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Concurrent Primary Pleomorphic Sarcoma and Ductal Carcinoma in Situ of the Breast



Ali Mir, Marzieh Lashkari, AmirHossein Latif, Ali Ghorbani Abdegah

ABSTRACT

Primary sarcoma of the breast is very rare. On the other hand, Ductal Carcinoma In Situ (DCIS) is relatively a common mammary malignancy. However, concurrent presentation of these two conditions has not been reported previously. In this regard, we present a case report of a young woman with a huge mass in her right breast. Core needle biopsy revealed pleomorphic sarcoma. The patient underwent modified radical mastectomy and right side axillary lymph node dissection. Pathologic study showed a high-grade pleomorphic sarcoma and a focus of DCIS. Following surgery, the patient was referred to oncology department for adjuvant radiotherapy and chemotherapy. To our knowledge, this is the first case report of such presentation.



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Loud, Non-stethoscope Audible Pulsatile Tinnitus and Papilledema: A Rare Presentation of Dural Arteriovenous Fistula



Sakineh Raji Burachaloo

ABSTRACT

Dural Arteriovenous Fistulas (DAVFs) are venous-arterial shunts inside the dura mater, often without a distinctive vascular nidus. Tinnitus is the main complaint of 56% of patients with DAVFs. The risk of DAVF hemorrhage seems to be related to the venous drainage pattern. Cognard et al (1995) presented a classification scheme that reflected prognosis and risk of neurologic complication in untreated DAVFs. This article is the report of a patient with a DAVF that presented with bilateral papilledema and non-stethoscope audible pulsatile tinnitus.



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An Ignored Cause of Recurrent Rhabdomyolysis in Adults



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ABSTRACT

Introduction: Muscle weakness and rhabdomyolysis have a wide range of differential diagnosis. In many situations, they are induced by seizure, trauma, drugs, and toxins. They could also be because of inflammatory or metabolic myopathies. Identifying the exact cause is crucial and sometimes challenging.

Case Presentation: A 23-year old man was admitted to our hospital with muscle weakness, fatigue, dyspnea, and dark urine, all preceded by flue like symptoms, myalgia, and fever. Due to reduced muscle strength, dark urine, elevated serum creatine kinase, and serum creatinine, he was diagnosed with rhabdomyolysis and acute kidney injury. Muscle biopsy had been performed 3 years before on the patient due to a history of similar episodes and exercise intolerance. Recurrent episodes of muscle weakness and rhabdomyolysis along with the negative muscle biopsy for inflammatory myopathies guided us to suspect metabolic myopathy as a cause; hence, metabolic screening was performed for the patient and he was diagnosed with metabolic myopathy known as Carnitine Palmitoyltransferase II (CPT II) deficiency.

Conclusion: In patients with recurrent rhabdomyolysis we should always consider inherited myopathies especially CPT II deficiency and glycogen storage disease type V (McArdle disease) as an important cause. CPT II deficiency is considered as a preventable cause of recurrent rhabdomyolysis. Therefore, by early diagnosis of this disorder, we can prevent recurrent episodes of rhabdomyolysis and ultimately avoid life-threatening complications like acute kidney injury.



Renal Failure Secondary to Oxalate Nephropathy Following Roux-en-Y gastric Bypass Surgery



Fatemeh Yaghoubi, Maliheh Yarmohamadi

ABSTRACT

Oxalate nephropathy after Roux-en-Y Gastric Bypass (RYGB) surgery, albeit rare, has a poor prognosis with a rapid progression to kidney failure stage 1. Oxalate nephropathy has many etiologies and remains a rare cause of renal failure. It is characterized by tubular crystalline deposits of calcium oxalate leading to acute and chronic tubular injury, interstitial fibrosis, and progressive renal insufficiency.

Case Presentation: A 39-year old diabetic woman was referred to our nephrology clinic for progressive increase in serum creatinine from 1 to 4.2 mg/dL with nausea, dizziness and malaise during two months. There was no history of fever, diarrhea, steatorrhea, urinary tract symptom, and use of nephrotoxic agent. Her past medical history included diabetes mellitus 15 years ago, diabetic retinopathy and neuropathy 5 years ago, renal stone two months ago, RYGB surgery 6 months ago, treated diabetic foot ulcer and two episode of cesarean section. She had undergone a surgery for morbid obesity 6 months earlier and then she had lost more than 30 Kg of body weight and there was significant improvement in the control of blood glucose. There was no previous renal disease. Her serum creatinine was 1 mg/dL and urinalysis was normal at the time of surgery.

Conclusion: Oxalate nephropathy is a rare and poor prognosis complication of RYGB surgery. In patients with a history of RYGB surgery presenting with acute or chronic renal injury of unclear etiology, renal biopsy should be considered for a definitive diagnosis. Considering the rapid progression of oxalate nephropathy to kidney failure, patients who undergo RYGB surgery should have regular follow-up of renal function.



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Systemic Lupus Erythematosus Presenting with Finger Drop



Marjan Rahimi Farahani, Samira AleSaeidi

ABSTRACT

Systemic Lupus Erythematosus (SLE) is an autoimmune disease with multiple organ involvement that can affect joints, skin, heart, lungs, kidneys and nervous system. It is a multisystem disorder resulting from abnormal immunological function and affects women more than men. It affects both central and peripheral nervous systems. Severe acute peripheral neuropathy in SLE is quite rare and it is always accompanied by evidence of active disease in other organs including the central nervous system. The recognition of neurologic symptoms in SLE remains a clinical problem for physicians. Neurological manifestations are frequently present in SLE patients, although the peripheral nervous system involvement is rarer compared to the central nervous system. Peripheral neuropathy is a known but uncommon presentation of SLE. The aim of this study is to report various forms of lupus-related neuropathies that may present as finger drop and discusses one of the rare neurological manifestations of SLE which remains a diagnostic challenge.



Medical Management of Pancreatic Neuroendocrine Tumors in Patients with Multiple Endocrine Neoplasia Type 1: A Case Report



Moloud Payab, Mahbube Ebrahimipur, Siavosh Nasseri-Moghaddam, Seyed-Mohammad Tavangar, Mahnaz Pejman Sani, Abdollah Zandi, Mohammad Behgam Shadmehr, Mohammad reza mohajeri-Tehrani

ABSTRACT

Multiple Endocrine Neoplasia Type 1 (MEN-1) is a rare inherited autosomal dominant disease which presents with different combinations of functional and non-functional tumors of parathyroid glands (90%–97%), pancreatic islet cells and duodenum (30%–80%), and the anterior pituitary gland (20%–65%). Moreover, Gastrointestinal Neuroendocrine Tumors (GI-NETs) are rare. Their two most common types are Gastric NETs (G-NETs) and Duodenal NETs (D-NETs). Amongst, type 2 G-NETs make 5%-6% of all G-NETs and they are associated with MEN-1 and Zollinger-Ellison Syndrome (MEN1-ZES). Current treatment strategies consist of surgical resection of the tumor and management of the symptoms based on the functionality, size, local advancement and metastasis. Chemotherapy is usually not a proper option as it is associated with unfavorable outcome and noticeable adverse effects. A somatostatin analogue may decrease the symptoms by preventing the tumor from releasing circulating peptides; however, the value of somatostatin analogue therapy in the treatment of non-functioning pancreatic tumors is unknown and a few studies have been conducted in this area. In this study, we report a young patient with MEN-1 and multiple gastric and pancreatic neuroendocrine tumors that was treated with monthly injection of a somatostatin analogue before and after distal pancreatectomy and partial gastrectomy.



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Jaw Tumor in Recurrent Primary Hyperparathyroidism: A Case Report



Farzaneh Amini Nezhad, Moloud Payab, Sara Nayebandi, Shirin Hasani-Ranjbar

ABSTRACT

Background: Brown tumor may present as osteolytic, uniloculated or multiloculated lesions with bone expansion, bone pain or pathologic fracture in primary, secondary and tertiary Hyperparathyroidism (HPT); however, such presentation is rare in recent years due to the early detection using blood screening techniques before appearance of symptomatic bone lesions.

Case report: A 65-year-old woman was admitted to our hospital with generalized bone pain and a progressive painless mass in her jaw appeared since 6 months ago. She had a history of two times parathyroidectomy. In her recent hospitalization, she presented with the complaint of weakness, bone pain and a progressive swelling in her jaw. Laboratory analysis showed a hypercalcemia and plasma Parathyroid Hormone (PTH) of 398 pg/mL. Dual energy x-ray showed osteoporosis at the femoral neck and lumbar spine. The neck MRI revealed an 11×6 mm soft tissue nodule in the left lobe of thyroid gland and a 20×18 mm hypersignal T2, hyposignal T1 nodule at right thyroid lobe. The Single-Photon Emission Computerized Tomography scan (SPECT-CT) with technetium-99m sestamibi (9mTc-MIBI) scintigraphy suggested bilateral parathyroid adenomas and/or parathyroid hyperplasia and showed a MIBI-avid lytic lesion in the mandible. After performing surgery and removing the adenoma, the PTH showed a decrease from the initial value to 57 pg/mL. The histological examination revealed the thyroid tissue with multinodular goiter and a left parathyroid adenoma. The follow-up after surgery revealed normal blood calcium and urine calcium levels with no increase. PTH levels did not increase, either. The patient was treated with calcium and vitamin D supplementation and the jaw mass decreased gradually.

Conclusion: Primary or secondary HPT may be recognized by the presence of an osteolytic lesion with giant cells, a condition called “brown tumor”. Non-specificity of hypercalcemia symptoms can be a bone tumor including jaw lesion as a manifestation of HPT.



Cerebellar Degeneration in Primary Sjögren Syndrome



Mohammad Heidary, samira alesaeidi, Khashayar afshari

ABSTRACT

Neurological manifestations are reported as a consequence of Primary Sjögren Syndrome (PSS). Any part of the brain and peripheral nervous system can be involved in PSS; however, cerebellar degeneration and atrophy associated with PSS have been rarely reported. This case report describes a 22-year-old woman who presented with cerebellar ataxia, arthritis and arthralgia. Evaluation of her symptoms, autoantibodies and salivary gland pathology was in favour of the diagnosis of PSS. Her brain MRI revealed cerebellar degeneration. There are only four patients reported to be affected by cerebellar atrophy associated with PSS. Administration of methylprednisolone and cyclophosphamide in high doses can lead to substantial improvement in the cerebellar symptoms of this case. After 2 months of follow-up, the patient's ataxia recovered significantly. It can be concluded that, in addition to neurological degenerative disorders, cerebellar atrophy in some cases can be associated with autoimmune conditions such as PSS.



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Early Onset of Tuberous Sclerosis with Chylous Ascites: A Case Report



Hosein Dalili, Elahe Amini, Parvin Akbari Asbagh, Tahereh Esmaeilnia Shrivany, Nikoo Niknafs, Fatemeh Nayyeri, Mamak Shariat, Saharnaz Talebian, Naser Akbari Asbagh, Vafa Ghorban Sabagh

ABSTRACT

Tuberous Sclerosis Complex (TSC) is an autosomal dominant hereditary disorder. This syndrome is characterized by tumor-like malformations in several organs including heart. This report summarizes a case of TSC in a premature infant, born at 34 weeks of gestation with ascites. After birth, multiple cardiac mass, subependymal cysts and hypopigmented macules were detected. To our best knowledge, this is the first case report of early onset of TSC with chylous ascites in Iran.



Bronchogenic Adenocarcinoma with Severe Eosinophilia



Shahideh Amini, Bita Shahrami, Besharat Rahimi, Soheil Peiman

ABSTRACT

Hypereosinophilia is defined as eosinophil count more than 1500 cell/ μ L that can be associated with tissue and organ damage, regardless of the underlying cause. There are various categories of diseases that are able to cause eosinophilia. Solid tumor-associated hypereosinophilia is an unusual manifestation in patients with cancer. Cytokines namely Granulocytes Macrophages Stimulating Factor (GM-CSF), Interleukin 3 (IL-3), and interleukin 5 (IL-5) may play an important role in the pathogenesis of eosinophilia development. In this case report, we describe a 70-year-old man with metastatic adenocarcinoma of the lung presenting with fever, weight loss, shortness of breath, and severe hypereosinophilia. In patients with compatible clinical findings and associated risk factor(s), it is important to consider lung adenocarcinoma as a differential diagnosis in patients with unexplained eosinophilia and lung symptoms with associated risk factors.



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Delayed Hemolytic Anemia after Treatment with Artesunate: Case Report and Literature Review



Mohammadreza Salehi, Hosein Masoumi-Asl, Mehrdad Assarian, Niloofar Khoshnam-Rad, Afsaneh Motevalli Haghi, Mehran Nikbakht, Hossein Khalili

ABSTRACT

Background: In recent years, few cases of Post-Artemisinin Delayed Hemolysis (PADH) have been reported.

Objective: All cases of PADH have been reported to be in non-middle east areas. No case of PADH has yet been reported in Iran. In this paper, we describe a case of PADH in an Iranian female along with reviewing previous related reports .

Methods: Patient's data including demographic characteristics, past medical, medication and travelling history, present illness, vital signs, laboratory data, clinical course of current illness and follow-up findings were presented.

Results: A 27-year-old female with a recent travel history to Ghana admitted with severe falciparum malaria. She was successfully treated with parenteral artesunate; however after 12 days after artesunate treatment, she returned with dark urine, malaise and fatigue.

Conclusion: Considering the clinical course and based on a reliable causality assessment scale, the presence of PADH was possible



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Concurrent Primary Pleomorphic Sarcoma and Ductal Carcinoma In Situ Of The Breast: A Rare Presentation



Amir Hoseein Latif

ABSTRACT

Primary sarcoma of the breast is very rare. On the other hand, ductal carcinoma in situ is relatively a common mammary malignancy. Concurrent presentation of these two conditions has not been reported previously. In this study, we report a young woman who presented with a huge mass in her right breast. Core needle biopsy revealed pleomorphic sarcoma. The patient underwent modified radical mastectomy and right side axillary lymph node dissection. Pathologic study showed a high-grade pleomorphic sarcoma and a focus of ductal carcinoma in situ. Following surgery, the patient was referred to oncology department for adjuvant radiotherapy and chemotherapy. To our best knowledge, this is the first report of such presentation.



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Complete Cricotracheal Transection Due To Blunt Neck Trauma Without Significant Symptoms



Reza Ershadi, Asghar Hajipour, Mohamadrahim Vakili

ABSTRACT

Laryngotracheal injuries are relatively rare but their mortality rate is fairly high. Complete disruption of trachea is extremely rare and a systematic approach is needed for early diagnosis and favorable outcome. The patients symptoms and physical signs do not necessarily correlate with the severity of the injuries and this study highlights it. This study is a case report of 25-year-old man referred to the emergency department 8 hours after having a motorcycle accident during which a rope was wrapped around his neck. Because of his good general and respiratory condition during admission, the pathognomonic signs of laryngeal injury were not noticed. A computed tomography scan showed distortion of cricotracheal framework. Flexible bronchoscopy showed cricotracheal transection. Immediately, the endotracheal tube was advanced distal to the transaction site under bronchoscopic guidance and then, after neck exploration, primary end-to-end cricotracheal anastomosis was performed.



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Metastatic Papillary Thyroid Carcinoma of Mandible: Case Report and Literature Review



Neda Kardouni Khoozestani

ABSTRACT

Oral cavity is not a usual site for metastasis. It includes only about 1% of all oral tumors. Metastatic papillary thyroid carcinoma is rare and usually occurs in regional lymph nodes of neck; hence, mandibular metastasis is a rare event. We present a case with swelling in right mandible and diagnosed metastatic tumor of papillary thyroid carcinoma. The clinical characteristics, radiographic results and treatment plan are discussed. A thorough review of literature revealed 77 published cases of metastatic thyroid carcinoma in the oral cavity with their summarized features.



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Papillary Thyroid Carcinoma with Cervical Metastasis Arising from Lingual Thyroid



Amirmohsen Jalaefar, Maziar Motiee-Langroudi, Mohammad Shirkhoda, Amirsina Sharifi

ABSTRACT

Although lingual thyroid is the most common site for ectopic thyroid gland carcinomas originating from lingual thyroid are extremely rare, accounting only for 1% of all ectopic thyroids. In this study, we represent a young female with a bleeding mass at the base of her tongue and review the diagnostic approach towards papillary thyroid carcinoma of lingual thyroid. The surgical treatment and follow-up are discussed. A combination of radiological studies and histological evaluation should be considered to investigate suspicious lingual thyroids. The perspective of diagnostic and therapeutic approaches for carcinomas of lingual thyroid is the same as for orthotopic thyroid tissue.



Bilateral Large Squamous Cell Carcinoma on Both Groins with Metastasis to the Liver: A Case Report



Safoura Shakoei, Maryam Nasimi, Alireza Ghanadan, Sirous Jafari, Arghavan Azizpour

ABSTRACT

Cutaneous Squamous Cell Carcinoma (cSCC), which is the second most common malignancy in humans, commonly occurs on sun-exposed areas of the skin such as the face. The incidence rate of cSCC is found to be higher in older men. Metastatic rate of cSCC is approximately 4%-5% and it is higher in men especially in those aged over 75 years. Risk factors that increase its rate include immunosuppression like Human Immunodeficiency Virus (HIV), solid organ transplantation, tumor thickness (> 2 mm), lesion diameter (> 2 cm), poor differentiation, and perineural invasion. To our best knowledge, this is the first case report of a large cSCC with bilateral lesion extending from the groin to intergluteal region.



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Cutaneous Pseudolymphoma Induced by Hirudo Medicinalis Therapy



Maryam Ghiasi

ABSTRACT

Nowadays, medicinal leech therapy (*Hirudo medicinalis*) is used for the treatment of chronic venous insufficiency and frequently applied in plastic surgery. It has also been used in traditional Persian medicine for the treatment of dermatological diseases. In this study, we reported a woman who had undergone *Hirudo medicinalis* therapy for her acne and multiple red papules were appeared in the treated sites a few weeks later. Histology proved that these lesions are a case of pseudolymphoma.



Verrucose Eccrine Angiomatous Hamartoma



Elham Mazaherpoor

ABSTRACT

Eccrine Angiomatous Hamartoma (EAH) is a rare, benign condition with increased numbers of eccrine glands and other dermal elements in pathology. Patients usually present with a solitary nodule or plaque on the extremities which appears at birth or arising during childhood. It is generally asymptomatic but maybe associated with hyperhidrosis or pain. In this study, we reported a case of Verrucous EAH on the heel of a 27-years old man which is an uncommon presentation of this tumor, and reviewed the clinical characteristics, histologic findings and prognosis of this rare condition.



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A Nine-Year-Old Girl With Left Ventricle Non-Compaction and Skin Lesions (Carvajal Syndrome)



Behzad Mohammadpour Ahranjani, Poria Moradi, Shadab Nazari, Sareh Farshadfar

ABSTRACT

Introduction: Arrhythmogenic Right Ventricular Dysplasia (ARVD), a cardiomyopathy characterized by fibro-fatty degeneration of the myocardium with progressive dysfunction, electrical instability, and sudden death, occurs in approximately 1 in 5000 people in the United States.

Case Presentation: We present a 9-year-old girl complaining of dyspnea, easy fatigability and skin lesions. She had a history of an occasional epistaxis and weakness since 20 days before her admission, in addition to the symptoms and signs of common cold specially cough, during the past two days.

Conclusions: This case could not confirm that dilated cardiomyopathy's spectrum is wider than ever known and that, like what happened at the congress of Boston in 2006, a more comprehensive approach to its genetic types is needed.



A Case Report of Neurobrucellosis Mimicking Guillain-Barré Syndrome



Parastoo Paydarnia

ABSTRACT

Brucellosis is an illness caused by infection with a type of bacteria (*Brucella*) that is spread to humans by injured skin contact (open cuts or sores) or the ingestion of unpasteurised milk and dairy products from infected animals in farmers, veterinarians and abattoir workers. In different studies, involvement rate of nervous system has been reported between 0-23%. This study is a case report of a 62-year-old farmer with acute flaccid quadriplegia and history of partially treated brucellosis, plasma Wright titration of 1/1280, Coombs Wright titration of 1/640 with 2-Mercaptoethanol titre of 1/320 and abnormal Cerebrospinal Fluid (CSF) analysis (high protein, low glucose and high titres of anti-*Brucella* antibodies). Except to central faint enhancement of T3 to T6 region, no abnormality was observed in the MRI of brain and spinal cord. According to clinic and paraclinic data, direct involvement of meninges as a complication of brucellosis was recognized. Therefore, brucellosis in clinically and laboratory suspected patients with acute flaccid quadriplegia must be in differential diagnosis of Guillain-Barré syndrome.



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Hereditary Sensory and Autonomic Neuropathy Type IV in a 9-Year-Old Boy: A Case Report



Mohaddeseh Azadvari, Seyedeh Zahra Emami Razavi, Shahrbanoo Kazemi

ABSTRACT

The Hereditary Sensory and Autonomic Neuropathy (HSAN) is a rare group of neuropathies that affects the sensory and autonomic nervous systems. The patients do not have the ability of feeling different senses such as pain and temperature, which is likely to lead to different injuries. In addition, due to autonomic involvement, these patients suffer from fluctuation in body temperature periodically and lack of precipitation. The HSAN has five types based on the age of onset, clinical characteristics, and heritage. Our case in this study was a 9-year old boy from cousin marriage. He had some developmental delay and history of recurrent fever and convulsion in the first year of his life. Gradually, other symptoms such as multiple painless skin ulcers, tooth loss, destruction of toes and fingers were appeared in the patient. By electrodiagnostic study, we found decreased amplitude of sensory nerves, while the results of other tests were normal. Laboratory test and imaging studies were also normal. All clinical and paraclinical findings indicated the presence of HSAN type IV. There is no cure for such disease. These patients and their families need to receive appropriate education and timely rehabilitation services.



Rapidly Progressive Respiratory Failure Associated with Interstitial Lung Disease in a Patient with Polymyositis



Shahideh Amini, Maryam Ghadimi, Mehrnaz Asadi Gharabaghi, Hamidreza Abtahi, Akram Asghari

ABSTRACT

Interstitial Lung Disease (ILD) is one of the known complications in at least 10% of patients with dermatomyositis and polymyositis, and has a considerable impact on morbidity and mortality rates. The inflammatory myopathies are the largest group of acquired diseases of skeletal muscle. Based on several biopsy-proven cases, the leading pathogenesis is that myositis-associated ILD begins as a cellular inflammatory process that fails to be appropriately terminated and, hence, is developed as a fibroproliferative disease and is often unresponsive to traditional immunosuppressive therapies. It is estimated that 40% of all patients with myositis, regardless of their ILD status, will be positive for one of the Antisynthetase Antibodies (ASAs). Case studies suggest that 75% of patients with Anti-JO-1 (the most common ASA), will develop ILD. Rapidly Progressive Respiratory Failure (RPRF) with myositis has rarely been reported. In this study, we reported a 52-year-old woman admitted to the hospital for myalgia and progressive dyspnea and then presented a review of cases with RPRF in literature.



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Seronegative Rheumatoid Nodulosis: A Case Report



Shafieh Movassaghi, Hanieh Radkhah, Mustafa kaboli

ABSTRACT

Rheumatoid nodulosis is a benign condition associated with mild or no arthritis. Unlike classical rheumatoid nodules which are relatively common in patients with long-standing rheumatoid arthritis and particularly in Rheumatoid Factor (RF)-positive patients, rheumatoid nodulosis may rarely precede arthritis onset and even seroconversion. In this study, we present a unique case of a 51-year-old healthy RF-negative woman with a 3-year history of nodules over the dorsum of her hands, head, and lower extremities but lacking any clinical symptoms of RA. To our knowledge, this is the first case report of rheumatoid nodulosis in a RF-negative patient with radiological joint involvement and may represent an atypical presentation or a new rheumatoid variant.



Superior Mesenteric Artery Syndrome: Case Report, Full Diagnostic Approach And Treatment



Amirmohsen Jalaefar, Behzad Nemati Honar, Samsami M, Mahdi Kayyal, Alireze Amirbeygi

ABSTRACT

Introduction: Superior Mesenteric Artery (SMA) syndrome is a rare cause of proximal intestinal obstruction. It is mostly seen in young and underweight females.

Case presentation: We present a 25-years-old cachectic male with bi-temporal atrophy, with prominent decrease in urination, anorexia, severe nausea, vomiting, vague abdominal pain, and postprandial increase and were relieved in lateral decubitus or knee-elbow (squatting) position. Abdominal x-ray showed double bubble sign (obstruction) and CT-scan showed compression of third part of duodenum between aorta and superior mesentery artery and reduction in aortomesenteric distance. For all these symptoms, we established diagnosis of SMA syndrome which were successfully treated first with hemodialysis due to his high blood creatinine and then (after full resuscitation) underwent open duodenojejunostomy for his duodenal obstruction.

Discussion: SMA syndrome can occur due to both congenital and acquired risk factors which can usually decrease aortomesenteric angle resulting in extrinsic compression of third part of the duodenum. They can be acute or chronic. Symptoms are recurrent epigastric pain, bilious vomiting, early satiety, and postprandial discomfort. They are increased when in the supine position and relieved when in left lateral or knee-elbow position. The diagnosis is mostly based on clinical symptoms, excluding other causes of the duodenal obstruction and radiologic evidence of obstruction. The treatment commonly entails medical therapy and if it fails, surgical therapy is preferred (e.g. duodenojejunostomy, gastrojejunostomy, Strong's procedure and transposition of the SMA to the infrarenal aorta in adults, and Ladd's procedure in children).



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Anesthetic Considerations of Patient with Parry Romberg Syndrome



Sussan Soltani-Mohammadi, Farideh Toorany, Abdolrahim Shahhosseini

ABSTRACT

Parry Romberg syndrome is a rare progressive degenerative disease characterized by unilateral atrophy affecting the skin, connective tissue, muscle, and bone. It typically occurs in children and young adults. The end result is facial asymmetry associated with other skin, dental, visual, cardiovascular, and neurological disorders that ceases without apparent cause after a highly variable period. Inconsistency in the pattern of atrophy and multisystem involvement make intraoperative anesthetic management of these patients a challenge for anesthesiologists. We present a female case with Parry Romberg syndrome and report her associated clinical findings with specific attention to the anesthetic consideration of this disease.



Acute Pancreatitis as a Complication Of Peroral Double-Balloon Enteroscopy: A Case Report



Najmeh Aletaha, Mohammed Taher

ABSTRACT

Introduction: Double-Balloon Enteroscopy (DBE) is a new technique for the evaluation of small intestine. The DBE was firstly developed by Yamamoto et al. in Japan. Potential complications include perforation, pancreatitis, and gastrointestinal bleeding. The overall complication rate is about 1.7%. Hyperamylasemia after peroral DBE was reported in approximately half of the patients, and 1%–8% had developing pancreatitis. In this paper, we report a case that developed acute pancreatitis after DBE. This was the first case of acute pancreatitis in our hospital.



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Primary Echinococcal Synovitis: A Case Report



Mahnaz Pejman Sani, Mahbube Ebrahimpur, Mahnaz Torki, Neda Alijani

ABSTRACT

Hydatid cyst is one of the parasitic infections. It is caused by the larval of echinococcus granulosus. We report a rare case of primary echinococcal synovitis in a 37-year-old woman referred to our clinic with pain and swelling of the right knee.