Avoid printing on the surface in contact with the skin would also be another feasible alternative.

Take-home message:

1. Allergic contact dermatitis is one of the common causes of peristomal dermatitis.
2. Patch test is important if allergic/irritant contact dermatitis is suspected.
3. Stoma bag can be used directly for patch testing if commercially available patch tests batteries do not show any positive result.
4. Although quite rare, patients can develop sensitivity to printing ink on stoma bag and covering printed surface can be considered if clinically suspected.

References

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Acute pulmonary embolism in a dengue fever patient co-infected with influenza B

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Introduction: The main pulmonary embolism is a blockage of blood flow to the lungs by a blood clot which is composed of clumped platelets and condensed fibrin lodged into an artery in the lungs. A condition associated with thrombotic events due to loss of endothelium non-thrombogenic protective factors and severe dehydration might occur in the early course of severe dengue, thereby increasing the risk of embolic formation. We report acute pulmonary embolism in a severe dengue patient co-infected with influenza B, which might additionally predispose to an acute embolic event.

Case description: This 71-year-old diabetic woman with hypertension suffered from the dizziness, episodic fever, and general weakness since September 13, 2015. The data of dengue virus IgM, IgG and NS1 antigen were all positive. The presenting platelet count was 11000/µL. She felt worsening malaise, dizziness, anorexia, and newly developed dyspnea. The brain CT did not indicate obvious lesion except mild atrophy. The chest X-roentgenogram (CXR) revealed the opacity in left lower lung field. Abnormal liver function tests were noted, including S-GOT (AST), 1526 U/L; S-GPT (ALT), 709 U/L; total bilirubin, 2.71 mg/dL and direct bilirubin, 1.84 mg/dL. Under the impression of severe dengue with pneumonia, she was admitted for the further management. Antibiotic therapy with cefuroxime was given. However, the patient had worsening dyspnea and tachycardia 5 days later. Laboratory data showed elevated lactate (4.1 mmole/L), hypoxemia with mild decrease PaO2/FiO2 ratio, and elevated D-dimer (3271 ng/ml). CXR showed resolution of pneumonia patch. As suspected pulmonary embolism, chest CT was arranged, which revealed partial thrombosis of right pulmonary artery at superior lobar branch. Therefore, she was admitted to the intensive care unit. In addition, the result of rapid influenza diagnostic test for influenza B antigen was positive. A 5-day course of oseltamivir and antibiotic therapy with levofloxacin were given. After treatment, fever subsided and dyspnea was improved. Follow-up platelet count rose to 91000/µL. Then, she was transferred to ward. After heparin therapy, subsequent daily warfarin was titrated to daily 2.5mg to achieve the desired prothrombin time ratio. As stable condition, she was discharged after 16 days of hospitalization.

Conclusion: Pulmonary embolism has been reported in association with dengue fever or severe influenza, particularly influenza A(H1N1). Coexistence of severe dengue, influenza B and acute pulmonary embolism was sparsely reported before. Awareness for these complications should be recommended to all practitioners who treat patients with severe dengue fever, particularly co-infected with influenza.

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Tracking the evolution of NAFLD through a non-invasive lipidomic test that accurately discriminates NASH from steatosis

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Objectives: Nonalcoholic fatty liver disease (NAFLD) includes a spectrum of histological phenotypes including steatosis, steatohepatitis (NASH) and fibrosis. While liver biopsy is the reference for diagnosis, it is invasive and associated with procedural risks and sampling variability. There is urgent need for a noninvasive diagnostic procedure. Recently, we have described a serum-based lipidomic signature associated with NAFLD able to fulfill these unmet diagnostic needs by: differentiating NAFLD from healthy cohort; discriminating between steatosis and NASH. The aim of this study is to validate this noninvasive assay using blind-histology as a reference standard and apply it in the follow-up of the patients.

Method: Thirty patients were enrolled as a blind, biopsy-proven NAFLD cohort, collecting serum at the time of liver biopsy. Patients were prescribed hypocaloric diet (1500kcal/day) and aerobic exercise (30-60min/day), monitored for 2-5 years, when a serum sample was collected. Metabolic syndrome was assessed based on the presence of at least three of the conditions listed by the NCEP ATPIII. The lipidomic test was based on 467 biopsy-proven patients and two BMI-dependent logistic regression algorithms discriminating between: NAFLD-healthy liver (assay name: OWLiver Care); and NASH-steatosis (OWLiver). The diagnostic performances of both assays were assessed by the ROC curve: 0.90 ± 0.02 and 0.95 ± 0.01, respectively.

Results: Applied to the independent biopsy-proven cohort (33%female, weight=86 ± 15kg; BMI = 32 ± 5kg/m2), the test diagnosed correctly 28 out of 30 patients, misclassifying one patient having NASH with NAS score = 2, but presenting metabolic syndrome; and one patient as having...
Treatment outcome for NRTI-sparing regimen consisting of dolutegravir and rilpivirine in HIV-1 infected patients

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Objectives: The nucleoside reverse transcriptase inhibitors (NRTI) have been an important ‘back-bone’ of an antiretroviral therapy (ART) for HIV-1 infected patients. However, these agents have been associated with both short and long-term toxicity. Therefore, there has been growing interest in evaluating NRTI-sparing regimens. Now we have administered dolutegravir (DTG) and rilpivirine (RPV) to HIV-1 infected patients as a new NRTI-sparing regimen. However, there are few data on the outcome of ART regimen consisting of DTG and RPV. In this study, we examined treatment outcome for this NRTI-sparing regimen in HIV-1 infected patients.

Method: We examined 27 HIV-1 infected patients treated with NRTI-sparing regimen consisting of DTG and RPV in Nagoya Medical Center, Japan. We checked efficacy and safety for this regimen from 2014 to 2015, retrospectively.

Results: Median duration of this NRTI-sparing regimen for 27 Japanese HIV-1 infected patients (26 males, 1 female; mean age 57 years) was 323 days. The reasons for changing to this regimen were pill burden (n=13), lipodystrophy related to NRTI (n=7), myelopathy (n=2), renal dysfunction (n=1), dyslipidemia (n=1), respectively. Finally, 25 patients have continued this regimen. After starting this regimen, HIV viral load were soon less than the detection limit for all patients. Virologic failure and regimen discontinuations by severe adverse reactions were not confirmed for individuals. In addition, abnormal laboratory data (ALT, AST, etc) were not shown for all patients. In this study, 12 patients had been already treated with NRTI-sparing regimen (Raltegravir + RPV). As these patients were elder, it was essential to reduce pill burden. Therefore, a new NRTI-sparing regimen, DTG + RPV, will be available in the future because of reducing pill burden, few drug interactions and low toxicity.

Mirtazapine induced steatosis

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Introduction: Mirtazapine is a commonly used drug indicated for the treatment of severe depression. It works as a presynaptic alpha2-adrenoceptor antagonist which increases central noradrenergic and serotonergic neurotransmission. Although steatosis is not a noted side effect or risk in the British National Formulary, we present a case of mirtazapine induced steatosis in a 48-year-old office worker in the absence of any other risk factors, discuss management options and review the literature associated with drug induced steatosis.

Case description: A 48-year-old woman with a past medical history of pernicious anaemia, hypertension and depression was admitted with a two day history of painless jaundice and a three week history of peripheral oedema and lethargy. No other stigmata of liver disease were present. Medications included once daily Ramipril 2.5mg and Mirtazapine 15mg (recently started). She denied any alcohol use/unprotected sex/recent travel. On admission, her bilirubin level was 199umol/L (normal <26umol/L), eventually peaking at 320umol/L within four days and her alkaline phosphatase level was 158U/L (normal 35-100U/L). Full liver screen was normal.

Results and conclusions: Liver ultrasound and CT imaging of the abdomen/pelvis did not yield a cause for her acute jaundice. An ERCP with sphincterotomy and balloon trawl was also negative. Subsequent liver biopsy indicated marked steatosis with active steatohepatitis and early fibrosis which were not consistent with large bile duct obstruction. Experimentally, and with no other identifiable cause for her worsening jaundice, her mirtazapine was stopped. Her liver function results improved immediately with notable improvements in her bilirubin and ALP levels. She subsequently made a full recovery.

Take-home message: We demonstrate a case where no autoimmune/anatomical infectious or alcohol pathology accounted for the significant steato-hepatitis. Furthermore, with withdrawal of Mirtazapine, the patients’ liver function rapidly improved, giving a Naranjo score of 7, thus suggesting a highly probable adverse drug reaction induced by Mirtazapine. Mirtazapine induced hepato-toxicity is rare, probably owing to toxic intermediates following cytochrome p450 metabolism. Acute steatosis is even rarer, and may reflect weight gain caused by the offending drug. We conclude that drug causes should always be sought following exclusion of all other causes.

Usefulness of repetitive transcranial magnetic stimulation for the recovery of central cord syndrome

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Objectives: Repetitive transcranial magnetic stimulation (rTMS) can modulate neuronal circuits and also enhance spinal cord plasticity. Our aim of this study was to delineate the effect of rTMS on the functional recovery of upper extremity in patients with incomplete spinal cord injury, especially central cord syndrome (CCS), and detect the changes of spinal cord tracts crossing the lesion by diffusion tensor imaging (DTI).