Introduction: Central nervous system tuberculosis is a serious health problem worldwide and accounts for more than 7% of all cases of tuberculosis especially in developing countries with high prevalence of tuberculosis and also should be considered in high risk patients or in patient emigrated from regions with a high prevalence of tuberculosis. Tuberculous radiculomyelitis is a complication of tuberculous meningitis which has been infrequently reported in medical literature.

Case description: Case I: A 49-year-old previously healthy Filipino female with 5 days history of fever, back pain radiating to both legs followed by acute onset of lower limb weakness and urine retention one day prior to presentation. Physical examination revealed pyrexia, alert patient, no sign of meningeal irritation and lower limb power decrease (3/5) normal exam of upper limb. Investigation showed elevated WBC in Cerebral Spinal Fluid (60% lymphocyte). Positive PPD and positive quantiferon test. MRI showed extensive enhancement around nerve roots extending cranially to lower thoracic. Patient started on antituberculous treatment, steroid and physiotherapy. Six month post treatment did not show significant neurological improvement, but fever respond after start of treatment.

Case II: A 27-year-old healthy Filipino female, presented with history of fever, headache, neck and back pain with vomiting, three weeks prior to presentation and was treated as case of otitis media with two different antibiotic given during two primary health care visits. Presented with one day lower abdominal pain with urinary retention and body weakness. Physical exam showed lethargic patient afebrile with spastic quadriparesis and no sign of meningeal irritation and lower limb power decrease (3/5) normal exam of upper limb. Investigation showed elevated WBC in Cerebral Spinal Fluid (90% lymphocyte), high CSF protein and low glucose. High serum ESR. MRI showed increase leptomeningeal enhancement of spinal cord extending to the pons. Patient also started on steroid and anti-tuberculous drugs. Patient made good clinical recovery and discharged.

Results and conclusions: In patient with tuberculous meningitis, an early diagnosis and initiation of therapy plays a major role in preventing unnecessary morbidity and mortality. In several series, use of the steroid has been considered beneficial and should be given for secondary neurological complications, associated with tuberculous meningitis. Emergency clinician must be aware of unusual presentation of tuberculous meningitis and other different causes of lower limb weakness. Neuroimaging with MRI with and without contrast and lumber puncture is critical for diagnosis.

http://dx.doi.org/10.1016/j.nhccr.2017.06.164

Poster Presentations

Acute abdomen and septic shock in young lady treated conservatively

Kaldis Vasileios 1, Lampropoulos E. Christos* 1,2, Zarokostas Theodoros 1, Sirmiplantze Tamta 2, Charalambous Natasa 2, Kordali Christina 1, Efi Tegonikou 2

1 Department of Surgery, Argolidos General Hospital, Argos, Greece 2 Department of Internal Medicine, Argolidos General Hospital, Argos, Greece

Introduction: Septic shock is a life-threatening condition that is accompanied by high mortality rates. It is defined as sepsis-induced hypotension that persists despite adequate fluid resuscitation and is associated with hyperperfusion abnormalities and organ dysfunction. Blood cultures are positive in only 40% to 60% of patients with clinical manifestations of septic shock. Aggressive treatment with broad-spectrum regimens and vasopressors is mandatory to increase survival.

Case description: A 37-year-old lady presented to the emergency unit with an intense, sudden onset periumbilical pain with fever (39°C) and rigor, the last five hours. On physical examination, she was haemodynamically stable with rebound tenderness at palpation of right iliac fossa and right lateral ventricle. Abnormal laboratory tests were leukocytosis (WBC= 19.500/µL), neutrophils=96.5%, hypoalbuminemia (3.4gr/dL) and elevated LDH (5790U/L). She underwent abdominal CT scan with edema and inflammation of terminal ileum loops, high turbidity of mesenteric fat and high amount of free fluid. She was surgically evaluated and admitted in internal medicine department with triple antibiotic therapy and hydration.

Results and conclusions: Just after admission, she had recurrent episodes of loss of consciousness and hypotension, refractory in administering fluids. She was treated, according to guidelines, as septic shock with vasopressors (noradrenaline) and broad-spectrum antibiotics (imipenem). She was informed of necessity for urgent surgical intervention in case of response failure, however, she was gradually improved with postponement of surgery. Despite laboratory deterioration (WBC=44.000/µL, hypoalbuminemia = 2.9gr/dL), she remained afebrile after the 2nd day with gradual symptoms’ resolution and feeding the 5th day. She was discharged, free of symptoms, 7 days later. Blood cultures were negative. Abdominal MRI, upper and lower endoscopy were normal.

Take-home message: Early diagnosis and treatment of septic shock is mandatory for rapid and effective treatment of this potentially fatal situation. Aggressive administration of vasopressors and antibiotics are life-saving and may avoid complications or painful therapeutic interventions, such as surgery.

http://dx.doi.org/10.1016/j.nhccr.2017.06.165

Acute abdomen and septic shock in young lady treated conservatively

Martin Balog 1, Ernst-Wolfgang Kolbe* 1, Ulrich Lang 2, Guenther Winde 1

1 Universitätsklinik für Allgemein- und Viszeralchirurgie, Thoraxchirurgie, Proktologie - Ruhr Universität Bochum, Klinikum Herford, Herford, Germany 2 Institut für Pathologie, Klinikum Herford, Herford, Germany

Introduction: Familiar adenomatous polyposis (FAP) is an inherited autosomal dominant disease characterized by the development of hundreds to thousands of colorectal adenomas in young adults. If left untreated, the patients develop colorectal cancer by age of 40. This disorder is caused by germline mutation of the adenomatous polyposis coli (APC) gene located on the chromosome 5q21. FAP can be associated with occur of various extra-colonic malignancies, especially ampullary adenocarcinoma. As well it has been described an association between FAP, thyroid cancer and biliary system neoplasia. We present a rare case of multifocal gallbladder polyps in association with familial adenomatous polyposis.

Case report: We present the case of a 39-year-old male patient with the FAP-Syndrome. He had undergone a total colectomy with ileoanal pouch reconstruction years ago. In the current history, he reported about chronic abdominal pain in the right upper abdomen with postprandial nausea. The clinical examination at the admission showed no palpable mass or tenderness in the abdomen. The laboratory tests were normal. Abdominal ultrasound showed four concrements and multiple small polyps. He underwent laparoscopic cholecystectomy. The postoperative course was uneventful.

Results and conclusions: The mucosal inspection at the histopathological examination showed more than 80 green polypoid lesions. Microscopically were classified tubular adenomas with mostly low-grade but focally with high-grade epithelial dysplasia cells. Their epithelium was predominantly of the biliary type. No invasive malignant cell type was described. Immunohistochemical staining with β-catenin showed strong positivity for cytoplasmic and nuclear expression. APC is closely connected with β-catenin and a nuclear expression comes along with β-catenin mutations. Nuclear staining has been described in adenocarcinomas and late adenomas with severe dysplasia.

Take-home message: FAP is the most common adenomatous polyposis syndrome characterized by the development of numerous colorectal adenomatous polyps. It is associated with greater risk of developing upper gastrointestinal malignancy or extraintestinal cancer. Due to previous reports and our conclusions, a simultaneous prophylactic cholecystectomy...