

Euro



Internal Medicine
2023

Internal Medicine & Patient Care



Internal Medicine & Patient Care

Keynote Tracks





Internal Medicine & Patient Care



Case Report: Cocaine toxicity causing a multi-organ failure and serotonin syndrome

Joshua Soggi*North Manchester General Hospital, UK***Abstract**

Cocaine use has seen an increase over the years and is associated with several life-threatening complications. The way in which this happens is by blocking the uptake of specific monoamine transporters leading to its accumulation and overstimulation within the post-synaptic receptors. It's important to distinguish the symptoms of acute cocaine toxicity early to ensure appropriate treatment is started as symptoms can manifest rapidly. Here we see a young gentleman presenting with findings of acute agitation and hallucinations manifesting into a cardiac arrest with a multi-organ failure and serotonin syndrome. After admission to ITU post cardiac arrest he was stepped down after a total of 55 days and made a good recovery. We aim to discuss the numerous pathophysiological effects cocaine can have on the body and the significance of these in acute toxicity.

Keywords: cocaine toxicity, multi-organ failure, dopamine, serotonin, norepinephrine

Biography

Joshua Soggi is a junior doctor currently working in [elderly medicine](#) at [North Manchester General Hospital](#). He is an international graduate, who has an MD from [Medical University Of Varna, Bulgaria](#).

joshuasoggi@hotmail.com

The readiness of medical students to take part in elimination of medical consequences of the earthquakes

Sofa Loginova*Pirogov Russian National Research Medical University, Russia*

Abstract

Statement of the Problem: Nowadays the world is seismic unresistant, earthquakes lead to the appearance of a large number of victims. First aid is extremely important due to destruction of medical infrastructure. Medical students can be involved in providing first aid and strengthening medical care. That's why a survey on the basis of first aid in earthquakes is important. The survey was completed by 55 students: 52,73% - first, 10,91% - second, 25,45% - third year, 7,27% - fifth and 3,64% of the sixth years. Among all, 50 students do not work. Only 36 are ready to participate in the elimination of the consequences of the emergency, among these 25 are the first year students. Perhaps, this is because they just started to study and do not understand completely what an emergency situation is. 90% know about earthquake safety rules. Approximately 73% know the causes of irretrievable and health losses, incorrect answers were in the first year students. But 20 of them know that approximately 15-25% among injured are children, which is the best result among all students. Everybody knows the crash-syndrom and combined injury, only half of students know that renal failure and shock is a part of them. 53%, mainly of the first year, know about necessity of a tourniquet before removing victims from the rubble. 91% knows that the best position to transport victims is supine on the rigid stretcher.

Conclusion

The first year students know first aid theory better but without experience, while senior students have more specific information. To strengthen the readiness of all students, a thematic practice is required.

Loginova S.D., student of the third year of N.I. Pirogov Russian National Research Medical University; ORCID: 0000-0002-9633-2506

Kovaleva E.M., student of the fifth year of N.I. Pirogov Russian National Research Medical University; ORCID: 0000-0001-6779-3146

Muradova M.M., student of the third year of N.I. Pirogov Russian National Research Medical University; ORCID: 0000-0002-1007-8034

Kostyuchenko M.V., Doctor of Medical Sciences of the Disaster Medicine department of N.I. Pirogov Russian National Research Medical University; SPIN-code: 8198-2090, AuthorID: 691432, ORCID: 0000-0003-1069-7190

All of us have scientific interests in the field of emergency medicine and disaster medicine.

Biography

Sofa Loginova is affiliated to Pirogov Russian National Research Medical University. She is a recipient of many awards and grants for her valuable contributions and discoveries in major area of emergency medicine research.

feklasv@icloud.com

DVT with citalopram induced SIADH in a patient with Parkinson's disease: A case report

Afaf Albalawi,
Tabuk University, Saudi Arabia

Abstract

Introduction: Citalopram is effective for dementia-related agitation, but little evidence supports its use for dementia with Lewy bodies. Hyponatremia and other SSRI side effects increase venous thromboembolism (VTE) risk. SSRI use can directly (platelet aggregation, venous stasis) or indirectly (obesity, sedation) cause DVT

Case presentation: An 86-year-old woman functionally declined with Parkinson's disease, hypertension, diabetes mellitus, hyperlipidemia, and osteoporosis presented to the emergency department with altered mental status, decreased oral intake, generalized weakness, and left lower leg swelling. Medications included gliclazide, metformin, valsartan, and atorvastatin, with no medications for Parkinson's disease. No history of deep vein thrombosis (DVT) or pulmonary embolism was noted. Echocardiogram 5 months prior showed normal systolic function; ejection fraction, 55%–60%; and Grade 1 diastolic dysfunction. At presentation, the patient was disoriented and lethargic. Blood pressure: 104/51 mmHg; random blood glucose: 125 mg/dl; and sodium: 123 mg/dl. Other parameters were normal, including adrenal function, with no sign of malignancy or autoimmune disease. Brain computed tomography showed age-related changes. Doppler ultrasound revealed DVT in the left lower leg. Four weeks prior, the selective serotonin reuptake inhibitor (SSRI) citalopram was started for behavioral changes (agitation, resistance to care, hallucinations, repetitive vocalizations, and

insomnia), resulting in restlessness and vocal changes (low-volume speech). Two days prior, citalopram was discontinued

due to excessive fatigue. The patient was admitted and managed with hypertonic solution and intravenous heparin, with other medications held. After 3 days, sodium normalized. The patient was discharged on oral apixaban (2.5 mg, BID), and all home medications were resumed except gliclazide. At follow-up, plasma sodium remained normal.

Conclusions and significance: SSRIs should not be first-line

treatments for behavioral symptoms in Parkinson's disease with Lewy body dementia. SSRIs combined with sulfonyleurea increase hyponatremia risk. In older patients with functional decline, VTE prophylaxis should be initiated prior to SSRIs.

Recent Publications

Mirghani, Hyder, Samar Aljohani, and Afaf Albalawi. "Dementia and adherence to anti-diabetic medications: a meta-analysis." *Cureus* 13.4 (2021).

Afaf Albalawi MD, Flavia Brancusi MHS, Frederic Askin MD, Robert Ehsanipoor MD, Jiangxia Wang MS, MA, Irina Burd MD, PhD, Priya Sekar MD, MPH. Placental Characteristics of Fetuses with Congenital Heart Disease. *Placental Characteristics of Fetuses with Congenital Heart Disease*. 2017 Mar; 36(5): 965-972. Pub Status: Published.

Afaf Albalawi MD1, Asha Marhatta MD2, Johns A. Farens MD1. (October 2017). Diet-induced Hypercarotenemia: A case report Poster presented at: 2017 ANNUAL SCIENTIFIC MEETING, ACP Connecticut Chapter; Southington, CT, USA.

Sapna Raghunathan, MD1, Afaf Albalawi, MD1, Yiannis Apergis, MD1 and Jonathan Fillmore, MD2, (April 2017). Mifepristone Prior to Surgery for the Management of ACTH Dependent Cushing's Syndrome of Unknown Etiology Poster presented at: 99th Annual Meeting of the Endocrine Society; Orlando, FL, USA.

Afaf Albalawi MD and Christina Prather MD. (May 2019). Were depression meets aggression: The intersection of SSRI use and Parkinson's disease Poster presented at American Geriatric Society 2019 Annual Scientific Meeting; Portland, OR, USA

Biography

Afaf Albalawi is a consultant in [internal medicine](#), geriatric and [palliative hospice medicine](#) at Tabuk University, Saudi Arabia

afaf.albalawi@ut.edu.sa

Received:

| Accepted:

| Published:

High Risk ileal mesenteric gastrointestinal stromal tumor masquerading as intestinal fistula & intra abdominal abscess formation: A Case Report

Ramon Jr. Guelos

The Medical City, Philippines

Abstract

Gastrointestinal Stromal Tumors (GISTs) occur in less than 1% of all digestive tract tumors. Tumor perforation, GIST related fistulas and intra-abdominal abscess phenomenon are rare and occur as a result of GISTs' propensity to cause mucosal ulceration. This allows gut bacteria to enter the systemic circulation which increases the risk for bacteremia.

This case report investigated a 53-year-old male whose initial symptoms included fever, chills, leukocytosis, abdominal pain and a palpable right lower quadrant mass. Enhanced computed tomography (CT) scan of the abdomen revealed necrosis and abscess formation at the right lower quadrant. An ileal mass (7x10.7x12.5 cm) that formed a fistula between the tumor & small bowel with mesenteric thickening. Patient underwent exploratory laparotomy, segmental jejunal resection with end-to-end anastomosis, excision of mesenteric mass and drains. Imatinib mesilate 400mg orally once a day was initiated as adjuvant treatment.

Findings of intestinal fistula and intra-abdominal abscess formation in association with an Ileal GIST should raise a concern both for metastatic disease and possible infectious complication or sequelae. A timely and appropriate initiation of intravenous (IV) antibiotics and resection of the intraabdominal mass is tantamount

Treatment outcomes with tocilizumab in adult patients with severe and critical COVID-19 pneumonia of mariano marcos memorial hospital and medical center: A Retrospective Study

Sheryll J. Pascual

Mariano Marcos Memorial Hospital & Medical Center, Philippines

Objectives: As SARS-Cov-2 infection leads to the development of cytokine storm syndrome, Tocilizumab, a biological agent that inhibits the cytokine interleukin 6, was seen to have clinical effects in COVID-19. Hematological markers used to determine clinical severity based on current literature revealed that ALC, CRP, Ferritin, LDH and D-dimer levels were associated with COVID severity. We aimed to determine the association of recovery and mortality rate with Tocilizumab based on inflammatory markers significant in COVID-19 infection such as CRP, LDH, D-dimer, Ferritin, Absolute Lymphocyte Count and associate comorbidities of patients to mortality.

Methods: This was a single-center retrospective study which includes 101 patients diagnosed with COVID-19 Severe and Critical Pneumonia. Independent Sample T-test, Mann-Whitney U test and Fisher's Exact/Chi-square test was used. Odds ratio was computed to determine significant predictors for mortality.

Results: Diabetic patients were 5.3 times more likely to and Chronic Kidney Disease was 18 times more likely to have mortality. For every unit increase in patient's D-dimer and CRP during admission, the odds of mortality also increase by 0.02% and 0.73%,

0.01, unit decrease in patient's Absolute

0.02, w Lymphocyte Count during admission, the odds of

Mortality decrease by 17.86%. Every 0.01-unit increase in patient's ABG PaO₂/FiO₂ during admission, the odds of mortality decrease by 10.1%. In patient's D-dimer, Ferritin, CRP and LDH prior to discharge, every unit increase, the odds of mortality also increase by 0.03%, 0.18%, 2.29% and 0.58, respectively. Every 0.01-unit increase in patient's ALC prior discharge, mortality decrease by 13.35%.

Conclusion: Tocilizumab treatment was associated with reduction in the mortality of patient with Severe and Critical COVID

Pneumonia in association with inflammatory markers, LDH, Ferritin, D-dimer and CRP, improvement of ABG PaO₂/FiO₂ and decreased infiltrates by chest x-ray. Mortality from COVID-19 Pneumonia was associated with CKD, DMT2, and HCVD

Recent Publications

Manalo, G., Lu-Reyes, J., Carabacan C.,

Santos, M., Pascual, S. Therapeutic Plasma

Exchange as a Treatment for Central Pontine

Myelinolysis in a 41 year old Male with Chronic Renal Insufficiency: A Case Report; Philippine Journal of Internal Medicine (Volume 60 No. 4)

Biography

Sheryll J. Pascual MD in Internal Medicine Physician at [Mariano Marcos Memorial Hospital and Medical Center](#), Philippines. She finished her residency training in [internal medicine](#) last December 2022 and Currently Medical Officer on the said institution.

pascual.sheryll2293@gmail.com





B m D

Internal Medicine & Patient Care