that contributes to this impairments.

An unusual cause of acute respiratory failure: myasthenic crisis

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Myasthenia gravis is a disease due to an antibody-mediated autoimmune attack directed against acetylcholine receptors at the neuromuscolar junctions. The cardinal features are scheletal muscles weakness and fatigability. The weakness tends to increase with repeated activity and improves with rest. Generalized weakness develops in approximately 85 percent of patients; it may affect the limb muscles as well as the diaphragm and the neck estensors; sometimes the weakness may also affect the respiratory muscles, with life-threatening impairment of respiration (myasthenic crisis). A 72 years-old man was admitted in our ward for acute hypercapnic respiratory failure with respiratory acidosis. We treated the patient with non invasive mechanical ventilation; neither acute heart failure not acute exacerbation of chronic obstructive bronchitis seemed to cause acute respiratory failure. Since the patient complained about neck and shoulder girdle weakness since about three months, we thought about a disease of neuromuscolar junctions. A decremental response of 20 percent to repetitive nerve stimulation and the positive assay for acetylcholine-receptors antibodies helped us to diagnose myasthenia gravis. We excluded other diseases could cause weakness of somatic musculature and the presence of other associated conditions. We treated the patient with pyridostigmina, an anticholinesterase agent, obtaining symptoms improvement, but we needed also corticosteroid therapy and plasmapheresis to wean the patient from non invasive mechanical ventilation, solving the myasthenic crisis.

The role of ultrasound in the diagnosis of hepatic amebiasis: a case report

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Introduction: *E. histolytica* has an estimated prevalence of 10% (most frequent in India, Africa, the Far East, and Central and South America). Infection starts by the ingestion of fecally contaminated water or food containig cysts; excystation occours in the bowel lumen where trophozoites can invade the colonic epithelium initiating an invasive infection. Amebic liver abscess is the most common extraintestinal complication.
Case description: A caucasic man of 50 years old came to our attention for fever; blood tests showed significant neutrophilic leukocytosis and mild alteration of cholestasis indices. At the time of admission he underwent coltural assays and an empirical antibiotic treatment was started. He underwent a basal US scan that showed a large rounded iso-hypoechoic focal hepatic lesion (8,5x6,4 cm) in the left lobe. The CEUS was

indicative for liver abscess, confirmed by the abdomen CT scan. Additional parassitological assays were performed and led us to make diagnosis of serological amebiasis. The abscess was aspirated with drainage of an homogeneous thick liquid, similar to "anchovy sauce". Routinely drainage medications were performed and therapy with paromomycin and metronidazole was started with benefit. A mounth later a US scan was repeted and resulted negative for any sign of liver abscess.
Discussion: US/CEUS is the first imaging procedure indicated for patients with suspected hepatic amebiasis. Moreover it's very helpful in guiding percutaneous catheter liver drainage and follow up.

Uveitis masquerade syndrome in a patient with metastatic lung adenocarcinoma

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Uveitis masquerade syndrome is defined by the presence of an intraocular cell infiltration due to non-neoplastic or neoplastic conditions, in absence of an immune-mediated process. The etiology include degenerative and metabolic diseases, retinal detachment, degeneration or trauma; the leading neoplastic causes include localizations of lymphoma, leukemia, melanoma, retinoblastoma and metastases from solid tumors. Its frequency, among patients with suspected uveitis, ranges between 2.3-2.5%. The definitive diagnosis is cytological but radiological exams may be helpful. The therapy is directed against the underlying malignancy. A 66 year old man presented in September 2014 for bone and lymph nodes metastases from left lung adenocarcinoma. Two lines of systemic chemotherapy (1st line with 6 cycles of cisplatin+pemetrexed and 2nd line with weekly docetaxel) were administrated with a partial response of the disease. During the treatment he complained progressive vision loss in the right eye. Ophthalmoscopy revealed the presence of a 2 cm white lesion shielding the nasal papillary board and a wide macular exudation. A papillary and macular ocular 3D computerized tomography showed a wide detachment of the ocular neuroepithelium and a jutting lesion in vitreous chamber, suspected for malignancy. Bulbar ultrasound confirmed the neoplastic origin. Due to progressive worsening of his general conditions, a palliative approach was decided. A malignant cause of masquerade syndrome should be suspected in patients with uveitis unresponsive to steroids or with an oncologic history.

Il *wellcare*: un nuovo approccio al paziente nella pratica clinica

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Premessa: Il mondo della salute e della malattia vive un momento di forte criticità, in cui i modi consolidati di rispondere ai bisogni degli individui sono sempre più inefficaci e sottoposti a revisione, poiché, oggi, distanti dalla loro primaria missione "fare bene il bene dell'individuo sofferente".
Materiali e Metodi: La valutazione delle diverse esperienze presenti nella letteratura scientifica per la ricerca del modello più valido del prendersi cura nei vari aspetti (bio-psico-sociale) della salute/malattia.
Risultati: L'esame della letteratura scientifica ha portato ad una nuova visione del "fare bene il bene dell'individuo sofferente" ovvero del "*wellcare*", neologismo coniato per consentire a diverse figure professionali di soddisfare, in ospedale come sul territorio, il crescente bisogno di aiuto da parte del cittadino/utente e contemporaneamente di incidere positivamente sull'aderenza prescrittiva.
Conclusioni: Il "*wellcare*", in definitiva, è la ricerca di nuove strade, di equilibri accettabili, di vie di uscita quando la malattia nella sua molteplicità espressiva, diventa soggettivamente insostenibile. Non si vuole dimenticare, peraltro, lo specifico carattere educativo che deve contraddistinguere il modo di accompagnare il paziente/utente nel suo percorso di presa di coscienza, miglioramento e/o acquisizione di nuove strategie per fronteggiare con consapevolezza e ritrovata serenità le modificate dinamiche della propria esistenza.

Carotid stiffness in children living near main streets

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Background and Purpose: Many studies unequivocally indicate that air pollution is directly linked to the adverse cardiovascular outcomes in the general population. No data are currently available on cardiovascular effects of exposure to trafficked roads in healthy children.The aim of this present study was to investigate a possible association between the distance to a major road, considered as a proxy of traffic exposure, and carotid subclinical markers of atherosclerosis in a group of children in Italy.
Methods: The participants consisted of 52 healthy children living in a small town of the Amalphitan's Coast with only 1 highly trafficked road. All children underwent an ultrasound carotid examination.
Results: A statistically significant difference was found in carotid stiffness between children living closer to the main street and other children, both living between 330 to 730 meters from the main street and those living more than 750 meters from the main street. No significant differences were detectable in carotid thickness and arterial blood pressure between the three groups of children.
Conclusions: This study provides evidence in support of an association of exposure to particulate air pollution with early atherosclerotic markers in healthy children. Impaired vascular health in childhood and adolescence, gives further substance to the hypothesis that traffic exhausts are relevant to cardiovascular diseases even early in life.

Valutazione della correlazione tra livelli sierici di vitamina D e patologie prevalenti in una popolazione di pazienti anziani fragili ospedalizzati

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Introduzione: La maggior parte della popolazione anziana ha una carenza di Vitamina D. Un buon apporto giornaliero di Vit. D migliora l'outcome dei pazienti con patologia cardiovascolare (SCA) e respiratoria (asma bronchiale).
Obiettivo: Valutare la correlazione tra i livelli di vitamina D e le patologie prevalenti in una popolazione di pazienti anziani ospedalizzati.
Metodi: Lo studio si è svolto nel Reparto di Medicina Interna del PO di Cava de' Tirreni. Su un campione di 81 pazienti (45 m e 36 f; età 72,95±16,44), è stata dosata anche la vitamina D.
Risultati e discussione: Gruppo 1: Prevalente patologia cardiovascolare (N. 34, età: 78,12±12,42): Vit. D: 12,02±6,8; Gruppo 2: Prevalente patologia respiratoria (N. 30, età: 73,07±14,21): Vit. D: 12,72±13,3; Gruppo 3; Altre patologie (N. 17, età: 64,06±18,14): Vit. D: 14,13±6,5. Abbiamo trovato una correlazione inversa statisticamente significativa tra età e valori di vitamina D (r: -0,37; p: 0,01) nell'intera popolazione di pazienti studiati. Nei gruppi 1 e 2: valori di vitamina D più bassi rispetto al gruppo 3 (dato non statisticamente significativo). Tuttavia l'età media del gruppo 3 è nettamente inferiore rispetto agli altri gruppi e non possiamo che questa sia la causa di tale differenza.
Conclusioni: C'è correlazione inversa tra età e valori di vitamina D. Inoltre nei pz cardiovascolari e respiratori abbiamo trovato livelli più bassi di vitamina D rispetto ai pz con altre patologie. Il dato deve essere confermato con un futuro ulteriore arruolamento di pazienti.

Valutazione del trend dei livelli sierici di vitamina D in una popolazione di pazienti anziani fragili ospedalizzati

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Introduzione: La vitamina D è necessaria per l'omeostasi del ricambio. E' spesso sottovalutata. Il deficit severo di vitamina D è correlato non solo a molte patologie dello scheletro (osteoporosi e rachitismo) ma anche a numerose malattie autoimmuni, tumorali, cardiovascolari e respiratorie.
Obiettivi: Valutare il trend dei valori plasmatici di vitamina D nella popolazione di pazienti anziani, fragili, con pluripatologie ricoverati in una Divisione di Medicina Interna
Metodi. Lo studio si è svolto nel Reparto di Medicina Interna del PO "di Cava de' Tirreni. Su un campione di 81 pazienti (45 m e 36 femmine; età 72,95±16,44), è stata valutata anche la vitamina D, media e DS dei campioni, per evidenziarne il trend.
Risultati: I risultati sono stati i seguenti: media 13,03 ng/mL; DS 9.31 ng/mL. Di seguito i valori di normalità, di tossicità e di deficit di vitamina D. TOSSICITA': >150 ng/mL; VALORI NORMALI: 30-150 ng/mL; DEFICIT MODERATO: 10-30 ng/mL; DEFICIT SEVERO: <10 ng/mL.
Conclusioni: Dai risultati ottenuti è evidente un deficit di Vitamina D nella popolazione dei pazienti valutati. E' quindi giustificato integrare con dosi supplementari di Vit D la dieta giornaliera di pazienti anziani con pluripatologie, come quelli studiati. La dose che si consiglia assumere giornalmente per un paziente anziano è 800-1000 UI.

Uncommon electrocardiographic changes in a patient treated with neuroleptic drugs

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Introduction: Cardiotoxicity is a well known side effect of neuroleptic drugs.
Case report: V.S, 61 y. o, f, smoker; moderate hypercholesterolemia and hypertension; suffering from chronic delirium and taking psychotropic drugs (chlorpromazine and haloperidol). She undergoes usual periodic cardiac evaluations. 03/07/12 Echocardiogram: Slight increase in wall thickness of LV, preserved contractility (EF 60%), EKG: sinus rhythm, heart rate 75 b/min, QTc 0.42, normal repolarization. 02/02/13 EKG: sinus rhythm. Anomalies in repolarization phase, of ischemic type in the front side, with the need for evaluation in E.R. because of a suspicion of acute coronary syndrome. 01/03/13 EKG: sinus rhythm, anomalies in repolarization phase+reduction of the R wave, and Qs in V5 -V6. She undergoes urgent echocardiographic control: normal contractility (UNCHANGED). 06/03/13: undergoes myocardial scintigraphy at rest and on exertion (SPECT): Negative for perfusion deficit ("pseudo-normalization" of T waves). 13/03/13: haloperidol is replaced with risperidone. 31/05/13 EKG: sinus rhythm, no ischemic abnormalities.
Discussion: Cardiotoxicity due to neuroleptic drugs is commonly understood as an increase in QT with the risk of potentially lethal arrhythmias or rare cases of myocarditis/cardiomyopathy.
Conclusions: The particularity of our case report is in the appearance of transient EKG alterations, suggestive of ischemic heart disease or myocarditis, in the absence of alterations in contractility and/or increments of troponin, in a patient who practiced therapy with 2 neuroleptic drugs.

A rare case of FUO... the black fever

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Background: Visceral leishmaniasis (VL) is a systemic protozoan disease transmitted by phlebotomine sandflies. East Africa and South Asia are particularly affected. In Italy the incidence is 0,2/100.000 per year; in Emilia-Romagna the incidence has recently rised to 0,35/100.000.
Case report: A 46-year-old man was admitted to our hospital after 10 days of persistent fever unresponsive to antibiotic therapy. He was a construction worker with a history of alcohol use disorder. On admission laboratory tests revealed: pancytopenia (Hb 8,6 g/dL, WCB 2550/μL, PLT 43000/μL), elevation of ALT (110 U/L), LDH (1233 U/L) and ferritin (1250 ng/mL); CRP levels were normal. Chest radiograph was normal. Abdominal US showed splenomegaly with multiple small iso-hypoechoic nodules and mild signs of portal hypertension. FDG-PET revealed multifocal areas of increased uptake in the spleen and bone marrow (BM). BM biopsy excluded lymphoma. Blood, urine cultures, serological tests for CMV, EBV, HIV, HBV, HCV, parvovirus B19, Borrelia, Toxoplasma and Quantiferon test yielded negative results. Finally, serology for Leishmania tested positive. The re-examination of BM did not reveal Leishmania amastigotes, PCR of BM was not performed. A diagnosis of VL in alcoholic liver disease was made. Treatment with liposomal amphotericin B was started leading to clinical improvement within 3 days. FDG-PET after one month of treatment showed no uptake.
Conclusions: VL is a rare cause of FUO. Fever and pancytopenia must induce the clinician to investigate the possibility of VL infection, especially in endemic areas.

Once-daily liraglutide *vs* lixisenatide as add-on to metformin in type 2 diabetes: a 26-week randomised controlled clinical trial

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Liraglutide (lira) and lixisenatide (lixi) are GLP-1RA for the treatment of type 2 diabetes mellitus (T2DM), both to be injected OD. The aim of the trial was to compare the efficacy and safety of lira *vs* lixi, as add-on to metformin (MET) in T2DM patients not achieving adequate glycaemic control on MET alone. This was a 26-week, randomised, parallel group, open label trial. 404 Patients randomised 1:1 to lira 1.8 mg or lixi 20 μg as add-on to MET. Lira administered OD at any time of the day while Lixi within 1h prior to the morning or evening meal. At W26, lira reduced mean HbA_{1c} significantly more than lixi (ETD: −0.62%, 95% CI:−0.80 to -0.44; p<0.0001). Lira was associated with greater improvement in the HOMA-B index possibly determined by differences in drug exposure due to different half-lives. Lira reduced FPG more than lixi. Greater reduction in mean 9-SMPG was seen with lira. Lixi had smaller PPG increments for the meal following injection compared to lira. Both drugs promoted similar body weight decrease (−4.3 kg for lira and −3.7 kg for lixi; p=ns). SBP and DBP similarly decreased in both groups. The safety profile was similar in the two groups. The most common AE were GI disorders. Confirmed hypos were rare, with no severe hypos. Lira was more efficacious than lixi as add-on to MET in achieving glycaemic control, associated with greater improvement in β-cell function. Body weight and blood pressure reductions were similar. Both treatments were well-tolerated with low risk of hypos and similar GI adverse events profiles.

Sarcopenic obesity: an emerging disease. A screening is possible in clinical practice?

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Background: Sarcopenic obesity is a subgroup of sarcopenia and it is characterized by loss of lean body mass combined with a relative increase of fat mass so that despite the possibility of a normal body weight this disorder can be present as an hidden condition. The recognition of sarcopenic obesity is important since its correlation with an increased risk of several diseases, disability and mortality. Dual energy X-ray absorption (DXA) is actually considered the gold standard for the diagnosis. Is it important for the clinicians the availability of screening method: for this purpose a simple algorithm based on gait speed measurement was developed by the European Working Group on Sarcopenia in Older People (EWGSOP).
Materials and Methods: The EWGSOP algorithm was applied to 65 consecutive female patients (mean age 81.5 years) admitted to a geriatric medicine ward. Patients positive to this screening were subjected to DXA for body mass quantification.
Results: 18 patients (27.69%) were positive to the EWGSOP screening.

16 of these were subjected to DXA, 2 were not due to early discharge. According to DXA criteria we found 11 cases of sarcopenia and 4 cases of sarcopenic obesity. Only 1 patient positive to the EWGSOP screening test was found to be not sarcopenic at DXA analysis.
Discussion and Conclusions: Our data in accordance with literature suggest the high prevalence of sarcopenia and sarcopenic obesity in the elderly population.The EWGSOP algorithm due to his efficacy and rapid application represents a useful tool for sarcopenia screening in clinical practice.

Case report: ecografia *bedside* o *badside*?

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L'ecografia bedside consiste nell'esecuzione dell'esame ecografico direttamente da parte del medico clinico al letto del paziente, integrando l'esame obiettivo. Diverse variabili possono incidere sull'efficacia e l'efficienza dei risultati: a) esame ecografico esteso o focalizzato; b) tipologia delle apparecchiature; c) formazione dell'operatore.
Caso clinico: Uomo di 57 anni ricoverato per dolore al quadrante superiore destro dell'addome, anemia iposideremica e ipopotassiemia. Il paziente fa risalire l'esordio del dolore a circa 6 mesi prima della nostra osservazione. Valutato in ambito chirurgico con esame ecografico focalizzato all'apparato epato-biliare, veniva rilevato calcolo colecistico di 5-6 mm ed effettuata colecistectomia laparoscopica. Persistendo la sintomatologia dolorosa giunge alla nostra osservazione inviato da Pronto soccorso. All'ammissione, l'ecografia bedside evidenzia una voluminosa massa con aspetto di "pseudorene" alla flessura dx del colon, riferibile a neoplasia, successivamente confermata da TC con mdc e colonscopia con biopsia (adenocarcinoma).
Conclusioni: E' verosimile che la neoplasia fosse presente all'esordio clinico, sfuggendo al primo esame ecografico mirato al quesito di colelitiasi e all'intervento laparoscopico. Il caso mostra la doppia faccia dell'ecografia bedside: quella di una metodica efficacemente integrativa dell'esame clinico, ma potenzialmente fuorviante (ecografia *bad*-side) se focalizzata su un ristretto ventaglio di quesiti clinici e/o per incerta formazione ecografica del clinico e/o per inadeguata apparecchiatura.

✪ Genetic multiple-mutations thrombophilia, homocystinuria with marfanoid syndrome and splenic artery aneurysm rupture association: case report

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Background: Genetic thrombophilic syndromes (single or multiple wild-type and heterozygote polymorphisms) may be associated not only to massive thrombosis in atypical districts, but also to rare medical conditions occurring in other organs and systems.
Case report: Male patient, 29 years of age. Various diseases in young age including cryptorchidism, bilateral flat foot, strabismus, severe myopia and peripheral venous insufficiency. In December 2014 emergency hospitalization due to abdominal pain and anaemia; diagnosis of a rough aneurisma (6 cm) of splenic artery; surgery was performed (aneurysmectomy with splenectomy). One month later, ultrasound evidence of spleno-portal axis thrombosis; admission in our Unit. Patient presented with marfanoid phenotype without valvular cardiac damage (at ultrasound). No significant disorders in family history. An extensive diagnostic work-up highlighted the presence of: normal karyotype (no FBN1 gene mutations), hyperhomocysteinemia with homocystinuria, mutation of V Factor Leiden and HR2 polymorphism; mutation of Prothrombin G20210A, XIII Factor V34L, C6767T and A1298C of MTHFR, 4G/5G of PAI-1, β-Fibrinogen 1a/1b of HPA and 455G/A. The abdominal CT confirmed the presence of mesenteric-spleno-portal axis thrombosis and portal vein, intrahepatic anterior right and left venous branches partial thrombosis. The patient started treatment with warfarin and poly-vitamins supplement. At 12 months follow-up no syndromic relapse, unchanged extension of the intrabdominal thrombosis extension and satisfying recovery of general wellness.

Valutazione della disfagia in reparto internistico

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Premesse e Scopo dello studio: La federazione logopedisti italiana (FLI) stima la frequenza di disfagia del 33-43% nei pz con sclerosi multipla, del 40-80% nelle ischemie cerebrali, del 50-90% nel m. di Parkinson, nel 100% delle SLA, 40-60% nei pz con età >75 aa. Scopo del lavoro è stato quello di elaborate una scheda condivisa medico-infermiere per riconoscere precocemente i pazienti ricoverati potenzialmene disfagici, da avviare ad un percorso diagnostico, terapeutico e riabilitativo specilistico.
Materiali e Metodi: Abbiamo incluso la popolazione ricoverata in AF medica (AFM)con età superiore a 75 anni, i pazienti ricoverati per ischemia cerebrale acuta o con rilievo anamnestico di patologia neurodegenerativa. Sono stati esclusi i pazienti con storia di dipendenze ed i pazienti psichiatrici.
Risultati: Sono state verificate le cartelle cliniche di 188 pazienti ricoverati dal 1 ottobre al 31 dicembre 2015, di cui 60 rientravano nei criteri di inclusione. 37 correttamente screenati, 29 pazienti pz avviati correttamente alla valutazione specialistica di cui 14 disfagici. Sono stati screenati tutti i pazienti ricoverati con ischemia cerebrale e/o patologie neurodegenerative. 23 pazienti invece ultra75 enni non sono stati sottoposti a valutazione.
Conclusioni: L'introduzione di tale scheda si è dimostrata uno strumento valido, ben accolto dal personale sanitario per attivare precocemente un percorso speciliatico per i pazienti disfagici. Va tuttavia incrementata l'attenzione e la sensibilità ad una eventuale presbifagia latente.

Valutazione e prospettive del paziente geriatrico oncologico

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Premessa e Scopo dello studio: L'invecchiamento assume un ruolo determinante nella medicina interna. I 2/3 dei casi di neoplasia si verifica in pz ≥65 anni. I risultati del trattamento di pazienti anziani sono tutt'altro che soddisfacenti variabili tra l'accanimento e l'abbandono terapeutico. Abbiamo sottoposto 88 pz a valutazione oncogeriatrica al fine di individuare il trattamento meno dannoso possibile.
Materiali e Metodi: Pz ≥65anni è somministrato il g8-score >14 il paziente è inviato all'oncologo <14 il paziente è indirizzato all'oncogeriatria. Lo strumento di valutazione è la *CGA (ADL, IADL, MMSE, GDS, CIRS-G, MNA).*
Risultati: Su 150 pz affetti da tumori solidi 88 con score <14 e pertanto inviati alla valutazione oncogeriatrica. 18 ca mammella, 23 ca polmonare (3 microcitomi 12 adenocarcinomi e 6 squamosi) 30 ca gastroenterici 4 ginecologici, 12 urologici, 1 melanoma. Degli 88, 56 hanno iniziato un trattamento chemioterapico con ridotto dosaggio; 25 in terapia palliativa; 7 radioterapia antalgica; 52 hanno sopportato il trattamento con ausilio di terapie di supporto, per 46 il trattamento è in corso. Nessun paziente ha dovuto sospendere il trattamento per tossicità specifiche, né ha necessitato di ricovero.
Conclusioni: L'oncogeriatria porta alla precisa individuazione di pz candidabili al trattamento chemioterapico e ad una più razionale e obiettiva esclusione dei pazienti ad alto rischio, migliora gli outcomes clinici, la gestione, l'assistenza e l'iter diagnostico-terapeutico, riducendo la necessità di ricovero.

Comparison between venous and arterial sodium concentration

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Background: The water control system has a key role for survival: when sodium concentration decreases, the release of vasopressin is inhibited with a large water diuresis. But, does hyponatremia in venous sample

provide a reliable indicator of the stimulus to suppress the release of vasopressin?
Materials and Methods: To answer this question we examined 35 patients, admitted to Internal Medicine 1 of Cardarelli Hospital in Naples between November 2015 and January 2016. Selected patients (16M, 19F; middle age: 76,9 yrs) had free access to water and an adequate level of autonomy before admission. They had performed an arterial blood gas measurement and a venipuncture for routine laboratory testing: these blood samples were collected before the administration of any therapy.
Results: Sodium level was on average by 137,09 mMol/L on arterial samples, but on average by 140,95 mMol/L on venous samples. The average difference between venous samples and arterial samples was^3,8 mMol/L and this value showed no significant difference between dysnatremic and eunatremic patients (3,7 mMol/L)
Conclusions: Sodium concentration estimated on venous samples is not a reliable measure of the natremic status. Although all measurements are currently carried out through the use of ion-selective electrodes (ISE), some methods require sample dilution prior to measurement (indirect methods: used in clinical laboratories), some do not (direct methods: used in blood gas analyzers). In the estimation of natremia on venous sample we must take into account other variables, such as the proteins concentration.

A case of cutaneous purpura, arthralgias and abdominal pain

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Introduction: Immunoglobulin A vasculitis, formerly called Henoch-Schönlein purpura, is an immune complex vasculitis affecting small vessels with dominant IgA deposit. Clinical manifestations are cutaneous purpura, arthralgias/arthritis, glomerulonephritis and acute enteritis. IgA vasculitis is more common in children than adults with more severe disease in adults in particular in case of gastrointestinal and renal involvement.
Case report: A 67-year-old man presented with arthralgias, joint swelling, cutaneous purpura of the limbs and trunk, abdominal pain and marked asthenia so he was admitted to our Hospital. Past medical history revealed chronic atrial fibrillation in oral anticoagulant therapy. At admission routine laboratory tests shown an increase of C-reactive protein, mild macrocytic anemia, vitamin B12 deficiency. He also presented microscopic hematuria and urine protein excretion up to 2.4 g/24 h with normal renal function. The autoimmune screening and the microbiological tests resulted negative. Suspecting IgA vasculitis we performed cutaneous biopsy that revealed leukocytoclastic vasculitis with IgA deposit. We started corticosteroids and ACE-inhibitors with mild response so we add Cyclophosphamide with stability of renal function without complete remission of the disease.
Conclusions: Management of IgA vasculitis is difficult because of the absence of correlation between the initial presentation of the disease and the long term outcome of renal involvement. At the state of art there is no evidence that immunosuppressive agents improve long-term outcome.

Imaging Positron Emission Tomography – Computed Tomography nella valutazione di risposta a chemioterapia in un paziente con sindrome di Sezary: un caso clinico

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Premesse e Scopo dello studio: La sindrome di Sézary (SS) è caratterizzata dalla triade clinica eritrodermia, linfoadenopatia generalizzata e presenza di linfociti T neoplastici (cellule di Sézary) nella cute, linfonodi e sangue periferico. La TC/PET riveste un ruolo importante nella valutazione della risposta alla terapia sia alla fine del trattamento che ai tempi più precoci nel corso del trattamento. Descriviamo il caso di un paziente con pregressa diagnosi di SS, in trattamento chemioterapico, con esame TC/PET positivo.
Materiali e Metodi: Paziente con diagnosi nell'Agosto 2012 di SS; da Maggio 2015 aveva iniziato chemioterapia secondo schema CHOP-21. A Novembre 2015 riprendeva trattamento con fotoaferesi ed effettuava TC/PET di rivalutazione di malattia. Il paziente presentava eritrodermia generalizzata, lesioni cutanee multiple da grattamento, di aspetto ligneo. L'esame TC/PET mostrava multiple pericentimetriche tumefazioni in sede laterocervicale (SUV max 3.2), in sede sovraclaveare (SUVmax 2.5), in sede ascellare (SUVmax 5.6), in sede inguinale (SUVmax 4.2). L'esame citofluorimetrico del sangue periferico mostrava un aumento di quota di cellule a fenotipo CD2+,CD3+,CD4+CD5+ confermando ripresa della SS.
Risultati: Si interrompeva il trattamento con fotoaferesi, ma continuava altro schema di chemioterapia.
Conclusioni: La TC/PET riveste un ruolo importante della risposta dopo chemioterapia ed è utile al fine di evitare di sottoporre i pazienti affetti da SS a trattamenti che possano rilevarsi non necessari ed ai quali è associato un certo grado di tossicità a breve o lungo termine.

Magnetic resonance imaging in diagnosis of muscular follicular lymphoma

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Purpose and Aims of the study: Muscular follicular lymphoma is rare, representing uo to 1.4% of all malignant lymphomas. It may occur as part of disseminated lymphoma, local extension from bone and lymphadenopathy or rarely primary muscular lymphoma (PML). Muscular follicular lymphoma is rare and is most common in the thigh and upper arm muscles. Ultrasonography (USG) features are non-specific and it appear as a heterogeneous, hypoechoic solid mass with irregular or poorly defined margins. MRI is the most useful modality for assessment of muscular follicular lymphoma. We describe a case of muscular follicular lymphoma localization at diagnosis.
Materials and Methods: A 34-year-old woman presented pain and swelling of the right arm. An USG study was done which showed a diffusely thickened brachialis muscle with decreased mildly heterogeneous background echogenecity. These lesions were hyperintense on T2 weighted (T2W) images and hypointense on non-contrast enhanced T1W images. An aspiration biopsy of the muscle was performed and cytopathologic examination suggested presence of lymphoma; immunophenotype was CD22+, CD10+, CD3-, CD20+.
Results: Patient started treatment with CHOP and rituximab chemotherapy regimen.
Conclusions: Muscular follicular lymphoma is rare, representing 1.4% of all malignant lymphomas. USG features are non-specific and it appear as a heterogeneous, hypoechoic solid mass with irregular or poorly defined margins. Muscular follicular lesions are hyperintense on T2 weighted (T2W) images and hypointense on non-contrast enhanced T1W images.

Burnout in nursing and supporting operators in Medicine unit

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Background and Purpose of the study: Health care workers are at risk of burnout (BO). We have evaluated BO in nursing and in supporting operators in operative unit of the Presidium Medicine Hospital ULSS 15 Alta Padovana, Cittadella.
Materials and Methods: We used the Maslach scale (adapted from S. Sirigatti and C. Stefanile) to measure BO: it is a structured questionnaire of 22 items that value three independent dimensions of BO: Emotional Exhaustion (EE), the feeling of being emotionally exhausted with their work; Depersonalization (DP), a cold and impersonal response towards users of their service; personal accomplishment (PA), the sensation of their own competence and desire for success in working with others. A high degree of BO is evidenced by higher scores in the subscales of EE and DP and by low scores in PA.
Results: We interviewed 34 people (18 men; 16 women), 100% answered. Mean age 39 (30-50). In the first 5 years of service DP prevailed. In 10-year-service group, PA increased, followed by DP, and finally by EE. In the third group (at least 25 years of service), EE greatly increased, followed at distance by DP and by PA. We noticed that the group at greater risk of BO was the third one, although this does not exclude risks for the other groups.

Conclusions: According to the results, a plan of action was set up so as to revise the work load, encouraging shifts between operators, requiring rest after eleven hours, paying more attention to the rotation of shifts and of various activities to be undertaken during these shifts between the various operators.

An old woman with severe hyponatremia

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Introduction: Hyponatremia (Na <135 mmol/L) is the commonest electrolyte disorder in clinical practice, and the syndrome of inappropriate antidiuretic hormone secretion (SIADH) is one of the most frequent cause of hyponatremia in hospitalized patient.
Case report: A 85 year-old woman in a daze, laboratory finding of severe hyponatremia (118 mmol/L) and pneumonia was admitted to our hospital. Past medical history revealed: osteoporosis with multiple fractures and chronic vascular encephalopathy. At admission, because of the neurological involvement (confusion and drowsiness) we readly started infusion with hypertonic saline solution and fluid restriction with mild response. It was also started antibiotic therapy because of the pneumonia. According to diagnostic algorithm of the hyponatremia we performed strumental and laboratory tests that allowed diagnosis of SIADH. Further laboratory and strumental investigations didn't reveale any cause of SIADH exept pneumonia. Patient presented persistent hyponatremia after the resolution of pneumonia, so we changed our diagnosis in idiopatic senile SIADH. Therapy was improved with introduction of Vaptan with solution of the hyponatremia.
Conclusions: Acute sintomatic hyponatremia is a medical emergency, often life threating. Clinicians must always suspect SIADH-related hyponatremia to start as soon as possible the appropriate therapy.

Pulmonary embolism in patients with pneumonia and absence of deep vein thrombosis: a potential role for local inflammatory status?

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Background: It's known that pulmonary embolism (PE) is linked to deep vein thrombosis (DVT). Recent studies have shown that many cases of PE are not related to DVT, suggesting a "*de novo*" origin, probably supported by local phenomena. The purpose of our study was to assess if local inflammation can lead to EP in the absence of DVT.
Materials and Methods: We conducted a retrospective study on 190 patients with non-massive PE. Out of these, 54(28%) had a bronchopneumonia at admission, likely responsible for the embolic disease, since no other causes of provoked and unprovoked PE were detected. In 28 of these patients a DVT was found at admission but in 26 the embolic source remained unknown. All patients reported onset of respiratory symptoms and fever from 5±2 days and entrapment for at least three days prior to admission.
Results: The significant prevalence of pneumonia in our PE patients makes us hypotize a link between the two entities, considering that 50% of them had no evidence of DVT. All patients were successfully treated with antibiotic therapy associated with anticoagulant therapy.
Conclusions: It's known that bronchopneumonia leads to local inflammation, mainly supported by cytokines such as IL6 and IL1β, characterized by a prothrombotic activity potentially responsible for PE. Yet, it is not possible to exclude the role of entrapment, of which pneumonia is the leading cause especially in the elderly population. In any case these evidences highlight the usefulness of an appropriate anticoagulant prophylaxis in case of bronchopneumonia, even at an early stage.

Il maniscalco stanco

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Introduzione: La Malattia di Addison è una patologia rara, in cui sono presenti i segni di coinvolgimento sistemico. La diagnosi può risultare difficile in quanto la classica triade (astenia, iperpigmentazione cutanea, ipotensione) spesso si manifesta solo quando la distruzione della ghiandola surrenalica è pressochè completa.
Caso clinico: Descriviamo il caso di un uomo di 51 anni giunto in Pronto Soccorso per intensa astenia, episodi prelipotimici, ipotensione arteriosa e algie agli arti superiori e inferiori tali da rendere difficoltosa l'attività lavorativa. Gli esami evidenziano incremento degli indici di funzione renale e delle CPK totali (2000 U/l), grave acidosi metabolica e marcata alterazione degli elettroliti plasmatici (Na 124 mEq/l, K 6.2 mEq/l). In seconda giornata di degenza, peggioramento delle condizioni generali con comparsa di febbre (39.4°C) senza richiami d'organo. I dosaggi di ACTH e cortisolo depongono per un quadro di iposurrenalismo primario (ACTH 1000 pg/mL, cortisolo 1 mcg/dL); positivi gli Ab anti-surrene. Il paziente viene trattato dapprima con idrocortisone ev, poi con cortone acetato ottenendo rapido miglioramento clinico. Successivamente si associa fludrocortisone acetato per deficit di mineralcorticoidi. I valori pressori, la funzione renale e il quadro elettrolitico si normalizzano.
Conclusioni: Una patologia rara, esordita con manifestazioni cliniche aspecifiche, può determinare un ritardo diagnostico ponendo a rischio di vita il paziente. La diagnosi richiede pertanto un alto indice di sospetto e la raccolta di un'accurata anamnesi.

Pensa al settimo

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Introduzione: Il deficit del fattore VII della coagulazione è una malattia ereditaria emorragica rara con trasmissione autosomica recessiva. Molte mutazioni e polimorfismi sono coinvolti nell'espressione clinica della malattia, determinando l'eterogeneità dei fenotipi.
Caso clinico: Una donna di 80 anni viene ricoverata per polmonite. In anamnesi, non eventi emorragici. Gli esami evidenziavano: GB 22.000/mmc, PCR 30 mg/dL (v.n <0.5), PT 40% e INR 1.9 con normalità di aPTT-RATIO, PLT e fibrinogeno. Nella norma gli indici di funzione epatica. Per riscontro di fibrillazione atriale in cardiopatia valvolare, viene iniziata anticoagulazione con EBPM. Dopo due giorni di embricazione con warfarin, si assiste ad improvviso incremento dell'INR (18). Viene somministrato carico di vitamina K ev per tre giorni senza completa normalizzazione del PT, quindi si effettua test di miscela che evidenzia PT allungato da deficit congenito del fattore VII (39%), esacerbato verosimilmente dall'intercorrente evento infettivo. Ottenuta la guarigione clinica, si riprende TAO a basse dosi. La paziente è attualmente seguita presso il nostro Centro Trombosi; l'INR è in range terapeutico con warfarin 5 mg/settimana (TTR 78%). Non si sono verificati episodi emorragici.
Conclusioni: Anche in assenza di sanguinamento, l'osservazione di un inspiegabile allungamento del PT richiede indagine mediante test di miscela, che permette di discriminare se l'allungamento è causato dalla carenza di un fattore della via estrinseca (correzione del PT) o se è presente un inibitore (persiste il prolungamento).

Studio *real-life* sull'efficacia della terapia con inibitori di trasportatore sodio-glucosio di tipo 2 nel paziente diabetico

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Premesse e Scopo dello studio: Nell'ambito della terapia del Diabete Tipo 2 è stata recentemente introdotta una nuova categoria di farmaci, gli inibitori di SGLT-2 che, bloccando tale recettore a livello del tubulo contorto prossimale, favoriscono l'escrezione di glucosio da parte del rene. Scopo del presente lavoro è quello di valutare l'efficacia degli inibitori di SGLT-2 in una casistica ambulatoriale "real-life" di pazienti diabetici.
Materiali e Metodi: Abbiamo valutato una casistica di 80 pazienti trattati con i tre Inibitori di SGLT-2 attualmente a disposizione (Dapagliflozin, Canagliflozin, Empagliflozin). Per ogni paziente abbiamo valutato i seguenti parametri: emoglobina glicata, glicemia a digiuno, peso, pressione arteriosa, profilo lipidico, Creatinina e eGFR, prima dell'inserimento in terapia dell'inibitore di SGLT-2 e dopo un follow-up medio

di 6 mesi. Abbiamo inoltre registrato eventuali effetti collaterali segnalati dai pazienti.
Risultati: Nei pazienti posti in trattamento con queste nuove molecole abbiamo evidenziato: riduzione di 0,9 punti percentuali di HbA1c ($p<0,001$); riduzione media del peso corporeo di^2,5 Kg ($p<0,01$); riduzione della PAS di 5 mm Hg ($p<0,01$). Non sono state evidenziate variazioni significative di colesterolo totale, HDL e trigliceridi, né del profilo lipidico e degli indici di funzionalità renale.
Conclusioni: Gli inibitori di SGLT-2, a fronte di scarsi effetti collaterali, hanno evidenziato una buona efficacia su diversi parametri nel paziente diabetico, offrendo così una nuova opportunità per la personalizzazione della terapia.

Alcohol consumption and venous thromboembolism. A systematic review and meta-analysis of the literature

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Background: A light to moderate consumption of alcoholic beverages may exert a favorable effect on cardiovascular risk, but no conclusive data are available on the putative relationship between alcohol intake and the risk of venous thromboembolism (VTE).
Methods: We performed a meta-analysis of the literature searching on MEDLINE and EMBASE databases from inception to September 2015, using the keywords "venous thromboembolism", "lung embolism", "alcohol consumption", "alcoholic beverage", "drinking behavior", to identify clinical studies assessing the link between the alcohol intake and VTE risk. Results of each included study were pooled using the random-effects model. Odds ratios (ORs) and 95% confidence intervals (CIs) of the association between the different levels of alcohol consumption and VTE risk were calculated.
Results: 12 studies (3 prospective cohorts, 1 cross-sectional and 8 case-controls) for a total of 7216 VTE patients and of 116.640 patients without VTE were included in the analysis. In general, alcohol consumption appeared associated with a lower risk of VTE (OR 0.72, 95% CI 0.58-0.88); moderate alcohol consumption (2-4 glasses per day) resulted in the largest beneficial effect on the risk of VTE (OR 0.53, 95% CI 0.35-0.82) whereas, high alcohol intake was associated with a significantly increased risk of VTE (OR 1.20, 95% CI 1.09-1.32).
Conclusions: Alcohol consumption is associated with a reduced risk of VTE, with particular protective effect of moderate alcohol intake. Conversely, high alcohol consumption seems to be associated with increased risk of VTE.

Una rara causa di pancreatite acuta

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Presentazione del caso: Donna di 73 anni ricoverata per dolore in epigastrio e ipocondrio sinistro ricorrente. In anamnesi: miastenia gravis trattata con sedute di plasmaferesi e trattamento steroideo cronico, pregressi timectomia per timoma, TVP arto inf. sx. Monorene chirurgico per pielonefrite, ipertensione arteriosa, ipercolesterolemia, diabete mellito tipo II, diverticolosi colica, distimia in trattamento. Eco: dilatazione VBP e VBI, reperto confermato alla TC, in assenza di calcoli; Lab: lipasi 637 U/l, ALP 327 U/l, ALT 307 U/l. Negative le cause di pancreatiti indagate (alcol, calcoli non visualizzati, IgG4, farmaci). Una prima ERCP visualizzava la papilla all'interno di un ampio diverticolo, ma era stata operativamente infruttuosa per la presenza di ingesti nel diverticolo; alla II ERCP si procedeva a sfinterotomia. Successiva normalizzazione degli indici di colestasi e delle lipasi con risoluzione dei sintomi.
Considerazioni: In accordo con la letteratura, meno del 10% dei diverticoli duodenali possono causare sintomi, e circa l'1% può richiedere un trattamento definitivo. Non esiste indicazione al trattamento dei pazienti asintomatici. Indicato il trattamento endoscopico nel paziente sintomatico ma stabile, quello chirurgico è riservato alla comparsa di serie complicazioni o un'altra patologia dell'addome. Il diverticolo iuxtapapillare è una causa rara di pancreatite acuta che richiede un intervento endoscopico o chirurgico quando diviene sintomatico, come in questo caso.

La via lattea: un'interruzione inspiegata

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Presentazione del caso: Uomo di 59 anni, ricoverato per dispnea ingravescente, dolore all'emitorace destro, con riscontro radiologico di versamento pleurico destro massivo. In anamnesi: ipertrofia prostatica, sabbia biliare e polipo della colecisti. Durante la seconda giornata di degenza si effettuava toracoscopia e drenaggio pleurico; fuoriuscita di 2000 mL di materiale lattescente (negativi gli esami microbiologici per batteri e BK); manteneva drenaggio a caduta e seguiva NPT. Per la ricerca della eziologia si effettuava TC torace-addome che escludeva cause neoplastiche e poi anche una PET che risultava negativa, mentre all'anamnesi recente non risultavano traumi. Dopo 11 giorni di nutrizione parenterale totale si rimuoveva il drenaggio toracico, il paziente riprendeva l'alimentazione, integrata con acidi grassi a media catena; ad un controllo radiologico dopo 4 settimane dalla rimozione del drenaggio non vi erano recidive.
Considerazioni: Il chilotorace è prodotto dalla ostruzione del flusso della linfa nel dotto toracico, con accumulo nel cavo pleurico. Cause sono neoplastiche linfomatose o non linfomatose, traumatiche, congenite, cirrosi, tuberculosi, sarcoidosi, amiloidosi e filariasi. Complicazioni sono l'immunosoppressione e la malnutrizione. In questo caso, avendo escluso tutte le cause suddette, si concludeva per chilotorace idiopatico.

Polmonite a focolai multipli come prima manifestazione di endocardite del cuore destro

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Introduzione: Due casi di polmoniti a focolai multipli con emocolture positive in cui viene diagnosticata endocardite del cuore destro.
Materiali e Metodi: Uomo 75 anni con diabete mellito, insuff renale cronica, AOCP, CIC, portatore di ICD, MGUS, ricoverato per piede diabetico in terapia antibiotica empirica. Dopo pochi giorni dal ricovero febbre settica. Rx torace: polmonite a focolai multipli interpretata come polmonite nosocomiale. Emocolture positive per MRSA. Terapia con Vancomicina, all'ecocardiogramma trans-esofageo (TTE) vegetazioni endocarditiche sui fili del PM. Venivano rimossi i fili del PM. Donna 37 anni, TD in trattamento metadonico, abuso etilico, HCV positiva, HIV Ab negativo. Ricovero per febbre, Rx torace: focolai multipli polmonari, versamento pleurico dx. Emocolture in apiressia: MSSA. Terapia con Oxacillina più Gentamicina. Al TTE grossa vegetazione endocarditica sulla tricuspide, non insufficienza valvolare. Per persistenza di febbre ripeteva emocolture che risultavano ancora positive per MSSA. Ripeteva, dopo due settimane di terapia, TTE con riduzione volumetrica della vegetazione ma insufficienza tricuspidale di grado severo. Veniva inviata in CCH per sostituzione valvolare tricuspidale.
Conclusioni: Le polmoniti a focolai multipli, specie in pazienti TD o con device, devono sempre far sospettare un'infezione della tricuspide.

A case of pulmonary sarcoidosis starting with musculoskeletal and nonspecific cutaneous symptoms

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A 35 years old man was admitted to our Hospital for left heel inflammatory edema later extended to contralateral joint and associated with fever and erythematous rash spread to both legs. Ultrasound sonography confirmed a talocrural joint arthritis. Blood tests showed mild normocytic anemia, moderate neutrophilic leukocytosis and increase of all inflammatory markers. Chest X-ray revealed globular shape of ilar region. Then we performed pulmonary HRCT demonstrated multiple intraparenchymal, mediastinal and hilar lymphadenopathy. The patient was submitted

to bronchoscopy with transbronchial biopsy that showed nonspecific inflammatory infiltrate. We excluded lymphoproliferative or infectious diseases and autoimmune disorders. Among blood tests serum ACE levels were within normal values but chitotriosidase was significantly increased. Basing on clinical, radiological and bioumoral signs, we suggested a possible diagnosis of sarcoidosis although cutaneous manifestations did not appeared as typical erythema nodosum. Sarcoidosis diagnosis is based on a compatible clinical–radiological picture and the histological evidence of noncaseating granulomas. There is no single test for sarcoidosis, and the presence of granulomas alone does not establish the diagnosis. Chitotriosidase is a human chitinolytic enzyme secreted by activated macrophages and polymorphonuclear neutrophils. Although not specific for sarcoidosis, it is increased in over 90% of patients with active disease and recent studies support its usefulness in clinical practice in particular for monitoring disease activity.

A case of granulomatous disease: infection or vasculitis?

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Case report: A 48-years old man from Ecuador presented hypoacusia, sore throat and mascellar sinus pain since 2 months. Due to the onset of hemorrhagic sputum he performed CT-scan that showed sinus inflammation and lung micronodules. The positivity of p-ANCA (1:40) and the histology of rhinopharyngeal biopsy suggested the diagnosis of granulomatosis with polyangiitis. Steroid IV pulses were performed. His clinical condition quickly worsened with relapsing-remitting fever and progressive lymphopenia. Laboratory tests revealed: HIV chronic infection, low CD4 count (103 cells/μL), no evidence of opportunistic infections. Despite a broad-spectrum antibiotic therapy, his clinical condition became severe with dyspnea evolving in respiratory failure, disseminated intravascular coagulation and abdominal pain, due to a subocclusion of the last ileal loop. As bronchoalveoar lavage fluid showed *Aspergillus Niger* and serum beta-D-glucan and galattomannan were positive, we started IV amphotericin B. Last ileal loop and ascending colon were surgically resected for incoming occlusion. Histopathologic analysis showed fungal spore suggestive of hystoplasmosis and granulomatous-necrotizing colitis. A fast clinical improvement till a complete healing was observed after itraconazole treatment. A further rhinopharyngeal biopsy confirmed granulomatous inflammatory infiltrate and no evidence of fungal spore or leucocytoclastic vasculitis.
Discussion: We report this case to underline the large spectrum of possible differential diagnosis in immunocompromised patient with granulomatous diseases.

Prognostic role of percutaneous coronary intervention added to optimal medical therapy among patients with stable coronary artery disease

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Objectives: To assess the prognostic benefit of percutaneous coronary intervention (PCI) added to optimal medical therapy (OMT) *vs* OMT alone, among patients with stable coronary artery disease (SCAD).
Methods: Among 286 patients with SCAD, 145 (50.7%) were randomly assigned to PCI+OMT group, while the remaining 141 (49.3%) to OMT group. All the patients were provided by coronary angiography, showing one or more stenosis of at least 70% in at least one proximal epicardial coronary artery, liable to PCI. The primary endpoint was a composite of all-cause death and nonfatal myocardial infarction.
Results: During a mean follow-up of 9.4 years, the primary endpoint occurred in 40/145 patients assigned to PCI+OMT group and in 42/141 assigned to OMT group (27.6% *vs* 29.8% respectively), with nonsignificant difference (p=0.0942). Moreover, 28/145 patients in PCI+OMT group and 24/141 in OMT group required hospitalization due to acute coronary syndrome (19.3% *vs* 17% respectively) without significant difference (p=0.1287). By the contrary, a significantly higher proportion of patients in PCI+OMT group (60%) did not experience further angina episodes during the mean follow-up period, compared with OMT group (48.9%) (p<0.0001).
Conclusions: The additional role of PCI to OMT did not get benefit on long-term survival among patients with SCAD and coronary stenosis suitable for PCI, whereas it significantly improved clinical outcomes. We conclude that unstable plaque does not necessarily mean critic stenosis and critic stenosis does not necessarily mean acute coronary syndrome.

Lights and shadows of some dietary practices

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Background: Special dietary habits can also have negative consequences. The raw food diet is a naturist diet which stands for the prohibition of cooking food. For raw veganism it means a type of power when they are allowed only raw foods of vegetable origin. We present a case report.
Case report: A 40 years patient referred from approximately one year colitic pain with diarrhea and weight decreased. Vegan diet with elements of raw food. Fair general conditions; thinness; pale skin; BP tends to lower values; abdomen treatable with mild tenderness on deep palpation of the left quadrant, iperperistaltism, disseminated borborygmi. Liver and lower pole of the spleen not palpable.
Results: Normal blood count for RBC/WBC with eosinophils absolute value 0.6/mcL (0.0-0.5). ESR 18 mm/h. Gamma globulins 14.1 g/L (8-13.5). Coproculture negative for enteric bacteria. Parasitological examination of stool with three samples on alternate days: positive with the presence of *Ascaris lumbricoides* eggs. The patient is convinced that she had contract HIV: at the flow cytometry lymphocytes 1029 cells/mcL (1300-2350), helper T lymphocytes 668 cells/mcL (800-1500), suppressor T lymphocytes 297 cells/mcL (420-860). We prescribed HIV testing, reported negative. Negative chest X-rays (excluding Löeffler eosinophilic pneumonia). We initiated therapy with albendazole 400 mg. New fecal culture tests to verify the nematode negativity in the stool: success of anti-helminth therapy. It was recommended extension of videat infectious diseases to the families assisted.

Treatment of hepatitis C virus infection: it's time for the Internist to take the reins

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Premises and Goal of the study: Referencing to the title of an important editorial published on the Annals of Internal Medicine, we describe the activity of an Operative Unit of Internal Medicine in treating patients suffering from Hepatitis C with the new HCV direct-acting antivirals and its strong points.
Materials and Methods: From 22.04.2015 till 14.02.2016, 55 patients belonging to a cohort of 146 patients under care of the structure's ambulatory, meeting the AIFA criteria, were treated in our structure.
Results: 27 patients have completed the treatment, which all show end of therapy response: negative HCV-RNA (<12 UI/mL PCR-Abbott). 14 will be evaluated after 3 months. 13/14 show virologic healing (SVR). 4 deaths linked to hepatic causes have occurred, including one of the treated patients, due to varices bleeding. One patient has been hospitalized due to STEMI, another one for diabetes out of control.
Conclusions: Due to the high prevalence of Hepatitis C in Italy, it is necessary that treatment be taken out in Infectious Diseases and Gastroenterology units as well as in Internal Medicine structures. Furthermore, the internist will be more able to manage a frequently elderly patient population, with remarkable comorbidity. Our experience indicates treatment effectiveness, on top of pivotal trials results, notwithstanding the relevant age and associated pathology impact.

Treatment of hepatitis C virus infection: comparison of different health care settings

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Premises and Goal of the study: Started in 2015, the Hepatitis C Regional Network collects patients living in Sicily with chronic virus C infection, defines the disease stage and the eligibility for treatment with HCV direct-acting antivirals (DAAs). It includes Infectious Diseases, Gastroenterology and Internal Medicine structures. We aim to compare the patient population belonging to our Medicine Operative Unit (O.U) with that of Gastroenterology O.U.
Materials and Methods: From 22.04.2015 till 31.01.2016, 66 patients belonging to a cohort of 146 patients under care of the structure's ambulatory, meeting the AIFA criteria were validated for treatment. In the same time period, 552 patients were validated at the Gastroenterology OU of Palermo's Policlinico Universitario.
Results and Conclusions: Both cohorts contain many cirrhotic patients, half of them elderly (>65 years of age) and with relevant comorbidity. Polypharmacy is quite high and can result in interaction issues with DAAs. The presence of Hepatocellular Carcinoma (HCC) is higher with Gastroenterology patients, perhaps because that structure treats HCC. Diabetes and hypertension are more present in the Medicine O.U.

18F-fluorodeoxyglucose/positron emission tomography in the diagnosis of endocarditis

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Introduction: The 2009 endocarditis ESC guidelines identified as morphologic Dukes criteria just echocardiographic findings. The 2015 updating introduces a multimodal diagnostic strategy that includes PET/CT.
Case report: We report on two clinical cases where PET was diriment. A 82-year-old male with previous pacemaker implantation presented with intermittent fever. The transoesophageal echocardiography was negative. Blood coltures were negative and a urine colture was positive for *E coli*. After the discontinuation of the antibiotic therapy for urinary infection, he was readmitted for relapse of fever. Transthoracic echocardiography showed possible vegetations on leads. FDG PET was markedly positive on electrocatheters and the patient underwent removal of infected pacemaker leads. A 76-year-old male with previous aortic valve replacement presented with *Enterococcus spondylodiscitis*. A transoesophageal echocardiography preformed at the beginning of the antibiotic therapy was negative. Four weeks later, fever relapsed. A second transesophageal echocardiography showed a suspected perivalvular abscess. Blood cultures were negative. FDG TC/PET was positive around the aortic prothesis. The patient underwent cardiac surgery.
Discussion: In both cases the FDG PET allowed us to diagnose infective endocarditis, despite negative blood coltures and non diagnostic echocardiographic findings. TC/PET increases Dukes criteria sensibility and specificity, improving their diagnostic penetrance.

The sword in the heart

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Introduction: Needle embolism is a rare complication of intravenous drug abuse which has only been reported on a handful of occasions.
Case report: A 23 year old heroin addict presented to the emergency department after three years of intravenous drug abuse with a chest pain ensued six months before; the pain was sharp, relieved by sitting up and leaning forward. He complained also fever, since one month before presentation. Echocardiography revealed non haemodinamic pericardial effusion and pleural effusion, treated with pleural drainage. Three haemocoltures were negative. Cardiac biomarkers were negative. HIV, HBV and HCV sierology was negative. He was treated with cochicine and ibuprofen and empiric antibiotic therapy with initial improvement of symptoms and rapid recurrence of them. After a few weeks an ECG showed widespread concave STelevation. A chest x-ray showed a needle near the right ventricle.The patient underwent CTAngiography that was able to localize the needle inside the pericardium. A second echocardiogram confirmed the presence of the needle in the pericardial cavity.The patient underwent minithoracototomy surgical removal of the needle fragment and of 500 cc of haematic pericardial fluid.
Discussion and Conclusions: Clinical presentation of right ventricle embolisation include fever, pericarditis, arrythmias and intraventricular thrombosis. Recurrent pericarditis is very frequent in patients treated conservatively and is determined by the foreign body irritation in itself and by the bleeding inside the pericardium.

Spirometry: an important diagnostic tool

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Introduction: Dyspnea is present in numerous organic diseases and also in functional conditions, such as anxiety disorder or panic attack. So the diagnostic assessment requires instrumental deepening. Often a diagnostic delay results in lack of proper treatment.
Case report: I.A. male 66 y. o, non-smoker, polyglobulia, treated with anti-anxiety drugs. He refers dyspnea for about 30 years; due to dyspnea he often underwent cardiac evaluations without diagnostic definition, but never underwent pulmonary evaluation. He comes to our attention because of exacerbation of dyspnea. In E.R. he undergoes hemogasanalysis: severe respiratory failure type II. So he is treated with antibiotics and steroids, NIMV and oxygen, with respiratory function improvement.
Discussion: Spirometry, performed after clinical stabilization, shows severe ventilatory impairment (FEV1/FVC <0.7 and pre-FEV1 35% predicted) with air trapping and significant bronchodilation. PRIST positive; RAST diagnostic of allergy to Parietaria. So severe level allergic bronchial asthma is diagnosed, and therapy with high doses of ICS plus LABA and tiotropium is recommended. Control after 30 days: significant functional recovery (FEV1 67% and reduction of air trapping), total symptom control, no more need for anxiolytic drugs and improvement of polycythemia.
Conclusions: Dyspnea should be investigated comprehensively in relation to the lack of specificity. Spirometry is a fundamental test for differential diagnosis. The medical community is not yet sensitive enough about this theme, resulting in improper delay of diagnosis.

Differential diagnosis of dyspnea: do not forget spirometry!

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Introduction: Spirometry is especially used for the diagnosis and staging of respiratory diseases. However, it can help in the differential diagnosis of dyspnea.
Case report: V.A. male 69 years, farmer, smoker of 50 p/y; due to dyspnea he practices CXR and chest CT, which show bilateral pleural effusions. Already taking LABA/ICS for COPD, dyspnea persisting, he comes to our attention. He is subjected to spirometry that shows a restrictive ventilatory impairment (FEV1/FVC 100%, with reduction of dynamic volumes). We assume no respiratory disease but possible heart failure. The subsequent echocardiogram, according to elevated BNP, shows dilated cardiomyopathy undergoing hemodynamic decompensation. Therefore, the patient undergoes coronary angiography with subsequent angioplasty. Moreover, persisting symptoms, the patient is subjected also to implant of a defibrillator.
Discussion: The patient, based on working history and smoking status, was taking therapy for COPD, despite the absence of specific symptoms. Spirometry we practiced, conversely highlighted a restrictive functional deficit, that, integrated with imaging tests, led to the hypothesis of a cardiac instead of respiratory disease, showing, in our case, negative predictive value of this exam towards respiratory disease.
Conclusions: Spirometry is an important exam, often diagnostic, and should be practiced, in all cases of dyspnea in relation to the poor specificity of this symptom. The doctors are still not very sensitive on this theme and do not fully exploit the huge potential of a simple and inexpensive test.

Amiodarone-induced pleural effusion

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Introduction: Pleural effusion is an uncommon manifestation of amiodarone toxicity usually associated with interstitial pneumonitis.
Case report: 82-year-old man with monolateral pleuritic chest pain, right pleural effusions without pneumonitis on chest X-Ray ;normal wbc count without eosinophilia. Serum electrolyte, glucose, LDH,protein levels were normal too. CT-scan confirmed right pleural effusions. A right-sided thoracentesis yielded 1700 mL of hematic-straw-fluid exudate. Stains, cultures and cytology were negative. Autoimmunity panel, thyroid function tests and tumoral markers were negative. PET-scan showed aspecific inflammatory pattern. An echocardiogram showed diastolic dysfunction without a pericardial effusion. Chronic heart failure, fluid overload, hypoproteinemic-states,uremia, subdiaphragmatic processes infection, pulmonary embolism, hypothyroidism, malignancy, and connective tissue diseases were excluded and we concluded for a diagnosis of amiodarone-induced pleural effusion. Amiodarone was stopped and treatment with prednisone started; three weeks later the patient was asymptomatic with progressive resolution of the effusions on chest X-ray.
Conclusions: Amiodarone should be considered in the differential diagnosis of patients with exudative effusions after a thorough workup has excluded other causes.

Correlazione tra steatosi epatica, circonferenza-vita e *Ankle Brachial Index* in anziani ospedalizzati: *work in progress*

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Scopo: Valutare la correlazione tra arteriopatia periferica e steatosi epatica (SE).
Materiali e Metodi: 100 pazienti consecutivi (età media 81.3, range 66-96 anni; F56–M44) ricoverati in Geriatria, non obbligati a letto, sottoposti ad ecografia epatica e misurazione di ABI (Ankle Brachial Index) e circonferenza-vita (CV). Sono stati utilizzati i test statistici: chi-quadro di Mc Nemar e U di Mann-Whitney. La SE è stata definita in tre gradi (criteri ecografici di Hamaguchi M e Coll).
Risultati: 23 pazienti presentavano SE con mediana dell'ABI pari a 0,96 (IQR:0,90-1,17); di questi, 9 (39%) presentavano ABI patologico (<0,90). Nei 77 pazienti senza SE la mediana dell'ABI era[1],04 (IQR:0,93-1,20); di questi 20 (26%) presentavano ABI <0.90. La differenza delle mediane dell'ABI nei due gruppi con e senza SE (0.96 *vs* 1.04) non risultava statisticamente significativa. Pazienti con SE 1 (n=15) presentavano una mediana di 0,97 (IQR:0,92-1,22), con SE 2 (n=6) 0,95 (IQR:0,90-1,14); solo un paziente mostrava SE3. La mediana della CV era 98 cm (IQR:93-99 cm) nei pazienti con SE, 93 cm (IQR:84.5-99 cm) nei pz senza SE (p=0,046).
Conclusioni: I dati preliminari evidenziano una significativa differenza della CV tra i pazienti con o senza SE. Evidenziano, altresì, una minore mediana dell'ABI ed una maggiore prevalenza di ABI <0.90 tra i pazienti con SE; in particolare, i pazienti con SE 2 presentano valori di ABI inferiori rispetto a quelli con SE 1. Tali differenze dell'ABI, tuttavia, non mostrano significatività statistica, verosimilmente per la dimensione ancora contenuta del campione.

Rabdomiolisi acuta da iniezione endovenosa di metadone

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Background and Aims of the study: Man 26 years old TD active. Two days before using methadone ev with syncope at home.
Materials and Methods: Physical examination showed severe fatigue with hypertrophy muscolore, marsalate urine and fever; AST/ALT high levels; CPK 20000 U/L, LDH 1200 U/L, myoglobin 500 ng/dL; toxicology positive for methadone. We started Sodium bicarbonate 40 mEq IV in 90'; polysaline 2000 cc in 12 hours; naloxone 1fl ev to small boluses; empirical antibiotic therapy. The culture tests and the imaging studies were negative.
Results: After 6 hours was observed clinical improvement and recovery of motility in 48 hours. To the next control the CPK and myoglobin were respectively 8860 U/L and 200 ng/dL. We continued with intravenous hydration (plysaline 1000 cc/day for 5 days) with normalization of values.
Conclusions: Rhabdomyolysis is a syndrome clinical-laboratory investigations due to the passage of blood enzymes and metabolites leading to muscle necrosis. In addition to traumatic causes (crush syndrome) there are, less frequently, those related to the misuse of drugs or narcotics, such as in this case. The most dangerous complications is acute renal failure due to tubular damage from myoglobin precipitates in acidic urine, hypovolemia due to edema muscle in addition to direct toxicity of drugs or drugs with sometimes requiring dialysis. The therapy aims to ensure the renal blood flow, through the hydration and the use of medication (diuretics, mannitol, low-dose dopamine) thus limiting the precipitation of myoglobin, even alkalinizing the urine through the sodium bicarbonate.

New therapeutic targets for chronic hepatitis B

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Background: Current therapies of chronic HBV infection are the Peg-interferon (Peg-IFN) and nucleotide analogues (NA) entecavir and tenofovir. The first is of finite duration, it does not induce resistance with good immunological control but with limited effectiveness and significant side effects. The second has an excellent tolerance, high genetic barrier but unspecified duration. HBsAg clearance is minimal and the suspension induces clinical and virological relapsers. Even studies of combination of Peg-IFN+NA NA or the two have not significantly improved the response.
Materials and Methods: The discovery of cccDNA (covalently closed circular DNA), circular DNA virus, has transformed the treatment strategies. Inside hepatocyte DNA is converted to cccDNA to serve as "model" for the synthesis of messenger RNA translated into proteins necessary to the life cycle is the synthesis of RNA genomic.
Results: Current therapies are "functional", that is, allow the removal of DNA, less clearance or reduction of HBsAg with seroconversion. No causes the elimination of cccDNA or the abolition of its expression as they act after the conversion phase.
Conclusions: Are being developed with different target molecules, oriented to inhibit the cccDNA (histone dacetilasi), the formation of the capsid (fenilpropenamidi), inhibit gene expression (RNA interfering, α-glucosidase inhibitors, trizolopirimidine) and lately stimulators of T-mediated response (Toll-like receptors). The new therapy "non-functional" should aim to "eradicate" the virus by inhibiting gene and this is made possible thanks to the latest knowledge of the mechanisms of viral replication.

An unusual case of paraneoplastic syndrome which mimics giant cell arteritis

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64-year-old man was admitted in our Day-hospital for treatment of recurrent hepatitis C infection after Liver transplantation (LT) for viral cirrhosis. He had developed virological relapse after conventional treatment with peg-interferon plus ribavirina, in 2004. The patient started, in January 2015, 24 weeks of treatment with simeprevir plus sofosbuvir (without ribavirin for previous pruritic erythematous eruption). A sustained virologic response at week 24 was achieved. During antiviral treatment the patient noticed progressive swelling of superficial temporal arteries (STA) without headache, claudication of the jaw, scalp tenderness or visual disturbances. He denied excessive sweating, fever, weakness, weight loss, shoulder and hip pain/stiffness.

Erythrocyte Sedimentation Rate and the C-Reactive-Protein were normal, excluding systemic inflammation. Positron Emission Tomography with 8-fluorodeoxyglucose (FDG) showed no arterial wall uptake in the aorta and its branches, but a focal area of abnormally increased uptake in the pancreatic head (SUV=4.8). An ordinary ultrasound examination confirmed an hypoechoic massa in the pancreatic head, of 26 mm of diameter, characterized histologically as Adenocarcinoma. Brain contrast-Enhanced CT showed a dilatation of STA, walls thickening and bilateral arterial thrombosis. Thromboembolic events may be harbingers of occult malignancy. Paraneoplastic arterial thrombosis is more rare and, to our knowledge, this is the first case of bilateral STA thrombosis described in literature, regardless of the presence of neoplasia.

Endocardite acuta ad emocolture negative ed insufficienza multiorgano in paziente con patologie croniche multiple: un evento da considerare

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Una paziente di 73 aa affetta da leucemia mieloide cronica, epatopatia postHCV, ipertensione arteriosa, BPCO in fibrotorace dx, in terapia con Dasatinib, sartanico, broncodilatatori, giunge al dea con emisindrome destra e disartria. Durante la degenza si evidenzia un quadro di estrema gravità per multiple aree ischemiche dell'emisfero sinistro e transitorio infarcimento emorragico, insufficienza respiratoria severa; nello studio eziologico della patologia neurologica emerge un quadro di endocardite sulla valvola mitralica, complicata da perforazione del lembo mitralico posteriore e scompenso cardiaco acuto. E' stata intrapresa terapia antibiotica ed antimicotica, pur in presenza di emocolture negative; il decorso è stato ulteriormente complicato dalla comparsa di un quadro di encefalopatia porto-sistemica (ammoniemia fino a 310 ug/dL) correlato all'epatopatia e successivamente da un'insufficienza renale verosimilmente da attribuirsi alla terapia antibiotica, poi almeno parzialmente risolta. La paziente ha iniziato un programma di riabilitazione. La terapia antiblastica è stata sospesa, in accordo con il centro di riferimento. E' stato possibile ridurre, ma non sospendere, l'ossigenoterapia.
Conclusioni: Nel paziente con patologie croniche importanti, andrebbe considerata la genesi endocarditica, sia infettiva che non infettiva delle patologie ischemiche;in questi stessi pazienti gli eventi acuti maggiori determinano facilmente quadri di insufficienza multiorgano.

Medications poisoning: toxicity by cardiovascular drugs. A case report

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Introduction: Calcium channel blockers (CCB) and beta-blockers (BB) are the most involved cardiovascular drugs in cases of toxicity. This is probably due to the wide spread of their use in the common belief that they are drugs easy and safe to prescribe. We describe a case of CCB and BB poisoning caused by a drug interaction.
Case report: A 66 years old woman was transferred to our ward from the orthopedic department for onset of sensory impairment and acute renal failure after an intervention for prosthetic infection of right knee. She had a history of obesity, hypertension and type 2 DM. Drug therapy was as it follows: amlodipine 10 mg, bisoprolol 5 mg, rifampicin 600 mg bid, minocycline 100 mg bid, clindamycin 600 mg bid, metformin 850 tid. Physical examination revealed lung crackles and pitting peripheral edema. BP was 70/40 mmHg, HR 26 bpm, Spo2 87%. ECG showed third-degree AV block. Immediate treatment with IV atropine, epinephrine and calcium infusion gave no clinical response. External pacing also failed and then emergency transvenous pacing was performed with success and rapid clinical improvement.
Discussion and Conclusions: Our case emphasizes the importance to prescribe wisely CCB an BB that should be associated only if strictly necessary. We believe that the toxicity of these drugs has been amplified in our patient by the co-administration of antibiotic therapy. The prescription of this medications should always take into account all their possible toxic effects and should be routinely reassessed every time before to administer additional therapies.

Lung ultrasound: clinical utility in uncooperative patients with psychomotor agitation and suspected pneumonia

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Background: Several studies validated the effectiveness of lung ultrasound (US) in the detection of various pulmonary diseases such as pneumonia, pleural effusion and pneumothorax. Patients with psychomotor agitation are often uncooperative and presents features that make difficult the clinical and instrumental examination of the thorax. The Richmond Agitation-Sedation Scale (RASS) is a tool that allows to easily and quickly determine the degree of agitation of a patient by assigning a score defined on the basis of clinically detectable variables.
Materials and Methods: We studied lung us utility in confirming the clinical suspicion of pneumonia in patients with severe acute psychomotor agitation determined by the administration of the RASS scale. 47 patients with suspected pneumonia were subjected to lung US.18 of the patients were also subjected to chest X-ray without the need of a major sedation, 24 were sedated before to perform the exam. 5 were not subjected to chest X-ray as it was not technically possible to obtain valid images despite sedation or due to poor tolerance to sedation.
Results: It was possible to perform lung US in all 47 patients. In 36 of the patients we found ultrasound signs of pneumonia. In patients undergoing both chest X-ray and lung us this latter technique showed to have at least the same efficacy in diagnosing pneumonia.
Conclusions: Based on our experience we believe that the use of bedside lung US represents a powerful tool in confirming the clinical suspicion of pneumonia in patients for whom the use of traditional imaging techniques is difficult.

Il calcolo della prevalenza dell'epatite cronica C attraverso i dati amministrativi: il tentativo toscano

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Premessa: Gower *et al.* (2014) mostrava una prevalenza media mondiale di viremia dell'epatite C (HCV-RNA) di 1,1%.
Scopo: Dello studio era valutare la prevalenza di HCV-RNA nella popolazione residente in toscana nel 2014.
Metodi: Abbiamo identificato i pazienti con HCV utilizzando il codice di esenzione (070.54). Attraverso il codice identificativo universale, attribuito dalla Regione Toscana ad ogni cittadino, abbiamo effettuato un'operazione di record linkage con le dimissioni ospedaliere tramite ICD9-CM come epatiti acute (070.41 e 070.51), epatiti croniche (070.44 e 070.54), carcinoma epatocellulare (155.0) e cirrosi (571.5), e con i flussi delle prestazioni farmaceutiche e dei farmaci erogati direttamente dalle strutture sanitarie, utilizzando il codice J05AB04 (Ribavirina). Per valutare le persone HCV positive sconosciute al SSR abbiamo usato la metodologia Cattura-Ricattura.
Risultati: La popolazione viva e residente al 31/12/2014 con esenzione per HCV è risultata di 14.810. I pazienti trattati con Interferone Pegilato+Ribavirina negli ultimi 10 anni erano 6.635. Le ammissioni ospedaliere totali negli ultimi 15 anni sono state di 18.773. Dopo record linkage il numero totale era di 29.437. Attraverso il metodo Cattura Ricattura i pazienti affetti da HCV e non conosciuti al SSR erano 29.963. Complessivamente in Toscana risultano presenti 56.940 persone HCV positive. La prevalenza toscana era di 1.5% residenti.
Conclusioni: I risultati ottenuti sono in linea con quanto osservato a livello internazionale e rappresentano un valido strumento per la programmazione sanitaria.

Ruxolitinib for the treatment of alopecia areata

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Abstract: Herein we describe the case of a patient with alopecia areata (AA) and its successful "off label" treatment with Ruxolitinib.
Background: AA is considered to be an autoimmune disease with an organ-specific, T-cell mediated, assault of the hair follicle and the bulb. Recent studies on human samples demonstrate that T-cells cause alopecia through Janus kinase (JAK) signaling.
Case report: A 25 years old woman was diagnosed with AA in another institution. She found in the web the first reports on the possible uselfulness of Ruxolitinib to treat AA, searched for an hematologist who could help her, and came to our observation. After clinical evaluation, blood tests and informed consent, on March 2015, Ruxolitinib 5 mg daily was started and gradually raised up to 20 mg per day. Over a four Months-period we observed a progressive regrowth of hair until a complete recovery. Treatment was then tapered and stopped and, after 6 months of Durable remission, AA relapsed with two small areas of alopecia and a diffuse effluvium. Treatment was then restarted. During therapy we observed only a mild grade of anemia with no other hematological or extra-hematological adverse events.
Conclusions: This report highlights the ability of Ruxolitinib to Induce a remission of AA without significant adverse events. Further studies are needed to test the efficacy of the drug in the field of inflammatory/dermatologic diseases and to understand the need of a possible long-lasting therapy.

Muscle hematoma as rare complication of alcoholic liver cirrhosis

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A 57 year old man, suffering from alcoholic liver cirrhosis, was admitted to our Department because of severe fatigue, massive ascites and anemia (HGB 7 g/dL). Other laboratory tests results were as follows: WBC 3300/mmc, PLT 40000/mmc, total bilirubin^{6},7 mg/dL; PT-INR^{1},78). He reminded us that 1 year before was operated for left radius and ulna bone fracture with good evolution (as showed by x-ray exam) but with a relative residual volumetric increase of left forearm. He reported a recent episode of rectorrhagia, however the gastroduodenal endoscopy showed endoscopic signs of portal gastropathy as microbleeding. Treatment including transfusion of red blood cell concentrates, antibiotics, PPI inhibitors and non selective beta-blockers was started but the patient did not improve. We appreciated as well a further volumetric increase in operated limb circonference together with a new-onset pain referred by the patient. Therefore we performed a CT-scan that revealed a left biceps brachii hematoma. We had a conservative approach and the patient was discharged with good hgb values and asymptomatic. Intramuscular hematoma is classified as either spontaneous or traumatic: causes of the former include hemorrhagic diseases, neoplasm, arterial diseases. Although decreased levels of coagulant factors and thrombocytopenia are often observed in liver cirrhosis, spontaneous intramuscular hemorrhage is very rare (only 8 cases in the literature) with very high rate of mortality (75%). The hemorrhage site in our patient was decisive for a good prognosis.

A tricky acute ischemic stroke

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A 65 year old man, without hypertension or any other vascular disease risk factor, had an acute onset of right upper limb hypotonia and hypoesthesia. Since he had right hand paresthesia 7 days before the admission and the CT scan showed a huge left parieto-cortical lesion suggestive of an ischemic stroke, he was admitted to our Department of Internal Medicine. Laboratory tests results, including trombophilia genetic exams, were normal, as well as cardiologic tests (echocardiography, ECG-holter, transcranial Doppler ultrasound). A second CT scan confirmed as unchanged the ischemic lesion; a steroideal and antiedema therapy with mannitol was started with mild improvement. After few days a sudden and progressive aphasia and right hemiparesis appeared; we performed an angio-MRI still indicating a possible ischemic lesion in left sylvian territory but the intense edema of cortex and a circinate dubious image prompted us to ask for a neurosurgery evaluation. The patient was moved to the neurosurgery dept and then operated for glioblastoma. Glioblastoma is a malignant infiltrative glial cell tumour occurring most often over 50 years with diverse clinical presentations. There are only a few case reports in the literature describing acute ischemic stroke secondary to brain tumors which are not usually considered in the etiology of cerebral infarcts in our clinical practice. This case was very interesting because the cause of ischemic stroke was a thromboembolic effect of the tumoral cell infiltration of the vascular wall and we do not exclude possible vascular compression by the tumoral mass.

Valutazione della terapia anticoagulante: analisi descrittiva di differenze e analogie nel trattamento tra Italia ed Europa alla visita basale del registro PREvention oF thromboembolic events - European Registry (PREFER) in Atrial Fibrillation Prolongation

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Premesse e Scopo: Il registro PREFER in AF PROLONGATION ha arruolato nel periodo compreso il 06/2014 e 04/2015 pazienti non selezionati affetti da FA in Europa per raccogliere informazioni sull'utilizzo a lungo termine dei NAO in pazienti con FA.
Metodi e Risultati: Sono stati arruolati 4155 pazienti in Europa, di cui 604 in Italia. Erano in trattamento con rivaroxaban il 49,9% in Europa ed il 32% in Italia. Dabigatran è stato utilizzato dal 20,1% in Europa e dal 39,6% in Italia. Apixaban dal 22,8% in Europa e dal 22,7% in Italia. In Europa il 70,4% ed in Italia il 76,7% assumevano rivaroxaban 20 mg/die, mentre la dose di 15 mg/die era assunta dal 27,9% in Europa e dal 22,3% dei pazienti italiani. In Italia l'1,2% (0,5% in Europa) assumeva la dose da 10 mg e lo 0,5% (0,2% in Europa) la dose da 5 mg. Il dosaggio di 10 mg/die (5 mg due volte al giorno) di apixaban era assunto dal 18,5% in EU e dal 33,6% dei pazienti italiani. Il dosaggio di 5 mg/die (2,5 mg due volte al giorno) era assunto dal 65,8% degli europei e dal 47,4% italiani. La dose di dabigatran 300 (150 mg BID) è stata assunta dal 56,6% degli europei contro il 40,2% degli italiani, mentre la dose ridotta di 220 mg (110 mg BID) è stata assunta dal 41,9% degli europei contro il 59,4% degli italiani.
Conclusioni: L'utilizzo del dosaggio ridotto in Italia e in Europa non sembra avere una spiegazione univoca, considerato che le popolazioni valutate non mostrano significative differenze in termini di fattori di rischio, se non per una leggera differenza di età, maggiore nei pazienti italiani rispetto alla media europea.

Immune-related adverse events in a patient receiving anti PD1 antibody for lung cancer

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A 60 years old formerly smoker man, with uneventful past medical history, was diagnosed with a left lung neoplasm in August 2014, following chest Xray for persistent cough. The hystological examination demonstrated a squamocellular carcinoma, inoperable due to synchronous liver metastases. The patient received 6 cycles of chemotherapy with cisplatin and gemcitabine with good global compliance. The subsequent re-evaluation showed a substantial stability of the disease. A 2nd line treatment with nivolumab, a novel human IgG4 anti-*programmed cell death protein 1* (PD-1) monoclonal antibody, was then decided within the therapeutic use protocol. This agent belongs to a new category of immune checkpoint inhibitors that elicit a T cell response

against tumors which produce neo-antigens or express high levels of PD1 or of its ligand (PDL1). The therapy was started at the dose of 3 mg/kg in March 2015. After 3 months on treatment, the patient complained severe fatigue, peripheral edema and dizziness. The blood test showed high aminotransferases and TSH levels. A diagnosis of autoimmune drug induced thyroiditis was made, and treatment with steroids and levothyroxyne was started. After 12 months the neoplastic disease is stable and the treatment with nivolumab is ongoing. The exposition to PD1/PDL1 inhibitors should raise the suspicion of a new class of immune adverse events; the physicians have to be aware of this possibility and prompt effective immunosuppressive treatment, since Literature reports suggest it doesn't hamper the antineoplastic effectiveness.

L'organizzazione per intensità di cura migliora la gestione del paziente acuto e riduce la mortalità precoce intraospedaliera

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Premessa e Scopo dello studio: I pazienti ricoverati in medicina interna si caratterizzano per gravità clinica non omogenea con situazioni instabili che possono deteriorarsi e comportare o il trasferimento presso reparti intensivi o il decesso. Lo studio si propone di verificare se la organizzazione per intensità di cura (IC) è in grado di limitare questi eventi nel corso dell'ospedalizzazione.
Metodi: Sono stati analizzati i ricoveri presso la Medicina Interna dell'Ospedale di Trento, organizzata secondo il modello di IC, con assegnazione del paziente a diverse configurazioni di degenza in base a score di gravità clinica. E' stata confrontata l'attività di 12 mesi di organizzazione IC (1608 ricoveri) con 12 mesi in modalità di ricovero standard non-IC (1393 ricoveri). I parametri valutati sono stati i trasferimenti per aggravamento in reparti intensivi, la mortalità precoce (<72 ore) e la mortalità totale.
Risultati: L'organizzazione IC *vs* non-IC ha permesso di ridurre in modo significativo il numero dei trasferimenti in reparti intensivi, 27 (1.7%) *vs* 70 (5.0%) p<0.01 e la mortalità precoce, 31 (1.9%) *vs* 44 (3.2%) p<0.03. La mortalità totale nei due periodi è risultata sostanzialmente sovrapponibile, 109 (6.8%) *vs* 100 (7.2%) p=ns.
Conclusioni: I risultati suggeriscono che il modello organizzativo per IC da noi adottato, con assistenza erogata in configurazioni di cura modulate in base alla gravità clinica, migliora l'efficacia delle cure, riducendo i trasferimenti in reparti intesivi per aggravamento e la mortalità precoce.

✪ Analisi dell'accuratezza diagnostica del *National Early Warning Score* ai fini prognostici di mortalità precoce in degenza medica: la curva *receiver operating characteristic* ed il *best cut-off* di 6

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Introduzione e Scopo dello studio: La casistica dei ricoveri in medicina interna è caratterizzata da una gravità clinica non omogenea con frequenti situazioni di instabilità. Per questo è necessario uno strumento clinico che possa stratificare la gravità ai fini prognostici. Lo scopo dello studio era quello di analizzare l'accuratezza diagnostica del National Early Warning Score (NEWS) nella identificazione del rischio di mortalità precoce (<72 ore).
Metodi: Sono stati analizzati 3134 pazienti ricoverati presso la Medicina Interna dell'Ospedale di Trento, tutti con valutazione NEWS al momento del ricovero. La relazione tra NEWS e mortalità precoce è stata valutata utilizzando un modello logistico su tre classi di rischio: basso NEWS 0-4 (B), medio 5-6 (M) e alto ≥7 (A). L'accuratezza dello score è stata calcolata con l'analisi ROC (Recevier Operating Characteristics).
Risultati: Sono state rilevate 64 morti precoci. L'odds ratio per l'esito morte precoce ha mostrato valori significativi: 14 tra M e B e 42 tra A e B (p<0,001). L'analisi ROC ha dimostrato l'accuratezza del test NEWS, area AUC 0,90 (95% CI 0,87-0,92), con valore 6 quale best cut off (63,24% Indice di Youden). Tra i 509 pazienti con score >6, le morti precoci sono risultate 45, con una accuratezza diagnostica dell'85%.
Conclusioni: I risultati indicano che il NEWS è uno strumento in grado di stratificare la prognosi in termini di rischio di mortalità precoce. Tale strumento si è dimostrato altamente accurato ed il valore di score 6 rende massima la differenza tra coloro i quali sono a rischio o meno di morte precoce.

✪ Safety of mineralocorticoid receptor antagonists in patients with heart failure: a meta-analysis of randomized controlled trials

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Background: Mineralocorticoid receptor antagonists (MRA) are effective in patients with mild to severe heart failure (HF) with reduced or preserved ejection fraction (EF). However, the fear of side effects often limits implementation of this therapeutic approach.
Thus, we aimed to assess the safety of MRAs (spironolactone, canrenone, eplerenone) in these patients, already treated with Angiotensin Converting Enzyme Inibithors (ACEI) and/or Angiotensin Receptor Blockers (ARB).
Method: We performed a meta-analysis of the literature searching in MEDLINE, and EMBASE for randomized controlled trials, assessing the incidence of hyperkalemia (K≥5.0 mmol/L) severe hyperkalemia (K≥5.5-6.0 mmol/L) and renal failure (RF) of MRAs treatement in HF patients with either reduced or preserved EF, already receiving best medical therapy. Pooled relative risk (RR) and corresponding 95% confidence interval (CI) were calculated and significant results were presented with number needed to harm (NNH).
Result: Ten RCTs (HF-REF: 7; HF-PEF: 3, 15.807 patients) were included. MRA treatement significantly increased the risk of hyperkalemia (10 studies, 15719 patients; RR 2.16; 95%CI 1.54-3.03; NNH=36), severe hyperkalemia (5 studies, 9679 patients; RR 1.42; 95%CI 1.16-1.74; NNH 77) and renal failure (6 studies, 7405 patients; RR 1.47; 95% CI 1.08-2.00; NNH=56) compared with best medical therapy.
Conclusions: MRA treatment appeared associated with a not negligible risk of hyperkaliemia and renal failure. Periodic monitoring of these parameters is required in MRA-treated patients

Fever and immunosuppression

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A 74-year-old woman presented to the Emergency Department with a 3-months history of recurrent daily fever with no obvious source of infection. She referred only occasional mild abdominal pain treated with rifaximin in the clinical suspicion of diverticulitis, without improvement. Her past medical history was significant for seronegative arthritis treated with immunosuppressive agents since the age of 50 years old and IgA/k MGUS. Physical examination showed only increased spleen volume. Laboratory investigations revealed peripheral blood cytopenia, hyponatremia, high serum ferritin level and mild increase of liver enzymes (AST, ALT, γGT), LDH and bilirubin. Blood and urine cultures were first negative. CT scan showed hepatomegaly and splenomegaly with dishomogeneous areas. Empiric antibiotic therapy with levofloxacin was started while immunosuppressive therapy was stopped, with persistence of fever. Blood smear showed activated lymphocytes and red-cell anisopoikilocytosis. A macrophage activation syndrome was suspected not meeting all criteria; PCR for CMV, EBV and B19 parvovirus, often causing excessive immune activation, were negative. A bone marrow biopsy showed a monoclonal plasmacytosis (7 percent). Finally peripheral and bone marrow blood cultures were positive for Leishmania *spp*. Patient reported her neighbor's dog, living in Elba island (endemic

area), was affected by Leishmaniasis. She was treated for visceral leishmaniasis, a neglected disease with frequent underdiagnosis, with intravenous amphotericin and clinical improvement.

An unusual association

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Background: Thrombotic thrombocytopenic purpura (TTP) is a thrombotic microangiopathy caused by reduced activity of the von Willebrand factor-cleaving protease ADAMTS-13. TTP is a medical emergency that can be fatal if appropriate treatment is not initiated. **Clinical case:** A caucasian 33-years old man presented with fever, headache, transient paresthesia and paresis of left upper limb and petechiae. He has always been in good health. Blood tests showed severe anemia (7.3 g/dL), thrombocytopenia (15000/mm3) and elevation of lactic dehydrogenase (2301 U/L); coagulation time was normal. The peripheral blood smear showed the presence of schistocytes. TTP was suspected and the patient underwent plasmapheresis, in association with high doses of steroides. The treatment was followed by symptoms resolution and normalization of platelet count. Reduction of ADAMTS-13 (<5%) and elevation of anti-ADAMTS-13 (25 U/mL) were observed. A CT scan showed the presence of hilar adenopathy and the patient underwent mediastinal biopsy, that was diagnostic for sarcoidosis. After the second relapse of TTP the patient underwent treatment with Rituximab, with benefit. **Conclusions:** TTP can be acquired (due to the presence of autoantibodies against ADAMTS-13) or hereditary (due to mutations in ADAMTS-13). The association between acquired TTP and sarcoidosis is unusual.

Prevalenza e caratteristiche delle epatiti virali croniche e delle coinfezioni HIV/virus epatitici nelle strutture detentive in Italia

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Premessa e Scopo dello studio: Numerosi studi hanno evidenziato che le malattie trasmissibili più rappresentate tra i detenuti sono il virus dell'epatite C (HCV) e B (HBV) e il virus dell'immunodeficienza umana/sindrome da immunodeficienza acquisita (HIV/AIDS). Scopo dello studio è stato valutare la prevalenza e le caratteristiche delle epatiti virali e delle confezioni con HIV in 6 regioni italiane, al fine di poter supportare i decisori politici sui programmi di prevenzione e trattamento da adottare.
Materiali e Metodi: Abbiamo progettato una cartella clinica informatizzata usando il linguaggio di programmazione Python. Le diagnosi di HBV, HCV, HIV venivano effettuate in accordo all'ICD9-CM. Di 17.089 soggetti, sono stati arruolati nello studio 15.751 (M=14.835; F=869; Transgender: 47), corrispondente al 92,2% (età media=39,6 anni; il 94,2% erano maschi).
Risultati: HCV, HBV e HIV e confezioni HIV/virus epatitici presentavano rispettivamente una prevalenza del 7%, 2%, il 2% e 1%. Nei pazienti con HCV, HIV e coinfetti HIV/virus epatitici la più alta prevalenza veniva registrata nel gruppo di età >45 anni, in quelli con HBV, nel gruppo di età >31 anni. Il rischio di contrarre HCV, HBV, HIV era associato all'età, ad un precedente periodo di detenzione e alla tossicodipendenza.
Conclusioni: La prigione rappresenta uno dei principali serbatoi d'infezioni, data l'alta prevalenza d'infezioni da HCV, HBV e HIV, rispetto alla popolazione generale. Misure di prevenzione e specifici protocolli di trattamento potrebbero essere strategici per diminuire la diffusione delle malattie.

Liver cirrhosis and hepatocellular carcinoma, tubulovillous adenoma of the rectum, alcoholism, positive HBVs Ag+, congestive antral gastritis, klebsiellla oxytoca urinary infection and specific pulmonary process outcomes

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History: The patient 67 y.o.hospitalized for abdominal pain, continuous resistant fever for three days, and increased volume of the abdomen for a few days. He suffers from Chronic Pulmonary Disease and unspecified Liver Disease He has a protruding abdomen for ascites,presence of venous network, succulent skin.
P.E.: Left chest: hypophonesis with left weakened murmur and sour breath with some hissing in the remaining lung field. Increased lipase, bilirubin, γgt, altered, Antithrombin III, Fibrinogen.
Chest and abdomen CAT: Marked left pleural effusion, marked hepatosplenomegaly with coarse liver structure and significant perisplenic and perihepatic effusion. Blood chemistry tests: highlight hypoproteinemia with hypoalbunimenia, HBVs Ag+and alpha-fetoprotein, Ca 125 and Ca 15.3 are positive, urine culture positive for Klebsiella Oxytoca.
EGDS: Congestive antral gastritis, no esophageal varices. Echographic control of abdomen: reduced ascites, liver with finely irregular margins and a 4 cm hypoechoic area at the sixth segment depending on focal lesion. Thoracentesis: liquid negative for the research of cancer cells.
Total body CAT w.c.: Bilateral apical fibro-retractable densification and multiple pulmonary nodules, marked reduction of pleural effusion. The 6th hepatic segment:focal area shows irregular contours of about 4.12 cm;the volume of the liver is reduced and shows irregular margins. Enlarged Spleen. Gallbladder with thickened walls. Hyperemic appearance of mesenteric tissue, persistence of ascites, thickening of sigmo-rectal mesenteric wall.
Colonoscopy: Tubulovillous adenoma of the rectum

Retrospective oncologic case study hospitalized at our ward

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We have retrospectively studied the patients hospitalized at our Ward during the years 2010-2015. Their data were stored in the digital archive. Almost all the patients come from a relatively wide area.It is an ethnically, socially and culturally homogeneous area whose point of reference is our Hospital and Ward. This study shows some preliminary raw data, that obviously need more evaluative thorough tests. Total Hospitalizations=3746-Total Patients with Neoplasms=178 Percentage of tumor incidence=4.7% Men=106 (59.6%) Women=72 (40.4%) Average age–Case study -78 years old. Average age Men:76 years old. Average age Women:77 years old Neoplasms Men Lung N° 28 (26.5%); Prostate N° 27 (25.4%); Colon N° 9 (8.4%); Leukemia N° 8 (7.5%); Liver N° 4 (3.7%); Pancreas N° 2 (1.8%); Kidney N° 3 (2.8%); Stomach N° 3 (2.8%); Rectum N° 1 (0.94%); Esophagus N° 1 (0.94%); Thyroid N°0(0%). Neoplasms Women: Breast N°19 (26.3%); Lung N°10 (13.8%); Colon N° 7 (9.7%); Leukemia N° 5 (6.9%); Pancreas N° 5 (6.9%) Uterus N° 3 (3.9%); Liver N° 2 (2.7%); Stomach N° 2 (2.7%); Thyroid N°1 (1.3%); Rectum N°0 (0%); Geographic Area: "Area Grecanica" Municipality with higher% (Population /Tumors) Melito di Porto Salvo inhabitants 11.000 /Tumors 49 – 0.44% Montebello Jonico inhabitants – 6.500 /Tumors 27 - 0.41% Condofuri inhabitants – 5000/Tumors 19 - 0.38% Year 2010=Total 21; Men 18; Women 3. Year 2011=Total 35; Men 21 ; Women 14. Year 2012=Total 26; Men 13; Women 13. Year 2013=Total 25; Men 15; Women 10. Year 2014=Total 30; Men 15; Women 15. Year 2015=Total 41; Men 25, Women 16.

Valutazione angiografica della disfunzione del microcircolo coronarico in pazienti con insufficienza cardiaca a frazione di eiezione conservata

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Obiettivi: Lo scopo di questo studio è valutare la perfusione del microcircolo coronarico, tramite indici angiografici convalidati, per valutare se i pazienti con angina microvascolare stabile e insufficienza cardiaca a frazione di eiezione preservata (HFpEF) hanno una maggiore disfunzione microvascolare.
Materiali e Metodi: Il nostro studio è stato condotto su una popolazione di 286 pazienti. Abbiamo diviso il campione in due categorie: pazienti con HFpEF (155 pazienti) ed un gruppo controllo di pazienti senza HFpEF (131 pazienti). Abbiamo calcolato gli indici coronarografici, sulla base delle immagini angiografiche, tra cui TIMI Frame Count (TFC), Myocardyal Blush Grade (MBG) e Total Myocardial Blush Score (TMBS).
Risultati: Abbiamo a confrontato i valori angiografici nei due gruppi: i pazienti con HFPEF (n-155) ed il gruppo controllo (n-131). Abbiamo evidenziato che i pazienti con HFpEF avevano un TFC maggiore sulle tre principali arterie coronarie (TFC IVA 44,7 ±12,5; TFC RCA 26,2±6,9; TFC CX 27±5,9), rispetto al gruppo controllo, indice di un flusso coronarico più lento nei pazienti con HFpEF. Infine abbiamo trovato un MBG inferiore sulle tre arterie coronarie nei pazienti con HFpEF (MBG IVA^2,1±0,3; MBG RCA^2,1±0,3; MBG CX^2,0±0,32) rispetto al gruppo controllo, indice di un flusso del microcircolo coronarico più lento.
Conclusioni: L'analisi del microcircolo coronarico nei pazienti con e senza HFpEF ha mostrato che la popolazione con HFpEF ha un maggiore coinvolgimento del microcircolo coronarico rispetto ai pazienti senza HFpEF.

An anemia puzzle

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A 75-year old man with history of high blood pressure and arthrosic pain often treated with diclofenac, was admitted to the hospital for fatigue, somnolence, occasional urinary incontinence and jaundice. At admission, severe normocytic anemia, mild thrombocytopenia, positive direct Coombs test, increased LDH, indirect bilirubin and reticulocytes and consumption of haptoglobin suggested the diagnosis of warm autoimmune hemolytic anemia. A concomitant severe vitamin B12 deficiency explained increased LDH and bilirubin, as well as thrombocytopenia and neurological symptoms. The absence of macrocytosis was explained late discovering a preexisting thalassemia trait. The erythrocyte volume was the balance between small size red cells of thalassemia and megalocytes of pernicious anemia (anisopoikilocytosis and anisochromia at peripheral smear). The patient was treated with steroid therapy, high dosage parenteral cobalamin and blood transfusions, maintaining the hemoglobin values.
Conclusions: In this case, in the same patient coexisted 3 causes of extravascular hemolysis and ineffective erythropoiesis (autoimmune hemolytic anemia most likely drug induced, thalassemia trait and cobalamin deficiency), with similar (increased LDH and bilirubin, anemia and thrombocytopenia) and different laboratory findings (haptoglobin consumption and positive direct Coombs) and others resulting by combination of two diseases (normal MCV). The identification of a cause of anemia should not avoid the research of other conditions that can coexist, in order to effectively treat anemia without delays.

Is type 1 cryoglobulinemia likely to be associated with thymoma in a patient with undefined diagnosis?

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Background: Thymoma and thymic carcinoma are rare tumors of the mediastinum. Symptoms include chest pain, dyspnea, dysphagia, cough, pericarditis and mediastinal syndrome. The disease should be suspected in cases of myasthenia gravis. Association with type 1 cryoglobulinemia (isolated monoclonal Ig, typically IgG or IgM, less commonly IgA or free immunoglobulin light chains) is reported.
Case report: A 35- year-old woman was hospitalized in Internal Medicine ward because of bilateral supraclavicular edema, oppressive pain in the neck and dysphagia. One year before she had widespread joint pain and tipe 1 Cryoglobulinemia and fibromyalgia diagnosis was made. She showed no anomaly in blood tests including inflammatory, thyroid and hepatitis markers. US found normal thyroid with reactive lateral cervical and submandibular lymph nodes. Chest CT scan demonstrated hypodense area of 24x18mm in the thymus. The patient underwent micro-invasive thymectomy. Histological examination confirmed the presence of thymoma. Anti-acetylcholine receptor antibodies and anti MuSK were negative, excluding myasthenia gravis.
Discussion: While the association between myasthenia gravis and thymic disorders are well-known, the associations with cryoglobulinemia and other autoimmune pathological conditions, neurological and haematological are less known. It may be useful excluding Thymoma in type1 cryoglobulinemia work-up.

✪ Is tocilizumab promising in treatment of "aggressive" systemic sclerosis?

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Background: Systemic sclerosis (SSc) is characterized by vasculopathy, autoimmunity and fibrosis. It is estimated that musculoskeletal pain and arthritis of RA like are common in SSc and observed in 24 to 97% of SSc patients. Tocilizumab (TCZ),blocking the interleukin-6 pathway, could be a therapeutic alternative in failure of conventional treatments.
Patients and Methods: We report the case of a 43 y o woman suffering from SSc SCL 70+, with severe cutaneous sclerosis (MRSs28), digital ulcers and pulmonary fibrosis. She is chronically treated with iloprost monthly and bosentan for digitals ulcers, but for severe cutaneous sclerosis, digital acro-osteolysis, and pulmonary involvement, a treatment with six intravenous boluses of cyclophosphamide followed by rituximab was performed without benefit. She is allergic to hydroxychloroquine and mycophenolate. Furthermore for severe microstomia a perioral autologous fat graft (lipofilling) was performed. In May 2015 she developed an rheumatoid arthritis like, with RF and ACPA positivity. In June 2015 a treatment with Tocilizumab (TCZ 8 mg/kg monthly) was started. This therapy showed a clinical and biohumoral improvement after the first administration. After six months of TCZ therapy we observed a remission of arthritis and an improvement of skin elasticity (MRSs14) reduction of dyspnea and increasing of DLCO.
Conclusions: IL 6 is a cytokine involved in the pathogenesis failure of conventional of many inflammatory, autoimmune and fibrotic diseases and an anti IL6 therapy could be proposed after failure of conventional therapies.

Sweet syndrome: when the skin hides the problem

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We present a case of a 63 years-old caucasian woman with fever and diffuse erythematous plaques. After excluding neoplasms and infections, a skin biopsy was performed: histological analysis revealed dermis neutrophilic infiltrate without leukocytoclastic vasculits and so a Sweet's syndrome was suspected. Moreover, since marked increase of liver indeces of cytolisy and cholestasis, ANA and pANCA positivity and US findings of steatosis liver involvement were present, a hepatic biopsy was performed to find a possible autoimmune cause. Histological analysis revealed an overlap syndrome (autoimmune hepatitis and primary biliary cirrhosis). After starting corticosteroid and UDCA treatment, systemic symptoms, skin lesions, liver involvement, autoimmunity markers were promptly improved. Six months later, liver indeces of cytolisy and cholestasis were almost negative, skin lesions were reduced to a frontal erythema. Sweet's syndrome (idiopathic, malignancy-associated or

drug-induced) is characterized by erythematous plaques/nodules, pyrexia >38°C, increased inflammatory markers and histopathologic evidence of neutrophilic infiltrate without leukocytoclastic vasculitis. Neoplasms, inflammatory disease, pregnancy, previous respiratory/gastrointestinal infection are often associated. Systemic corticosteroids are the gold standard therapy. An update of references of this syndrome, showed only few cases of sweet's syndrome associated either to autoimmune hepatitis or to cholangitis, but to our knowledge, this is a first report of association to an overlap autoimmune syndrome (AIH /PBC).

✪ Correlation between non-alcoholic fatty liver disease fibrosis score and hepatic artery resistive index in non-alcoholic fatty liver disease patients: cut-off suggestive of non-alcoholic steatohepatitis evolution

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Aims: Ultrasound (US) is reliable to reveal non-alcoholic fatty liver disease (NAFLD) but it is neither sensitive nor specific to reveal signs of fibrosis, except in overt cirrhosis. NALFD Fibrosis score is a non-invasive parameter that predicts the presence of fibrosis. The aim of this study was to compare resistive index of hepatic artery (HARI) of NAFLD patients with different severity degree of fatty liver disease *vs* HARI of controls, and to compare HARI of NAFLD patients with different NAFLD Fibrosis score *vs* HARI of controls.
Methods: This was an observational study conducted in our US Department between Dec. 2013 and July 2014. 62 subjects (NAFLD patients and healthy controls) were included. Liver, spleen echogenicity and size, maximum portal vein velocity, RI, peak systolic and end diastolic velocity (PSV and EDV) of splenic and hepatic artery, and NAFLD fibrosis score were acquired and compared between groups.
Results: HARI was significantly lower in NAFLD patients than controls ($p < 0.0001$). A significant difference was found also between NAFLD severity groups ($p < 0.0001$). There was also a difference between HARI of NAFLD patients with different NAFLD fibrosis score *vs* HARI of controls ($p < 0.0001$) with a positive correlation between HARI and NAFLD fibrosis score.
Conclusions: Doppler US can be helpful to detect NAFLD patients with risk of fibrosis. High HARI values, regardless of steatosis degree, might suggest the execution of biopsy in order to predict the progression to fibrosis. Low HARI values may suggest lower risk which does not necessitate any biopsy.

✪ Acute pancreatitis in Internal Medicine

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Background and Objectives: Acute pancreatitis (AP) is an inflammatory disease, that can be life-threatening. Like peptic ulcer, advances in medical/endoscopic therapy made AP a medical disease. Our study is aimed to describe a serie of pts with AP, admitted to Internal Medicine.
Patients and Methods: We enrolled all pts with AP from 1/1 to 12/31/15. Age, gender, etiology, comorbidities, medications, clinical presentation, lab and instrumental data, severity assessment, acute medical and/or endoscopic therapy, surgery, length of stay, mortality, relapses were recorded.
Results: 1715 pts were admitted to our ward, 53 had AP, 3% (51%F; mean age 61 y.o, mean Charlson index 3). The causes of AP in our population were: gallstones 54,7%; dyslipidemia 7,5%; alcohol/drugs 7.5%; miscellanea 26%; idiopathic 15%. Mean APACHE II score was 9; max 19 US and CT scan were the most common exams. Pleural effusion occurred in 18,8% of pts, peritoneal effusion in5,5%, pseudocysts in 6 pts, pancreatic necrosis in 1. All the pts received fluids, 66% gabesate mesylate, 68% antibiotics (mainly, ciprofloxacin plus metronidazole or ceftazidime). ERCP was performed in 3 pts within a median range of 6d. No one had urgent surgery, 14 delayed surgery. Relapses occurred in 6 pts, in 2 for delayed surgery. All pts were discharged alive, after a mean of 7d.
Conclusions: AP was as frequent as pulmonary embolism in our ward. Pts with AP were younger than average, so less fragile. Clinical course was favourable, despite the prevalence of moderate-severe forms. Time to endoscopic/surgical therapy should be improved.

Quando la sepsi severa colpisce al cuore...

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Uomo, 57 anni, giungeva al PS di Osimo il 2/4/2013 per dispnea ingravescente, FA ad risposta ventricolare >48h. Anamnesi: dispnea da 1 mese in terapia con antibiotici(bronchite?) senza beneficio, febbre da alcuni giorni. Si documentava MO F(disfunz. renale, cardiaca, respiratoria, coagulativa), indici di flogosi; disfunz. Vsx severa (FE: 20%) e trombo apicale (diametro 3 cm), addensamenti polmonari multipli all'rx torace Nel sospetto di una sepsi severa+MOF e grave compromissione miocardica con trombosi apicale del vsx (miocardite subacuta? SCANSTEMI?), veniva stabilizzato e trasferito presso il Lancisi di Ancona (centro Hub). 24 ore dopo sviluppava ictus cardioembolico con compromissione della fonesi+VII nervo cranico sx. Alla TC toraco-addome:polmonite lobo medio dx+trombosi massiva auricola sx. Coronarografia: non stenosi significative. Trasferito il 17/5 per riabilitazione cardiologica. Maggio 2015: ricovero presso la nostra UO per scompenso cardiaco. Tentata in passato terapia con rivaroxaban e warfarin, interrotta per epatotossicità (↑bilirubina+AST/ALT). Manteneva EBPM. Stabilizzato con terapia diuretica e dimesso in buone condizioni, con presa in carico in ambulatorio di follow-up scompenso. Oltre a titolazione di ACEI+betabloccante, si introduceva Dabigatran (razionale: clearance renale 80%): non effetti avversi nel tempo. Gen 2016. Terapia on-top, FE Vsx: 25%, con FA permanente. Posto in lista per posizionamento ICD (QRS<120 msec all'ECG). Caso esemplificativo di sepsi severa+MOF determinante danni permanenti multipli agli organi/apparati vitali. La gestione dell'internista risulta quanto mai preziosa in tutte le fasi della malattia.

✪ Afebrile candidemia in Internal Medicine wards: assessment of risk factors

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Background: An increasing number of candidemia has been reported in patients cared for in Internal Medicine Wards (IMWs). These usually older and frail patients may not be suspected as having candidemia because they lack fever at the onset of the episode. To identify the risk factors associated with the lack of fever at the onset of candidemia in patients cared for in IMWs, we compared two group of patients with or without fever.
Methods: We retrospectively review data charts from three tertiary care, University Hospitals in Italy, comparing patients with or without fever at onset of candidemia. Consecutive candidemic episodes in afebrile patients and matched febrile controls were enrolled during the three years study period. Patient baseline characteristics and several infection-related variables were examined.
Results: We identified 147 candidemic episodes without fever at onset and 147 febrile candidemia. Factors associated with the lack of fever at onset of candidemia were: diabetes, C. difficile infection and a shorter delta time from IMWs admission to the onset of candidemia. The only variable associated with fever was the use of intravascular devices.
Conclusions: Clinicians should be aware that an increasing number of patients with invasive candidiasis cared for in IMWs may lack fever at onset, especially those with diabetes and C. difficile infection. Candidemia should be suspected in patients with afebrile SIRS or in wors-

ening clinical condition: blood cultures should be taken and a timely and appropriate antifungal therapy should be considered.

Hundred days of monitoring for infections in geriatrics

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Background: The infections in the geriatric patient are very frequent due to the increased susceptibility of the organism, for the presence of bladder catheter and the presence of comorbidity (for example Diabetes, COPD).
Aim of the study: The aim of our study was to evaluate the prevalence of infection, infected sites and microorganisms, in elderly hospitalized for all causes in Geriatrics departments.
Materials and Methods: We have analyzed retrospectively data, processed by the hospital laboratory "F. Miulli "Acquaviva delle Fonti (BA), referring to blood culture (BC), urine culture (UC), skin swab (SW) and sample from the wound (W), sputum (S), collected in 100 consecutive days.
Results: Analysis of the data showed a prevalence of infection of 27%. Infections were distributed: UC 40.7%, BC 38% SW, 6.1%, S 3.7%, W 3.7%, other 7.4%. The most represented microorganism were: *E. coli* 14% (UC 66.6%, 34.4% BC), *P. aeruginosa* (11.1% (UC 50%; 50% BC), *K. pneumoniae* 9.8% (UC), *P. mirabilis* 7:40% (SW 50%), *S. aureus* 6.1% (BC), *S. capitis* 6.1% (BC), *S. epidermidis*, hominis, *P. stuartii*, *E. faecalis*, 3.7% (BC) and *A. baumannii* 4.9% (UC).
Conclusions: Geriatric infections are mainly related to the urinary tract and are responsible for sepsis in 38% (BC+) of cases observed. 13.5% is related to the skin (wounds infections): it is necessary to implement prevention protocols (appropriate use of bladder catheterization, bedsore placements) to reduce the incidence. *E. coli* and *P. aeruginosa* were the most common microorganism.

Moyamoya disease and renal artery stenosis: a case report

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Background: The Moyamoya disease (MMD) and fibrodysplasia (FMD) are two non atherosclerotic vascular disease involving the cerebral vasculature and rarely renal arteries (RA), and RA and less frequently extracranial cerebral arteries respectively.
Discussion: A 43 year old overweight woman, with previous history of preeclampsia and untreated hypertension, was hospitalized for transient ischemic attack with high blood pressure values (270/115 mmHg). Blood tests showed a newly diagnosed diabetes mellitus and normal renal function. The patient underwent RA's ultrasound (US) with evidence of Doppler flow type "tardus and parvus" and no evidence of plaques, suggesting a FMD. Carotid US demonstrated a potential dissection at right carotid without signal of stenosis on the left side. The computerized tomography angiography detected right bulbar dissection and irregular reticular pattern at cerebral arteries, findings consistent with MMD. Cerebral angiography revealed typical "crown of rosary" of the above ophthalmic internal carotid. The following RA angiography confirmed FMD and the patient was treated with right angioplasty without complications. After 13 days the patients was discharged with normal BP values. The following year the patient was hospitalized for hypertensive urgency with evidence of significant stenosis of RA bilaterally, therefore new angioplasty with medicated balloon was performed.
Conclusions: The districts involved and the poor response to angioplasty with rapid restenosis suggest a very rare form of kidney MMD or a common pathogenesis between FMD and MMD.

✪ Use of oral anticoagulants in combination with antiplatelet therapy: insights from the GLORIA-AF Registry

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Originally presented at European Society of Cardiology (ESC) Congress, London, UK, August 29-September[2], 2015
Purpose: GLORIA-AF is an observational programme to address questions related to safety and effectiveness of antithrombotics in routine clinical care.
Methods: Data collection started once dabigatran was approved in participating country. The analysis describes characteristics of pts initiating antithrombotics at the baseline and concomitant use of OACs and AP.
Results: Of 10,675 pts, 20.6% had coronary artery disease (CAD), 10.5% prior myocardial infarction and 3.3% peripheral artery disease (PAD). Majority of pts were receiving OACs (80.0%), with 12.3% on AP and 7.6% on no antithrombotics. AP was co-prescribed with VKAs in 5.4% of pts, and with NOACs in 6.6%. Amongst males with a CHA2DS2VASc score[1], AP was co-prescribed with VKAs in 4.4% and with NOACs in 5.1%, while in males with CHA2DS2VASc score≥2, AP was co-prescribed with VKAs in 6.8% and with NOACs in 8.5%. Amongst females with a CHA2DS2VASc score[1], AP was co-prescribed with VKAs in 2% and with NOACs in 1.2%. In females with a CHA2DS2VASc score ≥2, AP was co-prescribed with VKAs in 4.5% and with NOACs in 5.4%. Pts with AF and PAD had higher use of VKAs+AP (10.1% *vs* no PAD, 5.1%) and NOACs+AP (14.6% *vs* no PAD, 6.2%). Similar pattern observed in pts with AF and CAD, with VKAs+AP 11.4% *vs* no CAD, 3.8%; and NOACs+AP 15.2% *vs* 4.3%.
Conclusions: A minority of pts prescribed AP with OACs, with co-prescription rates similar between NOACs and VKAs; combination AP+OACs was 2–3 fold more common in pts with PAD or CAD.

Un caso di ascesso del muscolo psoas su base tubercolare

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Caso clinico: K.B.,paziente indiana di 48 anni affetta da obesità e DM in terapia con metformina, si presenta in PS per febbre, vomito e dolore inguinale destro, inducente posizione antalgica in flessione, irradiato al fianco. Una TC con mdc rivela la presenza di una raccolta ascessuale nel contesto del muscolo psoas destro e la paziente viene urgentemente sottoposta a toilette chirurgica dell'ascesso per via laparoscopica con dimostrazione di appendicite catarrale.
Decorso: Durante la degenza si imposta terapia antibiotica con metronidazolo e piperacillina/tazobactam con progressivo miglioramento clinico, ma in seguito alla rimozione del drenaggio percutaneo, si assiste a ricomparsa di febbre e dolore. Al controllo TC si evidenzia recidiva della raccolta ascessuale di psoas, estesa anche alla regione trocanterica destra e all'inserzione del muscolo psoas. L'esame colturale, microscopico e PCR, eseguito sul materiale nuovamente drenato, dimostra positività per *Mycobacterium tubercolosis*, mentre appare negativa la ricerca del BK a livello appendicolare per mezzo di colorazioni specifiche. Esame istologico su appendice e su biopsie di valvola ileo-ciecale iperemica, rilevata alla colonscopia, sono ancora in corso.
Conclusioni: Questo caso descrive una causa ormai insolita di ascesso retroperitoneale, infatti la causa tubercolare, qui forse secondaria a localizzazione ossea (o morbo di Pott), era piuttosto frequente in passato, mentre oggi la sua patogenesi è piuttosto da ricercare fra le complicanze di pielonefriti o perforazioni di duodeno, colon o appendice.

Sindrome da anticorpi antifosfolipidi ad evoluzione catastrofica

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Caso: A26,F addominalgia. In PS creatinina 1.25, ecoaddome: idronefrosi bilaterale II grado. Alla TAC dell'addome ispessimento edematoso di pareti gastriche, cieco, sigma, colecisti; ascite; v. porta di calibro ridotto con ipodensità e adiacente cavernoma portale, trombosi della v. renale sinistra, femorale destra, v. mesenterica superiore,splenomegalia. EGDS: due ulcere ricoperte da coagulo in recente sanguinamento.Proteinuria in range nefrosico, ANA, ENA, Ab-antiDNA+, FR ad alto titolo, C3,C4 ridotti,sierologia epatite, HIV negativi Sospettando CAPS e cioè "sindrome da antifosfolipidi catastrofica", veniva trasferita in Medicina d'Urgenza. Il trattamento delle TVP polidistrettuali in corso di recente sanguinamento gastrico, precludeva terapia trombolitica ev, si proseguiva eparina sodica in infusione continua, poi sostituita con EBPM a dosaggio scoagulante. Per il forte dubbio di patologia autoimmune sistemica, dopo consulenza nefrologica e immunologia, veniva trattata con metilprednisolone, ACE inibitore a scopo antiproteinurico, immunosoppressore. Al controllo angioTAC risoluzione della TVP polidistrettuali, trombosi della confluenza spleno mesenterico portale con presenza di cavernoma; trombosi del ramo sinistro intraepatico della porta. La paziente è ora in TAO.
Conclusioni: La CAPS è rara complicanza della sindrome da anticorpi antifosfolipidi in meno dell'1% di questi pazienti, le manifestazioni cliniche interessano vari organi nel volgere di breve tempo (1 settimana). La riduzione della mortalità da 50% a 30% è ottenuta associando anticoagulanti, corticosteroidi più plasmaferesi.

Everything burns

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Background: Autoinflammatory diseases arise through inappropriate activation of antigen-independent inflammatory mechanisms and often present with recurrent fever of unexplained origin.
Methods: A 21 year-old, Ivorian male, with previous HVB infection, presented to the Emergency Department because of abdominal pain, diffuse lymphoadenopathy, splenomegaly and several episodes of spiking fever unresponsive to paracetamol and antibiotic therapy. During hospitalization he presented two episodes of hyperpyrexia accompanied by increase in inflammatory markers (CRP 15.05 mg/dL, ESR 117 mm, LDH 1810 U/L and serum ferritin>36.000 ng/mL) without evidence of viral or bacterial infections (all blood/urine culture samples and serology blood test were negative). Systemic rheumatic disease, such as systemic lupus erythematosus and rheumatoid arthritis, were excluded through search of related autoantibodies. Moreover, total-body CT, bone marrow and inguinal lymph node biopsy were performed to exclude the diagnosis of haematologic malignancies.
Results: A diagnosis of autoinflammatory sindrome was made on the basis of clinical and laboratory findings. Genetic testing found polymorphisms in the MEFV gene and in the TNFRSF1A gene, both in heterozygous state. Their functional meaning is yet unknown, but they seem to be associated with an exaggerated inflammatory response. The patient was treated with colchicine obtaining a resolution of the fever.
Conclusions: Autoinflammatory disease should be suspected when a patient presents with unexplained recurrent episodes of systemic inflammation.

Evaluation of the quality of diabetes mellitus treatment in presence of a structured cooperation between diabetes centre and general practitioner

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Introduction and Objective of the study: The treatment of diabetes mellitus (DM), to be effective, must obtain persistent HbA1c values <7% (53mmol/mol). A model of diabetes management based on a close interaction between diabetes centres (DCs) and general practitioners (GPs) may improve the quality of diabetes care. The aim of this paper is to evaluate if the quality of diabetes care changes in an integrated management setting between DCs and GPs.
Materials and Methods: A total of 150 drug-treated diabetic patients were enrolled in this study. 50 patients were treated exclusively by the GPs, 50 patients by DCs and the remaining 50 were followed by a structured cooperation between diabetologists and GPs. For each patient we filled in a standard questionnaire containing the following data: age, gender, HbA1c value, blood glucose level, the physician responsible for prescription of diabetes therapy (GP, diabetologist, both through a structured cooperation).
Results: A total of 150 subjects were evaluate (mean age 78 years). HbA1c mean value was 55,5 mmol/mol in the group of 50 patients undergoing integrated disease management, 57,6 mmol/mol in the remaining 100 subjects.
Conclusions: Our data suggest that structured cooperation between GPs and DCs may improve glycemic control of DM patients. Further studies are necessary to evaluate the possible benefit from this cooperation.

An unusual case where enteropathy protein-losing is associated to malabsorption

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Background: The systemic amyloidosis usually doesn't save the digestive tract, but this involvement is rarely symptomatic. Enteropathy protein-losing is a rare condition caused by excessive loss of serum protein in the gastrointestinal tract.
Clinical symptoms of gastrointestinal amyloidosis can be long silent or nonspecific; protein-losing enteropathy is unusual.
Case report: We report the case of a 59-year old patient whit weight loss and ascites. Tests showed low cholesterol levels, hypoproteinemia, hypogammaglobulinemia; thoracoabdominal CT modest effusion in abdomen and lung interstitium thickening. Endoscopy highlights striae in the gastric antrum, wall thickening, erosions in the duodenum, extensive scarring of the whole circumference of the bowels in the proximal transverse. The histology was positive for homogeneous eosinophilic material in withdrawals duodenal and gastric, in the vascular and in the lamina propria, with epithelial erosions, while the withdrawals of large intestine showed deposits in the vessel wall of submucosa. Positive staining with congo red. Cardiac MRI confirmed amyloidosis and Abdominal Fat Tissue Aspirate was positive. Bone marrow biopsy showed monotypic kappa myeloma.
Discussion: The case is emblematic: clinical symptoms of gastrointestinal amyloidosis can be long silent or nonspecific; the macroscopic endoscopic appearance is varied, therefore clinician should think about doing the histological examination during endoscopy. Due to the poor prognosis, it is necessary for the clinician to think about this diagnosis earlier.

Contrast-enhanced abdomen ultrasound of gastroenteric neuroendocrine tumours: case series in an Internal Medicine Unit

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Background: The diagnosis of gastrointestinal neuroendocrine tumors (gNET) is often delayed due to multiple factors: non-specific symptoms, knowledge bias and, finally, non-specific US appearance, sometimes similar to that of angiomas, especially for metastases.
Methods: We retrospectively reviewed the cases of registered patients with gNET this year in our Internal Unit, evaluated with B-mode US, CEUS. We obtained 4 cases. Diagnosis was confirmed by abdomen TC and cytology/histology, in one case only by Ga PET. At CEUS on the basis of enhancement, lesions were classified as homogeneous and inhomogeneous. Wash-out was evaluated. Finally Ki67 index was detected.
Results: In all four cases symptoms were non specific and in one case the diagnosis was late (present liver metastases). The primary tumor was in the 3 cases pancreatic, ileal in one case. In b mode pancreatic lesions were iso/hypoechoic, the liver metastases were hyperechoic. At CEUS all three primary lesions had homogeneous hypervascularization in the arterial phase and absent or little wash-out in the portal and sinusoidal phase. In liver metastases we observed

intense inhomogeneous arterial enhancement and early venous washout. The enhancement was homogeneous in three lesions with Ki 67 <2 and also inhomogeneous in nodules with ki 67 67 3%.
Discussion: The use of second-generation contrast agents combined with low acoustic-pressure insonation facilitated identification of hypervascular lesions. CEUS can help the internist to an appropriate diagnostic workup and, therefore, to an early detection of gNET.

Un insolito caso di scompenso cardiaco

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Premessa: Per sindrome POEMS si intende una rara patologia multi-organo in cui si associano Polineuropatia, Organomegalia, Endocrinopatie, Mieloma e manifestazioni cutanee (Skin changes). Noi presentiamo un caso di tale sindrome esordito con un quadro di comune scompenso cardiaco, risultato tuttavia refrattario alla terapia medica.
Case report: Un uomo di 81 anni si è presentato in DEA per dispnea, astenia, edemi declivi. Era portatore di cardiopatia ipertensiva con BBdx ed FA cronica. Presentava lesioni cutanee ulcerative a livello delle superfici laterali dell'addome e riferiva disturbi della deambulazione da circa due mesi con impossibilità al mantenimento della stazione eretta. L'elettromiografia ha documentato polineuropatia sensitivo-motoria ad impronta assonale ai quattro arti con grave reperto di denervazione agli arti inferiori, mentre la RMN della colonna aree iper-ipointense nelle sequenze T1 e T2 con disomogenea impregnazione contrastografica di tutti i corpi vertebrali. L'esame del liquor è risultato nella norma. Agli esami ematochimici: componente monoclonale IgG lambda 1,49 g/dL, TSH 17,9 microUI/mL (v.n. 0,3-4,0) con ormoni tiroidei ai limiti inferiori; proteinuria di Bence Jones 0,2 g/dL. Biopsia midollare: plasmacellule 40% con atipie nucleari. La TAC torace ed addome ha evidenziato lieve epatomegalia ed ingrandimento della camere cardiache. All'ecocardiogramma il ventricolo sinistro si presentava globalmente ipertrofico ed ipocinetico con FE 20% all'ingresso e 45% al successivo controllo. Il decesso è avvenuto in corso di ECG Holter per asistolia.

Un caso particolare di ictus criptogenetico in una giovane donna

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Introduzione: I casi di ictus giovanile sono in aumento; il 10% degli ictus ischemici avviene prima dei 50 anni. Un'anamnesi ed un work up accurati sono determinanti per diagnosticare patogenesi rare.
Presentazione del caso: Donna di 38 anni, con anamnesi muta, ricoverata in Stroke Unit a giugno 2015, per grave ictus ischemico (NIHSS=24). Fattori di rischio cardiovascolari tradizionali: tabagismo (10 sigarette/die). Molteplici accertamenti non hanno identificato la patogenesi dell'evento (monitoraggio ECG, RMN, angiografia, EEG, ecocardioTE, liquor, autoimmunità, trombofilia). Riscontro di ipertiroidismo subclinico. La ricostruzione anamnestica non riferiva sostanze di abuso, ma documentava assunzione, ignota ai parenti, di galenici (metformina, furosemide e acidotrioidioacetico) ad uso dimagrante, in soggetto normopeso BMI 24 Kg/m^2.
Discussione: Il 50% di ictus giovanili resta criptogenetico. E' riportata associazione con tabagismo. I prodotti galenici, prescritti off-label, per il controllo del peso, hanno dimostrato effetti dannosi. L'AIFA riporta aritmie, arresto cardiaco, disturbi neurologici ed epilessia. Il Ministero della Salute (agosto 2015) decreta il divieto di prescrizione e preparazione di prodotti contenenti clorazepato, pseudoefedrina, acidotrioidioacetico, metformina, fluoxetina, furosemide, bupropione e topiramato, a scopo dimagrante.
Conclusioni: Gli ictus giovanili sono un problema diagnostico rilevante. Pur con scarse evidenze scientifiche, i coadiuvanti delle diete costituiscono un potenziale fattore di rischio cardiovascolare nella giovane donna.

Long-acting recombinant granulocyte-colony stimulating factors for febrile neutropenia prophylaxis: when and how can they be employed?

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Severe neutropenia and febrile neutropenia (FN) are the main dose-limiting-chemotherapy (CT) toxicities: the recombinant granulocyte colony stimulating factors (rG-CSFs) reduce the incidence and severity of myelotoxicity, infections, episodes of FN, thus making possible the completion of a treatment program with the intensity of the planned dose. Various formulations of rG-CSF are currently available, all employed especially in primary prophylaxis or secondary prophylaxis. The rG-CSF long-acting formulations (pegfilgrastim and lipegfilgrastim, respectively pegylated and glico-pegylated forms of filgrastim) have a clearance throughout neutrophils, and therefore require a single dose per cycle of cancer treatment. Both long acting factors have proved their effectiveness in reducing the frequency and severity of episodes of febrile neutropenia and the hospitalization infections-related. In recent years several studies have ruled out the alleged potential immunogenicity of long-acting rG-CSFs, confirming their safety. Also regarding tolerability, it wasn't observed a significant increase in bone and articular-algic symptoms, in comparison with rate of bone pain in patients treated with daily rG-CSF. The rG-CSFs long-acting currently available are agents with high efficacy and good tolerability, particularly indicated during CT highly myelosuppressive in curative setting. The pharmacokinetic characteristics of these molecules allow a simplified modality of administration, which may traduce in a more standardized use of rG-CSF in terms of timing and duration of administration.

Polyneuropathic pain therapy with tapentadol in a patient with advanced castration-resistant prostate cancer: a case report

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Tapentadol is a μ-opioid receptors agonist: clinical trials have shown the efficacy and tolerability of tapentadol prolonged release for severe chronic pain of different etiologies (in particular nociceptive and neuropathic). We present a 58 years old man with metastatic prostate cancer (bone lesions), Gleason score 8 (4+4). The pt received bisphosphonates and androgen deprivation therapy (cyproterone acetate+leuprolide acetate) for 10 months, when it is interrupted for increased PSA levels. Subsequently, the pt underwent 8 cycles of palliative docetaxel-based chemotherapy (CT), well tolerated, and with PSA-reduction. The CT was stopped for a peripheral neuropathy (PN) with pain in arms and legs. The PN worsened even after the end of CT, and supportive treatment with gabapentin failed to succeed: so after four months gabapentin was substituted with tapentadol, 50-mg dose b.i.d., consequently escalated to 100 mg b.i.d. Significant relief from neuropathic discomfort and ameliorated clinical conditions were observed after three weeks of therapy: the pt was able to continue docetaxel, without any neuropathic pain exacerbation. Tapentadol administration resulted in stable and longtime relief from neuropathic pain, that represents a frequent side effect in castration-resistant prostate cancer pts treated with taxanes. Actually, a study group of physicians focused on solid cancer and myeloma patients (pts) is investigating the influence of tapentadol on pain control and quality of life of pts suffering from moderate to severe cancer pain in routine clinical practice.

Synchronous presentation of three different tumors in the same liver segment: the importance of a multidisciplinary approach

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The rise in average life makes more frequent the diagnosis of more tumors in the same patient (pt). In particular synchronous presentations a careful diagnosis is mandatory for identification of histological types and for therapeutic approach. In May 2015 a 79 years old woman, affected by a chronic ischemic cardiomyopathy, came to our hospital for a fainting episode. We recorded increased cardiac enzymes, severe microcytic anemia, iron deficiency and altered liver function. During the hospitalization the cardiac enzymes decreased, without a corresponding reduction of liver enzymes. Abdominal ultrasound evidenced three solid nodules (around 1 cm in diameter) in the eighth hepatic segment. A CT-scan confirmed this result and excluded other metastatic lesions. CEA and Ca 19-9 were slightly altered while AFP was in range. The ultrasound-guided biopsy of one hepatic lesion, revealed a metastasis from colorectal adenocarcinoma: colonoscopy was positive for primitive rectal adenocarcinoma. After multidisciplinary discussion, the pt underwent a left hemicolectomy with simultaneous hepatic resection. Histological analyses on hepatic segment confirmed metastasis of rectal adenocarcinoma but also showed carcinoma of the biliary tract and hepatocellular carcinoma. Thanks to surgical complete resection of tumors and considering pt's comorbidity, systemic treatments were avoided: pt is actually in follow up. The collaboration between medical oncologists, surgeons, pathologists and internists, is essential for an optimal management of pts with very complex oncologic presentations.

The association between infections and chemotherapy interruptions among colon cancer patients: a single-center, retrospective study

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The adherence to scheduled anticancer chemotherapy (CT) is important for optimal outcomes of patients (pts) with both hematological and solid tumors. We examined the incidence and the causes for delay or cancellation of planned CT, focusing on mild respiratory infections in a retrospective, monocentric study. We included all adults with colon cancer receiving CT for both early and advanced disease during the period 2012-2015 at our center. We compared baseline characteristics and outcomes between pts with and without CT delays, cancellations, or dose-reductions. We included 57 pts receiving active CT during the winter of 2011. Of these, 38.9% pts experienced 78 episodes of CT delays. The main documented reasons for the CT delay were neutropenia (27.4%), fever or infection (23.9%) and thrombocytopenia (8.5%). Independent risk factors for CT delays were upper respiratory infections (OR 1.87), lymphopenia prior hospitalization, peripheral vascular disease and treatment for advanced disease (irrespectively of the number and/or sites of metastasis) *vs* adjuvant treatment for early disease. In the adjusted analysis focusing on CT delays due to infection alone, upper respiratory infections (OR 5.35) and age (<70 *vs* >70 years) were significant independent risk factors. In our series of colon cancer pts mild respiratory infections were associated with CT delays. Our results should encourage modalities to prevent influenza and other upper respiratory infections among cancer pts.

Cure palliative per pazienti oncologici: integrazione ospedale/territorio

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Premesse e Scopo dello studio: La legge 38/2010 e il DCA Regione Lazio 84/2010 promuovono lo sviluppo delle cure palliative e della terapia del dolore mediante reti *ad hoc* e l'integrazione ospedale/territorio. La UOSD Terapia del dolore e cure Palliative ha implementato un servizio di consulenza specialistica domiciliare a favore di pazienti oncologici già assistiti in ospedale, con l'attivazione di percorsi di inserimento in hospice, sia domiciliare che residenziale.

Materiali e Metodi: E' stata strutturata una collaborazione fra UOSD Terapia del dolore e cure palliative dell'Ospedale S. Pertini e i Centri di Assistenza Domiciliare (CAD) distrettuali con accesso diretto alla consulenza specialistica mediante richiesta del medico di medicina generale e prenotazione mediante CUP regionale. La consulenza viene direttamente redatta sul portale aziendale a cui hanno accesso sia il medico di famiglia sia il medico CAD che gli specialisti.
Risultati: Considerando la recente istituzione del servizio, sono state effettuate 65 consulenze domiciliari, 41 per cure palliative e terapia del dolore e 24 per inserimento in programma hospice sia domiciliare che residenziale. Per tutti i pazienti seguiti a domicilio si è ottenuto il controllo del dolore e si è dato un punto di riferimento specialistico sia alla famiglia che al medico di medicina generale
Conclusioni: L'implementazione di questo servizio ha portato alla presa in carico del paziente, all'aiuto alla famiglia, alla collaborazione diretta con i servizi territoriali e con il medico curante, utilizzando uno strumento condiviso.

An unusual etiology of pericardial effusion

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Thymoma is a rare tumor, arise from the anterior mediastinum. Typically it occurs after 40 years, presenting as an asymptomatic disorder for prolonged periods of time, and it is incidentally detected by chest radiography. The clinical features include chest pain, cough, dyspnea, superior vena cava syndrome and myasthenia gravis. Cardiac tamponade as the first manifestation of thymoma is unusual. We report the case of a 77 years old woman with worsening dyspnea. Echocardiography revealed a moderate pericardial effusion. So she was treated with anti-inflammatory drugs for suspected pericarditis. But the symptoms worsened and appeared respiratory failure 1 type. Echocardiography and chest computed tomography revealed massive pleural and pericardial effusion resulting from a huge and irregularly mass in the anterior superior left mediastinum. This mass infiltrated the left pleura and pericardium. Cytologic and bacterial studies of the pericardial effusion showed no significant findings. Fine needle aspiration biopsy of the mass indicated a thymoma mixed type AB. A pleura and pericardial drainages, through thorascopy access, were performed. Then the patient was treated with neoadjuvant chemotherapy and finally the tumor was resecate.

Case-report of a massive abdominal artery occlusion of uncertain origin in a young woman

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A 37 year old woman was referred to the ED for persistent vomiting, abdominal pain and weight loss. An abdominal CT-scan showed celiac tripod and superior mesenteric artery occlusion (AO) with spread thrombotic depots (abdominal aorta, renal, hepatic, splenic, left gastric, iliac and femoral arteries). Splanchnic vessels doppler-US revealed a significant stenosis of inferior mesenteric and left renal arteries. Past medical history included hyperomocisteinemia on folates therapy, elevated blood pressure (BP) on CCB therapy, smoking and oral contraceptive (OC) use, a full term pregnancy and no previous spontaneous abortion. Laboratory tests revealed: leukocytosis with normal differential count, high platelets and CRP, slightly increased transaminase with modest cholestasis. 2nd level laboratory examinations revealed: protein S deficit, homozygosity for MTHFR mutation, c-ANCA positivity, lupus antibodies and JAK2 mutation negativity. The patient was treated with PPI, parenteral nutrition and ASA with quick recover. Cessation of smoking and OC use was advised. Abdominal symptoms disappeared and body weight progressively increased. BP recovered. As thrombotic lesions remained stable at 3-month CT and protein S deficit was not confirmed, an immunosuppressive treatment for large-vessels vasculitis with cyclophosphamide and methylprednisolone was started.
Conclusions: Many features may have contributed to the development of AO. A certain diagnosis was not given and a multidisciplinary approach (hematologic, rheumatologic and internistic) was needed to face with this complex case.

A pulmonary aspergillosis in an elderly patient

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A 81-years old man was admitted to the General Medicine Ward for macrocytic anemia (Hb 6.4 g/dL, MCV 97 fl) and mild leucopenia (WBC 3600/mcl). The patient had been discharged one week earlier from the Geriatric Unit after a severe S.aureus sepsis with massive bilateral pneumonia. At the previous discharge Hb was 8.4 g/dL and WBC were 16.250/mcl. The patient was on prescription for arterial hypertension and COPD, was an heavy cigarette smoker, was malnourished (BMI 18 kg/m$^{2)}$ and with an high daily alcoholic intake (1 liter of wine). Chest CT-scan showed the persistence of multiple bilateral consolidations, now prevailing on the left side. Bronchial endoscopy examination was negative while BAL gave evidence of *Aspergillus Fumigatus*, confirmed by serum antigenemia. Others laboratory tests suggested hepatic failure with hypoalbuminemia (2.5 g), low PCHE levels (2569 U/L), high levels of ferritin (1557 ng/mL) and altered coagulation (PT 53%, INR 1.58). A bone marrow aspiration showed a three linear dysplasia. The patient was treated with G-CSF therapy, eritropoietin and voriconazole according to the mycogram. Bone marrow molecular biology and karyotype analysis excluded a primitive hematological disease.
Conclusions: Since elderly patients with COPD and immunocompromised status may have a nonspecific presentation of pulmonary aspergillosis, a high clinical suspicion is warranted to avoid any delay in its diagnosis and management.

Un caso clinico di iponatriemia polifattoriale

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Premessa: Le iponatriemie costituiscono uno dei disordini più frequenti del metabolismo idroelettrolitico. Nei casi più gravi possono rappresentare una vera e propria urgenza medica, possono sottendere meccanismi fisiopatologici complessi.
Caso clinico: Donna di 64 anni, storia di celiachia, sindrome ansioso-depressiva, entra in Reparto per astenia, rallentamento ideomotorio; esami ematochimici: Na 100 mEq/L, anamnesi: poliuria e polidipsia (5 l/die), lieve succulenza agli arti inferiori. Inizia correzione della natriemia secondo formula di Adroguè con soluzioni ipertoniche a dosaggio ridotto (500 mL/24 ore), restrizione idrica. L'iniziale ipotesi diagnostica di polidipsia primaria (osmolarità plasmatica ed urinaria al di sotto dei valori di normalità, sodiuria ridotta) viene messa in dubbio dalla successiva contrazione della diuresi, persistenza di bassi valori di osmolarità plasmatica. TC cranio: lesione espansiva di pertinenza sellare. La RMN encefalo conferma la presenza di macroadenoma ipofisario di 18 mm non secernente con compressione del chiasma ottico. Viene avviata a valutazione neurochirurgica per intervento.
Discussione: Questo caso clinico di iponatriemia normovolemica mostra 2 fasi: nella prima la restrizione idrica pare aver slatentizzato un relativo compenso costituito dall'eccessiva sete che, in cronico, ha contribuito a valori così bassi di Na; nella seconda la presenza del macroadenoma ipofisario con concomitante SIAD.
Conclusioni: Le iponatriemie devono essere indagate in quanto possono coesistere meccanismi fisiopatologici che le determinano.

A case of acquired primary adrenal insufficiency in old age

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Background: Aquired primary adrenal insufficiency (PAI) is a rare disorder at every age due to a progressive damage (at least 90%) of the adrenal glands. The slowly onset symptoms of PAI are more often fatigue, hyperpigmentation of the skin, weight loss, anorexia, nausea, vomiting and low blood pressure. PAI is up to 80% due to an autoimmune disorder while other causes are infections, surgery, bleeding or neoplastic invasion into the adrenal glands.
Case report: An 84-years-old woman was admitted with symptoms of PAI, then confirmed by lab tests. The abdominal CT scan showed adrenal bilateral masses, a pelvic right mass responsible for III grade hydronephrosis requiring immediate nephrostomy and intestinal stenosis caused by a parietal thickening of the transverse colon. Diffuse Large B-cell extranodal lymphoma was proved by biopsies performed in the pelvic mass and in the transverse colon. The adrenal insufficiency was easily treated with replacement corticosteroids and the patient underwent to low-dose combination chemotherapy according to the R-VEMP protocol, well tolerated despite a severe neutropenia which was effectively treated with G-CSF. 3 months later the abdominal CT scan showed a drastic reduction in size of the pelvic and the adrenal masses as well as the almost complete disappearance of the transverse colon stenosis.
Conclusions: Infrequently PAI occurs in elderly people and it could be rarely due to an extranodal lymphoma. When diagnosed, a specific chemotherapy is recommended regardless of patients' age or clinical conditions.

A rare case of contemporary bilateral carotid and right vertebral spontaneous dissection

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Background: Carotid and vertebral dissection represent a well-described cause of ischemic stroke especially in young and middle-aged patients. However, contemporary acute carotid and vertebral dissection is a rare event, especially in patients without a history of head and/or neck trauma.
Case report: A 43-year-old man was admitted to our Hospital for headache and dysartria from the previous day. His past medical history was insignificant and he did not report any head or neck trauma during the previous days. A CT-scan angiography revealed a left carotid dissection and patient was discharged on full dose LMWH treatment overlapped with warfarin. A week later, patient came to our hospital for a left facial palsy. The INR was not in range (1.7). A new CT-scan angiography was performed revealing right carotid and right vertebral dissections. An MRA confirmed the presence of bilateral carotid and right vertebral dissection without brain ischemic lesions. Treatment with warfarin (INR target 2.5) was continued for 3 months followed by aspirin and periodical carotid and vertebral ultrasound were performed showing a complete resolution of the clinical picture after one-year from the event. Genetic blood test for heritable connective tissue disease was performed and are actually in progress.
Conclusions: A multiple artery spontaneous dissection involving anterior and posterior cerebral circulation represents a very rare and potentially fatal event. Even in patients without history of head or neck trauma arteries dissection may be a cause of cerebral ischemia.

Management of acute, long term and extended phases of venous thromboembolism by using rivaroxaban in a human immunodeficiency virus infected patient on anti-retroviral treatment

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Background : HIV infection increases the risk of venous thromboembolism (VTE) and its recurrence. Long term and extended treatment of VTE by using VKAs in HIV patients is challenging due to poor TTR. Rivaroxaban is an effective and safe choice for managing PE with predictable anticoagulant effect and fixed doses. However, anti-retroviral (ARV) drugs may be contraindicated in patients on rivaroxaban because of drug interactions.
Case report: A 72-year-old HIV infected male on darunavir treatment came to our attention for dyspnea and chest pain. We diagnosed acute intermediate-high risk PE involving both branches of main pulmonary artery and distal DVT associated to right heart dysfunction (RHD) and high pulmonary pressure. A treatment on fondaparinux 7.5 mg was started. According to Infectious Disease Specialist, ARV therapy was switched from darunavir (contraindicated on rivaroxaban) to dolutegravir and tenofovir disoproxil (not contraindicated). Thereafter, we started treatment by using charge dose of rivaroxaban

(15 mg/bid) followed by 20 mg/od. One month later, laboratory monitoring showed rivaroxaban concentration in range. Follow-up after 1,3,6 and 12 months registered nor PE recurrence neither bleedings. After 12 months, echocardiography revealed complete resolution of RHD with normal estimation of pulmonary artery pressure. Lymphocyte typing and viral RNA detection showed absence of HIV disease.
Conclusions: In HIV patients on ARV therapy and VTE, rivaroxaban is not contraindicated per se. The appropriate choice of ARV drugs allows to use rivaroxaban in these patients.

Customization of anticoagulant therapy in long-term phase of pulmonary embolism in the era of new oral anticoagulants: findings from a real life single-center experience

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Background and Aims: Non vitamin K antagonists oral anticoagulants (NOACs) may offer several advantage in acute management of acute PE. However these drugs are contraindicated in severe renal failure and data on cancer patients lack. The aim of the present study was to focus on anticoagulants prescription in patients with acute PE after NOACs marketing.
Materials and Methods: We retrospectively analyzed data of patients discharged from our Hospital searching for International Classification of Disease 9th revision Clinical Modification (ICD-9CM) codes 415.11 or 415.19 in hospital discharge schedules from 2014 January to 2015 August. Our analysis focused on anticoagulants prescription according to patients characteristics.
Results: In the analyzed period, seventy-five patients, 58.6% females, with mean age±SD 80±12 years, were discharged on anticoagulant treatment after surviving for acute PE. Overall, thirty-nine patients (52%) were discharged on NOACs. None patient discharged on NOACs had neither moderate or severe renal failure nor active cancer. One half of patients discharged on VKAs had moderate or severe renal failure, whereas 62.9% of patients discharged on LMWHs or fondaparinux suffered for active cancer.
Conclusions: Our report seems to demonstrate that anticoagulant treatment of long term phase of PE could go toward a customization based on patients characteristics. Further prospective studies are warranted.

A therapeutical challenge in an hemolytic anemia of pregnancy

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A 40-years old woman at week 15 of gestation was referred to Gynecologic Ward for progressive asthenia and hacking cough. Laboratory tests revealed a macrocytic anemia with LDH elevation, liver function tests and decreased levels of haptoglobin. The patient was transferred to General Medicine Ward for clinical assessment. The patient had not any pathological remarks and was not on ony drug prescription. Laboratory analysis confirmed an hemolytic anemia with negative Coombs test and intracorpuscolar causes of hemolysis were excluded. An empiric therapy with methylprednisolone (1 mg/kg) was started. The infectious panel showed: negative *Legionella* pn. and *S. Pneumoniae* urinary antigens, negative *T. gondii*, Parvovirus B 19, EBV, HSV 1-2 antigens and antibodies. CMV antibodies and antigens were positive with an antibody pattern suggestin a primary infection, with low specific IgG avidity. An obstetric US displayed a regular fetal growth.
Conclusions: A balance between the need to lower the immunological process from one side, the proliferative effect of corticosteroids (CS) on viral load on the other, along with the paucity of specific drugs safe to use in pregnancy, was a therapeutic challenge. A slow withdraw of CS was performed with an improvement of anemia, hemolysis and, surprisingly, with a reduction of the viral load. A 21-week amniocentesis excluded a maternal-fetal viral transmission.

A curious association between hemolytic anemia and acute kidney injury

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An 84-years old woman was referred to the Emergency Department for progressive asthenia and paleness. Laboratory analysis showed severe normocytic anemia (5.3 g/dL), hyperbilirubinemia (5 mg/dL) with prevailing indirect fraction, elevation of LDH (1345 U/L), reticulocytosis and slightly reduced levels of haptoglobin (50 mg/dL), raised levels of urea (200 mg/dL) and creatinine (3.50 mg/dL) and normal electrolytes. Direct Coombs test was positive. The patient was morbidly obese, had severe gonarthrosis and in the previous few weeks she was under daily anti-inflammatory therapy (Diclofenac) for several days. No other previous pathological remarks were reported. Two red blood cell transfusions were administered along with a corticosteroid (methylprednisolone 1 mg/kg) therapy. The therapy improved hemoglobin levels up to 9.3 g/dL, creatinine and urea progressively increased peaking at 6 mg/dL on day 6 after admission. Abdominal US revealed slightly enlarged kidneys bilaterally and normal spleen size. Doppler US of kidney arteries showed regular flow with no stenosis or lateralization. Renal function tests, electrolytes and urinary output were daily monitored and the need of dialytic therapy was not deemed necessary. The patient was discharged with improved creatinine (1.6 mg/dL) and stable hemoglobin levels.
Conclusions: The hemolytic autoimmune anemia and the acute renal injury were two possible and known effects of chronic assumption of Diclofenac.

✪ Clinical profile, management and in-hospital outcomes of patients with infective endocarditis: a single center experience

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Background: Our aim was to provide a report of clinical and microbiological features, management and outcomes of pts with infective endocarditis (IE) diagnosed at our Department of Internal Medicine in last 10 yrs.
Methods: Retrospective analysis of pts with definite IE (Duke criteria) from 2005 to 2015.
Results: 34 pts (62% M) were included in the analysis. The median age was 76 (67-82) yrs; 65% had ≥2 comorbidities, and high prevalence of cancer (21%); 35% had a prosthetic valve, and 15% an implantable device. A transthoracic echocardiogram was performed in all pts, followed by a transesophageal echocardiogram in 82%; additional imaging with PET/CT was performed in 18% of cases. *Viridans streptococci* (VS) were the most common pathogens (35%), followed by *Enterococcus spp* (18%), and *S. aureus* (6%); 24% of pts had negative blood cultures. Procalcitonin (PCT) was lower with VS than other pathogens (P=.016). The time to diagnosis was shorter in pts observed in the last 2 yrs (P=.025). Combined antibiotic therapy was used in the majority of pts (71%). The following major complication were recorded: heart failure (32%), stroke (21%), and lung embolization (3%); 15% of patients were referred for cardiac surgery; in-hospital mortality was high (21%).
Conclusions: Pts with IE are frequently older and comorbid. In our setting, VS and enterococci are the most common pathogens, with a low prevalence of staphylococci. PCT may be useful for discriminating between VS and other pathogens. Despite a renewed attention in diagnosis and management of IE, complications and mortality remain high.

✪ NAIF study: effects of the introduction of new oral anticoagulants in patients with atrial fibrillation in the real world. Preliminary results

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Background: Guidelines recommend anticoagulation to prevent stroke in pts with non-valvular atrial fibrillation (NVAF). In the real world, this

treatment is underused; possible causes: usual limited impact of guidelines in the real world, resistance to prescribe anticoagulants in elderly patients or at risk of falls, pharmacologic limitations of vitamin K antagonist (VKA). NOA overcome many limitations of VKA.
Aim of study: To demonstrate if, in Internal Medicine and Geriatric wards, after introduction of NAO, the rate of anticoagulated patients at discharge is really increased.
Materials and Methods: Observational retrospective cohort study about patients with NVAF, hospitalized in Internal Medicine or Geriatrics of two hospitals for any cause in two different years, before and after the marketing of NOA. Analysis of population and changes between the two years.
Preliminary results: 640 pt enrolled (289 in 2012, 351 in 2015), very elderly population (83±7 yrs.), M42% F58%, high morbidity, high thromboembolic (CHADSVASc 5±1,6) and haemorrhagic (HASBLED 2.7±1.2) risk, with frequent chronic renal disease (44% stage ≥3 K-DOQI) and most often permanent NVAF(74%). Not rare presence of contraindications to anticoagulants. Therapy at discharge 2012 *vs* 2015: AVK 124/289 (43%) *vs* AVK or NOA 187/351 (53%) (chi^2 p<0,01); antiplatelet 114/289 (39%) *vs* 70/351 (20%) (chi^2 p<0,0001). For the high comorbidity, relatively frequent use of LMWH 42/289 (15%) *vs* 77/351 (22%).
Conclusions: NOA have really increased the adherence to guidelines in prescribing oral anticoagulants in pts with NVAF.

What position of new oral anticoagulants in stroke prevention in the real world of patients with non-valvular atrial fibrillation, hospitalized in Internal Medicine department for any cause, at about three years from their marketing?

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Background: NOAC have several advantages over Vitamin K Antagonists (VKA): rapid onset of action, predictable dose-response, no need for laboratory monitoring, relatively short half-life, reduced interference with food and drugs.
Aim of study: Assess whether, after about 3 years of their marketing, these advantages have led to a significant practical use of NOAC than traditional and well-known VKA.
Materials and Methods: Analysis of pts with NVAF hospitalized from any cause in our Internal Medicine ward in year 2015: clinical characteristic and different antithrombotic treatments prescribed at discharge.
Results: Among all 1184 patients admitted to our Internal Medicine department for any cause, they were selected 135 pts with NVAF (prevalence 11.4%), with the following clinical and demographic characteristics. 77 female (57%), 58 male (43%), age 82±8 years. High thromboembolic risk with CHADSVASc score 5,5±1,7 (range 1-9, 97% ≥2) and following distribution of the single items of this score: C61%, H75%, A83%, D44%, S42%, V53%, A13%, Sc57%. HAS BLED score of^2,9+1 (range 1-6) and frequent chronic kidney failure: 58% has CKD ≥3° stage K-DOQI. In 28% of pts, there were contraindications or impediments to anticoagulant therapy. Antithrombotic therapy prescribed at discharge is the following: VKA 13%, NOAC 41% (apixaban 28%, dabigatran 8%, rivaroxaban 5%), antiplatelet 24% (ASA 14%, clopidogrel 6%, ASA+clopidogrel 4%), LMWH 13%, none 9%.
Conclusions: In our ward, NOAC have become the most prescribed antithrombotic treatment for stroke prevention in patients with NVAF.

Takotsubo and stroke: which came first, the chicken or the egg?

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Takotsubo cardiomyopathy is a stress-induced cardiomyopathy with ECG changes mimicking a MI in the absence of coronary stenosis. We describe a clinical case of association between the Takotsubo cardiomyopathy and Stroke. Female, 59 years, type II diabetes, hypertension, dyslipidemia; a year ago diagnosis of Takotsubo cardiomyopathy (transient left ventricular systolic dysfunction, absence of obstructive coronary disease, electrocardiographic abnormalities, absence of pheochromocytoma or myocarditis). Hospital admission: accidental fall at home. During transport by ambulance to the DEU develops symptoms suggestive of myocardial ischemia (chest pain, dyspnea, ST segment elevation and apical but transient hypokinesia) interpreted as stress cardiomyopathy; troponin values within the normal range, ECG and echocardiography in the third day normal. In Hospital dizziness, disequilibrium. Neuroimaging showed an ischemic cerebellar lesion (absent in previous audits).
Discussion: A number of features of stress cardiomyopathy, including its association with physical or emotional stress (fall at home in this case) suggest that this disorder may be caused by diffuse catecholamine-induced microvascular spasm or dysfunction or by direct catecholamine-associated myocardial toxicity. Moreover Takotsubo cardiomyopathy can notably be both the cause and effect of stroke. The chronology of events, in our case, suggests that Takotsubo was the plausible cardioembolic source of stroke.

Focus on oral anticoagulants prescription in patients with atrial fibrillation in Internal Medicine ward in the era of new oral anticoagulants

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Background and Aims: AF is the most common arrhythmia in Internal Medicine wards. Despite OAC are recommended for cardioembolism prevention in patients with NVAF and CHA_2DS_2-VASc score ≥1, these are under-prescribed by Internists even if in highest risk patients. NOACs may improve the adherence to guidelines. Real life data lack, therefore the aim of our study was to focus on OAC prescription in the era of NOACs.
Methods and Results: We analyzed data of patients with NVAF discharged from our Department in January 2016. 53 patients, 27 females, mean age 81.8 y, (prevalence17,6%). All patients had CHA_2DS_2-VASc ≥3, median 4.2. Mean HAS-BLED was^2,16. At hospital admission 26 were on VKAs (49.1%), 11 on NOACs (20.7%),10 on ASA (18.9%). 6 patients (11,3%) were not pre-treated with antithrombotic drugs. At hospital discharge 44 patients (83%) were on OAC (54.5% VKAs, 45.5% NOACs-14 reduced doses). NOACs were confirmed in all pre-treated patients, in 6 previously not pre-treated and in 3 previously pre-treated by using VKAs. Due to high HAS-BLED and Charlson score, 2 patients previously pre-treated by VKAs and 1 pre-treated by ASA discontinued. ASA was confirmed in 6 patients. Due to renal failure, 3 patients pre-treated by ASA were shifted to VKAs.
Conclusions: Our data confirm the high prevalence of patients with AF in Internal Medicine wards. The introduction of NOACs has increased the percentage of patients receiving appropriate cardioembolic prevention. Concerns remain for patients in whom severe co-morbidity could lead to contraindication for any antithrombotic therapy.

Internal Medicine doctor: a surgical future?

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Aims of the study: We present our six years of experience: an Internal Medicine Specialist employed in Hospital in Surgery an UTI Department.Our work coud be food for thought to imagine new and different role for Internal Medicine doctor.
Materials and Methods: Since 2015 an Internal Medicine doctor is operative in the Orthopedic ward not only as a consultant but as the main account for the patients. The same Doctor is the main consultant for Surgery Departments (Urologic, General Surgery, Obstetric Gynecology) and UTI for Infective diseases.
Results: Sine 2010 we monitored the functional parameters of the Orthopedic Department: length of stay, number of hospitalizations, mortality. The presence of the Internal Medical Doctor improved all the functional parameters and changed the consumption of antibiotics both in prophylaxis and therapeutic use, the use of anticoagulants before and post surgery, the antalgic therapies, the therapies for osteoporosis, the diabetic therapy, the nutritional deficit, the diagnosis of dysphagia, and the diagnosis and therapy of delirium.

Conclusions: We think that Internal Medicine doctor should have an important role out of Internal Medicine ward. We have frail elderly patients with chronic diseases in each Department and an Internal Medicine Doctor can offer a correct therapy for anticoagulants problems, antimicrobial prophylaxis and therapies, diabetes during surgery, prevention of delirium, prompt diagnosis of dysphagia, nutritional problems.The Internal Medicine doctor can became a strategic element in all Surgical Departments.

Dysfagia: who seeks finds

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Aim of the study: We want to know how dysphagia affects patient in our Orthopedic Department.
Materials and Methods: We tested each patient over 65 years at the beginning of hospitalization. We employed the Three-oz water swallow test.We repeat the test during the delivery if the result is doubt or if the clinical conditions changed.
Results: Since September 2015 to January 2016 we examined 86 patients, mean age 82,5 years, We found a 21% of serious dysphagia for solid or water, 15% of water dysphagia, and 9% of minor dysphagia. We prescribed appropriate diet using thickeners powder, water gelled, creamy supplements. We trained the patient and the relatives for the management of a proper nutrition. We monitored during the same period the incidence of pneumonia, the length of stay in hospital, the antimicrobial consume.
Conclusions: We observed a high number of misunderstood dysphagia. This problem is often neglected or recognized only in his serious expression. Sometimes we see dysphagia only if we have to treat an "ab ingestis" pneumonia. In a surgical setting is essential ensure a prompt and proper nutrition: nutritional deficit increase medical complications especially infective diseases and bedsores. Early diagnosis of dysphagia in a hospital setting should be compulsory and it should be part of routine physical examination.

Orthopedic department: not only bone

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Aim of the study: We want to evaluate the nutritional parameters in elderly patients of our Orthopedic Department. In Italy we have an increase of elderly people suffering from protein and vitamin deficit. Early correction of targeted deficit improve the clinical course particularly after surgery and infective diseases. So we want to know the nutritional status of each patient to offer a quick fix and to prevent post surgery complications.
Materials and Methods: Since September 2015 to January 2016 we studied all the patients of age' over 65 years. We tested Vitamin D, albumin, transferrin, and protein electrophoresis. Each patient received the necessary nutritional supplements. Especially we use a complete oral supplement bringing protein, calcium and vitamin D.
Results: We tested 187 patients and we found 94 patients (53% of total in- patients), mean age 82,78 years with nutritional deficit. We prescribed oral supplements with vitamin D, protein, calcium. We employed different supplements considering dysphagia, diabetes, individual tastes. All the patients received a clinical nutritional advice to continue therapy after discharge.
Conclusions: We have a high number of misunderstood elderly patients with nutritional deficit.The prompt diagnosis and therapy is compulsory in surgical setting to prevent serious complications. We have to consider proper nutrition important as other therapies.

Il modello hospitalist: risultati di una ricerca

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Premessa e Scopo: Nel Nord America sempre più ospedali adottano il modello hospitalist: 29% nel 2003; 72% nel 2014. Scopo della ricerca è un' analisi della letteratura sull'argomento e la visualizzazione diretta del modello in un ospedale americano, col fine di ricavare spunti utili per la realtà italiana.
Materiali e Metodi: Ai fini della ricerca sono stati considerati rilevanti 205 articoli su 994 (PUBMED). La visualizzazione diretta del modello è del Settembre 2015 presso il Lutheran General Hospital di Chicago, Illinois, USA.
Risultati: Dalla letteratura sono stati estrapolati e analizzati vantaggi e criticità del modello. Gli articoli che confrontano il modello "hospitalist" *vs.* "non hospitalist" mostrano che il primo è migliore riguardo riduzione degenza media (69%), riduzione costi (70%), senza decremento della qualità. Nel Lutheran General Hospital di Chicago (650 posti letto) lavorano 3 gruppi di hospitalists, Elementi positivi: continuità assistenziale, ridotta frammentazione della *care*, orientamento al *choosing wisely* ad alla *tailored therapy*, comunicazione interprofessionale, gestione pazienti chirurgici, razionalizzazione risorse mediche, relazione col territorio.
Conclusioni: Il "modello hospitalist" si sta sempre più diffondendo nel Nord America risultando migliore rispetto al modello "non hospitalist" nel ridurre degenza media e costi senza decremento della qualità. La ricerca basata sullo studio degli articoli e su un'esperienza diretta mette in luce elementi utili importabili all'interno del modello italiano dell' ospedale per intensità di cure.

Protected hospital discharge from Internal Medicine

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Background and Purpose of the study: Protected hospital discharge (PD) is a great resource for fragile patients (pts) and their families after stay in acute ward hospital. We study characteristics of this population and the most common diseases.
Materials and Methods: We propose a dashboard of severity indicators to assess pts discharged in two years of activity 2014-2015 from Internal Medicine of Cuggiono: age, re-admissions and death within 30 days of discarge, welfare index, oxigen therapy, infections from Clostridium difficile, multi-resistant infections, disfagia, aspiration pneumonia, hearth failure. We don't include terminal pts with neoplasia followed by home service of palliative care.
Results: We organized 93+90 PD (in 2014-15 respectively), 71+61 women, 22+29 men of 915+942 total hospitalizations. Mean age 85.82-85.21 (*vs* 77.99 all pts hospitalized), average hospital stay 13.2-15.58 days (*vs* 9.6-9.1), re-admissions 17/93-29/90 (*vs* 97/915-54/942), 30/93-24/90 deaths within 30 days of discharge, welfare index was 4 (completely dependent for all the functions of life) in 89/93-84/90. Oxygen therapy 26/93-13/90 (*vs* 53/915-35/942), nasogastric tube 17/93-14/90, infections from Clostridium difficile 21/93-6/90, multi-resistant infections 28/93-13/90. Aspiration pneumonia and heart failure were the most common causes of death and output diagnosis 27/93-24/90 for aspiration pneumonia and 26/93-19/90 for heart failure.
Conclusions: The indicators considered well express the severity of pts discharged especially with regard to aspiration pneumonia and heart failure.

Retroperitoneal fibrosis: description of an unusual case

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Introduction: Retroperitoneal Fibrosis (RF) is a rare disease with an incidence around 1/200000 inhabitants that mostly affects males by a ratio of 2: 1 to 3: 1 and with a peak incidence between 40 and 60 years.
Clinical case: A 84 years old woman came to our attention for the appearance of symptoms characterized by: fatigue, weight loss, dyspepsia, abdominal tenderness dull and occasional constipation. The patient was lucid, without memory cognitive deficits and fully autonomous in Activities Daily Living (ADL) and InstrumentalADL. She had hypertension treated with ACE inhibitors. The patient was afebrile

with B.P. 120/80 mmHg and medium frequency sinus rhythm, whereas by palpation of abdomen, in periumbilical headquarters, proved to be an oblong mass the size of a tangerine, sore. Blood tests showed: renal failure, anemia and elevated erythrocyte sedimentation rate and C-reactive protein. She was subjected to abdominal CT scan with contrast medium that signaled solid hyperdense tissue enveloping the inferior mesenteric vessels with displacement of bowel loops by RF.
Discussion: The RF is presented in two forms: idiopathic (75%) of the cases and a secondary form in tumors, drugs, infection, hemorrhage, radiotherapy and fibrosis with a location in the lower lumbar region and to a lesser degree in atypical locations. In these cases there seems to be a correlation with atherosclerotic processes in the form of a local reaction autoimmune antigens against plaque. The feature of this case is represented by age and rare site that could explain the late clinical onset.

✪ Reduction in the risk of developing type 2 diabetes with liraglutide 3.0 mg in people with prediabetes from the SCALE Obesity and Prediabetes randomized, double-blind, placebo-controlled trial

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Background: This 3-year trial investigated the effect of liraglutide 3.0 mg, as an adjunct to diet and exercise, in delaying the onset of T2D (primary endpoint) in adults with prediabetes and obesity (BMI ≥30 kg/m2) or overweight (≥27 kg/m2) with comorbidities.
Methods: Participants were randomized 2:1 to once-daily subcutaneous liraglutide 3.0 mg or placebo; all were advised on a 500 kcal/day deficit diet and 150 min/week exercise. Efficacy data are observed means, with the last observation carried forward for missing values. Clinicaltrials. gov ID: NCT01272219. Sponsor: Novo Nordisk A/S.
Results: Of 2254 randomized individuals with prediabetes (age 47.5±11.7 years, 76.0% female, weight 107.6±21.6 kg, BMI 38.8±6.4 kg/m2, mean ±SD), 1128 completed 160 weeks (52.6% on liraglutide 3.0 mg, 45.0% on placebo). At week 160, mean weight loss was 6.1% with liraglutide 3.0 mg *vs.* 1.9% with placebo (estimated treatment difference 4.3% [95%CI -4.9; -3.7], p10% weight loss (OR 3.1 [2.3; 4.1]), both p.
Conclusions: Liraglutide 3.0 mg, as an adjunct to diet and exercise, delayed the onset and reduced the risk of developing T2D over 3 years compared to placebo, provided greater sustained weight loss, and was generally well tolerated

Contributo diagnostico e prognostico della procalcitonina nella sindrome settica

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Introduzione: L'utilizzo della procalcitonina (PCT) nella sindrome settica come marker diagnostico e prognostico presenta ancora alcuni aspetti controversi. E' ancora in discussione la reale utilità del dosaggio in PS.
Materiali e Metodi: Abbiamo estratto dal database di PS del 2015 i pazienti (pz) dimessi con diagnosi di sepsi/shock settico e che avevano eseguito il dosaggio di PCT. I criteri utilizzati per la definizione di sepsi (SP), sepsi severa (SS) e shock settico (SH) sono quelli riportati dalla ACCP/SCCM Consensus Conference (Chest 1992). Sono stati valutati dati clinici e PCT (ng/mL) durante la permanenza in PS (PCT_0) e durante la successiva degenza, in particolare PCT a 72 ore (PCT_1). E' stata calcolata la clearance della PCT secondo la formula: $(PCT_0-PCT_1)/PCT_0$).
Risultati: Abbiamo analizzato 100 pz suddivisi in: 27 SH, 61 SS e 12 SP. 34 pz sono deceduti. La PCT media era: 57.6±84.7 nei SH, 36.8±68.2 nei SS e 18.6±25.6 nei SP (p NS). I valori di PCT_0 nei pz deceduti *vs* i sopravvissuti erano: 37.8±76.6 *vs* 41.4±67.8 (p NS). I valori di PCT_1 nei due gruppi era: 54.2±108.1 *vs* 12. 4±28.8 (p<0.025). La clearance della PCT era: aumentata nel 65% *vs* 29%; diminuita da 0-40% nel 20% *vs* 11%; diminuita>40% nel 15% *vs* 60% (X^2=12.7; p=0.007).
Conclusioni: Il dosaggio iniziale di PCT in PS ha un valore limitato sia in senso diagnostico che prognostico. Il dosaggio seriato acquista significato prognostico se i valori di PCT rimangono elevati a 72 ore. Il dosaggio in PS pertanto è significativo e va consigliato in quanto rappresenta il "punto zero" di un processo dinamico

Polmonite da *Legionella pneumophila* di sierogruppo diverso da 1: presentazione di 2 casi clinici

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Legionella pneumophila (LP) è una possibile causa di polmonite, sia comunitaria che noscomiale. I quadri clinici sono spesso severi, con grave insufficienza respiratoria (IR) e compromissione generale. La diagnosi si fa con la determinazione dell'antigene urinario (AgU), che è specifico per il sierotipo 1, che rappresenta circa l'85% dei casi. Presentiamo 2 casi clinici di polmonite da LP di sierotipo diverso da 1.
Caso 1: Uomo 43 anni, nessun precedente anamnestico. Accesso in PS per febbre, tosse, riscontro di polmonite a focolai multipli e grave IR che ha richiesto supporto ventilatorio. L'AgU è risultato negativo, il paziente si è sfebbrato con levofloxacina+meropenem. La determinazione della sierologia (S) per LP con immunofluorescenza è risultata positiva per sierotipi diversi da 1, titolo confermato in aumento ai controlli successivi.
Caso 2: Uomo di 77 anni, affetto da CAD, accede in PS per febbre e tosse da circa 15 giorni refrattarie alla terapia antibiotica con cefalosporine; evidenza di polmonite apicale dx con lieve IR. Trattato con meropenem e azitromicina, si è gradualmente ma lentamente sfebbrato; la determinazione dell'AgU è risultata neg, mentre la S per LP è risultata positiva per i sierotipi diversi da 1, con titolo in aumento ai controlli successivi; l'indagine ambientale a domicilio del paziente ha rilevato la presenza di LP nell'impianto idrico. Sebbene più rari, i casi di polmonite da LP di sierotipi diversi da 1 sono possibili, e vanno sempre ricercati in presenza di quadri clinici gravi o lentamente responsivi alla terapia.

Utility of bedside ultrasound in Internal Medicine patients

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Background: Ultrasonography has become an important tool in the evaluation of many types of patients. Its safety and portability allows its use at the bedside to obtain rapid information especially about abdominal organs. We present 3 cases of usufull bedside ultrasound.
Cases reports: Firts case: woman affected by Rendu-Osler disease, with suspected cardiac liver. First evaluation made with V-SCAN revealed some varicosities at hepatic ilo. A bedside ultrasound performed with a My Lab 25 Gold, confirmed the presence of intrahepatic shunts and of aneurism of hepatic artery. Second case: woman, 96 years old, who began heparin prophylaxis becouse of acute illness. Some days after, she develops haematuria. A bedside ultrasound performed with a My Lab 25 Gold, quickly revealed the presence of two polyps suspected for neoplasm. Third case: man recovered for abdominal pain. First V-Scan evaluation revelead a mass with cistic characteristics next to the spleen. A second level evaluation first with ultrasound (Esaote Mylab 70 XVG) and then with a TC confirmed the presence of a big cyst of pancreas tail.
Conclusions: bedside ultrasound can reduce time needed for a dignosis and so of appropriate therapy and can be considered complementary to physical examination.

✪ A "delusory" autoinflammatory disorder

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Introduction: Fever of unknown origin (FUO) is defined as fever higher than 38.3°C on several occasion during at least 3 weeks with uncertain diagnosis after a number of mandatory tests.
Case report: A 59-year-old man with medical history of hypertension and gastroesophageal reflux disease presented with undulant fever for at least 24 months, not responsive to more lines of antibiotic treatments. Medical history, physical examination and routine laboratory tests (including microbiological and serological investigations) could not reveal the cause of fever. Serum protein electrophoresis revealed a double IgG kappa and lambda MGUS and an abdominal echography showed a slightly enlarged spleen with structural nonspecific inhomogeneity. During the following 12 months, hemochromocytometric monitoring revealed a mild and progressive tendency to pancytopenia. The possibility of splenectomy was offered the patient, who did not give consent. Two years later, a genetic screening for autoinflammatory disorders revealed a heterozygous mutation of *MEFV* gene. According to the literature, diagnosis of Familial Mediterranean fever could be confirmed ex iuvantibus if associated with a therapeutic response to colchicine. A part remission of fever was observed, but only with concomitant steroid therapy. Almost a year later, a biopsy of a little ascellar lymph node revealed a small T-lymphocyte population with morpho- and immunophenotypic characteristics of Peripheral T-cell lymphoma. With a suitable therapy, fever finally disappeared.
Conclusions: T lymphomas are rare but must be considered in the differential diagnosis of FUO. Phenotype on peripheral blood and echography of organomegalies could guide to diagnosis.

Neoplasia gastrica: presentazione atipica

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Donna di 70 anni, da 3 mesi addominalgia intermittente associata a febbricola, gli accertamenti strumentali evidenziavano tessuto retroperitoneale e piccole adenopatie toraco-addominali profonde con debole captazione PET. Esclusa la fibrosi retroperitoneale (consulto specialistico) ed una forma linfoproliferativa (biopsia osteomidollare), si ripeteva TC torace-addome, che evidenziava progressione delle lesioni retroperitoneali, comparsa di lesioni ossee e di lesione del muscolo lungo del dorso che, biopsiata, evidenziava "metastasi di carcinoma scarsamente differenziato a struttura diffusa e cordonale, primitività non precisabile". Dopo consulto con patologo ed endoscopista, si ripeteva gastroscopia (durata 17 minuti) che rilevava una piccola *lesione eritematosa* all'angulus che, biopsiata, mostrava un'istologia coerente con la lesione metastatica. Si diagnosticava quindi una neoplasia gastrica avanzata (*carcinoma gastrico diffuso)* HER-2 negativa, per cui intraprendeva chemioterapia con finalità palliative (FOLFOX). Si evidenziava risposta clinica e radiologica, eseguiva fino a 12 cicli.
Spunti di interesse: Il carcinoma gastrico può presentarsi in modo atipico, con piccole lesioni primitive e precoce metastatizzazione; talora all'esordio è associato a particolari sindromi paraneoplastiche (fra cui le microangiopatie trombotiche o endocrinopatie); è fondamentale una fattiva comunicazione fra vari specialisti per raggiungere la diagnosi; la chemioterapia in alcuni casi può esplicare, seppur temporaneamente, un effetto palliativo significativo anche in forme plurimetastatiche.

Un caso di emofilia acquisita di tipo A

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L'emofilia acquisita A ha un'incidenza di 1.5 casi/milione/anno. Paziente con emorragie multiple, aPTT non dosabile. Eseguito mixing test 1:1,screening immunologico, virale,TAC,dosati i fattori della via intrinseca della coagulazione e l'inibitore. Il fattore VIII è risultato zero, inibitore a titolo elevato, gli accertamenti escluso forme secondarie. Iniziato trattamento con metilprednisolone ciclofosfamide e fattore VII (progetto EARLy). Il trattamento ha limitato la progressione e le recidive delle emorragie, il paziente dimesso con diagnosi di Emofilia Acquisita di tipo A di tipo primitivo idiopatica. Questo caso, come quello di una donna con recidiva di sarcoma osseo venuto alla nostra osservazione nel 2012 o di un altro associato a terapia con clopidogrel, è emblematico e nello stesso tempo indicativo circa le pertinenze richieste all'internista ospedaliero necessarienel dover far fronte a gestire problematiche che per modalità di presentazione e complessità gestionali richiedono una visione di insieme del paziente e competenze che vanno continuamente aggiornate e verificate.

Diminutive polyps: resect and discard?

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Background and Aims: "Diminutive polyps" (DPs) measure 5 mm or less in diameter and are very common. Most studies suggest that DPs have a risk of less than 0.5% for high-grade dysplasia (HGD). The "resect-and-discard" is a strategy in which DPs are resected, but not submitted for histopathology evaluation. The aim of this study has been to evaluate the histological features of DPs resected.
Materials and Methods: A descriptive retrospective study of patients undergoing colonoscopy with the contemporary removing of DPs were performed. The polyp's size was taken with open biopsy forceps (6.7 mm, Single-use Biopsy Forceps, Micro-Tech – Nannjing Co., Ltd).
Results: 129 pts (F 47, M 82) with a mean age of 64 years (range: 40-81) were enrolled in the study, during which a total of 173 DPs were removed. Their tissue type were: 107 (61.9%) adenomatous (94 tubular, 13 tubular-villous) and 66 (38.1%) non–adenomatous (57 hyperplastic, 7 inflammatory, 2 serrated). For adenomatous polyps, dysplasia was present in all cases: the 94 tubular ones had all low-grade and the other 13 tubular-villous ones had 9 low-grade and 4 high-grade. Considering high-grade dysplasia, this was present in 4 of 107 adenomatous polyps (3.7%) and in 2.3% of all DPs.
Conclusions: Our data show that DPs were, predominantly, adenomatous and that the high-grade dysplasia was present in an higher percentage, determining high risk features of polyps for transformation into colon cancer. In conclusion, we prefer to resect DPs and to send them for histological examination.

Choledochocele and acute pancreatitis: a rare association

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Introduction: The incidence of congenital bile duct cysts ranges from 1 in 13.000 to 1 in 2 million births. Choledochocele (Type III, Todani classification) accounts for 5% of all these and it's a true cyst of the distal common bile duct (CBD) protruding into duodenum. Generally, adults present abdominal pain, jaundice and palpable right upper quadrant abdominal mass. In symptomatic patients, choledochocele may be successfully managed with endoscopic sphincterotomy, surgical excision, or both.
Case report: A 34-years-old female was admitted for a mild and self-limiting acute pancreatitis (AP). Laboratory test showed only an elevation of pancreatic enzymes. Transabdominal ultrasound reveled a mild increase in pancreatic size. A magnetic resonance cholangiopancreatography (MRCP) showed the presence of a choledococele without stones inside or in the CBD. A duodenoscopy (frontal wiew) showed a normal papilla major. The patient was treated with bowel rest, broad spectrum antibiotics and gabexate mesilate until the normalization of the pancreatic function, occurred three days after. Soon after the patient was discharged in good condition. The option to perform an ERCP with pancreatic sphincterotomy was discussed but it was declined due to the mild AP, the rapid resolution and the absence of stones.
Conclusions: Choledochocele is a re cause of AP and recurrent pancreatitis. Endoscopic sphincterotomy and cyst unroofing have become the treatment of choice. In our case, we have decided to perform an ERCP only in the case of another episode of AP.

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pISSN 1877-9344
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