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Basic science

1. The assessment of morphological parameters of the first lumbar vertebra in terms of sexual dimorphism.

Session: **Basic science**
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Supervisor: **dr hab. n. med. Grzegorz Staśkiewicz**

Introduction

The analysis of sexual dimorphism in morphology of skeletal system is particularly important in anthropology and forensic medicine, because the proper gender identification allows to narrow down the spectrum of diagnoses by half in case when ascertainment of identity of unknown remains is needed. Using anthropometric methods demands taking into consideration variabilities in populations, so doing researches to determine standards for each population is highly justified and recommended.
The lumbar part of the vertebral column is formed by five movably connected vertebrae. Lumbar vertebrae have the most massive construction amidst all vertebrae. They are characterized by kidney-shaped or oval form of a body of a vertebra and the presence of mammillary and accessory processes. Costal processes of lumbar vertebrae prolong in L1-L3 section and decrease in L4-L5 section. Articular processes are placed perpendicularly and spinous processes are narrow and lengthwise.

Aim of study

The assessment of sexual dimorphism in construction of the first lumbar vertebra (L1) and its usefulness for sex identification.

Material and methods

Computed tomography studies of 50 males and 50 females had been used to retrospective analysis. They covered the lumbar region of vertebral column and were performed in the 1st Department of Radiology, Medical University in Lublin. The studies were performed in 1,25mm slices. After all musculoskeletal pathologies were excluded, there were made three-dimensional reconstructions of L1 using Osirix software with 3D Volume Rendering module. Afterwards, measurements of linear and volumetric parameters were taken and all the differences between the two groups were evaluated with Mann-Whitney test with pâ‰¤0,05.

Results

Statistically significant differences between the two tested groups were found for all linear parameters and volume of a body of the L1, height and length of spinous process, total length of the vertebra, height of right arch and for width of superior endplate.

Conclusions

The accuracy of sex identification basing on linear measurements of elements of L1 reaches 84%. For volumetric measurements only the volume of the body of the vertebra indicates substantial differences between sexes.

2. Assessment of morphology corpus callosum in patients with a Cavum septi pellucidi.

Session: **Basic science**
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Supervisor: **lek. Kuroska**

Introduction

Corpus callosum is the largest white matter structure in human brain, connecting symmetrical and asymmetrical cortical regions of the opposing cerebral hemispheres. The cavum septi pellucidi (CSP) is a narrow space filled with fluid and is regarded as neurodevelopmental pathology. These structures are anatomically, functionally, and developmentally closely related. There are many scientific reports about the coexistence of CSP with developmental malformations of telencephalon, including anomaly related to corpus callosum.

Aim of study

Analysis of the morphology of the corpus callosum in patients with CSP.

Material and methods

A retrospective analysis of 1600 Magnetic Resonance Imaging (MRI) studies was performed. Patients were divided into two groups, according to the prevalence of the cavum septi pellucidi: the first group (group A) - 49 patients (3.06%), who have had cavum septi pellucidi and the second group (group B) - 129 patients without cavum septi pellucidi randomly selected from the examined population, which do not differ significantly in distribution of gender, age, body weight to the first group. The following parameters were evaluated: the area of the corpus callosum in the midsagittal plane, the width of the corpus callosum in five points (C1 - at the level of rostrum and genu, C2 - at the level of the anterior truncus of the corpus callosum, C3 - at the level of the middle truncus of the corpus callosum, C4 - at the level of the posterior truncus of the corpus callosum and the isthmus; C5 Ă˘â‚¬ś at the level of splenium) .The numerical variables of features are presented as an arithmetic mean and standard deviation (SD). Data was analyzed using the Mann-Whitney Ă˘â‚¬ĹąUĂ˘â‚¬Ĺą test. p value <=0.05 was considered significant.

Results

The average thickness of the corpus callosum at the point (C1) in group A was 0.87cm, while in group B it was 0.76cm. In group B, the average thickness of the corpus callosum (C2) was 0.60 cm, compared to group A, where it was 0.58 cm. The mean thickness of the corpus callosum (C3) differed significantly between group A, in which it was 0.62cm and group B, in which it was 0.56cm. In group A the mean thickness of the corpus callosum at points (C4) and (C5) was 0.66cm and 0.99cm respectively, whereas in group B it was 0.99cm and 0.94cm respectively. A statistically significant difference was found between the groups in relation to the mean area of the corpus callosum in the midsaggital plane. Respectively 6.7cm2 in group A and 6.11cm2 in group B. The analysis showed a significant positive correlation (p=0.026) between the anteriorposterior dimensions (A-P) of the CSP and area of the corpus callosum and a significant negative correlation was observed (p<0.001) between the A-P dimension of the CSP at the point (C1).

Conclusions

The presence of CSP is associated with the variability within corpus callosum

3. The evaluation of frequency of occurrence and morphology of congenital defects of the first cervical vertebra.

Session: **Basic science**
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Introduction

The first cervical vertebra (C1) has a significantly different structure than other cervical vertebrae - it has an anterior arch, which is a residue of a body of a vertebra, and a notably longer posterior arch, which has vestigial spinous process in the form of posterior tubercle. Taking into consideration the length of transverse processes, it is the second widest vertebra, after seventh cervical vertebra. Cervical vertebrae altogether fulfil many crucial functions. The first cervical vertebra is also in a topographical correlation with vertebral arteries, which are one of the main blood sources for the cerebrum. Substantial differences occur in C1 structure since birth and how the large number of studies prove, they might have a significant influence on patientâ€™s health.

Aim of study

The evaluation of frequency of occurrence and morphology of developmental abnormalities of the first cervical vertebra.

Material and methods

Computed tomography studies, which covered the cervical region of vertebral column of 2024 patients (1012 males and 1012 females) had been used for retrospective analysis. The studies were performed in the 1st Department of Radiology, Medical University in Lublin. The studies where the evaluation of atlanto-occipital region was impossible due to neuroorthopedic procedure or injury were not included. The evaluation of morphology of C1 and measurements of found defects were performed in cross-sections.

Results

Congenital defects associated with the C1 occurred in 3,71% studies. They were present more often among females (4,55%). The most common abnormality was isolated posterior midline cleft of C1 (3,21%) which occurred amidst 4,25% females and 2,17% males. The predominant type of cleft was Currarino type A. Intercurrent defects of anterior and posterior arches were detected among 6 patients. In one case the fusion of C1 with occipital bone was found. One of the studies revealed the coexistence of defects in posterior and anterior arches with dextral deficiency of anterior lamina of transverse process.

Conclusions

The frequency of occurrence and types of congenital defects of C1 are related to its complex and distinct development during prenatal life and two years of postnatal life. Those defects are extremely relevant due to proximity of important clinical structures e.g. vertebral arteries, spinal nerves and atlanto-occipital joint.

4. Evaluation of frequency and morphology of cavum septi pellucidi (CSP) according to sex and age.

Session: **Basic science**
Author/s: **Szymon Bieda, Hubert Opaliński, Maciej Bystryk, Hubert Wójtowicz, Karolina Sabczewa**
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Introduction

Septum pellucidum, as a part of the septohippocampal system (SHS) , is a thin structure composed of two laminae which form the medial wall of the lateral ventricles. In some cases, the results of imaging studies reveal a cavity exists between aforementioned laminae, known as a cavum septi pellucidi (CSP). Physiologically cavum septi pellucidi is common among newborns. The frequency of occurrence of CSP among adults, based on available sources, is various and not clearly definied in general population but there is some consensus that sagittal dimension of CSP smaller than 6mm are common in population and exists as a variant of proper anatomy. The cavum septi pellucidi larger than 6mm in anteroposterior dimension may be associated with neurodevelopmental disorders, however this relationship is unclear and remains to be proved.

Aim of study

The assessment of frequency of occurence and morphology of cavum septi pellucidi depending on sex and age based on results of imaging studies (MRI).

Material and methods

The retrospective analysis of 1600 results of Magnetic Resonance Imaging (MRI) of the head was performed. Among patients with CSP, its morphology was evaluated in three planes and then, the following parameters: anteroposterior dimension (A-P), transverse dimension (R-L) and craniocaudal dimension (C-C) were measured. The sectional area of the CSP has also been evaluated. The statistical analysis of obtained measurements was performed and $p <= 0,05$ was considered significant. The results of performed assessment are presented as an arithmetic mean and standard deviation (SD).

Results

In 49/1600 patients (3.06% of the total population) Cavum septi pellucidi was found. In the studied group, CSP is more frequent among women (55,06%) than men (44,94%). The average value of A-P dimension, R-L dimension and C-C dimension of the CSP is 4,56 mm, 0,74 mm and 0,58 mm respectively. The average sectional area of the CSP was 0,73mm. Moreover, according to the evaluation of morphology of the CSP, it was found out that there are no statistically significant differences of morphological parameters between women and men but the size of CSP is correlated with age - a statistically significant positive correlation ($p=0.15$) of the anteroposterior dimension of the CSP with age was revealed.

Conclusions

CSP is a frequent finding in MRI studies of head. The anteroposterior dimension of CSP increases with age but there are no statistically significant differences in morphological parameters of CSP depending on sex.

5. Isobolographic analysis of interaction among lacosamide, valproate and carbamazepine in the tonic-clonic seizure model in mice.

Session: **Basic science**
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Introduction

Treatment of pharmacoresistant epilepsy is still a challenging issue for neurologists and epileptologists throughout the world. Despite a number of currently available antiepileptic drugs and several novel drugs undergoing preclinical and clinical assessment with respect to their efficacy in particular types of epilepsy, about one third of epilepsy patients have still seizures and require more intensive treatment, including application of antiepileptic drugs in three-drug combinations. For these patients, new pharmacological therapies are elaborated to stop or considerably reduce their seizure attacks.

Aim of study

This study was aimed at determining a type of interaction among three antiepileptic drugs (lacosamide, valproate and carbamazepine) in the mouse tonic-clonic seizure model.

Material and methods

Type I isobolographic analysis for non-parallel dose-response relationship curves was used to precisely characterize the interaction among the antiepileptics in three-drug combinations. Tonic hind limb extension (seizure activity) was evoked in male albino Swiss mice with current (25 mA, 500 V, 50 Hz, 0.2 s of stimulus duration) delivered via auricular electrodes.

Results

The combination of lacosamide+valproate+carbamazepine in the fixed-ratio of 1:1:1 exerted sub-additive (antagonistic) interaction in the tonic-clonic seizure test in mice.

Conclusions

The combination of lacosamide+valproate+carbamazepine should be avoided in epileptic patients due to its antagonistic interaction in mice subjected to the tonic-clonic seizure test.

6. MLSB resistance in Streptococcus agalactiae - own research experience

Session: **Basic science**
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Introduction

Streptococcus agalactiae group B (GBS) is one of the most frequent infectious agents seen in pregnant women as well as it is associated with approximately 25% risk of neonatal early-onset infections (EOD). Thus Polish Society of Gynecologists and Obstetricians recommendations on the management of pregnant women in labour emphasise the need of detection of colonization in 35-37th week of gestation and further treatment in accordance with susceptibility of the strain. However, some of them demonstrate resistance to particular antibiotics. Bacteria resistant to macrolide, lincosamide and streptogramin B is called MLSB strain.

Aim of study

The aim of the study was to assess MLSB resistance in GBS strains collected from pregnant women between 35th and 37th week of pregnancy, in particular the ones used in perinatal prophylaxis.

Material and methods

80 strains of bacteria were tested for their antibiotic susceptibility [penicillin, co-trimoxazole (trimethoprimâ€“sulfamethoxazole), nitrofurantoin, vancomycin, clindamycin, erythromycin]. The disk diffusion method was used to assess the sensitivity of bacteria.

Results

Interpretation of the results was made according to the European Committee on Antimicrobial Susceptibility Testing (EUCAST) recommendation. All isolated strains were sensitive to penicillin, co-trimoxazole (trimethoprimâ€“sulfamethoxazole), nitrofurantoin and vancomycin. The MLSB resistance mechanism was detected in 21 (26,25%) of isolates, including constitutive resistance (cMLSB) found in 18 (22,5%) strains, and inductive resistance (iMLSB) was found in 3 (3.75%) strains.

Conclusions

Our study indicates the importance of establishing sensitivity of GBS strains collected from pregnant women. This procedure increases the effectiveness of prophylaxis against GBS.

Case report

7. Septic shock in the course of acute pyelonephritis in a 14,5 years old boy with CAKUT - case report

Session: **Case report**
Author/s: **Tomasz Chromiec, Aleksandra Szuster, Karolina Widłak, Ewelina Bracik, Karolina Buczyńska**
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Affiliation: **Students' Scientific Group at the Department of Pediatric Nephrology**
Supervisor: **dr n. med. Anna WieczorkiewiczPłaza**

Background

Acute pyelonephritis is a serious bacterial illness during childhood. It is considered as dangerous because of the high risk of kidney damage especially in small children. Children with congenital anomaly of kidney and urinary tract (CAKUT) are predisposed to urinary tract infections (UTI) described as complicated UTI. This type of infection may lead to urosepsis, acute kidney injury (AKI), but rarely to septic shock.
The aim of this paper was to present a case of septic shock in the course of acute pyelonephritis in a 14,5 years old boy with CAKUT.

Case report

A 14,5 years old boy was admitted to the Department of Pediatric Nephrology due to fever (40 degrees Celsius) and symptoms of UTI. Patient had a history of CAKUT. Posterior urethral valve (PUV) with high grade (IV) left-sided vesicoureteral reflux (VUR) and right cirrhotic kidney were diagnosed during infancy. Patient underwent endoscopic treatment of PUV and VUR. UTI were afterwards observed rarely. Based on the clinical manifestation and laboratory tests an acute pyelonephritis with AKI was diagnosed. Empirical antibiotic treatment was applied. Initially patient was in a good condition with normal blood pressure, the fever was controlled well by the antifebrile drugs. After few hours of hospitalization serious deteriorations of patient's health condition was observed with drop of blood pressure, consciousness disorder and vomiting. Due to suspicion of lifethreatening septic shock he was transmitted to the Intensive Care Unit. Blood test revealed significant rise of inflammatory markers within 8 hours and deterioration of kidney function. He required intensive treatment with administration of catecholamines and broad-spectrum antibiotic. Due to provided treatment the boy's condition, inflammatory markers and kidney function were improved.

Conclusions

Patients with CAKUT are at high risk of developing urosepsis and AKI, therefore these with serious abnormalities of urinary tract should be monitored thoroughly. An in-depth medical history and clinical examination is essential for a proper diagnosis and treatment.

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8. Proteinuria as the first symptom of systemic lupus erythematosus in a 13.5 year old girl - case report

Session: **Case report**
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Background

Systemic lupus erythematosus (SLE) is an autoimmune disorder that manifests as a chronic inflammatory disease with multisystem involvement. Currently Systemic Lupus International Collaborating Clinics (SLICC) and American College of Rheumatology (ACR) revised criteria are used for the diagnosis of SLE. Lupus nephritis occurs in nearly 50% patients with pediatric-onset SLE and the most common laboratory abnormalities are proteinuria and hematuria.
The aim of this paper is to report a case of juvenile lupus, presenting primarily with proteinuria.

Case report

A 13.5 year old girl was admitted to the Department of Pediatric Nephrology due to accidentally detected proteinuria (up to 100 mg/dl). During the first hospitalization the patient did not report any signs or symptoms and the diagnostic tests showed isolated, not orthostatic proteinuria (0.4g per day) with normal renal function. A year after, the girl started to complain of photosensitivity, joint pain and the abnormalities in laboratory tests such as leucopenia (4,08 x 10^9/l), decreased levels of C3 (59,2 mg/dl) and C4 (11,95 mg/dl) complement components and positive ANA (1:640) were revealed. Histopathological examination of the kidney biopsy demonstrated the minimal mesangial glomerulonephritis (class I of lupus nephritis). According to SLICC criteria (leucopenia, photosensitive lupus rash, ANA level above laboratory reference range, low C3 and C4) the systemic SLE was diagnosed. The patient was qualified for treatment with chloroquine and prednisone.

Conclusions

Futher diagnostics and observation of newly emerging symptoms are very important in children with accidentally detected proteinuria.

9. A case of motor neuron disease

Session: **Case report**
Author/s: **Eryk Kapusta, Véronique Petit, Ewelina Soroka**
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Affiliation: **1. Medical University of Lublin, Student Research Group of Department of Neurology 2. Medical University of Lublin, Department of Neurology 3.Medical University of Lublin, II Department of Psychiatry**
Supervisor: **prof. dr hab. n. med. Konrad Rejdak**

Background

Distinctive symptoms of damage to upper and lower motor neurons can help diagnose many neurological conditions but in some cases these symptoms can happen simultaneously and cause difficulty in the correct diagnosis.

Case report

48-year-old male was admitted to Department of Neurology to extend diagnostic of progressive weakness of limbs agility, dysphagia and dysarthria since 3 years. Since one year patient is unable to walk. Upon neurological examination patient was in logical contact, correct orientation, pupils were even and reactive. The patient presented flaccid tetraplegia, especially in lower limbs, including muscle atrophy of all four limbs and fasciculation of the tongue. Tendon reflexes were increased and Babinski sign present. Clinically the patient shows signs of damage to both upper and lower motor neuron in 3 spinal cord segments confirmed by the EMG examination. Lumbar punction results were within norm. Based on the clinical signs and performed test, the patient was diagnosed with motor neuron disease: amyotrophic lateral sclerosis (ALS) and riluzole was administered.

Conclusions

ALS is a rare condition that creates difficulties in diagnose. Etiology remains unclear and there is no effective treatment. The prognosis is severe. The time from the onset of the first symptoms to ALS diagnosis is usually a few months, often more than a year.

10. Parkinson-plus syndrome - case report

Session: **Case report**
Author/s: **Eryk Kapusta, Véronique Petit, Ewelina Soroka**
University: **Medical University of Lublin**
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Supervisor: **prof. dr hab. n. med. Konrad Rejdak**

Background

Parkinson's disease is the best known form of extrapyramidal system diseases characterized by tremor, muscle stiffness, bradykinesia and shuffling slow walk. Parkinson-plus syndrome, such as progressive supranuclear palsy (PSP), multiple system atrophy (MSA), corticobasal degenration (CDB) and dementia with Lewy body (DLB) are much less common conditions that combine parkinsonism and other various symptoms. The aim of the study is to present a case of atypical parkinsonian.

Case report

72-year-old patient was admitted to Department of Neurology with 2 years history of progressing walking disorder with episodes of freezing. Neurological examination revealed: hypomimia, retrocollis, psychomotor impairment, light bradykinesia, resting and intentional tremor of upper right limb, slow walking including freezing, applause sign, without vertical orbital dysfunction, without apparent rigidity. MRI scan performed during stay in hostpital showed multifocal vascular damage to white matter, thinning of superior colliculi of tectum, concavity of tegmentum, hummingbird sign. Neuropsychological examination showed discreet disorder in cognitive and memory functions. EEG revealed global slowiness of bioelectrical brain function. Based on clinical signs and diagnostic tests patient was diagnosed with Parkinson-plus syndrome: PSP. Levodopa was administered in treatment.

Conclusions

PSP is a rare neurodegenerative tauopathy characterized with accelerated progression of parkinsonism, low response to levodopa treatment, damage to midbrain including hummingbird sign.

11. Cyclic Cushing's syndrome as a retrospectively recognized rare endocrinopathy. A case report.

Session: **Case report**
Author/s: **Karol Lorenc, Alicja Sobek, Magdalena Kozioł, Mateusz Pawlicki, Paulina Rudzka**
University: **Medical University of Lublin**
Affiliation: **Student Scientific Association at the Department of Epidemiology and Clinical Research Methodology of the Medical University of Lublin**
Supervisor: **lek. Marcin Lewicki**

Background

Cyclic Cushing's syndrome as a rare disease is characterized by phases of hypercortisolemia alternating with normocortisolemia, which may last from several days to several years, creating diagnostic difficulties. Epidemiological data are not consistent, estimating the frequency of a cyclic variant at 15-36% of patients with ACTH-dependent Cushing's syndrome.

Case report

A 42-year-old patient with suspected ACTH-dependent Cushing's syndrome due to pituitary microadenoma, with hypertension and insulin resistance, most likely secondary to underlying disease, with euthyroid Graves-Basedow disease, was readmitted to the Endocrinology Department for additional diagnostic procedures like CRH stimulation test. In the physical examination, the typical phenotypic features of Cushing's syndrome were observed: central obesity with lean limbs, moon face with reddish skin and a plethoric complexion, buffalo hump. No characteristic striae. The patient reported a tendency to bruise easily. The patient was being diagnosed towards hypercortisolemia about 22 years ago. The available documentation shows that there had been an abnormal "fixed" daily rhythm of cortisol with elevated levels of morning and night cortisol. In the head CT made at that time (October 25, 1995), the pituitary microadenoma was described. Further diagnostic procedures were not continued. Double hormonal evaluation at the Department (October and November of 2017) was performed. Actual research does not confirm the high values observed during the first hospitalization. A similar periodic exacerbation of "cushingoidal" symptoms and their gradual resolution was observed during the last 20 years. The diagnosis should take into account the duration of the symptoms - within 20 years, the classic form of untreated Cushing's syndrome would lead to far more serious complications than those currently observed.

Conclusions

The possibility of a cyclic variant of Cushing's syndrome should be taken into account in every patient with inconsistent results of the adrenocorticotropic axis evaluation.
The cyclic Cushing syndrome is characterized by a less dynamic capacity to generate complications of hypercortisolemia, than does the classic form of the syndrome. In addition, the assessment of the effectiveness of treatment should take into consideration the possibility of the occurrence of correct cortisol results, related to the phasic aspect of the disease, and not the effect of the treatment itself.

12. Male hyperestrogenism due to suspected aromatase excess syndrome. A case report.

Session: **Case report**
Author/s: **Karol Lorenc, Alicja Sobek, Magdalena Kozioł, Mateusz Pawlicki, Paulina Rudzka**
University: **Medical University of Lublin**
Affiliation: **Student Scientific Association at the Department of Epidemiology and Clinical Research Methodology of the Medical University of Lublin**
Supervisor: **lek. Marcin Lewicki**

Background

High estrogen level in men can result from many disorders, and demands detailed differential diagnosis. The unbalanced level of estradiol can impair the patient's physical and mental functioning. Excessive aromatization due to aromatase excess syndrome (AES) is responsible for the increase in estrogen associated with the decrease in androgen in circulating blood, and should be included in the differential diagnosis of hyperestrogenism especially after excluding the use of exogenous testosterone and anabolic steroids.

Case report

A 25-year-old male with hyperestrogenism, overweight, insulin resistance, hypercholesterolemia and gynecomastia was admitted to the Endocrinology Department. During the period preceding the enlargement of the breast tissue, the patient exercised intensively in the gym, took supplements containing creatine and vitamin B12. At the same time there was also a deterioration of physical performance, greater daytime fatigue, libido disorders and increase in weight. Currently, patient has not been practicing strength sports for a year and a half and is not taking diet supplements. In ambulatory tests repeatedly elevated estradiol levels and relatively low testosterone levels falling periodically to the lower range of reference values were observed. One month therapy with tamoxifen was prescribed but without any clinical improvement. MRI did not show any pituitary pathology. Normal ultrasound image of the testes. The current hormonal assessment confirmed elevated estradiol level. The T/E2 index was low (6.8-7.7) with a shift towards estrogens, DHEA-S androstenedione levels remain in the reference range. GnRH stimulation test was carried out, and confirmed the correct production of gonadotrophins. Pathologies of kidneys and liver and possible influence of drugs and other active substances on elevated estradiol levels were excluded (the patient denies the use of testosterone or anabolic steroids). Breast ultrasound showed confirmed gynecomastia. The observed elevated estrogen values might be the result of increase in aromatase activity. Zinc and B group vitamins, reducing aromatase activity and promoting estradiol elimination were introduced. Treatment with an aromatase inhibitor (anastrozole) is being considered.

Conclusions

The exclusion of the most common causes of hyperestrogenism leads to the diagnosis of potential aromatase excess syndrome.

13. Ischemic stroke as a rare cause of seizures in a newborn - case report

Session: **Case report**
Author/s: **Tomasz Chromiec, Karolina Widłak, Aleksandra Szuster, Tomasz Chromiec, Magdalena Chomczyńska, Justyna Drankowska**
University: **Medical University of Lublin**
Affiliation: **Students' Scientific Group at the Department of Neonate and Infant Pathology**
Supervisor: **dr n. med. Agata Tarkowska**

Background

Identifying etiology of seizures is a primary clinical objective in management of neonatal seizures (NS). About 85 % of NS occurre as a consequence of a specific identifiable etiology. Causes of symptomatic NS can be broadly categorized as: hypoxic-ischemic encephalopathy, electrolyte or metabolic disturbances (hypoglycemia), CNS or systemic infections, developmental defects, acquired structural brain lesions, including hemorrhagic or ischemic stroke. Ischemic stroke is characterized as a sudden focal or generalized brain function disruption, whose symptoms tend to last longer than 24 hours (or cause death) and have no other reason but a vascular one. The reported annual incidence ranges one per 4000 live births for neonates.
The aim of this case report is to present the diagnostic difficulties in a newborn with seizures caused by ischemic stroke.

Case report

A full-term male newborn with birth weight of 3150 g and Apgar score of 10 points, born by a planned C- section due to incorrect engagement of the fetal head in pelvis. The newborn was in a good condition in the first 3 days of life. At the beginning of the 4th day of life 3 episodes of right-sided clonic seizures with right-sided nystagmus lasting up to 7 minutes occurred in the neonate and that was the reason for admitting him to the Department of Neonate and Infant Pathology. At the time of admission the patient was stable without deviations in physical examination. Shortly after arrival the seizures appeared again (initially short-term and self-limiting). Between the episodes of seizures, no abnormalities were observed in the physical examination. Laboratory tests showed slightly lowered glucose level (45 mg/dl) and elevated serum concentration of lactic acid (54 mg/dl). The ultrasound examination of the head revealed a small right-sided subependymal cyst (with diameter of about 3 mm) and no other pathologies. The patient's condition was deteriorating - right-sided clonic and tonic seizures with apnea and desaturation (which required resuscitation) reappeared repeatedly. Concerning worsening state of patient, CT scan was performed despite normal USG evaluation results. The CT examination revealed a hypodensic area of 51x24x34 mm in the left parietal region and cerebral edema, which indicated the diagnosis of ischemic stroke.

Conclusions

The lack of pathology in the ultrasound examination of the head does not indicate a lack of CNS abnormalities. More precise imaging tests are necessary to diagnose the cause of NS.

14. Potential complications of treatment with suppresive doses of L-thyroxine after thyroidectomy due to differentiated thyroid cancer. A case report.

Session: **Case report**
Author/s: **Magdalena Kozioł, Karol Lorenc, Alicja Sobek, Paulina Rudzka, Mateusz Pawlicki**
University: **Medical University of Lublin**
Affiliation: **Students Scientific Association at the Department of Epidemiology and Clinical Research Methodology of the Medical University of Lublin**
Supervisor: **lek. Marcin Lewicki**

Background

Papillary cancer is the most common thyroid malignancy. It represents over 60% of all malignant lesions in this gland. It is characterized by relatively slow growth and highly differentiated cells. Thyroidectomy with the surrounding lymph nodes is the treatment of choice.

Case report

A case of 20-year-old woman who was diagnosed with papillary thyroid cancer in 2013. right lobe of thyroid gland has been removed. Then, complementary treatment including surgical removal of the left lobe with the central cervical lymph nodes was applied. In order to confirm the removal of the whole gland, a scintigraphy was used. No pathological accumulation of radiotracer was found. Due to total thyroidectomy and following hypothyroidism, the patient was put on suppressive doses of L-thyroxine, which are aimed at suppressing thyroid cell proliferation. The recommended level for TSH was set at 0.1-0.4 ulU/ml. In October 2017 the patient was admitted to the ward to assess the effect of treatment. Repeated scintigraphy did not show any changes. Normal suppression of TSH secretion and proper stimulation after rhTSH administration were observed. The concentration of thyroglobulin at day 5 of stimulation was <1.0 ng/ml with with an undetectable concentration of antiTg antibodies excluding features of persistent neoplastic disease.

Conclusions

L-T4 therapy with suppressive doses can have adverse effects, especially on the heart and bones. This substance causes a strong chronotropic and inotropic positive action, increasing minute capacity and oxygen consumption by the heart. In the case of an improperly selected dose, treatment may results in left ventricular hypertrophy. L-thyroxine also reduces bone mineral density. A good solution seems to be preventive administration of calcium to patients who are taking constant suppressive doses of thyroxine.

15. What can be hidden in the right iliac bottom in a neonate? - clinical case

Session: **Case report**
Author/s: **Magdalena Staniec, Anna Kamizela, Katarzyna Łapacz**
University: **Medical University of Lublin**
Affiliation: **Students Scientific Group at the Department of Neonate and Infant Pathology, Medical University of Lublin**
Supervisor: **dr n. med. Agata Tarkowska**

Background

Abdominal masses in neonate may be caused by congenital anomalies, tumors or organ enlargement. Concerning malignant conditions, children younger than 2 are more likely to suffer from neuroblastoma and hepatoblastoma. Hepatomegaly, splenomegaly and not descent testicles can also present as an irregular mass. It can also be bladder distention, hydronephrosis, complications of necrotizing enterocolitis, such as perforation or abscess.

Case report

The boy born in 34 weeks of gestational age by C-section because of an abnormal cardiotocography record and suspected obstruction of the gastrointestinal tract. After birth the newborn was in a good condition, without signs of obstruction, he ate and passed properly and increased body weight. On the physical examination head circumference 32.5 cm, chest circumference 32 cm, belly circumference 34.5 cm, a soft belly, in the right lower abdomen a periodically palpable round, hard, movable resistance. Right testis undetectable by palpation in the scrotum or in the inguinal canal. The imaging studies revealed a tumor within the abdominal cavity. The ultrasound examination shown 2 heterogeneous, polycyclic areas with numerous calcifications in the ileocecal, that have drawn a suspicion of undescended testicle, teratoma or tissue perforation. In the X-ray examination the distended intestinal loops, the oval cluster of calcifications above the right hip plate, smaller in the liver projection. A hematooncological consultation have not confirmed the indications for oncological treatment. During a surgical consultation the decision of an exploratory laparotomy was taken. The calcified tumor in the adhesions with the small intestine and the black disintegrating testis were found. A partial resection of the intestine, end-to-end anastomosis were performed and the dead testis was removed. Finally, it was found that the mass in the abdomen is a condition after intrauterine gastrointestinal perforation, which has spontaneously closed.

Conclusions

The bowel perforation is a life-threating condition required a careful diagnosis in case of disturbing radiological symptoms. In order to save newborn's life and ensure proper development, the surgical intervention is necessary.

16. Mild induced hypothermia in 28-year-old male with post-cardiac arrest in ventricular fibrillation mechanism due to acute myocardial infarction.

Session: **Case report**
Author/s: **Paweł Kutnik, Paweł Marzęda**
University: **Medical University of Lublin**
Affiliation: **Student Scientific Association at the Chair and Department of Cardiology, Medical University of Lublin**
Supervisor:

Background

Mild induced hypothermia is an accepted neuroprotective procedure that is proven to improve patient outcomes. It is claimed to have beneficial impact on patients, with return of spontaneous circulation (ROSC) after out-of-hospital cardiac arrest, who stay in coma or in deep sedation.

Case report

Patient, 28-year-old male, was admitted to ICCU due to prehospital cardiac arrest in ventricular fibrillation mechanism. Paramedics report cardiac arrest lasted around seven minutes. During that time witness was performing CPR on the patient until Paramedic team arrived. Patient was brought to the Cath-lab in order to rule out ischemic heart disease. Study revealed subtotal stenosis of LAD that was treated with implantation of the drug-eluting stent(DES). Due to ROSC being couple of minutes patient was qualified for extravasular mild induced hypothermia and such was performed following the protocol of Polish Registry of Therapeutic Hypothermia. During the protocol patient developed adverse events of hypothermia such as shivering, gastrointestinal bleeding, hyperoxygenation, gastric retention, fever during the heating phase of the protocol. All those events were properly adressed and treated despite the diffculty of biochemical and enzymatic changes during the hypothermia. Patient presented typical physiological changes of hypothermia such as : sinus bradycardia, nonspecific ECG changes (Osborn's wave), electrolyte disturbances, polyuria. After finishing the protocol and waking up the patient, the patient presented with no neurological deficit, with mild cognitive and movement slowing and working memory difficulties that were treated by psychologist and physiotherapist. After finishing the diagnostic process and ruling out other possible causes of the ventricular fibrillation in such age, the patient was directed to Rehabiliation Center for further rehabilitation.

Conclusions

Induced therapeutic hypothermia is becoming a widespread method of supporting the medical recovery of the patient after sudden cardiac arrest. According to Polish Cardiac Society(PTK) guidelines Mild Induced Hypothermia has class IB of recommendation in such patients. There is no evidence of increasing survival rates of patients by this method. However there is evidence that mild induced hypothermia improves the patient outcomes if all the adverse events of hypothermia are properly addressed and treated. The case of this patient is an another example supporting this theory.

17. Polyglandular Autoimmune Syndrome type III - case report

Session: **Case report**
Author/s: **Natalia Haratym, Małgorzata Bober**
University: **Medical University of Lublin**
Affiliation: **Students Scientific Association at the Department of Endocrinology**
Supervisor: **dr n. med. Ewa Obel**

Background

Polyglandular Autoimmune Syndrome (PAS III) is a rare condition that encompasses numerous endocrine and other organ specific autoimmune diseases. Pathogenesis of the syndrome includes autoimmunity with circulating organ-specific antibodies, environmental factors and genetic predisposition. Components of PAS III include autoimmune diseases that affect thyroid gland and other organs with exclusion of primary adrenal insufficiency. Most common conditions are type 1 diabetes, pernicious anemia, vitiligo and alopecia. These pathologies dictate the classification of the syndrome into subtypes A, B and C, respectively. There are more types of Polyglandular Autoimmune Syndrome that comprise other autoimmune conditions.

Case report

A case of 47-year old woman with history of multiple autoimmune conditions. The patient has been diagnosed with latent autoimmune diabetes of adults (LADA), autoimmune thyroiditis and alopecia which are the components of PAS IIIC. The tests reveal elevated levels of anti-TPO antibodies but she remains in euthyroid state without any treatment. During the hospitalization the patient underwent differential diagnosis for other endocrine and autoimmune disorders. The serologic screening test for celiac disease was performed due to complaints of periodic episodes of diarrhea and microcytic anemia.
The patient was diagnosed with diabetes (type LADA) 5 years ago, at first she was being treated with intensive insulin therapy, now she manages insulin therapy with personal insulin pump system. Her diabetes has labile course with unstable blood glucose levels and hypoglycemia episodes at night time. In 2014 thinning of eyebrows occurred. Since 2015, patient presents symptoms of total hair loss around the head, eyelashes, pubic and axillary areas. Dermatological evaluation didn't reveal other etiology of the disorder thus another autoimmune manifestation is presumed.

Conclusions

Patients with one autoimmune disease should be screened for other conditions such as diabetes or endocrine glands insufficiencies. When a patient exhibits numerous autoimmune conditions the diagnosis of polyglandular autoimmune syndrome should be taken into account. Variety of subtypes of this syndrome and different times of clinical manifestation of individual autoimmune conditions, can make early diagnosis a challenging task for any physician.

18. Perforation as one of the complications of multidrug chemotherapy implemented to treat acute lymphoblastic leukemia.

Session: **Case report**
Author/s: **Marcelina Kaleta, *one author***
University: **Medical University of Lublin**
Affiliation: **student**
Supervisor: **dr n. med. Joanna Zawitkowska**

Background

Leukemia is the most common childhood cancer. Leukomias usually develop at the age of 2-7. Acute leukemia accounts for 95% of all leukemia in children, of which 80% is the predominant form of lymphoblastic leukemia. In these diseases, due to acquired or congenital genetic changes, we observe unstopulated proliferation of hematopoietic cells. Multi-drug chemotherapy is the basis of modern treatment methods.

Case report

In my report I will present three cases of childhood patients of the Hematooncology and Transplantology Clinic from Lublin who suffered from intestinal perforation during anticancer treatment. This complication required surgical intervention.

Conclusions

Perforation is a life-threatening condition and one of the complications of multi-drug chemotherapy. It should therefore be taken into account when considering the effects to which more and higher doses of chemotherapeutic agents may be used.

19. The casuistic case of extramedullary plasmocytoma of thee maxillary sinus and the orbital cavity

Session: **Case report**
Author/s: **Joanna Ruszczyk, Anna Kułak, Małgorzata Repa- Czoboda, Kamil Szpiech, Michał Dutkiewicz**
University: **Medical University of Lublin**
Affiliation: **Chair and Department of Oncology, Medical University of Lublin**
Supervisor: **lek. Mateusz Bilski**

Background

Extramedullary plasmacytoma (EMP) is a rare neoplasm which belongs to non-Hodgkinâ€™s lymphomas, which is characterized by monoclonal, neoplastic proliferation of B-type lymphocytes in the soft tissues. The most common location for EMP to occur is the nasopharynx and paranasal sinuses. Treatment is efď¬cacious with surgery, radiotherapy or combination these two methods.

Case report

Case report of 67-year-old patient diagnosed with EMP. In May 2015 tumor of the right maxillary sinus and the orbital cavity was found in the MRI examination. The surgery was performed and the further diagnosis was based on histopatological examination. The result was ambiguous. In August 2015 was diagnosed plasmoblastic lymphoma with plasmocytic differention was diagnosed and the patient underwent trepanobiopsy. The result of histopatology showed that the change is extraosseus plasmocytoma. In September chemiotherapy treatment was implemented. Diagnosis was established on the basis of histopatological and immunohistochemical postoperative examinations as well as radiologic studies and trepanobiopsy. The condition of patient is improving. After effective teraphy the tumor is regressing.

Conclusions

Early diagnosis of EMP may prevent complications due to quick implementation of effective treatment.

Key words: extramedullary plasmacytoma, tumours of maxillary sinus, tumors of orbital cavity

20. Suicidal attempt with death cap.

Session: **Case report**
Author/s: **Klaudia Brożyna , Agnieszka Radzka, Jędrzej Tkaczyk, Krystian Ciechański**
University: **Medical University of Lublin**
Affiliation: **Student Research Group at the Department of Toxicology**
Supervisor: **lek. Michał Tchórz**

Background

Nowadays Amanita phalloides (Death cap) poisoning is a serious problem for physicans, mainly because of severe complications after intoxication. The most critical sequelae is acute liver damage. Most of intoxications are caused by unaware consumptions of death cap, which is a result of mistake in recognition and collecting inappropriate species of mushrooms. Apart from that, Amanita phalloides poisoning can also have a suicidal background. Mostly, it is observed among patients with depression and suicidal attempts in the past.

Case report

35-years old patient was admitted to Department of Toxicology due to suicidal death cap intoxication. According to anamnesis, patient consumed mushrooms the day before. The poisoning had characteristic course with gastric symptoms like nausea, vomiting and acute diarrhea, which occured after 10 hours. Moreover, the patient has been suffering from alcohol abuse syndrome for 10 years. During hospitalization the parameters of liver failure like activity of transaminases and INR were temporary growing and were the highest in 3 day of stay. The treatment leaded to improvment of patient`s condition and gradual decline of activity of transaminases and INR during following days of hospitalization.

Conclusions

Most of Amanita phalloides poisonings are accidental, however some of them are purposeful and intoxication can be a method to commite a suicide. These cases pertain not only specialists in toxicology or internal medicine, but above all psychiatrists and psychoterapists. The success in treatment of death cap intoxication and the improvment of patient`s general condition could be not enough in general proccess of therapy if after that the appropriate psychiatric treatment would not be performed.

21. Female reproductive system malformations - didelphys uterus case report.

Session: **Case report**
Author/s: **Wojciech Fila, Izabela Dąbrowska**
University: **Medical University of Lublin**
Affiliation: **Medical University of Lublin, Students Scientific Society at the Department of Interventional Radiology and Neuroradiology**
Supervisor: **dr hab. n. med. Anna DrelichZbroja**

Background

Didelphys uterus is an uncommon abnormality (0.1% - 0.5% of women in US), which is the result of defect in fusion (incomplete) of the Mullerian ducts. The most common symptoms in this malformation are: pain, primary infertility, dysmenorrhea, preterm delivery, but in most cases no symptoms occur. Because of high risk of malpresentation or premature birth in pregnant women, it is necessary to provide them special care.

Case report

Female patient at the age of 12 came to the hospital due to menstrual pain in lower part of abdomen. Transvaginal USG could not be performed because of presence of hymen. Patient was directed to Department of Radiology for MRI of pelvis, where T1-weighted and T2-weighted sequences were used. Scans revealed two uteri and two separate cervices â€“ uterus didelphys.

Conclusions

The most common techniques used during diagnosing abnormalities of uterus are: magnetic resonance imaging, transvaginal ultrasonography, sonohysterography, hysteroscopy and hysterosalpingography. It is said, in recent years 3D Ultrasound is a perfect, non-invasive diagnostic method of uterus defects, which should be a clinical â€śfirst-choiceâ€ť. However, MRI is examination of choice in cases with presence of hymen, because this technique does not destroy continuity of hymen, and in non-invasive way, accurately shows female reproductive organs.

22. Cerebral lipoma - findings in 5-year old girl brain MRI - case report

Session: **Case report**
Author/s: **Jaromir Kargol, Marcin Bąk, Magdalena Komajda, Aleksandra Cyran, Katarzyna Lipińska**
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Affiliation: **Students Scientific Society at the Department of Interventional Radiology and Neuroradiology**
Supervisor: **dr hab. n. med. Anna DrelichZbroja**

Background

Intracranial lipomas are rare, generally congenital lesions and represent less than 0.1% of all intracranial tumors. They are often found incidentally during brain imaging at patients at any age. In most cases they are asymptomatic. Eighty percent of cerebellopontine angle lesions, 50% of callosal, 50% of Sylvian fissure and 20% of quadrigeminal-ambient cistern lipomas manifests clinical symptoms. It has been proved that in the majority of cases, the risks of surgical intervention far outweigh the potential benefits. The common neurologic findings are features of raised intracranial pressure and hydrocephalous which can be managed easily with ventriculoperitoneal shunting or similar procedures. For this reason, control MRI examination is often performed for early recognition of raised intracranial pressure.

Case report

5-year old girl was admitted to the hospital due to episodes of epileptic seizures and disturbed stance and gait. The MRI of brain was performed and revealed 13mm (CC) x 20mm (AP) 13mm (LP) sized lesion in the quadrigeminal plate cistern to the left of midline. The lesion was hyperintense on both T1W and T2W images and showed loss of signal on fat saturated T1WI which confirmed fatty nature of the lesion. No restriction of diffusion was observed in the lesion on DWI/ADC map. No enhancement of the lesion was observed after administration of intravenous gadolinium.

Conclusions

Besides lipoma, differential diagnosis of quadrigeminal plate cistern lesions includes arachnoid cysts, tectal plate gliomas, abscess, epidermoid cysts and occasionally aneurysm of the posterior cerebral artery or rarely a pineal region mass. MRI examination is a valuable tool for brain lesions diagnosis. Simple techniques such as fat saturated MRI sequence, which was performed in the presented case, can help in confirming the benign nature of the lesion.

23. Vincristine induced polyneuropathy in patient with acute lymphoblastic leukemia - case report.

Session: **Case report**
Author/s: **Aleksandra Cyran, Ewelina Chmiel, Jaromir Kargol**
University: **Medical University of Lublin**
Affiliation: **Student research group at the Department of Pediatric Oncology, Hematology and Transplantology**
Supervisor: **dr n. med. Joanna Zawitkowska**

Background

Acute lymphoblastic leukemia (ALL) is the most common type of cancer in children. Treatment of ALL lasts 104 weeks and itâ€™s based on multidrug therapy. One of the basic medication is vincristne. The main side effect of this cytostatic is neurotoxicity causing peripheral and mostly symmetric sensory-motor neuropathy.

Case report

A 6-years old girl was treated in Children's University Hospital in Lublin due to ALL. On 27th day of treatment (after third dose of vincristine), she developed acute neuropathy characterized by tingling, extreme sensitivity to touch, severe pain and it was necessary to give her opioid. Damage of motoneurons caused weakness in both upper and lower extremities, which is the reason why she had mobility problems.
On 29th day of treatment patient received 4th dose of vincristine. At the night girl had a seizure and diazepam was given. Doctors decided to stop chemotherapy due to the poor condition of the patient.
Since the beginning of treatment patient had been experiencing intestinal disorders such as abdominal pain and constipation that caused 27 enemas.The patient was fed parenterally for three days.
Except for polyneuropathy patient had other complications such as hematological and liver toxicity. Continuous decrease of granulocyte value led to necessity of application of Granulocyte-Colony Stimulating Factor (G-CSF) and antibiotics. Hemoglobin and Platelets likewise were decreased and patient get red blood cells concentrate. Fresh Frozen Plasma (FFP) was given because of coagulation disorders.
When the girl's condition began to improve, it allowed for a return to the 30th day of protocol IA (L-ASP) after 14 days break from chemotherapy. Polyneuropathy caused large loss of muscle mass, but long-term rehabilitation allowed for return to a full physical fitness.

Conclusions

Polyneuropathy is common complication, but it still constitutes a serious diagnostic and therapeutic problem. Unlike hematological side effects that can be treated with hematopoietic growth factors, neuropathies cannot be treated and protective treatment strategies have not been effective. It is likely that there are genetic factors involved in the risk of developing chemotherapy-induced neuropathy, finding them would make it possible to individualize the treatment.

24. Diagnostic difficulties in primary hyperparathyroidism - case report

Session: **Case report**
Author/s: **Katarzyna Łapacz, Paulina Chmielewska, Adrian Juda, Magdalena Komajda, Dominika Szymczyk**
University: **Medical University of Lublin**
Affiliation: **Student Research Group at the Department of Endocrinology, Medical University of Lublin**
Supervisor: **dr n. med. Ewa Obel, lek. Marcin Lewicki**

Background

Primary hyperparathyroidism is estimated to be the third most common endocrinopathy. Majority of cases are caused by single parathyroid adenoma. The disease can be sporadic or genetic predisposition can be observed, when it develops as a part of the multiple endocrine neoplasia syndromes (MEN 1 or MEN 2a). Primary hyperparathyroidism develops gradually over the years and with many different guises like renal involvement, gastric manifestations, rheumatic and cardiac symptoms. Depression is also a common finding.

Case report

A case of a 53-year old patient diagnosed with primary hyperparathyridism. He had a history of treatment-resistant gastric ulcer disease, with onset of symptoms in 2006. He was hospitalized on numerous occasions due to the upper gastrointestinal bleeding, additionally underwent a gastric polypectomy. MALT gastric lymphoma was included in a differential diagnosis. In 2014 the primary hypeparathyroidism was diagnosed with characteristic laboratory findings of hypercalcemia: 11,38 mg/dl; 11,72 mg/dl, elevated parathyroid hormone (PTH)- 180 pg/ml and increased calcium (Ca) urine excretion in a 24h urine collection with normal kidney function. The patient complained of polydipsia, polyuria, nycturia, episodic tachycardia and weight loss. Imaging studies (ultrasonography and neck CT with evaluation of upper mediastinum) were unable to localize parathyroid pathology. Then parathyroid scintigraphy with 99mTc-MIBI was recommended, and yielded similarly inconclusive results (IX 2014). However, two enlarged parathyroid located glands, in the region of thyroid inferior poles were visualized, using 18F-Cholin PET-CT. On the 05.12.14 he underwent the surgical resection of the enlarged parathyroid glands. After the surgery the Ca and PTH levels have returned to normal values. Initially the treatment with Ca and activated form of vitamin D was recommended. During the last clinical evaluation in 2018 the treatment was discontinued.

Conclusions

Primary hyperparathyroidism is a relatively common endocrinopathy. However, numerous, differing clinical symptoms, can cause diagnostic difficulties. Laboratory conformation of the diagnosis can be viewed as straightforward, with characteristic changes of Ca, phosphorus and PTH concentrations. The localization of the enlarged parathyroid gland remains a challenge for every physician due to the fact that many imaging are often unable to visualize the enlarged gland.

Key words: primary hyperparathyroidism, parathyroid scintigraphy, 18F-Cholin PET

25. Dissection of the brachiocephalic trunk as a rare vascular malformation in Turner's syndrome - case report

Session: **Case report**
Author/s: **Małgorzata Mazur, Paulina Łatka, Olga Majkowska, Magdalena Komajda**
University: **Medical University of Lublin**
Affiliation: **Students Scientific Association of Chair and Department of Radiology and Nuclear Medicine, Medical University of Lublin.**
Supervisor: **prof. dr hab. n. med. Elżbieta CzekajskaChehab**

Background

Congenital heart diseases affect 20-30% patients with Turner's syndrome, most of which mainly concern left half of the heart. Acute dissection of the internal membrane mostly affects ascending aorta (70%). Main symptoms are sudden, severe, excruciating pain in the chest, hypertension, signs of shock and neurological symptoms.

Case report

29 year old patient was admitted to the hospital in March 2018, because of acute respiratory failure, severe dyspnoea, tachycardia. Patient was diagnosed with Turner's syndrome. CT scan, which was performed because of a suspicion of coarctation of the aorta in 2008, showed extension of ascending aorta, common trunk for brachiocephalic trunk and left common carotid artery, stenosis of aortic valve, bicuspid aortic valve. CT scan performed in January 2018 because of worsening of symptoms showed detachment of the internal membrane of the brachiocephalic trunk, below origin of left carotid artery. Patient refused surgical treatment. Angio-CT scan performed in March 2018 revealed additionally pulmonary edema and hydrothorax in the left pleural cavity. During the operation the area of dissection was cut off, mechanical prothesis of aortic valve and prothesis in the ascending aorta and aortic arch were implanted. Due to A-V block IIIÂ° stimulator was implanted.

Conclusions

CT examination is essential when it comes to diagnosing frequent cardiac abnormalities occurring in Turner's syndrome, including bicuspid aortic valve, stenosis of aortic valve and extension of ascending aorta, which were diagnosed in the patient, as well as rare ones such as dissection, especially in the brachiocephalic trunk. Acute, severe symptoms require immediate surgical intervention, which can also be planned using CT scans.

26. Disappearing aneurysms - Kawasaki disease case report.

Session: **Case report**
Author/s: **Małgorzata Mazur, Paulina Łatka, Olga Majkowska, Magdalena Komajda**
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Affiliation: **Students Scientific Association of Chair and Department of Radiology and Nuclear Medicine, Medical University of Lublin.**
Supervisor: **prof. dr hab. n. med. Elżbieta CzekajskaChehab**

Background

Kawasaki disease is an acute systemic vasculitis and concerns mainly medium vessels, which can lead to its necrosis. Etiology and pathogenesis are still unknown. A role of genetic predispositions and infectious factors is suspected. It's most common among children between 1-3 years of age and mostly affects boys. The beginning of disease is sudden, in the form of a fever of unknown origin. There are three clinical phases: acute, subacute and convalescent.

Case report

A 4-year old boy with the suspicion of Kawasaki disease had his first CT-ECG performed in 2009. CT scan revealed a slight heart enlargement, mainly within the left ventricle. It also showed coronary arteries aneurysms within: RCA (4 aneurysms in proximal and distal part), LM (1 in distal part), LAD (1 in proximal part), DIA1 (1 in proximal part). The second CT was performed in 2013. In comparison to the CT scan from 2009, it revealed almost complete regression of coronary arteries aneurysms. The minimal dysfunction of subendocardial perfusion was showed. The third CT was performed in 2015. Almost complete regression of coronary arteries aneurysms was maintained. CT scan showed progression of LAD stenosis to 40% and extension of both ventricles.

Conclusions

CT imaging is useful in diagnosing Kawasaki disease in the early stage by revealing its symptoms and enables to control how they change in time. Kawasaki disease is a rare condition, however it can relapse. Early diagnosis and treatment with immunoglobulin enables quick recovery and reduces the risk of coronary artery aneurysms. Aneurysms disappear spontaneously in 50% of patients. In the rest cases they can calcify with clot formation which can lead to myocardial infarct.

27. Endometrial adenocarcinoma in polyp in a postmenopausal patient - a case study

Session: **Case report**
Author/s: **Patrycja Kłębek, Agnieszka Kamińska, Joanna Haciuk**
University: **Medical University of Lublin**
Affiliation: **Students' Scientific Society at IInd Department of Gynecology**
Supervisor: **prof. dr hab. n. med. Andrzej Semczuk**

Background

Endometrial cancer predominately affects postmenopausal women and it is the most common malignancy of the female genital tract in the developed countries. Endometrial adenocarcinoma is nine times more frequent in patients with polyps than in patients without polyps. The prevalence of malignant changes in endometrial polyps varies from 0.8 to 8%. Older patients at postmenopausal status with abnormal uterine bleeding, high body mass index, as well as arterial hypertension are at higher risk for endometrial polyps. They are usually asymptomatic but they may also cause abnormal uterine bleeding.

Case report

A 66-year-old woman (Gravida I, Para I) was admitted in September 2017 to the IInd Department of Gynecology, Lublin Medical University, Lublin, Poland, due to abnormal uterine bleeding and atypical endometrial hyperplasia. She suffered from arterial hypertension, hypothyroidism and obesity. The patient had undergone a menopause at the age of 53. No abnormalities were found by gynecological examination. However an ultrasonographic scan showed an endometrial thickness of 10 mm. The patient was qualified to a laparoscopic total hysterectomy with bilateral salpingo-oophorectomy and discharged 4 days after surgery in a good condition. Pathological examination revealed endometrial adenocarcinoma in polyp, stage IA due to revised FIGO classification.

Conclusions

Endometrial adenocarcinoma in polyp was revealed by pathological examination and in this case total laparoscopic hysterectomy with bilateral salpingo-oophorectomy seems to be a matter of choice. Prognosis for the patient is relatively favorable due to the fact that tumor was diagnosed and subsequently removed at the early clinical stage of the disease.

28. Non-secretory multiple myeloma- case report

Session: **Case report**
Author/s: **Joanna Radulska, Anna Wrona, Marta Pająk, Ewa Stryjecka, Daria Zalewska**
University: **Medical University of Lublin**
Affiliation: **Students Scientific Association at the Department of Hemato-Oncology and Bone Marrow Transplantation**
Supervisor: **dr hab. n. med. Monika Podhorecka**

Background

Multiple myeloma is a rare cancer caused by uncontrolled proliferation of monoclonal plasmocytes producing monoclonal immunoglobulin or its components. The disease stands for approximately 1% of cancers and 10-15% of hematological cancers. Multiple myeloma affects patients aged 10 to 80. The main manifestations of the condition are bone pains and neurological symptoms. Anemia, hypercalcemia, reoccurring infections and kidney failure are observed. Described monoclonal gammopathy of undetermined significance is rare and difficult to diagnose due to lack of monoclonal protein in the blood. In case of asymptomatic multiple myeloma no treatment is carried, only observation, whereas symptomatic disease is treated with 3-medicine scheme or autologous hematopoietic stem cell transplantation.

Case report

The patient is 63 years old female with prior diagnosis of non-secretory multiple myeloma. The recognition was stated based on bone biopsy of sacrum. Progression of the disease resulted in introduction of PAD scheme treatment (Bortezomib, Doxorubicin, Dexamethasone). Currently the patient is undergoing a PAD therapy during one day stays at the Department of Hemato-Oncology and Bone Marrow Transplantation of Public Clinical Hospital no. 1 in Lublin. Since the 7th cycle of chemotherapy, Daxol (Doxorubicin) was excluded. Patient poorly tolerates the treatment and awaits autologous hematopoietic stem cell transplantation. Furthermore 3 years ago shingles, peptic ulcer disease and hypertension were diagnosed. Due to myoma of the uterus, patient underwent hysterectomy. Moreover she reports neuropathic pain. Presently patient is under care of the clinic, yet morphology results and levels of M monoclonal protein are correct. Regular control of bone progression in PET-CT is recommended.

Conclusions

Absence of monoclonal protein in blood and urine does not exclude diagnosis of multiple myeloma. Non-secretory multiple myeloma should be diagnosed in patients with symptoms yet without monoclonal protein in blood exams. In this type of hematological cancer while treating and awaiting the autologous hematopoietic stem cell transplantation, medication effective in other types of myeloma can be applied.

29. Tumor of the retroperitoneal space - diagnostic process based on the case study.

Session: **Case report**
Author/s: **Patryk Jasielski, Aleksandra Kołodyńska, Iga Kuliniec, Agata Wisz**
University: **Medical University of Lublin**
Affiliation: **Studenckie Koło Naukowe przy Katedrze i Klinice Urologii i i Onkologii Urologicznej**
Supervisor: **dr n. med. Przemysław Mitura**

Background

The retroperitoneum is a complex of potential space with multiple vital structures.
Pathologies of this region are often diagnosed accidentally, due to the inaccessibility of the area and since these tumors often give no symptoms until they have reached a substantial size.
During the process of diagnosis both benign tumors and malignant neoplasm have to be taken under consideration. 80-90% of the masses appear to be malignant, the most common diagnosis is sarcoma. It is important, especially among young males to consider primary or metastatic germ cell tumor.

Case report

37 year old male reported to the ER with the symptoms of renal colic that appeared for the second time in the last 3 days. The ultrasonography of the abdomen was performed and it revealed hydronephrosis of the right kidney and a tumor in the retroperitoneal space.
The following CT showed that the tumor compressed the right urether.
The patient was admitted to the Urology Department and underwent the diagnostic process. The primary or metastatic germ cell tumor was preliminary excluded, because USG of the testicles did not show any abnormalities and the level of the markers was not elevated. The possibility of lymphoproliferative disorders was also verified by performing peripheral blood smear and checking LDH level, which was well within the normal range.
The patient was qualified to the biopsy of the tumor by laparoscopy preceded by placing the DJ-stent into right urether. During the surgery the team decided to remove the whole tumor. Total resection of the mass, including separating the renal lower pole, duodenum, inferior vena cava, iliac vessels and the urether proceed successfully. The patient was discharged home in a good condition. The result of histopathological examination revealed the high-grade B-cell lymphoma.

Conclusions

The tumors of retroperitoneal space are not common and their differential diagnosis is often very complex. Although the imaging and laboratory tests may be very helpful, the definitive diagnose may be made only by histopathological examination.

30. A seemingly healthy patient without distal pulse - a case report

Session: **Case report**
Author/s: **Justyna Drankowska, Michał Kos, Andrzej Kościuk, Anna Król, Karolina Widłak**
University: **Medical University of Lublin**
Affiliation: **Chair and Department of Rheumatology**
Supervisor: **dr n. med. Dorota Suszek**

Background

Although relatively uncommon, Takayasu arteritis (TA) is being increasingly recognized in European countries. The disease is believed to be connected with systemic inflammation affecting mainly large arteries, such as aorta, subclavian or carotid arteries. This type of arteritis occurs most often in young or middle-aged women and its exact clinical manifestation is highly variable and dependent on vascular involvement. One of the first signs of the disease are difficulties in measuring blood pressure or lack of pulse. TA may result in ischaemic symptoms due to stenotic lesions or thrombus formation, thereby it is essential to diagnose the disease at the initial stage to prevent patients from premature death or disability.

Case report

Hereby, we present a case report of a 22-year-old patient, who experienced the first signs of her disease at the age of 14, without any further diagnostic process. Initially, the only indications of the illness were problems in blood pressure measurement. Two years after first symptoms' occurrence, the diagnosis was made on the base of angio-CT and clinical manifestation. The angiographic imaging revealed massive lesions in the wall of thoracic aorta and its main branches. Furthermore, left subclavian artery, as well as left common carotid artery were significantly narrowed. Initially, the patient has been treated using suppression immunotherapy (cytostatic drugs and steroids), with additional treatment covering hypertension and related symptoms. The therapy was modified in 2012 with the addition of TNF- inhibitor (adalimumab). Currently, the patient's condition is satisfactory; the progress of the disease has slowed.

Conclusions

Difficulties with blood pressure measurement or no distal pulse are often neglected signs, with no ensuing diagnostic process. That is especially the case when there are not any other symptoms that could arouse doctors' suspicions. It is noteworthy that these small abnormalities may indicate widespread damage already present in an affected tissue, as in the case presented herein. Therefore, TA should be considered on a regular basis in a comprehensive diagnostic process when above-mentioned signs occur in a young person. It will prevent life-threatening consequences of a delayed diagnosis.

31. Rare case of Chronic Myeloid Leukemia in 16-years-old boy with successful stopping of Tyrosine Kinase Inhibitors treatment.

Session: **Case report**
Author/s: **Paweł Kutnik, Oliwia Polak, Patryk Jawoszek, Dominika Krawczyk, Agnieszka Kwiatkowska**
University: **Medical University of Lublin**
Affiliation: **Student Scientific Association at the Chair and Department of Pediatric Oncology, Hematology and Transplantology, Medical University of Lublin**
Supervisor: **dr n. med. Agnieszka ZauchaPrażmo**

Background

Chronic myeloid leukemia (CML), rare in pediatric patients, is mieloproliferative malignancy of bone marrow's s predominantly myeloid cells causing the accumulation of these cells in the blood. CML is characterised by the reciprocal translocation t(9; 22). This genetic fusion between ABL-1 oncogene in chromosome 9 and the BCR gene in chromosome 22 causes the degradulated ABL1 tyrosine kinase activity. Introduction of molecularly targeted theraphy of inhibitors of BCR/ABL, such as imatinib, has revolutionised treatment and prognosis among CML patients.

Case report

A 10-years-old boy, in 2012 was admitted to Pedatric Hematooncology Department due to hiperleucocytosis and splenomegaly. The finding was made by patient's GP during the routine control of 10 years-old. During that time patient presented with weakness, somnolence, reluctance towards any physical activity. Physical examination revealed enlarged lymph nodes up to 2 cm, examination of abdomen revealed enlarged spleen reaching 1 cm from left anterior inferior iliac spine. Base on blood tests (202 000/ul WBC), bone marrow's biopsy(FAG-SCORE 2, aplasia of red cells line, 93,2% of myelogram were myelocytes) and genetic tests patient was diagnosed with CML and qualified to the CML treatment protocol with tyrosine kinase inhibitor - imatinib. During the treatment patient was in need of blood transfusions, developed skin alergies and fever that was properly adressed. Due to the treatment decrease in spleen size and improvement of blood results were observed. Patient stayed on imatinib treatment for 5 years, till 2017, when due to promising treatment effects and hope for reducing the adverse effects the decision of discontinuing the treatment was made. Patient follows-up each month for the periodic examination and testing for BCR/ABL. So far patient stays in full remission.

Conclusions

Our patient was started on CML treatment protocol with imatinib based on the guidelines. Since introduction of tyrosine kinase inhibitors prognosis in CML patients seems very promising. However administrating imatinib is associated with possibility in developing the adverse effects, such as growth deceleration, lowering BMD, and vitamin D insufficiency. Most patients with CML diagnosis had to stay on TKI for their entire life, however recent studies revealed the possibility of discontinuing the treatment in certain cases with good treatment response. The case of this patient is an example supporting newest guidelines.

32. The case report of combined theraphy in Ewing's sarcoma of the 7th rib in a 15-years-old boy.

Session: **Case report**
Author/s: **Paweł Kutnik, Agnieszka Kwiatkowska, Dominika Krawczyk, Patryk Jawoszek, Oliwia Polak**
University: **Medical University of Lublin**
Affiliation: **Student Scientific Association at the Chair and Department of Pediatric Oncology, Hematology and Transplantology, Medical University of Lublin**
Supervisor: **dr n. med. Agnieszka ZauchaPrażmo**

Background

Ewing's sarcoma is a rare malignant tumor primarily originating from bones. Being approximately 1% of all tumors in kids, and second most common primary, malignant tumor of bones. With the peak incidence between age of 10 and 20. The 5-years survival rate varies from 70% for localised changes to 15-30% for metastatis cases. The treatment includes chemiotheraphy and surgical removal of the tumor.

Case report

A 15-year-old boy, was admitted to the Surgical Department of Children Univesity Hospital in Lublin due to coughing, pain in left chest cavity and respiratory distress. The chest x-ray revealed opacity of the left lung with pleural effusion. The thoracentesis was performed. Later imaging revealed the tumor in the chest cavity with the traits of malignant osteolysis of the 7th rib. The biopsy of tumor was performed. Base on biopsy results, additional imaging and lab-tests patient was diagnosed with Ewing's sarcoma with metastases in the lungs. Patient was qualified for Ewing 2008 treatment protocol for very high risk group (R3). Due to the pre-operative VIDE chemiotheraphy, the patient developed many adverse events such as bone marrow aplasia, neuropenic fever, massive nasal haemorrhage, intestinal inflammation. Those adverse events were treated with broad spectrum antibiotics, G-CSF and blood transfusions. After three more cycles of VIDE protocol the surgery was performed with successful resection of the tumor. Patient was given two cycles of post-surgery VAI chemiotheraphy protocol, resulting in developing polineuropathy and anizocorie. Two months later patient developed involuntary contractions of lower extremities. According to the treatment protocol, megachemotheraphy with auto-PBSCT was performed with positive treatment outcome. Patient stays without signs of recurence, requiring careful follow-up due to the high risk of disease relapse.

Conclusions

Prognosis in Ewing's sarcoma is based on early stage and proper treatment - developing an individual combined theraphy including the chemiotheraphy protocols, surgery and auto-PBSCT. Therefore malignant bone tumors should be treated in specialized, multidisciplinary hospitals with experience in such treatment.

33. Cancer as a cause of pulmonary embolism. A case report

Session: **Case report**
Author/s: **Aleksandra Kosztyła, Aleksandra Majchrzak, Aleksander Ryczkowski**
University: **Medical University of Lublin**
Affiliation: **Students' Scientific Association at the Second Department of Anesthesiology and Intensive Therapy, Medical University of Lublin**
Supervisor: **dr n. med. Michał Borys**

Background

Cancer is the second leading cause of death globally. Moreover, according to the WHO projections of mortality, the number of new cases is expected to rise by about 70% over the next 2 decades. Pulmonary embolism (PE) is one of the most severe complications associated with cancer. Signs and symptoms of PE usually appear suddenly. The most frequent sign related to PE is dyspnea, which is followed by chest pain, cough and faint. However, the symptoms are not unequivocal and can resemble other diseases, e.g. pneumonia, leading to a delayed or missed diagnosis.

Case report

We present a case of a 49-years-old female with acute PE as a consequence of an untreated cancer. The patient was referred to the hospital because of weight loss and deterioration of the general condition in November 2017. She was diagnosed with malignant neoplasm without specification of site after biopsy of the supraclavicular lymph node. Three months later she was admitted to the Oncological Surgery Clinic as a matter of urgency. The reason of admission was dyspnea and severe abdominal pain. Laboratory investigation revealed white blood cells count 18,36 K/uL and platelet count 101 K/uL. Blood markers examination showed an elevated levels of CEA, Ca 15-3 and Ca 125. Chest X-ray showed lungs lesions, which indicated inflammatory changes. An antibiotic was administered.
The following day, the patient suffered from severe dyspnea with a decreased saturation to 65% and undetectable blood pressure. Blood tests revealed D-dimers result of 18965 ng/ml. She was consulted by the anesthesiologist, admitted to the Intensive Care Unit (ICU) and intubated due to rapidly progressing respiratory failure. The infusion of noradrenaline and dobutamine was implemented as a cardiovascular support. The first cardiac arrest occurred in the PEA mechanism, however ROSC was obtained. The ECHO examination revealed an enlargement of the right ventricle and extreme compression of the left ventricle. Based on the clinical situation, massive PE was diagnosed. The patient received heparin and alteplase in accordance with the guidelines. Unfortunately, she presented all the PE-related early death risk factors: hypotension, features of right ventricular dysfunction, indicators of myocardial damage and cardiac arrest.

Conclusions

The prevalence of PE and mortality due to PE is high in cancer patients. The risk stratification for venous thromboembolism should be done in all cancer patients and thromboprophylaxis should be optimally used.

34. Imminent vision loss- is it a case for rheumatologist?

Session: **Case report**
Author/s: **Klaudia Sowa, Joanna Radulska, Ewa Stryjecka, Daria Zalewska, Smorąg Mateusz**
University: **Medical University of Lublin**
Affiliation: **Students Scientific Circle in the Department of Reumatology**
Supervisor: **dr n. med. Dorota Suszek**

Background

Giant cell (temporal) arteritis (GCA) also known as Horton disease is a chronic inflammatory disease involving large and medium-sized arteries. Affects individuals older than 50, especially woman. Itâ€™s the most common primary arterial inflammatory disease. Involvement of the cranial branches of the carotid arteries is very common, often the temporal arteries. Symptoms may include a throbbing headache on one side of the head or the back of the head, tenderness of the scalp and problems with eyesight. Although the cause of GCA is still being studied it is thought to involve the immune system mistakenly attacking the artery walls. Complications of GCA include permanent vision loss or a stroke. Treatment may include corticosteroids and medications that suppress the immune system.

Case report

60 years old female patient suffering from pain of right half of the face with sudden deterioration of sight in the right eye and jaw claudication. High values of inflammatory markers like ESR, CRP were the reason for various consultations- neurological, hematological and several ophthalmological examinations. After few months of researching suspicion of rheumatic disease came up. Clinical manifestation and USG result were a reason for GCA diagnosis therefore treatment with steroid began.

Conclusions

Presented case report is an example of how sudden problems with eyes or imminent vison loss can be manifestation of various diseases including rheumatic disorder.

35. Reconstruction of the oral cavity fundus using the free flap of the anterior collar of the thigh in a patient with squamous cell carcinoma of the oral cavity fundus

Session: **Case report**
Author/s: **Magdalena Chomczyńska, Magdalena Chomczyńska, Monika Zaborek, Klara Stępniewska, Jakub Łyczba**
University: **Medical University of Lublin**
Affiliation:
Supervisor: **dr hab. n. med. Piotr Trojanowski**

Background

An allogenic transplantation is a method of reconstruction used increasingly in head and neck surgery. It is most often used in oncological patients. The advantage of reconstruction with the use of a free flap is, first of all, the possibility to adjust the flap size to the size of the defect, which results in a satisfactory cosmetic and functional effect.

Case report

A patient, aged 65, with squamous cell carcinoma of the oral cavity was admitted to the Department of Otolaryngology at SPSK4 in Lublin in March 2017 for the purpose of surgical treatment. On 27/03/2017 the procedure was performed to partially remove the tongue, the oral cavity fundus, the right submandibular gland, the neck lymph nodes on the right side and to reconstruct the postoperative loss using the free flap of the anterior collar of the right thigh. The procedure went without complications. After reconvalescence, the patient was referred for supplemental radiotherapy of the facial and neck area. Radiotherapy was complicated by grade 2 radiation. In February 2018 the patient was re-hospitalized in the Otolaryngology Clinic due to the suspicion of nodal recurrence. After the clinical examination and additional tests, the patient was qualified for a surgical removal of the neck tumor on the left side. After the operation, the patient suffered from dyspnoea, which resolved after conservative treatment.

Conclusions

In recent years, free microvascular patches used in head and neck surgery have become an increasingly common reconstructive method. As surgical techniques develop and technology progresses, it is possible to effectively repair extensive bone, muscle or skin defects. A good cosmetic effect directly affects the quality of patientsâ€™ lives.

36. European adder as a life threat to humans in Poland - case report

Session: **Case report**
Author/s: **Wanda Dobryniewska, Klaudia Brożyna, Agnieszka Radzka**
University: **Medical University of Lublin**
Affiliation: **Department of Toxicology and Cardiology, Medical University of Lublin**
Supervisor: **lek. Michał Tchórz**

Background

Vipera berus, commonly known as European adder, remains one of four snake species currently present in Poland and the only venomous one. In the recent years 11 people in total were hospitalized in the Department of Toxicology and Cardiology in Lublin having noticed the symptoms of the bite, although it is suspected that the alleged number of cases could have been significantly higher as many victims do not report the incidents. The estimated mortality rate reaches 1%. Most attacks are observed during summer and the most common bite sites are upper and lower limbs. The possible symptoms, strongly expressed around 4 hours after the incident include, among others, local pain and inflammation. The tests often prove coagulation disorders and abnormalities within the morphology. Some of the most severe symptoms, as well as any allergic reaction, might be subject to Antitoxinum vipericum injections. The clinical observation time can be no shorter than 24h. However, most of the patients spend up to few days in the hospital to normalize their blood parameters and to make sure the symptoms are no longer life threatening.

Case report

A 65 year old patient with medical history of coronary artery disease and hypertension was admitted to hospital in July 2017 having noticed two small puncture wounds on his left forearm, 10 mm from each other. Redness and swelling were observed around his wrist and hand. As the symptoms were noticed in the early morning, the patient could not recall the exact moment of alleged bite. He was in good overall condition at the moment of admission. However, the laboratory tests proved signs of tissue destruction. The patient required further diagnostics. After 5 days of treatment followed by observation period he was released from hospital.

Conclusions

Venomous snake bites can pose a threat to human life. The identification of the problem is crucial to apply the proper treatment. As dangerous species currently existing in Poland rarely attack on humans, it is important to educate the society not to undertake any inconsiderate actions that might provoke the animals to act in self-defense mechanism. Having noticed a snake bite one should immediately contact a doctor to avoid possible long-term complications that include kidney failure or pulmonary edema.

37. Brain abscess development in patient with multiple head injuries - a case report with an overview of literature

Session: **Case report**
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Affiliation: **Department of Neurology, Medical University of Lublin**
Supervisor: **dr n. med. Andrzej Fidor**

Background

Brain abscess is an encysted or free accumulation of pus in cerebral tissue. Appears after purulent local or remote infection and can be spread by continuity or with the blood. Etiological factors comprise bacteria, fungi and parasites.
The aim of this paper is to present a case of a brain abscess and also an overview of the subject-related literature indicating its risk factors.

Case report

46-old man after multiple head injuries, with alcoholic disease, who in 2012 underwent a surgery on the right-side paracerebral hematoma. In 2017 right side intracranial hematoma surgery was required due to the brain injury which embraced: skull fracture, acute subdural hematoma, haemorrhagic bruises, bruise with disruption of a brain in tempo-parietal area, postsurgery respiratory failure. After injury occurred: epilepsy, secondary pleural empyema -longstanding drainage. In CT examination two brain abscessâ€™ were suspected. In November 2018 admitted to the Hospital Emergency Department after epilepsy seizures â€“ no dysfunctions in CT were reported. In February 2018, because of the worsening neurological condition, admitted to Neurology Department. Neurological examination showed: right-side amblyopia, right limbs paresis, hypertonia R>L, overactive reflexes, dysphasia. The patient was unoriented auto-, and allopsychically. In MRI with contrast brain abscess with edema around in left parietal area were observed. Intensive empirical antibiotic treatment was conducted. Patient was operated twice in Neurosurgical Clinic. After surgeries occurred remissions of paresis , improvement in motor aphasia and in auto-, allophysical orientation.

Conclusions

Brain abscess should be taken into consideration as a reason of neurological and physical dysfunctions especially in patients after head injuries connected with skull fractures, which are more common in patients with alcoholic disease. However, in many cases the reason of a brain abscess is unknown. Surgical removal of an abscess leads to total recovery of neurological dysfunction.

38. Myasthenic crisis - the need for highly specialized medical care to survive

Session: **Case report**
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University: **Medical University of Lublin**
Affiliation: **II Department of Anaesthesiology and Intensive Care**
Supervisor: **dr n. med. Michał Borys**

Background

Myasthenia gravis (MG) is a long-term neuromuscular disease that leads to varying degrees of skeletal muscle weakness. The presence of autoantibodies which block or destroy nicotinic acetylcholine receptors in neuromuscular junction is a typical feature of this autoimmune disease. In the most serious condition of MG, myasthenic crisis, paralysis of the respiratory muscles induce severe respiratory distress. The crisis may be triggered by various biological factors such as an infection or an adverse reaction to medications, and occurs in about 10% of patients.

Case report

46 years old female-patient with a previous history of MG was admitted to the Intensive Care Unit due to acute respiratory failure. She had been treated for MG for years. Moreover, the thymus resection was performed in 2002. Before the ICU admission, the patient had not taken any MG related drugs for several years (neurologist decision).
The signs and symptoms of myasthenic crisis progressed for few days. The patient revealed the presence of fatigue, weakness and lethargy.
Due to the rapid deterioration of the patientâ€™s general condition, an intubation and mechanical ventilation were required. An invasive mechanical ventilation was implemented which was followed by non-invasive respiratory support for the whole hospitalization. As a part of causative treatment the plasmapheresis course (5 times) and an intravenous infusion of steroids were administered. After two weeks, the patient was discharged from the department in a good general condition. She was included into the home-ventilation program and advised to contact with a neurologist.

Conclusions

The myasthenic crisis is a life-threatening condition which can be caused by the various factors and occur in patients with remission lasting for years. It requires special medical supervision: ventilatory support, plasmapheresis and immune-compromised treatment as high dosages of steroids.

39. Case of a patient with acromegaly, but without any tumor

Session: **Case report**
Author/s: **Agnieszka Radzka, Klaudia Brożyna, Zuzanna Toruń, Karolina Rożenek, Anna Orzeł**
University: **Medical University of Lublin**
Affiliation: **Chair and Department of Endocrinology, Medical University of Lublin**
Supervisor: **dr n. med. Ewa Obel**

Background

Acromegaly is a rare disease, with symptoms like changes in the appearance, which are hard to spot at the beginning of the disease. The incidence of acromegaly is estimated at about 70 cases per million inhabitants and annually there are about 3-4 new cases of million. In Poland there about 125 new cases of that disease per year. It is reported mostly between 4-5 decade of life, with similar frequency in both sexes. It is a dangerous disease, because in addition to changes in appearance, its consequences are also the growth of organs, metabolic syndrome, diabetes, heart failure and many others. Patients in the moment of the diagnosis, often have many of them.

Case report

71-year old patient was hospitalized many times due to acromegaly and numerous accompanying diseases at the Endocrinology clinic. Acromegaly was recognized in 1994, during hospitalization in another hospital. Numerous magnetic resonance imaging studies have not demonstrated the presence of any pituitary adenoma. Due to that result, there was suspicion of ectopic secretion of growth hormone or growth hormoneâ€“releasing hormone and there was no operation of pituitary gland. In the meantime she has two thyroidectomies (in 2004 and 2007). The first one was due to the thyroid nodular goiter, the second one was because of the tumor between the spine and the trachea. In the region of the second tumor were presented somatostatin receptors, and therefore it was suspected to be a neuroendocrine tumor, which could be the source of development of acromegaly. Unfortunately, histopathological examination showed the presence of thyroid tissue and after surgery of that tumor hormonal tests did not show any improvement. During previous years, she was treated with bromocriptine in high doses. From 2007 until today she is treated with long acting analog of somatostatin.

Conclusions

Despite extensive diagnostics procedures, the source of growth hormone production was not detected and the patient is therefore forced to take pharmacotherapy for the rest of her life.

40. Dengue fever

Session: **Case report**
Author/s: **Aleksander Ryczkowski, Aleksander Sławiński, Aleksandra Kosztyła**
University: **Medical University of Lublin**
Affiliation: **Student Science Group at the Clinic of Infectious Diseases and Hepatology**
Supervisor: **lek. n. med. Magdalena Tudrujek Zdunek**

Background

Dengue fever is a tropical disease caused by the dengue virus and it is transmitted by mosquitoes. Symptoms typically begin three to fourteen days after infection. The most common symptoms are high fever, headache, vomiting, swollen glands, muscle and joint pain and a characteristic skin rash.

Case report

In July 2016 30 year old woman was admitted to the Department of Infectious Diseases in Lublin after staying in Indonesia for two weeks. She was vaccinated for typhoid fever, yellow fever and viral hepatitis type A before leaving Poland. She did not use antimalarial prophylaxis. At the time of admission to the hospital she had high fever, chills and diarrhoea for three days. She was very weakened. Many tests were performed but all the results were negative. A few days after admission an unspecific rash occurred. Additional tests showed leucopenia, thrombocytopenia, high aminotransferase level. The treatment resulted in slow clinical improvement. Despite the symptoms she was discharged from the hospital against medical advice. Two days later Elisa test results were delivered showing positive results.

Conclusions

Denque is a commonly known problem for travel medicine doctors around the world. Symptoms of Dengue fever can vary, it should always be taken under consideration in patients with fever returning from denque- endemic countries.

41. Ankylosing spondylitis - case report

Session: **Case report**
Author/s: **Urszula Teresińska, Justyna Kwolczak, Joanna Tąporowska, Agnieszka Wątroba**
University: **Medical University of Lublin**
Affiliation: **Department of Rheumatology and Connective Tissue Diseases**
Supervisor: **dr n. med. Dorota Suszek**

Background

Ankylosing spondylitis (AS), formerly known as Bechterewâ€™s disease is a common inflammatory rheumatic disease that affects the spine and the sacroiliac joints. Approximately 90% of people with AS express the HLA-B27. The majority of patients experience the first manifestation of the disease between 15 and 40 years of age.

Case report

In this paper we present a case of a 38-year-old man with ankylosing spondylitis. The first symptoms of the disease occurred at 16 years of age. The patient had initially suffered from chronic low back pain and prolonged morning stiffness of the spine. At the time, he was admitted to the Orthopedics Clinic. Periodically he was treated with non-steroidal anti-inflammatory drugs (NSAIDs) for 8 years, but with not result. In 2004, during first admission to the Department of Rheumatology and Connective Tissue Diseases in Lublin man were diagnosed with ankylosing spondylitis according to the modified criteria of the New York. Unfortunately, the physical examination revealed typical changes in the advanced stage of the disease â€“ the stooped posture and the rigid flexibility of the spine. X-ray examination of the lower spine showed definite signs of arthritis in the sacroiliac joints. In addition HLA-B27 test was positive.

Conclusions

The time from onset of first symptoms to final diagnosis is often extended. It is important to differentiate between inflammatory back pain (IBP) from mechanical low back pain (MLBP) because there are many consequences of delay in diagnosis of AS.

42. Retroperitoneal ganglioneuroma - case report

Session: **Case report**
Author/s: **Justyna Kwolczak, Michał Jędrejek, Anna Roszkowska, Magdalena Chomczyńska, Łukasz Świerszcz**
University: **Medical University of Lublin**
Affiliation: **Department of Paediatric Haematology, Oncology and Transplantology**
Supervisor: **dr n. med. Joanna NurzyńskaFlak**

Background

Neuroblastoma, ganglioneuroblastoma, and ganglioneuroma are tumors of the sympathetic nervous system. These three tumors differ from each other depending on cellular and extracellular maturation degree. The most benign tumor within this group is ganglioneuroma (GN) which is usually located in the retroperitoneum and posterior mediastinum.

Case report

We present a case of a 18-year-old patient with retroperitoneal ganglioneuroma. January 2016 was the first time when patient reported to the doctor pain in the lower left abdomen which had sustained for 2 weeks. An ultrasound examination of the abdomen revealed pathological mass (14cmx7cmx14cm) in the right renal region. Due to the lesion the right kidney was displaced anterio-superiorly. On February 2016 the patient was admitted to Department of Pediatric Hematology, Oncology and Transplantology of the University Children Hospital in Lublin. The MRI scan showed solid tumor abuting the vertebral column and involving intravertebral foramen at L1/L2, L2/L3, L3/L4. Histopathological examination report established the diagnosis - ganglioneuroma (G1). Neurosurgery of tumor was performed on April 2016. The second surgery was performed on May 2016, but due to lesionâ€™s strict adherence to vertebral column surgery was ineffective. Since 2 years MRI scan hasnâ€™t shown tumor progression.

Conclusions

Retroperitoneal ganglioneuroma are usually asymptomatic. Residual ganglioneuroma after incomplete resection can remain stable. Periodically performed MRI scans are of great importance in those patient.

43. Laboratory diagnostic in idiopathic membranous nephropathy: Anti-PLA2R

Session: **Case report**
Author/s: **Dariusz Chojęta, *one author***
University: **Medical University of Lublin**
Affiliation: **Students' Scientific Association at the Chair and Department of Medical Microbiology**
Supervisor: **dr n. med. Małgorzata Kozioł, dr n. med. Iwona SmarzWidelska**

Background

One of the form of nephrotic syndrome, physicians can meet during their practice, is Idiopathic Membranous Nephropathy (I-MN), known as an antibody-mediated autoimmune glomerular disease. This rare chronic kidney failure is based on recently discovered reaction between the phospholipase A2 receptor (PLA2R), expressed by the glomerular podocytes, and autoantibodies: anti-PLA2R. We observe immune deposits formation and glomerular epithelial cell foot processes with thickening of glomerular basement membrane. Anti-PLA2R seem to be highly specific for primary MN - occur in I-MN patientsâ€™ blood in exacerbated of disease and should disappear during remission. The aim of the study was to evaluate the usefulness of test for anti-PLA2R antibodies as easy parameter to mark, especially when kidney biopsy is non-diagnostic.

Case report

We analyzed the case of 37-years-old man treated in Department of Nephrology and Hypertension with primary recognition of I-MN. The disease was confirmed by clinical manifestation and general laboratory results. For serological investigation of Anti-PLA2R, we collected the blood and performed two types of tests available on the market: indirect immunofluorescence (IIFT) and enzyme-linked immunosorbent assay -ELISA test (EUROIMMUN, Germany). During long period of treatment his kidney parameters were controled, the same as his blood level of anti-PLA2R. We observed different antibodies concentration on every treatment stage, which correlate with clinical and laboratory findings. At the beginning the patientâ€™s tests results confirmed I-MN, then clinical remission and at the end - clinical exacerbation of the disease.

Conclusions

Serological testing for anti-PLA2R can provide quick and non-invasive diagnosis and at the same time help to control treatment process. In patients we can observe relapses of I-MN, and the key is to monitor and treat them on right time to prevent end-stage renal disease (ESRD). At the same time, ELISA test seems to be better for control, considering it gives much more specific concentrations of circulating antibodies comparing to IIFT.

44. Aortic dissection - symptoms and diagnosis

Session: **Case report**
Author/s: **Barbara Lelonkiewicz, Dorota Adamczyk, Katarzyna Adamczyk, Klara Stępniewska, Kamil Deluga**
University: **Medical University of Lublin**
Affiliation: **Department of Anesthesiology and Intensive Care in Stefan Cardinal Wyszynski District Hospital**
Supervisor: **dr n. med. Małgorzata PiaseckaTwaróg**

Background

An aortic dissection is a serious condition in which the inner layer of the aorta tears. Blood flows between the inner and middle layers of the aortic wall, separating them. This condition is often fatal, when the blood-filled channel ruptures through the outside aortic wall.
It is important to know about aortic dissection symptoms. They may be similar to other heart problems, e.g. heart attack. Typical symptoms include: loss of consciousness, sudden severe chest, upper back or abdominal pain, difficulty speaking and walking, loss of vision and paralysis of one side of body. To confirm the aortic dissection echocardiography, angio-CT (computed tomography) and MRI (magnetic resonance imaging) are used. In clinical practice the Stanford classification is useful. Type A, which involves the ascending aorta, requires primary surgical treatment, whereas type B descending aorta dissections are treated medically as basic treatment. In ascending aortic dissection, 75% die within 2 weeks without the operation. Therefore, early diagnosis and appropriate treatment play a significant role in decreasing risk of death.

Case report

We present a case of 54-year-old man with acute dissection of the thoracic aorta (type A in Stanford classification). In January 2018, the patient was admitted to hospital because of very low blood pressure (70/40), severe chest pain, paralysis of left side of the body and difficulty speaking.
The patient underwent an operation of implantation of the ascending aorta prosthesis in deep hypothermia with isolated brain hypoperfusion. After the operation the man was hospitalized in Intensive Care Unit due to acute respiratory failure, pneumonia, ischemic brain damage, stroke, acute kidney injury and arterial hypertension. Currently the patient recovers in Rehabilitation Unit. At present, the patient is cardiovascularly and respiratorily stable. Furthermore, he is neurorehabilitated.

Conclusions

Due to early diagnosis and appropriate treatment there is a higher survival rate. Awareness of symptoms and having access to computed tomography accelerate the diagnosing of this severe condition. It is important to perform quickly procedures according the recommendations. Moreover, the aortic dissection should be treated by interdisciplinal team of specialists. Only this efforts can provide satisfactory results.

45. Cushing's disease in the course of a pituitary macroadenoma - case report.

Session: **Case report**
Author/s: **Kamila Masłowska, Dominika Kot, Katarzyna Tarnowska, Anna Wypchło**
University: **Medical University of Lublin**
Affiliation: **Medical Student's Association, Department of Endocrinology, Medical University of Lublin**
Supervisor: **dr n. med. Ewa Obel**

Background

Cushing's disease is the most common cause of endogenous hyperadrenocorticism. The prevalence rate is 30 cases/million. The high of getting is the third decade of life. The disease is caused by excessive secretion corticotropin (ACTH) by a pituitary microadenoma, rarely macroadenoma or corticotropic cell hyperplasia. The most common symptoms are central obesity, hypertension, easy bruising, proximal myopathy, diabetes, hyperlipidemia, osteoporosis or psychiatric disorders.

Case report

In our report, we describe the case of a 36-years old woman suffering from oligomenorrhea, hypertension and hypercholesterolemia. Laboratory examination showed the limit value of plasma sodium (145mmol/l) and potassium (3,8 mmol/l) level. The serum levels of ACTH and 24-hour urinary free cortisol (UFC) were elevated. Although the level of serum cortisol remained within the normal range, there was a loss of diurnal rhythm in cortisol excretion. Results of low-dose dexamethasone suppression test showed that the serum cortisol level was not sufficiently suppressed. In high-dose dexamethasone suppression test 24-hour urinary free cortisol was decreased by more than 50 % concerning the initial values. MRI of the pituitary gland indicated lesion with solid and cystic components (13x14x12 mm) in the sellar area. The diagnosis of corticotroph macroadenoma was made from clinical and radiological findings. After few months of ketoconazole treatment, the transsphenoidal surgery was successfully performed. To prevent steroid withdrawal, the patient was given hydrocortisone which doses were gradually reduced.

Conclusions

Half of the untreated patients with Cushing's disease die within 5 years due to hyperadrenocorticism complications. Selective excision of a pituitary adenoma access through a sphenoidal sinus is considered the treatment of choice. The percentage of remission for microadenoma ranges from 65% to 90% and in the case macroadenoma 35-60 %. Patients cured of the Cushing's disease require lifetime observation because in 20% of cases occur relapse, usually in the first 2 years after surgery.

46. Kawasaki disease - a diagnostic trap

Session: **Case report**
Author/s: **Katarzyna Wójciak, Marzena Kukla, Sandra Jastrzębska, Agnieszka Grygiel**
University: **Medical University of Lublin**
Affiliation: **Students' Scientific Association of the Department of Pediatric Pulmonology and Rheumatology**
Supervisor: **dr hab. n. med. Agnieszka Korobowicz Markiewicz**

Background

Kawasaki disease (KD) is an acute systemic vasculitis of the small- and medium-sized arteries with predilection for coronary arteries. The diagnosis of KD is based on a constellation of clinical findings that appear in a typical temporal sequence. Despite clearly defined criteria it is often a diagnostic trap.

Case report

Case 1: a 15-year old patient with fever lasting few days admitted to Clinic with suspected KD. Physical examination revealed polymorphous exanthema over entire body, conjunctival hyperemia, tongue covered with a white coating, lip fissuring and redness of the throat. Laboratory findings: elevated markers of inflammation, hepatitis features and positive IgM antibody tests for CMV. The cardiological consultation: pathology of the heart and coronary vessels were not found.
Case 2: boy aged 3 years and 10 months, hospitalised due to suspected KD. There was present fever, cough, purulent conjuctivitis. Imaging has shown no changes in lungs or heart. Laboratory tests have shown raised markers of inflammation, liver enzymes and markers of cardiac damage. Diagnosis: pneumonia and nasal sinusitis.

Conclusions

Summing up, effective diagnosis, including differential diagnosis, is the key factor in care for patients with KD. Although the disease is self-limiting, the danger of cardiological complications points at the necessity of diagnosing and treating the patients carefully.

47. The effects of parenteral nutrition in patient with extreme malnutrition caused by obstruction of the gastrointernal tract - case report

Session: **Case report**
Author/s: **Katarzyna Wójciak, Aleksandra Swora, Bartosz Wilczyński, Julita Poleszak, Karolina Tybulczuk**
University: **Medical University of Lublin**
Affiliation: **Students' Scientific Association of the Department of General and Transplant Surgery and Nutritional Treatment**
Supervisor: **dr n. med. Przemysław Matras**

Background

Radiotherapy plays important role in oncology, however, it can lead to a large number of complications, significantly decreasing the quality of life. One of the complications are strictures in the digestive tract which make eating solid foods impossible, over time leading to emaciation and malnutrition. In such cases, it turns out that use of parenteral nutrition could be a life-saving treatment.

Case report

A 62-year-old woman was admitted to the General Surgery Department due to severe malnutrition associated with ingestion and swallowing disorders. It was caused by post-radiotherapy multilevel obstruction of the gastrointestinal tract. During the medical interview, the patient reported abdominoperineal resection of the rectum followed by chemotherapy and radiotherapy - a treatment applied because of a rectal cancer. Total gastrectomy (RydygierĂˇâ,¬â„¢s operation) was performed as a consequence of peptic ulceration. Furthermore, she had cholecystectomy and right inguinal hernia surgery. At first, the patient was disqualified from surgical intervention on grounds of a poor general condition. As a result parenteral nutrition using Multimel N4 2000ml was applied. After 24 weeks patientĂˇâ,¬â„¢s condition improved and jejuno-colonic anastomosis was performed. Using comprehensive, long-term therapy led to the end of obstruction symptoms.

Conclusions

In the case of radiation enteropathy in cancer survivors, it may be necessary to implement parenteral nutrition. The use of the diet allows to eliminate the symptoms associated with occurring changes in the mucous membrane of the large intestine and to improve the patientĂˇâ,¬â„¢s nutritional status.

Internal medicine, Interventional sciences & Oncology and gyneacology

48. Utility of tumor-associated antigens in interstitial lung disease in the course of systemic sclerosis

Session: **Internal medicine, Interventional sciences & Oncology and gyneacology**
Author/s: **Filip Fijołek, Barbara Pasierb**
University: **Medical University of Lublin**
Affiliation: **Students Scientific Association, Chair and Department of Dermatology, Venereology and Paediatric Dermatology**
Supervisor: **dr n. med. Agnieszka Gerkowicz**

Introduction

Systemic sclerosis is a connective tissue disease characterized by vascular alterations and excessive fibrosis of the skin and internal organs. Interstitial lung disease is one of its most common clinical manifestations. Recent data show that levels of selected tumor-associated antigens correlate with lung involvement and may serve as a prognostic factor of presence of interstitial lung disease among patients with systemic sclerosis.

Aim of study

Retrospective analysis of patients treated because of systemic sclerosis both with or without interstitial lung disease in whom at least one tumor-associated antigen was assessed.

Material and methods

Data from 51 patients with systemic sclerosis were collected and studied. In all these patients, levels of at least one tumor-associated antigen were assessed. Data were analyzed using Chi-Square Test of Independence. P-value <0.05 was considered statistically significant.

Results

There were 28 of 51 patients with interstitial lung disease and 23 of 51 patients without interstitial lung disease. Increased levels of at least one tumor-associated antigen were present in 20 of 28 patients with interstitial lung disease and in 7 of 23 without interstitial lung disease. Levels of CA 15-3 and CA 125 directly correlated with presence of interstitial lung disease (Chi-Square=6.140 and p=0.046, Chi-Square=8.960 and p=0.030, respectively).

Conclusions

Various tumor-associated antigens may be elevated in systemic sclerosis. Some of them correlate with lung involvement resulting in pulmonary fibrosis.

49. The level of NMP1 transcripts expression influences clinical outcome in chronic lymphocytic leukemia

Session: **Internal medicine, Interventional sciences & Oncology and gyneacology**
Author/s: **Marta Podgórniak, *one author***
University: **Medical University of Lublin**
Affiliation: **Department of Experimental Hematooncology**
Supervisor: **dr n. med. Małgorzata Zając**

Introduction

Chronic lymphocytic leukemia (CLL) is a heterogeneous disease due to the variety of genetic and epigenetic changes involved in its development. The prognosis of CLL depends not only on the clinical stage, but also on immunological, biochemical and cytogenetic parameters. NPM1 is a multifunctional protein that works as a genome stabilizer, controlling DNA repair mechanisms. It also interacts with many proteins, including tumor suppressors: ARF and p53. Overexpression of transcripts NPM1 may cause excessive proliferation of leukemic cells and consequently influence the worse clinical outcome.

Aim of study

The aim of the project is to characterise the level of the NPM1 splicing variants expression: R1, R2 and R3 in CLL, as well as assessment of the impact of the NPM1 splicing variants expression on the clinical course of CLL in terms of the time to first treatment (TTFT).

Material and methods

The study included 217 newly diagnosed and previously untreated patients with CLL. The material was DNA and mRNA samples isolated from peripheral blood mononuclear cells. The expression of NPM1 transcripts and reference gene GAPDH was quantified using the qRT-PCR reaction and calculated the average number of gene copies using the standard curve method. Screening for IGHV gene mutations was performed by Sanger sequencing. Each clonal DNA IGHV sequence was aligned with the closest germline sequence using the international immunogenetics information system. The clinical implications in terms of the TTFT were assessed for 71 patients with CLL.

Results

Patients with unmutated IGHV status had significantly higher level of expression NPM1 splicing variant R1 (median IGHV mut=4142 vs. IGHV um=5492, p=0.027) and R2 (median IGHV mut=1574 vs. IGHV um=1949, p=0.027). There were no significant differences in NPM1 splicing variants expression according to expression of molecules CD38 and ZAP-70, however there was a tendency to higher R1 and R2 expression in patients CD38-positive and ZAP-70-positive. Importantly, the median TTFT in patients with low level of NPM1 splicing variant R2 was 33 months, while in group with high level was 2 months (p=0.0003). The expression of the other splicing variants did not significantly affect TTFT.

Conclusions

Patients with unfavourable prognostic factors in CLL have higher levels of NPM1 splicing variants R1 and R2. The high level of NPM1-R2 expression is also associated with shorter TTFT that suggests NPM1-R2 represents novel prognostic factor in CLL.

50. Is the posterior midline cleft of C1 vertebra associated with more frequent occurrence of non-specific neurological symptoms from head and neck area?

Session: **Internal medicine, Interventional sciences & Oncology and gyneacology**
Author/s: **Hubert Opaliński, Paweł Obierzyński, Joanna Dryka, Natalia Pietrzyk, Kamil Przybysławski**
University: **Medical University of Lublin**
Affiliation: **Human Anatomy Research Group, Department of Human Anatomy**
Supervisor: **dr hab. n. med. Grzegorz Staśkiewicz**

Introduction

Diagnostics of non-specific, frequently isolated neurological ailments from head and neck area (e.g. vertigo, tinnitus, neck pain) is a common and significant problem in daily clinical practice for specialist, as well as general practitioners. These symptoms might be chronic or recurrent, thus they worsen daily activity of patients and have a negative impact of their quality of life. The atlanto-occipital region is critical in the context of clinical anatomy. C1 vertebra stabilizes the head and provides its proper mobility. On the upper surface of C1 is located groove in which vertebral vessels run with accompanying sympathetic plexus. Vertebral arteries, conjointly with internal carotid arteries, determine the main source of arterial blood for intracranial structures. Transverse processes are connected with roots of the first pair of spinal nerves which take part in formation of the cervical plexus, there are also located origins of some of suboccipital muscles there.

Aim of study

The aim of this study was to investigate if the occurrence of congenital posterior midline cleft of C1 vertebra is more frequent in patients with non-specific neurological symptoms from head and neck area.

Material and methods

A retrospective study encompassed the results of computed tomography (CT) performed in group of 3200 patients (1600 females and 1600 males) in 1st Department of Radiology, Medical University of Lublin. In 1600 patients the imaging studies were performed during the diagnostic process of non-specific ailments from head and neck area; the second group of 1600 patients was asymptomatic â€“ the CT was performed with other medical indications (e.g. TNM staging). All studies have been performed with 1,25mm slices. The evaluation of C1 morphology and measurements were performed in cross-sections. Differences between groups were evaluated with Chi-square test, p â‰¤0,05.

Results

Posterior midline cleft of C1 was revealed in 93 patients (5,81%) with neurological symptoms and in 56 asymptomatic patients (3,5%), p=0,002. It was found in 7,38% symptomatic females and in 4,37% asymptomatic females (p=0,012). Any statistically significant differences between groups of asymptomatic and symptomatic males have not been revealed (p=0,074).

Conclusions

Among patients with non-specific, isolated neurological symptoms from head and neck area, the posterior midline cleft of C1 vertebra occurs more often than in asymptomatic patients.

51. Splenic artery - assessment of course and relation with pancreatic tissue and its clinical consequences.

Session: **Internal medicine, Interventional sciences & Oncology and gyneacology**
Author/s: **Patryk Jasielski, Piotr Jarosz, Patryk Banaś, Cezary Sieńko, Małgorzata Zdyb**
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Affiliation: **Human Anatomy Research Group**
Supervisor: **dr hab. n. med. Grzegorz Staśkiewicz**

Introduction

Splenic artery (SA) is the largest of three anatomical branches of the celiac trunk. It delivers nutrients and oxygen to the spleen, to the body and tail of the pancreas (pancreatic branches) and to the left part of the gastric. The artery has horizontal, strongly serpentine course. The present study indicates that there is variation in origin course and terminal distribution patterns of the splenic artery. The knowledge of these variations are of significant importance during surgical and invasive radiological procedures of upper abdominal region like: pancreatectomy, total splenectomy, splenic embolisation and surgeries related to the stomach to avoid any catastrophic complications.

Aim of study

To rate course of splenic artery in proportion to body of the pancreas as well as examining clinical consequences.

Material and methods

To the retrospective analysis were included results of CT from 193 patients. Course of SA was examined regarding its relation to the body of pancreas and which part of SA was included in pancreatic parenchyma. Next patients have been divided into three main groups according to the relation towards body of pancreas: post-, supra- and intrapancreatic SA. Afterwards a comparison of results in spreadsheet programme was made.

Results

The retrospective analysis indicated, that the most common course of SA is posteriorly towards pancreas (63%), superiorly (36%) and intrapancreatic is very rare (2%). In addition, most frequently SA is situated partially in pancreatic parenchyma - in 30 % cases itâ€™s submerged halfly.

Conclusions

SA course shows major variability in relation to body of the pancreas and significant clinical consequences are possible, particularly in case of surgery.

52. Can the platelet to lymphocyte ratio (PLR) be useful in diagnostics of acute pulmonary embolism among patients after orthopaedic surgeries?

Session: **Internal medicine, Interventional sciences & Oncology and gyneacology**
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Affiliation: **Human Anatomy Research Group, Department of Human Anatomy, Medical University of Lublin**
Supervisor: **dr hab. n. med. Grzegorz Staśkiewicz**

Introduction

Fast and correct identification of patients with acute pulmonary embolism (APE) presents a great diagnostic challenge, especially since its most common symptoms (chest pain, dyspnea, dry cough) are non-specific and can be masked by comorbidities or coexisting injuries. Despite the improving accessibility of computed tomography pulmonary angiography (CTPA), increasing awareness of the problem among physicians and widely used anticoagulant prophylaxis, APE is the third most common cardiovascular disease in European population.

Aim of study

The evaluation of diagnostic usefulness of platelet to lymphocyte ratio (PLR) in case of suspicion of APE among patients after orthopaedic surgeries.

Material and methods

This study included 130 patients (67 females and 63 males) hospitalized because of performed orthopaedic surgeries at Department of Orthopaedics and Traumatology, Medical University of Lublin. The clinical data encompassed results of CTPA and routine blood tests performed due to clinical suspicion of APE. Based on platelet and lymphocyte counts, the platelet to lymphocyte ratio (PLR) was estimated. The statistical analysis was conducted considering PLR values in groups of patients with ruled out and confirmed APE. Chi-square and Mann-Whitney tests were used with pâ‰¤0.05 considered significant.

Results

Any statistically significant differences in values of PLR between patients with confirmed and ruled out APE (based on CTPA-derived results) have not been revealed (p=0,124).

Conclusions

Despite the undoubtedly significant role of endothelial damage in pathogenesis of pulmonary embolism and confirmed usefulness of PLR as a marker of platelets activation, this study did not reveal the utility of PLR in diagnostics of APE among orthopaedic patients.

53. Enterococcus faecalis sepsis after in vitro fertilization - case report

Session: **Internal medicine, Interventional sciences & Oncology and gyneacology**
Author/s: **Paweł Marzęda, Aleksandra Marzęda, Magdalena Marzęda**
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Affiliation: **Students' Scientific Association at the Second Department of Anesthesiology and Intensive Therapy, Medical University of Lublin**
Supervisor: **dr n. med. Michał Borys**

Introduction

In vitro fertilization is a type of assisted reproductive technology used for infertility treatment, in which an egg is combined with sperm outside of the body. Then the embryo is transferred to the uterus. The first successful birth of a child after IVF treatment in Poland took place in 1987. During egg retrieval, there is a minor possibility of complications such as bleeding, infection and damage to surrounding structures like bowel and urinary bladder.

Aim of study

Material and methods

Results

27-year-old female patient was admitted to the Intensive Care Unit (ICU) due to suspicion of sepsis. She had a history of in vitro fertilization (IVF) two days earlier. The patient was initially in a severe general condition with unstable circulatory and respiratory system. Upon admission the blood pressure was 90/40 mmHg, and the heart rate was 120 beats/min. Abnormal values were noted for the white blood cell count (24.87 K/ul), hemoglobin (9,6 g/dl), C-reactive protein (182,3 mg/l), procalcitonin (76,33 ng/ml), creatinine 4.34 (mg/dl) and urea 116 (mg/dl). Fluids and antibiotic therapy containing ciprofloxacin, piperacillin and tazobactam were included. The patient was diagnosed with acute tubulointerstitial nephritis. The results of blood cultures showed growth of the Enterococcus faecalis. During the hospitalization in ICU noradrenaline, prednisone, progesterone, magnesium and benzodiazepines were used. Then the patient was transferred to the Pregnancy Pathology Clinic in order to continue treatment.

Conclusions

The rates of infectious complications in IVF are low at<1%. Because infertility treatments are increasing, this number willlikely increase. It should be considered that Enterococcus faecalis sepsis can be a serious complication of IVF. Correct diagnosis and timely management are crucial to improve outcomes.

54. The assessment of implementation of Sentinel Node Biopsy (SNB) with Superparamagnetic Iron Oxide (SPIO) in early breast cancer

Session: **Internal medicine, Interventional sciences & Oncology and gyneacology**
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Affiliation: **Department of Surgical Oncology, Medical University of Lublin, Poland**
Supervisor: **dr n. med. Andrzej Kurylcio**

Introduction

Lymphatic mapping with application of Sentinel Node Biopsy (SNB) is a standard staging method in diagnosis of negative breast cancer metastases. Newly introduced practice involves Superparamagnetic Iron Oxide (SPIO) - aÂ magnetic procedure of detection without shortcomings of isotope detection that is commonly considered as a golden standard.

Aim of study

The assessment of implementation method of SNB with SPIO in early breast cancer from the period of 5 years.

Material and methods

The data consisted of 221 women (age: 33-80) from the period 01/2013 to 02/2018 with negative breast cancer and identified nodes experienced SNB using: SPIO (Sienna+, Endomagnetics Ltd., UK) and a handheld magnetometer (SentiMag, Endomagnetics Ltd., UK) in two breast care units.

Results

221 patients with 223 SNB were evaluated. Staging: Tis: 13, T1b: 18, T1c: 119 (53,3%), T2: 68. Breast conserving surgeries were done in 178 (79,8%), oncoplastic techniques 92 (41,1%), mastectomy: 42 (18,8%), NSM+IBR: 10 (18,8%). The identification rate: 98,2% (219/223) for SPIO). 449 sentinel lymph nodes (SN) were identified (average 2,01). SPIO migration time: 10 - 65 min. (average 21,1). SN(+) occurred in 32 (14.3%). 40 (17,9%) patients underwent previous breast surgery (tumorestomy/WLE) - SN identification rate for SPIO: 97,5%. 19 SNB done after preoperative chemotherapy (SPIO:100%), re-SNB: 2 (identification with only SPIO). Follow up was from 1 do 60 months. No recurrence in axilla or post-op complications (apart from brownish pigmentation in injection site in case of 6 patients) was observed. 10 patients (4.4%) underwent prolonged chylothorax that required multiple puncture (more than 2).

Conclusions

The period of 5 years follow-up approved that magnetic technique is safe method of SNB that contributes to high rate of identification, even in group of patients that underwent previous operation. The minimization of postoperative complications and lack of recurrence were observed.

55. Tumor Endothelial Marker 1 in early diagnosis of colorectal cancer.

Session: **Internal medicine, Interventional sciences & Oncology and gyneacology**
Author/s: **Michał Hader, Wojciech Fila, Piotr Gorlach, Paulina Hejnrych**
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Supervisor: **dr n. med. Łukasz Pietrzyk**

Introduction

Colorectal cancer (CRC) is the third most common cancer in the world. Despite the improvement in diagnostic methods, reports indicate a significant number of CRC cases diagnosed in later stages. For this reason, there is a need for discovery of sensitive and specific, noninvasive biomarkers. Tumor endothelial markers (TEMs) are associated with tumor-specific angiogenesis. Tissue overexpression of TEM1 was found in CRC patients compared to healthy controls, but there is no data about the serum TEM1 concentration and its usefulness in CRC detection.

Aim of study

In this study, we aimed to evaluate whether TEM1 might serve as a biomarker for assisting early CRC diagnosis.

Material and methods

The study included 45 patients with colorectal cancer admitted to the General, Oncological and Minimally Invasive Surgery Department of the 1 Military Clinical Hospital with the Outpatient Clinic in Lublin. The blood was collected before the surgery. The control sample consisted of 35 healthy individuals with no clinical evidence of CRC. The level of TEM1 in serum (ng/ml) were measured using ELISA. Receiver-operating characteristics (ROC) curve analysis was performed to identify cut-off values of studied parameters.

Results

The serum concentration of TEM1 was significantly higher among patients with colorectal cancer than healthy individuals (1.13 Â± 0,12 ng/ml vs. 1.05 Â± 0.82 ng/ml; p = 0.012). The mean concentration of TEM1 had significant difference between early stage CRC (I+II) patients and controls (stage I+II: 1.12Â± 0,13 ng/ml vs. control: 1.05 Â± 0.82 ng/ml; p = 0.023). There was no significant difference between stage I+II and stage III+IV CRC patients (1.12 Â± 0,13 ng/ml vs. 1.14 Â± 0.12 ng/ml, respectively). TEM1 predicted the diagnosis of CRC patients with AUC of 0.663 at a cut-off point of 1.11 ng/ml. This cut-off point provided 51.1% sensitivity and 75.0% specificity.

Conclusions

TEM1 might be a good supplement for routinely used markers: CEA, CA19-9, RDW, NLR, PLR. However, further studies of TEM1 are needed to investigate the serum TEM1 biology and importance for CRC detection and progression.

Public health

56. The influence of various factors on women's sexual tendencies and sexual behaviours.

Session: **Public health**
Author/s: **Izabela Morawska, Patrycja Gierszon, Adam Michalski, Krystian Cholewa, Eliasz Panek**
University: **Medical University of Lublin**
Affiliation: **Studenckie Koło Naukowe przy Zakładzie Psychologii Stosowanej Uniwersytetu Medycznego w Lublinie/Student Research Group**
Supervisor: **dr n. o zdr. Joanna Milanowska**

Introduction

The sexuality of adult women, in which we can include broadly understood tendencies and sexual behaviours, depends on many factors. Starting from the earliest years of our life, we learn how to accept our own body and we observe the behaviour of our caregivers. Throughout childchood and puberty, we look for the answers to our questions about sexuality. The place that we live in, the people we meet on a daily basis, the experiences we have gone through - all of this also affects our approach to matters of intimacy.

Aim of study

The aim of our work was to examine the influence of various factors (age of sexual initiation, parent's religiousness, place of residence, sexual openness of carers, upbringing by one / two parents) on general sexual tendencies and sexual behaviours of women.

Material and methods

The research method used in this paper was diagnostic poll method and the research tool was survey, done by 676 women. The results were evaluated by statistical analysis.

Results

Research results indicate that there are significant differences between trends and openness to various sexual behaviours depending on the attitudes of carers during childhood and the place of living. Furthermore, the age of sexual initiation also plays a large role in building a future model of sexual behaviors and tendencies. Moreover, the approach to the sexuality of caregivers significantly affects the intimate life of adult women - the respondents' answers clearly show that the religiousness of caregivers has an impact on sexual behavior.

Conclusions

The obtained results allow authors to draw conclusions that adult sexual behaviors and tendencies are very much the result of the family model in which woman were brought up. Furthermore, the environmental factor is also very important. The family home and behaviour and attitudes of caregivers may have long-lasting effects on the sexual life of adult women.

57. The incidence and characteristic of burns in children admitted to emergency room due to injury

Session: **Public health**
Author/s: **Alicja Pietraszek, Kornelia Kukla, Patrycja Mołek, Małgorzata Pankowska, Anna Peterko, Grzegorz Słota, Zuzanna Zakrzewska**
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Affiliation: **Student Scientific Group, Department of Children Surgery**
Supervisor: **dr hab. n. med. Piotr Wojciechowski**

Introduction

Injuries are among leading casuses of childrenâ€™s hospitalizations and mortality. One of the most common mechanism of injuries in children are burns. Awareness of the problem may help intruduce adequate preventive methods, improve children's health and reduce hospitalization costs.

Aim of study

The aim of the study was to analyze the incidence and characteristic of burns among children admitted to emergency room due to injury and injuriesâ€™ preventive methods introduced by parents.

Material and methods

We interviewed 100 parents who admitted with their child, 50 of them were girls, to ER due to injury. We focused in patientsâ€™ age, sex, type of injury, place were injury happened, parentsâ€™ age, level of education, maternal standing, presence of adult at the time of injury and introduced preventive methods.

Results

Burns consituted 14% of injuries (79% boys, 21% girls). Mean age of children was 1,9, 85% burns happened in children below 2 years (55% of injuries in this age group). Parents of those children were younger (30,5 compared to average 36 years). Children had less siblings (0,64 vs 1,0). Most burns happened in the kitchen (50%) and the living room (43%). An adult was present when the burn occured in 79% (67% in the living room and 86% in the kitchen) compared to 75% during other injuries (79% in the living room and 85% in the kitchen). There was no statistic difference in parentâ€™s level of education and maternal standing. Parents from this group more often put a glass with hot fluid on the edge of the table (15% vs 4%), hold a child and a hot fluid at the same time (15% vs 7%) and were less likely to restrict the time a child spend in the kitchen (36% vs 46%).

Conclusions

Burns were the most common in the yongest group of children. The most of the burns happened in the kitchen and in the living room. Affected children had less siblings and younger parents. Usually one parent was present when the burn occured. Enforcement of protective methods may help reduce numbers of burns.

58. ''Study drugs'' and other substances used by students of medical faculties to get better grades. A survey study.

Session: **Public health**
Author/s: **Michał Pacyna, Kamil Szpiech**
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Supervisor: **lek. n. med. Marcin Lewicki**

Introduction

Students of medical faculties encounter the enormity of knowledge they have to acquire with limited amount of time to do so. The term

Aim of study

Exploring the methods the students of medical faculties use to boost their learning capacity.

Material and methods

A survey study performed with an original self-administered online questionnaire. The survey was entirely voluntary and anonymous. 166 people participated in the study, 120 (72.3%) women, and 46 (27.7%) men. The age of the respondents ranged from 19 to 28 years.

Results

The vast majority of respondents answered ,,Yesâ€ť to the question,

Conclusions

Based on the study, it can be concluded that students of medical faculties are aware and critical about available methods that can facilitate their learning process. It can be assumed that the knowledge they acquired during their medical education allows them to make better choices and focus on the methods that bring the most benefits and are also safe.

59. Breasts self examination - Everything we want you to know about it

Session: **Public health**
Author/s: **Agnieszka Staciwa, Weronika Topyła, Zuzanna Toruń, Urszula Fałkowska, Dominika Szymczyk**
University: **Medical University of Lublin**
Affiliation: **Studenckie KoĹ‚o Naukowe przy Katedrze i ZakĹ‚adzie Epidemiologii i Metodologii BadaĹ„ Klinicznych**
Supervisor: **dr hab. n. med. Agata Smoleń**

Introduction

Breasts self examination is first line prevention in case of breast cancer. It is cheap, it is easy and it can save your life. That is why it is so important that every woman and even man know how to do it, especially when it comes to medical stuff and also students. Education in this case is our duty, we should also make sure to make breasts examination a part of standard physical examination. To prevent is better than to treat.

Aim of study

Aim of this study was to estimate the level of knowledge about breasts self examination among women and also among people connected with medicine e.g students, doctors, nurses etc.

Material and methods

We gathered the data through the internet questionnaire, which contained 14 questions. There were 122 respondents : 58% women and 42% men. Among them there were 91% people related with medicine. Average age of the respondent was 24 years old. The participation in the study was voluntary and annonymous.

Results

We asked our respondents about Their knowledge of breasts self examination, 9 questions considered women and also 4 questions were directed to people connected with medicine (56% were Doctors or medical students, 37% Nursery students or nurses). Among female respondents 56% of them admit to breasts self examination, however only 23% of them do that regularly every month (56% of them do it rarely). Also only 36% of the respondents know how to do proper examination. When asked if They ever had Their breasts examined by the doctor, only 21% replied positively. We also prepared special questions for people connected with medicine (mostly students) : we asked them if doing breasts examination of the patient they would feel confident about it (57% replied negatively) and also if They ever had a chance to do breasts examination during Their studies, most of them replied negatively.

Conclusions

To conclude, even among women connected with medical field the knowledge is not enough, which is the most concerning since They should educate others and be able to diagnose concerning symptoms. We lack educational programs and pressure on practicing breasts examination during medical studies. We should put more afford to break the tabu and raise our knowledge.

60. How much do you know about testicles self examination?

Session: **Public health**
Author/s: **Agnieszka Staciwa, Zuzanna Toruń, Weronika Topyła, Urszula Fałkowska, Dominika Szymczyk**
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Supervisor: **dr hab. n. med. Agata Smoleń**

Introduction

Testicles cancer is one of the most common malignant cancer among young men (20 to 44 years old). In 90% of cases we can feel nodule or change of consistency, which means during easy testicles self examination we can quickly discover cancer. Why else is it so important? Because, there might be no other symptoms. However, still the testicles examination subject is sometimes a tabu.

Aim of study

Aim of this study was to estimate the level of knowledge about testicles self examination among men and also medical stuff and students.

Material and methods

We gathered the data through the internet questionnaire, which contained 13 questions. There were 122 respondents, among them there were 58% women and 42% men. 91% of the respondents were related with medicine. Average age of the respondent was 24 years old. The participation in the study was voluntary and annonymous.

Results

We asked our respondents questions of Their knowledge about testicles cancer, how They perform self examination and for the respondents related with medical field, questions about Their confidency in performing the testicles examination. Only 26% of our respondents perform self examination. When asked if They every had Their testicles checked by a doctor only 23% respondent positively. Most of the respondents can almost correctly point out symptoms and risk factors of testicles cancer. Only 20% of medical related respondents would feel confident while performing testicles examination with the patient and just 11% of them had a chance to do it during Their studies. We also asked our respondents if They have ever seen a social campaign how to correctly perform testicles self exmiantion and 57% respondent

Conclusions

To conclude the level of education about testicles self examination is on very low level. Men are usually aware of the risk, but They neglect it. In most cases doctors do not examine testicles. Also medical students are not confident about performing the examination. What is more sociaty is not enough educated in that matter, we lack of educational campaigns and concern about testicles examination

61. The parents' role in sex education of children in Poland - a survey study

Session: **Public health**
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Supervisor: **dr hab. n. med. Anna SemczukSikora**

Introduction

Sex education is commonly associated with preventing consequences of lack of knowledge in field of sexuality such as unexpected pregnancy or sexually transmitted diseases (STDs). However, when well designed and introduced it enables children to better understand sexuality as an integral part of human nature, allows defining oneâ€™s own sexuality, teaches about relationship building and raises awareness of consequences of irresponsible sexual behaviour.

Aim of study

To investigate the role of parents in sex education of children, its quality and factors influencing it.

Material and methods

The study was designed as a survey study. Standardized questionnaire consisting of 35 questions (divided into three parts â€“ general information about participants (first part), sexual activity, contraception and sources of knowledge about them (second) and simple questions verifying participantsâ€™ knowledge (third)) has been shared in social media via Google Forms. Any young adult willing to fill in the questionnaire could participate.

Results

200 participants filled the entire questionnaire (149 female and 51 male). There was a clear relationship between participantsâ€™ religious status and the age of sexual initiation. 37,5% of participants described themselves as practicing believers which correlated with sexual initiation at the age of 20 or later. However, patentsâ€™ religiousness did not influence this age. 41,5% of respondents uses physical barrier contraceptives combined with natural methods although they consider hormone-based methods combined with barrier methods as the most appropriate for them. Surprisingly, level of parentsâ€™ education and employment in medical industry werenâ€™t associated neither with the occurrence nor the quality of domestic sex education. Majority of participants indicted the Internet, school or University as main information sources about topics related to sexuality. This result coincides with answers to question â€śWhere should you get your knowledge about human sexuality from?â€ť â€“ 47,5% indicated parents, 12,5% self-education, 3,4% school, 0,6% friends and siblings. No one chose the Internet as an appropriate sex education source.

Conclusions

Young Poles frequently use the Internet and school as main sources of information about sexuality and related topics, although they think that parents should be responsible for their sex education. Education level and medical speciality of parents donâ€™t correlate with its quality. Many young adults lack basic knowledge about sexuality and contraception.

62. Models of personality and social behaviors of people with behavioral addiction

Session: **Public health**
Author/s: **Adam Gędek, Julita Poleszak, Krystian Cholewa, Patrycja Gierszon**
University: **Medical University of Lublin**
Affiliation: **Student Research Group of Applied Psychology**
Supervisor: **dr n. o zdr. Joanna Milanowska**

Introduction

Behavioral addictions are associated with specific activities that are caused by internal compulsion. There are many researches on factors that predispose to addictions. Unfortunately they donâ€™t consider the way how addiction affects both inter- and intrapersonal relationships and adaptive skills.

Aim of study

The aim of this paper is to present psychological profiles of people with behavioral addiction and reflection on social models derived from them.

Material and methods

Studies and articles regarding behavioral addiction were searched for in PubMed and Medline databases. Our work is an overview of the available literature in March 2018.

Results

Many analyzes describe patterns of personality traits related to particular types of addictions. Sex addicts more often present obsessive-compulsive behaviors, high sensitivity to criticism or suffer from mild depression in comparison to general population.
All of the above confirms the idea that sexual addiction is a way of handling anxiety and sadness. Furthermore, these people develop extremely close bonds with strangers and create intense and unstable interpersonal relationships. People addicted to Internet are characterized by neuroticism. Simplicity of losing emotional balance may be caused by incorrect patterns of reaction and may result in resignation and withdrawal in contacts with people. There are personality traits that are particularly attributed to people addicted to games: irritability, aggression, social anxiety and low self-esteem. This group of features has a negative impact on ability to fulfill social roles.

Conclusions

Behavioral addictions show a strong correlation with dysfunctional social behavior. The above-mentioned factors are only a prelude to further discussion and deeper analysis that must be performed. Formulation of behavior patterns of people addicted to different activities is the aim of this debate.