Session:

CASE REPORT II

MedIQ 2017

TITLE: DEVELOPMENT OF BORRELIA BURGDORFERII INFECTION AND DIFFICULTIES WITH TREATMENT: A CASE REPORT FROM AN ENDEMIC AREA IN POLAND.

AUTHOR: Aleksandra Majchrzak

CO-AUTHORS: Hannah Samuel, Aleksander Sławiński, Aleksander Ryczkowski

SUPERVISOR: MałgorzataKozioł MSc,PhD

AFFILIATION: Chair and Department of Medical Microbiology, Medical University of Lublin

Background: Lyme disease is considered one of the most common tick-borne diseases in Europe and the USA. An epidemiological account in 2016 showed a record number of Lyme borreliosis (LB) - 21 220 official cases. Lyme disease is not always treatable with current antibiotic therapy causing some chronically ill patients to experience prolonged symptoms irrespective of intense chemotherapeutic regimen.

Case Report: This exemplary case report describes a secondary Borreliaburgodorferi infection including issues concerning the decision-making process and optimal antibiotic selection and dosage. The authors present a case report of a 31-year old woman with Lyme disease initially diagnosed three and a half years ago. The patient denied characteristic symptoms related with initial onset, such as erythremamigrans or lymphocytoma, however secondary borreliosis yielded rheumatological and neurological disorders prompting laboratory testing. ELISA analysis demonstrated increased typical IgG antibodies which was confirmed by Western-Blot. Other possible tick-borne co-infections were excluded. Family history was unremarkable. Initial treatment, in Poland, included the standard recommended schedule, however results were unfavorable with worsening symptoms. In 2016, the patient underwent treatment recommended by International Lyme and Associated Disease Society (ILADS), based on long-term concentrated doses of antibiotics. Post-therapy the patient denied symptoms combined with secondary borreliosis. Serological analysis confirmed decreased level of IgG antibodies. Unfortunately, six months after ending ILADS therapy, her state of health deteriorated with reoccurring symptoms. Lab observed increased IgG as well as IgM, suggestive of reactivation.

Conclusions: Early diagnosis with on-time optimal antibiotic therapy are fundamental in recovering patients with borreliosis. These findings highlight the importance of individualistic treatment and antibody level monitoring throughout therapy. Symptom severity and prolongation with current therapies justifies a search for new treatment options. It is significant to run further research on antibiotic therapy in chronic Lyme disease to obtain successful treatment and improve patient quality of care.

TITLE: INSULIN POISONING WITH SUICIDE INTENT.

AUTHOR: Magda Szponar

CO-AUTHORS: Erwin Ciechański, Krystian Ciechański, Agnieszka Radzka

SUPERVISOR: Michał Tchórz MD

AFFILIATION: Chair and Department of Toxicology and Cardiology, Medical University of Lublin

Background: Insulin is a polypeptide hormone, composed of 51 amino acids secreted by the beta cells of the pancreas. It is used in the treatment of type 1 diabetes-with the destruction of 85-90% of the beta cells of the pancreas and, as a result, absolute deficiency of insulin- and type 2 diabetes. The most important, but at the same time a logical side effect of insulin is hypoglycemia, which may be the result of iatrogenic or suicide overdose. The incidence of intentional overdose of insulin for suicide is difficult to determine - the most of the available data in the literature are the descriptions of individual clinical cases.

Case report: A 87-year-old female patient was brought to the Cardiotoxicological Department by a team of Emergency Medical Service with suspicion of poisoning with insulin or oral antidiabetic drugs. From rescuers' report we knew that the patient was found at home, unconscious, with self-inflicted cuts on the forearms. A week before the incident the family observed memory and allopsychic orientation deterioration. Glycaemia measured by the rescue team - 0 mg/dl. During transport and in the Emergency Department the infusions of 40% glucose were given due to recurrent hypoglycemia. At the time of the admission the patient's condition was severe, she remained unconscious, hemodynamically stable and breathing, with glycaemia level-120 mg/dl. The initial severe state persisted during the first week of hospitalization. The blood glucose levels were stabilized, effective electrical cardioversion was performed. Antibiotics with a wide spectrum were given as a prevention of hospital pneumonia. The patient was discharged after nearly four weeks of hospitalization in overall stable state, adequate to existing chronic diseases, without identified neurological complications.

Conclusions: Symptomatology of the insulin poisoning include: prolonged and recurrent hypoglycemia, neuroglycopenia, hypokalemia, excessive sweating, anxiety, tremors and hunger. It should be noted that the degree of hypoglycemia is not correlated with the dose of insulin taken. In the above case, there has been a severe intoxication with insulin taken for suicidal reasons, but effective early treatment, as well as adaptability of the patient have prevented severe neurological complications, coma or death.

TITLE: DIFFICULT DIAGNOSIS OF GRANULOMATOSIS WITH POLYANGITIS.

AUTHOR: Joanna Ruszczyk

CO-AUTHORS: Anna Kułak, Maciej Kamiński, Monika Długoń

SUPERVISOR: Iwona Baranowicz-Gąszczyk MD,PhD

AFFILIATION: Chair and Department of Nephrology, Medical University of Lublin

Background: Granulomatosis with polyangitis (GPA) is characterized by the occurrence of necrotizing granulomatous vasculitis of medium and small vessels. Kidneys and the respiratory tract are the most commonly affected, nevertheless the variety of clinical symptoms may be the cause of difficulty in correct diagnosis.

Case report: A case report of 64-year-old patient diagnosed with GPA. In 2007 patient was treated because of treatment-resistant, long-term skin ulceration in the right leg. Patient with anemia, hypertension, hypothyroidism and ulceration was sent to Nephrology Department. In 2012 lab test were performed (proteinuria 100 mg/dl, RBC present) and she was diagnosed with chronic kidney disease (CKD) stage 5. Due to medical history of kidney disease, leg ulceration and numerous epistaxis episodes antibodies c-ANCA and p-ANCA were evaluated. Due to positive result of cANCA, laryngologic consultation was found useful to diagnose a significant loss of nasal septum. Patient was diagnosed with GPA based on physical examination and medical history. After implementation of effective therapy, patient condition was improving.

Conclusions: Early diagnosis of GPA may prevent complications due to quick implementation of effective treatment

TITLE: RECCURING MACROPHAGE ACTIVATION SYNDROME IN THE COURSE OF SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS.

AUTHOR: Magdalena Cielma

CO-AUTHORS: Alicja Kaczorowska, Sylwia Gajek, Karolina Żak

SUPERVISOR: Violetta Opoka - Winiarska MD, PhD

AFFILIATION: Department of Paediatric Pulmonology and Rheumatology, Medical University of Lublin

Background: Juvenile idiopathic arthritis (JIA) is the most common rheumatic disease among children. In the course of a systemic JIA there is a risk of life-threatening macrophage activation syndrome. It is a secondary hemophagocyticlymphohistiocytosis that may occur in the course of infection, cancer and autoimmune disease. Typical MAS symptoms are high fever, hepatosplenomegaly and lymphadenopathy. Laboratory abnormalities in MAS include elevated ferritin, triglycerides and transaminases levels and decreased levels of fibrinogen and platelets.

Case report: The girl at the age of 1 year 7 months, was admitted to the Paediatric Department because of fever since a few days. In the physical examination inflammation of the joints of the upper and lower limbs, macular rash and lymphadenopathy were found. In blood count anemia, leukocytosis and thrombocytopenia were found. Laboratory tests showed elevated markers of inflammation. The child's condition did not improve despite antibiotic therapy. Further tests showed high levels of ferritin, transaminases, D-dimer and low level of fibrinogen. MAS in the course systemic juvenile idiopathic arthritis was diagnosed. The girl was treated with glucocorticosteroids, cyclosporine, methotrexate and immunoglobulin. Her condition has improved. The patient was discharged from hospital with instructions of taking prednisone, cyclosporine and methotrexate. Because of the recurring symptoms of JIA biological therapy was included. After almost a year of remission biological therapy was discontinued. The child remained without treatment for 1.5 years. Next hospitalization took place due to fever and pain in the joints, preceded by a respiratory infection and herpes simplex infection. Exacerbation of JIA was diagnosed and girl was treated with GKS. After a period of 2-weeks improvement, the child's condition worsened. Laboratory tests have shown high levels of inflammation factors, high levels of ferritin, D-dimer and low levels of fibrinogen and thrombocytopenia with leukopenia. MAS was diagnosed again. Cyclosporine and glucocorticosteroids were used, the child's condition improved.

Conclusions: Diagnosis of MAS is difficult, differential diagnosis of other diseases with a high fever, including sepsis, infective endocarditis and meningitis should be performed. Knowledge of MAS criteria provides the quick diagnosis and effective treatment which is crucial for the reduction of mortality in the course of the disease.

TITLE: IMMUNOTHERAPY A NEW STRATEGY OF TREATMENT IN LUNG CANCER.

AUTHOR: Justyna Kwolczak

CO-AUTHORS: Agata Skrzyńska, Piotr Jarosz, Karolina Rożenek, Anna Sieńko

SUPERVISORS: prof. Paweł Krawczyk MD, PhD, Michał Szczyrek MD, PhD

AFFILIATION: Chair and Department of Pneumology, Oncology and Alergology, Medical University of Lublin

Background: Lung cancer is a malignant disease originating from epithelial cells. The main types of the disease are small-cell lung cancer (SCLC) and non-small-cell lung cancer (NSCLC). NSCLC treatment depends on tumor staging, and may involve a surgery, chemotherapy and radiotherapy. However, if these methods are unsuccessful, other medications can be administered, one of which is Nivolumab - a human IgG4 anti-PD-1 monoclonal antibody. Previously used in melanoma, it was recently registered as a second-line treatment for NSCLC and renal cancer.

Case report: 66-year-old man with a broad cardiological and pneumological history was diagnosed with squamous NSCLC stage IIIA of the right lung by EBUS-TBNA on 20 NOV 2015. Patient was schedualled for potential surgical treatment after neoadjuvant chemotherapy (cisplatin and vinorelbine) and radiotherapy. Unfortunately, CT scan after treatment revealed progressive disease. Therefore, the patient was qualified for second line Nivolumab treatment in Expanded Access Programme. After three cycles of well tolerated Nivolumab treatment patient developed a stroke and underwent thrombectomy. Soon after he developed respiratory failure. CT scan of the chest was performed, which showed a partial regression of malignant disease, but also revealed extensive pneumonitis. Despiteaggressivetreatmenteventuallypatientdied of cardiacarrest.

Conclusions: New methods of treatment such as immunotherapy are becoming more and more common in everyday practice. Even though they are deemed to be safe with extensive data from clinical trials, we have to remember about new kinds of side effects that must be taken into account, especially in patients with risk factors.

TITLE: VISION DISORDERS AS A FIRST SYMPTOM OF PEADIATRIC BRAIN TUMOUR- CASE REPORT.

AUTHOR: Justyna Kwolczak

CO-AUTHORS: Agnieszka Wójtowicz, Michał Jędrejek, Robert Ściślak

SUPERVISOR: Joanna Nurzyńska - Flak MD, PhD

AFFILIATION: Department of Paediatric Haematology, Oncology and Transplantology, Medical University of Lublin

Background: Neoplasms of central nervous system are most common type of solid tumours found in children, accounting for up to 20% of all cancers. Each year in Poland more than 300 children are diagnosed with brain tumours. Signs and symptoms of brain tumours are usually associated with increased intracranial pressure. The typical symptoms include: headache, vomiting (most severe in the morning), crossed-eyes, altered mental status and, in case of infants, increase in skull size. We present a case of a patient with brain tumour presenting with vision disorders as a first symptom.

Case Report: On September of 2015, a previously healthy 5-year-old boy was admitted to the Ophthalmology Clinic due to loss of visual acuity which was noticed by his father. The child hadn't reported any symptoms. The investigation pointed to far-sightedness and the patient started to wear glasses. However, the vision defect worsened and patient presented nystagmus. On December of 2016 patient had head MRI, which revealed tumour in parasellar and right temporal area, infiltrating the hypothalamus, optic chiasm and optic tracts. Diagnosis was confirmed by a biopsy. Histopathological examination revealed astrocytoma pilomyxoidale. Due to astrocytoma pilomyxoidaletumours irregular margins and adherence to neurovascular structures surgeries are ineffective. Chemotherapy is the first line of treatment. On February of 2016 patient received chemotherapy according to PGBN protocol. Although last MRI scan reveals decrease in tumour mass, patient suffers from left-eye blindness, huge far-sightedness in right eye (10D) and residual nystagmus. The patient still receives maintenance therapy once a month (40th week of treatment).

Conclusions: Though childhood brain tumours present with vision disorders in up to 50% of cases, vision disorders being only symptom may cause diagnostic problems. Paediatric patients, not possessing reading and writing skills, may not complain about loss of visual acuity. The time from onset of symptoms to final diagnosis can be extended. It is important for parents and general practitioners to be aware of fact, that even subtle child behaviour and development changes may presage brain tumours.

TITLE:A 62 YEAR OLD FEMALE PATIENT WITH PHEOCHROMOCYTOMA.

AUTHOR: Katarzyna Mendyk[1]

CO-AUTHORS: Szymon Mendyk, Weronika Sikora[1], Monika Kowalik[2], Michał Góra[1]

SUPERVISOR: Ewa Obel MD, PhD

AFFILIATION: [1]Department of Endocrinology, Medical University of Lublin, [2]Chair and Department of Endocrinology, Jagiellonian University Medical College

Background: Pheochromocytoma is a rare neoplasm arising from chromaffin cells and especially localized in adrenal gland (80%). The remaining 20% of paragangliomas are localized outside of adrenal gland. That tumor is a rare cause of arterial hypertension (approximately 0,1% of all patients with hypertension). The symptoms are mainly related to overproduction and releasing catecholamines. Symptoms that occur with disease: paroxysmal increase of blood pressure, rapid heart rate, headache, skin pallor, muscle tremor, hyperhidrosis, a feeling of anxiety.

Case Report: A 62-year-old female patient was admitted to Endocrinology Department (01.2013) with tumor of the right adrenal gland detected incidentally on USG examination (2012). CT examination showed areas of necrosis within the tumor. The patient was treated for hypertension for 6 years and also presented rapid heart rate, paroxysmal hypertension and skin pallor for over a year. About 5 years ego diabetes was diagnosed and treated with metformine, but because of the poor glycemic control - sulphonylourea-derivatives (glimepirid) was added. Based on the increased levels of metoxycatecholamines in the 24-hour urine collection, initially pheochromocytoma has been diagnosed. As the preparation to operation patient has been dosed with alpha - blockers (doxazosine). Patient has been informed by the doctors about importance to regularly measure blood pressure and that there is a possibility of increase of the dose of alpha- blocker. In March 2013 an adrenal gland tumor was removed laparoscopically. During the next hospitalization (09. 2013) many measurements of blood glucose level have been performed which showed that glycemic control was improved, therefore a diabetic diet was recommended.

Conclusions: Despite the fact that pheochromocytoma is a rare disease it should be taken into consideration for patients who presents symptoms, because early recognition is very important to protect them against complication related with cardiovascular system.

TITLE: 36 YEAR OLD MAN WITH CENTRAL DIABETES INSIPIDUS HYPOPITUITARISM IN THE AXIS OF THE ADRENAL, THYROID AND GONADOTROPIN AFTER TRANSSPHENOIDAL ADENOMECTOMY.

AUTHOR: Katarzyna Mendyk[1]

CO-AUTHORS: Monika Kowalik [2], Paulina Rabiej, Szymon Mendyk[1]

SUPERVISOR: Ewa Obel MD, PhD

AFFILIATION: [1]Chair and Department of Endocrinology, Medical University of Lublin, [2]Chair and Department of Endocrinology , Jagiellonian University Medical College

Background: The authors present a case of a 36-year-old man who was admitted to the Department of Endocrinology Hospital in Lublin because of diagnosis and follow-up treatment after transsphenoidal surgery of clinically inactive pituitary adenoma. Pituitary tumors can be divided due to local invasiveness and malice – we distinguish non-invasive and invasive adenomas, and cancer. Another division is based on immunohistochemical staining and hormonal activity. The final criterion for classification is the division according to the size. Symptoms of pituitary tumors are abnormal hormonal axis and the "mass effect" of the tumor. Treatment depends on the assessment of pituitary function.

Case report: The patient was admitted to the Hospital in May 2013 because of severe pain in the parietal area, double vision and loss of the temporal visual field. Pituitary tumor of the size of 25 mm with possible bleeding inside was found after angio-CT had been made. Planned surgery of pituitary tumor was performed and postoperative tests revealed secondary underactive adrenal axis, thyroid and gonadotropin. Hormone therapy was recommended. First hospitalization after this operation was in June 2013, during which the tests confirmed the coexistence of hypopituitarism in terms of the axis of adrenal, thyroid and gonadal of central diabetes insipidus. Next hospitalization was in September 2013 and the treatment of hormone substitution was corrected. Another control medical examination MRI of the pituitary was done about 4 months after the last hospitalization and a fragment of the pituitary gland of normal parenchyma was found. Laboratory tests carried out in June 2014 confirmed the necessity of extension of the substitution treatment.

Conclusions: Despite the quick operation, some of the patients have complications in the form of hormonal disturbances. Central diabetes insipidus, hypogonadotropic hypogonadism, and organ failure in the axis corticotroph and thyreotroph may appear. Patients must pay particular attention to maintaining proper fluid balance and in some cases increase the doses of corticosteroids and appropriate the adjustment of drugs. In the case of permanent damage of the pituitary gland lifelong substitution treatment is needed.

TITLE:THYROTOXICOSIS INDUCTED BY ADMINISTRATION OF IODINATED CONTRAST IN A 76- YEAR FEMALE PATIENT- CASE REPORT.

FIRST AUTHOR: Tomasz Zbigniew Zuzak[1]

CO-AUTHORS: Michał Filip[1], Anita Wdowiak[1], Mateusz Woźniakowski[1], Jan Sylwester Witowski[2]

SUPERVISOR: Monika Sadowska MD, PhD

AFFILIATION:[1]Students' Scientific Society at Diagnostic Techniques Laboratory, Medical University of Lublin, [2] Students' Scientific Society at 2nd Department of General Surgery, Jagiellonian University

Introduction: Nodular goiter is one of the most common diseases related to the thyroid gland. According to statistical data, the goiter affects more than 10% of the general population. Most occur in endemic areaS known for iodine deficiency. Iodine insufficiency plays a significant role in the pathogenesis of the disease. In Europe, the risk of diseases associated with iodine deficiency concerns up to 140 million people and 92 million has the goiter. Non-active nodular goiter can be diagnosed with the presence of nodules in the thyroid gland without accompanying clinical and laboratory symptoms of thyroid gland dysfunction. There are plenty of options of nodular goiter treatment: conservative treatment, L- thyroxine therapy or surgical treatment.

Case report: 76 year- old female was diagnosed with a nodular goiter and was treated by L-Thyroxine for last 25 years. The systematic reduction in the goiter volume was observed. In the last period, the patient fell ill to pneumonia. Due to the lack of satisfactory treatment results and lesions in the X-ray examination, Chest CT with contrast was performed. After about two weeks, the patient developed symptoms of hyperthyroidism. In the peripheral blood examination reduced levels of TSH and elevated levels of free thyroid hormones (fT3, fT4) was found.

Conclusions: Iodine-induced hyperthyroidism is a rare, but potentially dangerous complication of radiological examination using iodine contrast, especially in patients treated with L-thyroxine because of neutral nodular goiter.

TITLE: ACCIDENTALLY DETECTED BILATERAL WILMS TUMOR IN A ONE YEAR OLD PATIENT.

First author: Robert Ściślak

Co-authors: Agnieszka Wójtowicz, Michał Jędrejek, Justyna Kwolczak

Supervisor: Joanna Nurzyńska-Flak MD, PhD

Affiliation: Students Scientific Association of Department of PaediatricHaematology, Oncology and Transplantology, Medical University of Lublin

Background: Wilms tumor (nephroblastoma) is the most common kidney cancer among children. The average of illness onset is 3,5 years old. Despite the fast growth, tumor is asymptomatic for a long time. Sometimes it can cause fever, stomach ache, vomiting and hematuria. The canceraffects one kidney in 90-95%.

Case report: In a one-year-old patient, despite the asymptomatic process, doctors diagnosed urinary tract inflammation, because of inflammation markers in urinalysis. Lab results alignment was obtained after antibiotic therapy. The child's kidney USG was recommended, because of father's kidney birth defect (horseshoe kidney). Test revealed lesion in left kidney. The patient was referred to Haematology and Oncology department in Lublin with suspected Wilms tumor. In time of the admission to hospital, she was on good condition, without any pain. Palpation examination revealed pathological mass in the left hypochondrium. Laboratory test was correct. The TK revealed lumpy lesion of lower part of the left kidney and a change of the upper pole of the right kidney, which was invisible in the previous USG. There weren't both lymphadenopathy and lung lesions. Doctors, based on clinical manifestation and exams, diagnosed bilateral Wilms tumor VO. Preoperative chemotherapy was started which was tolerated very well. It could be observed only periodic fever and malaise. The next step of treatment was a removal surgery of cancerous lesions – bilateral heminephrectomy keeping normal parenchyma of both kidneys. Histopathology exam revealed total necrosis of removed right kidney's tumor. Tumor of left kidney is still under examination. Post-surgery chemotherapy was suggested as a further treatment. The choice of treatment depends on the full histopathology test results of material from both tumors.

Conclusions: foregoing case is an example of asymptomatic cancer progress. Wilms tumor, due to its nature, rarely gives symptoms at the beginning. It's very important to perform systematic abdominal palpation examinations and immediately do USG in case of deviations in a physical examination. It will allow to find cancerous lesions and provides to early treatment initiation. In many cases, it is possibility to apply less aggressive chemotherapy – bilateral heminephrectomy.

TITLE: CASTLEMANS DISEASE AS RARE HEMATOLOGIC CONDITION OFFENDING IN DIAGNOSTIC AND TREATMENT.

First author: Aleksander Ryczkowski

Co-authors: Aleksander Sławiński, Zuzanna Toruń, Jakub Latusek, Aleksandra Majchrzak

Supervisor: Monika Podhorecka MD, PhD, Agnieszka Szymczyk MD

Affiliation: Chair and Department of Hematology, Medical University of Lublin

Background: Castleman's disease (CD) is a rare hematological condition belonging to the group of nonclonal lymphoproliferative disorders. Etiology and pathogenesis are still not unequivocally resolved. Occurrence of this disease is associated with HHV-8 infection or immunological dysfunctions. Its development depends on proinflammatory cytokines (IL-6). Hematologists distinguished two types of CD: more common unicentric limited to single lymph node and feature with better prognosis and less common multicentric (MCD) with worse prognosis. Localized CD could be successfully treated by surgery but still there is no unambiguous guidelines in management of MCD.

Case report: Patient with generalized mild lymphadenopathy was diagnosed towards lymphoma. Negative result of bone marrow examination and ambiguous view in CT scan did not allow to confirm the patient with systemic lymphoproliferative neoplasia and induced ambulatory observation. In the next two years enlarging of lymph nodes and further deterioration in general condition (frequently presented and prolonged pneumonia) posed an indication to extend diagnostics by PET-CT scan, bronchoscopy and mediastinoscopy with lymph node biopsy. High metabolic activity of lymph nodes indicated in PET-CT scan in correlation with characteristic histopathological view enabled to diagnose plasma-cell type of multicentricCastleman's disease. Variant of the disease found in this case is marked by unpropitious prognosis and lack of evidenced effective treatment. Initiation of steroid agents (pulses of Prednisone and Methylprednisolone) allowed to reach temporary response but in long period of time disease was tend to progress and featured refractoriness. It seems that new experimental management like Siltuximab (anti Il-6 monoclonal antibody) could be promising alternative for the patient but still there is no infallible evidence of effectiveness of such therapy.

Conclusions: Choice of treatment in Castleman’s disease depends on type of disorder, course of the disease and reponse to standard management. Some patients, particularly with disseminated lesions could not be cured with classical regimen. It is necessary to pursue studies leading to established, clear recommendations for treatment of this rare condition and develop new methods to cure complicated cases of CD.

TITLE:ANXIETY AND NEUROTIC DISORDER, FIRST SIGNS OF HUNTINGTONS DISEASE.

FIRST AUTHOR: Eryk Kapusta

CO-AUTHORS: Véronique Petit

SUPERVISOR: Jacek Jaworski MD, PhD, Prof. Konrad Rejdak, MD, PhD

AFFILIATION: Department of Neurology, Medical University of Lublin

Background: Huntington's disease (HD) is a rare, progressive, neurodegenerative, inherited disease. It's caused by autosomal dominant mutation in IT15 gene, coding huntingtin, localized in 4p16.3 chromosomal locus. Due to excessive number of CAG repeats 36-250 (normally 26), mutated gene end product is unstable. Huntington's disease is typically inherited from parents, however about 10% of cases result from de novo mutation. Symptoms usually start between age of 35 to 44 and include subtle changes in personality, decrement in cognitive functions. The most noticeable symptoms consist of chorea: random and uncontrollable movements, resembling dancing.

Case report: The aim of the study is to present a case report of a 55-year- old female diagnosed to have Huntington' s disease. Patient was admitted to the Clinic of Neurology due to balance disorders for 3 years at first affecting muscles of the head. Symptoms intensified gradually and involving entire body. Additionally, patient has been experiencing anxiety and neurotic disorder since about 6 years. Additionally, concentration and memory deficits with inadequate behavior was noticed. Patients family is not burdened with this disease, but her son has been diagnosed with schizophrenia. Neurological examination during admission to the Clinic of Neurology revealed presence of choreatic movements. During hospital stay the patient underwent thorough clinical workup, including psychological tests, computed tomography of the head, EEG study and genetic molecular tests. Psychological tests showed features of subcortical dementia. Computer tomography of the head show cortical and subcortical cerebral atrophy and no intracranial focal lesions. EEG was not significant. Genetic molecular tests revealed more than 40 repetitions of trinucleotide CAG sequence in 4p16.3 locus.

Conclusions: Treatment of HD consist of pharmacological control of choreatic movements, psychological advice and care. In order to improve quality of live and decreases the severity of involuntary movements, the patient was symptomatically treated with Haloperidol. Huntington's disease diagnostics is quite difficult with only symptomatic therapy available. Prognosis is poor, despite many clinical trials and studies.

TITLE: COEXISTENCE OF MULTIPLE MYELOMA AND OTHER LYMPHOPROLIFERATIVE DISEASES.

First author: Aleksander Sławiński

Co-authors: Aleksander Ryczkowski, Aleksandra Majchrzak, Zuzanna Toruń, Jakub Latusek

Supervisor: Agnieszka Szymczyk MD

Affiliation: Chair and Department of Haematooncology and Bone Marrow Transplantation, Medical University of Lublin

Background: Numerous studies proved that secondary tumors constitute one of the serious, late complications after oncohematology treatment. Among reasons of tumor's coexistence underlined should be: immunity system disorders occurred during illness, common etiological factors, genetic liabilities and negative influence of past cytostatic treatment and/or radiotherapy.

Case report: 57 years old patient, after hysterectomy due to endometrial carcinoma, was admitted to the Department of Hematooncology with duocytopenia, normocytic anemia and splenomegaly. Thanks to immunofenotyping and bone marrow biopsy, in November of 2013 the patient was diagnosed with hairy-cell leukemia (HCL). She was treated with cladribine (cumulative dose 30mg). After termination of cytostatic treatment, progressive deterioration of renal function was diagnosed also the patient required indication of red cell concentrate and she declared pain in lumbosacral region and suffered with femoral neck fracture. Due to unclear cause of such clinical presentation hematological diagnostics has been extended. Performed tests showed normocytic anemia and leucopenia, increased level of calcium and kappa chains, increased number of plasma-cells in bone marrow examination and osteolytic changes in bones. Basing on these results the patient was diagnosed with multiple myeloma (MM) and received 6 cycles chemotherapy CTD (cyclophosphamide, thalidomide and dexamethasone) with very good partial response. In May 2015, the attempt of stem cells' mobilization was unsuccessful thus it was decided to observe the patient in Hematology Clinic.

Conclusions: Progress in treatment of oncological diseases as well as population's senescence influenced more frequent occurrence of secondary tumors developed from hematopoietic system. In case of other hematological tumor's like HCL or MM, the coexistence of the secondary tumor (as a result of cytostatic treatment or radiotherapy) was described only in the individual cases.

TITLE: DO WE REMEMBER ABOUT STILL'S DISEASE? CASE REPORT.

FIRST AUTHOR: Paulina Trojanowska

CO-AUTHORS: Izabela Szaciłło, Anna Rahnama, Agnieszka Świszcz

SUPERVISOR: DorotaSuszek, MD, PhD

AFFILIATION: Chair and Department of Rheumatology and Connective Tissue Diseases, Students' Scientific Circle at the Chair and Department of Rheumatology and Connective Tissue Diseases, Medical University of Lublin

Background: Still's disease is a multi-organ inflammatory disease of unknown etiology, progression and prognosis. Hectic fever, arthritis, rash, organomegaly, elevated level of ferritin and other inflammatory markers are predominant in the clinical picture of this disease. The diagnosis of Still's disease is most often made after other causes of fever are excluded, such as infection or cancer.

Case report: The patient, 24 years old, was first hospitalized at the Clinic of Rheumatology and Connective Tissue Diseases in Lublin in May 2016. The first symptoms of the disease occurred 2 months earlier: high fever, polyarthritis, sore throat, fine-spotted rash on the trunk and limbs, lymphadenopathy. Ambulatory use of antibiotics did not improve the condition of the patient. High levels of inflammatory markers, leucocytosis, elevated LDH, β2-microglobulins and ferritin, negative results of anti-nuclear antibody tests were found in laboratory studies. There were no significant deviations in imaging studies: chest X-ray, abdominal ultrasound, cardiac echocardiography. A lymph node was removed from the supraclavicular area due to suspicion of reactive lymphadenopathy. Infectious background of the fever was excluded. The average dose of glucocorticoids was administered, with improvement. In May 2016 - January 2017 no symptoms of the disease were observed. In February 2017 the patient again was admitted to the Clinic of Rheumatology due to high fever, rash, arthritis. Based on the clinical picture and the results of laboratory tests (leucocytosis with granulocytosis, high parameters of acute phase, ferritin), Still's disease was diagnosed. High doses of glucocorticoids, methotrexat and cyclosporin have been administered. Instant remission of symptoms was obtained.

Conclusions: Still's disease is one of the causes of fever. In the clinical picture it imitates infectious diseases, especially lymphoproliferative ones and those of viral etiology. Untreated leads to dangerous, sometimes fatal complications. In any case of fever of unknown etiology, it is worth to consider Still's disease as one of the possible causes.

TITLE: TRACE NEOPLASM: CASE REPORT OF THE CHILD WITH THE DOWNS SYNDROM AND AML.

FIRST AUTHOR: Monika Kozłowiec

CO-AUTHORS: Aleksandra Kołodyńska, Sebastian Sawonik

SUPERVISOR: Joanna Zawitkowska MD, PhD

AFFILIATION: Department of Pediatric Hematology, Oncology and Transplantology, Medical University of Lublin

Background: Patients with genitive defects are more likely to develop neoplasm. “Children with Down syndrome (DS) have increased risk for developing AML (DS-AMKL), and they usually experience severe therapy-related toxicities compared to non DS-AMKL”. The most sensitive test is morphology. “(…)methods more sensitive than morphology are still under evaluation”. Next step in diagnostic process should be the manual bone marrow (BM) biopsy (MBM), or powered bone marrow biopsy (PBM). “PBM produces longer BM core samples than MBM, the relative clinical utility of these two methods has not been established” In practice - first symptoms of leukemia (e.g. AML) should be differentiated from rheumatic diseases, hypoplasticanaemia, thrombocytopenia, lymphoblastoma, Hodgkin's disease, neuroblastoma, histiocytosis and infective diseases.

Case report: The child with acute myeloid leukaemia and Down’s syndrome is analyzed, based on interview and analysis of patients’ medical documentation in the Department of Pediatric Hematology, Oncology and Transplantology of the University Children Hospital in Lublin. 22-months old boy with Down’s syndrome, who was admitted to pediatric unit because of very severe vomiting. Thrombocytopenia (about 50 000/ul) was found in laboratory tests and there were petechiae in physical examination on the children face escalating after crying. This aroused surgeon’s anxiety and he turned the boy into haematological clinic after routine check up in surgical clinic. During 3 months blood tests were performing regularly, and they did not reveal any changes that would indicate clearly hematopoetic disease. Any other symptoms did not appear. After this time atypical cells occurred in peripheral blood. The decision about performing the biopsy was taken and it demonstrated presence of blast cells (16,8%). It did not give any basis to recognize malignancy. After one month the biopsy was planned and performed again which demonstrated that the amount of blast cells raised to 26%. Acute myeloid leukaemia was recognized and treatment was started.

Conclusions: Patients with Down’s syndrome need a special, multidisciplinary medical care. Because of the fact, that risk of many diseases raise with this syndrome, any alarming symptom cannot be ignored, and even slight departures from the norm in examination or laboratory tests need to be checked and controlled in the future.

TITLE: HORMONE AND METABOLIC DISORDERS IN A PATIENT AFTER CRANIOPHARYNGIOMA SURGERY: CASE REPORT.

First author: Joanna Knap

Co-authors: Monika Klimek, Marlena Kot, Weronika Sikora

Supervisor: Ewa Obel MD, PhD

Affiliation: Chair and Department of Endocrinology, Medical University of Lublin

Background: Craniopharyngioma is relatively benign (WHO grade I) and slow-growing neoplasm that typically arise in the sellar and parasellar region. A first peak incidence of craniopharyngioma appears to occur between the ages of 10-14 years. Clinical presentation is variable on account of the variable location and size of the tumor and it is mainly due to the compression of the tumor mass into neighboring structures - the pituitary gland and the optic chiasm. Craniopharyngioma are often the cause of multiple pituitary hormone deficiency and obesity, which can be the first symptom of the disease. In addition, the symptoms may include headaches, increased intracranial pressure, visual symptoms, behavioral change. Treatment of choice isresection of the tumor.

Case report: We present a case report of 35-year-old patient after craniopharyngioma surgeries (in the age of 15 and 20) with secondary hypopituitarism. The patient is treated with substitution therapy for adrenal insufficiency, hypothyroidism and diabetes insipidus. Furthermore he was receiving growth hormone due to postoperative somatopause and testosterone and Biogonadyl substitution for hypogonadism. After craniopharyngioma surgery the pathological obesity associated with hypothalamic damage developed in this patient. This has led to the development of type 2 diabetes and metabolic syndrome.

Conclusions: Pathological obesity and hormonal disorders in patients after craniopharyngioma surgery are a significant health problem and they reduce the quality of patients' lives. Patients usually develop type 2 diabetes and metabolic syndrome, so they require constant endocrine control, taking substitution drugs, healthy eating and systematic physical activity.