



EPAT
Emergency Physicians Association of Turkey

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WORLD ACADEMIC CONGRESS OF EMERGENCY MEDICINE

October, 28 - 31

Pine Beach Belek, ANTALYA / TURKIYE

19TH NATIONAL EMERGENCY MEDICINE CONGRESS
10TH INTERCONTINENTAL EMERGENCY MEDICINE CONGRESS
10TH INTERNATIONAL CRITICAL CARE AND EMERGENCY MEDICINE CONGRESS

ABSTRACT BOOK

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Unites the World**

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WACEM23

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Football Unites the World

Qatar 2022... We watched a very different world cup. For the first time, it was hosted in a different geography and a different culture. With the perfect organization, the games that broke the rating records all over the world created a storm of excitement until the last moment. Do you remember that a goal to be scored in extra time completely changed the teams that would leave the group at the last moment. The fact that it was Ronaldo and Messi's last world cup competition gave it a different meaning and excitement.

Despite Ronaldo holding all the records, Messi was the most profitable player of the world cup.

The promotion started with Ronaldo and ended with Messi. Once again, we saw that the excitement of the World Cup is really different. It is much different and much more important than continental tournaments, including Europe. You get excited with Ecuador, you see Japan, Canada, Brazil, Argentina, USA and while the fact that everyone is there from Ghana to France, from Spain to Algeria to Tunisia makes this organization reach the climax, you realize that football has become a common language.

What about EMERGENCY

In our country, more than 400 million patients were examined in outpatient clinics last year and about 130 million of them were emergency. As they say, medicine is divided into two: Emergency and others. The situation is totally like that quantitatively. When we look at it in terms of quality, emergency is one of the most common points of everyone. Visits to the emergency room are not planned trips. For example, 112 brings the critically ill patient to the nearest unit. Therefore, everyone, whether rich or poor, bureaucrat or shepherd, is in the same situation in the ER. The patients are in one of the weakest moments of their lives. As in the past, even if you are the owner of university hospitals where the world's most respected professors work, you live the most critical moment of your life in a second level emergency room in case of an arrest. This is how Emergency unites people.

Emergency Unites the World

And here we come to that year. World Emergency Medicine Congress is in our country in 100 years. As in the World Cup, all world emergencies from Japan to Malaysia, from Ghana to Ecuador, from Italy to Canada, from New Zealand to the USA, from Russia to Ukraine are coming together at the meeting point of the world; in our country, in Istanbul and Antalya. We will all be working and trying to shine a light on the world from our country...to the 2023 congress of this huge organization WACEM -the largest academic network-. The world's most comprehensive emergency medicine organization has also a great importance for the promotion of our country.

This Year Is Very Different

Emergency Medicine Physicians Association of Turkey (EPAT) is an exemplary formation that is deeply rooted with its leadership aspect, which became more evident during the pandemic period. Its top-level position was followed with envy and such It is not affected by simple winds and does not change direction according to the wind. The gigantic organization that brings the world together at such a meaningful time, suits EPAT very well.

I wish this year to be a turning point for our country and for the World Emergency Medicine and invite to organize the biggest organization ever and to take a giant step for the future of emergencies where everyone comes together.

Let's all come together with all our might...

Prof. Dr. Başar Cander
Chairman of the Board of Directors

Dr. Sagar Galwankar
Academic Director of WACEM



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ORAL ABSTRACTS



Pub No: OP-001

Patterns and Trends of Traumatic Fractures in Children and Adolescents Due to Falls: A 10-Year Study in Turkey

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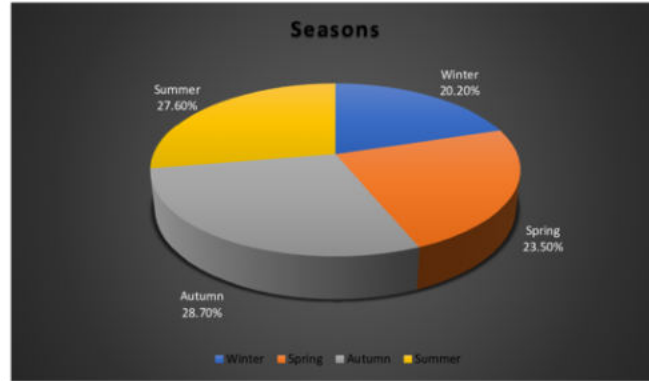
Introduction and Purpose: Falls are the leading cause of hospitalization and emergency department visits due to trauma in children aged 0 to 18 years. The aim of this study is to investigate the incidence and pattern of traumatic fractures as a result of falls in a population of children and adolescents in Turkey

Materials and Methods: A retrospective review of medical records yielded data on 1417 patients with fractures due to falls.

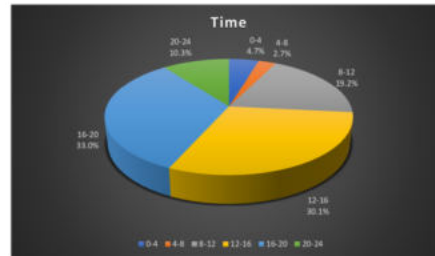
Results and Conclusion: The male-female ratio was 2.9:1, with upper extremity fractures (57.6%) being most frequent, followed by lower extremity (27.3%) and craniofacial fractures (16.5%). High falls correlated with increased incidences of spinal, lower extremity, and craniofacial fractures, while low falls were associated with more upper extremity fractures. Notably, spine fractures prevailed in adolescents (15-18 years), and craniofacial fractures dominated in young children (≤ 3 years). Distinct gender differences emerged in fracture distribution. The study highlighted seasonal and temporal trends, with peak incidence in the fall and between 16:00 and 20:00. Nerve injuries were documented in 16.4% of cases, often linked to high-impact falls, spinal, and craniofacial fractures. Early complications/associated injuries (ASOIs) were found in 19.5%, while late complications/ASOIs occurred in 9.2% of cases. Falls from high correlated with a higher frequency of early complications/ASOIs. To mitigate the impact of fall-related fractures, preventative measures, targeted interventions, and education are vital. Recognizing risk factors and designing strategies tailored to different age groups and genders can improve patient outcomes.



Season distribution.



Time distribution.



Characteristics of patients' resulting from falls according to different age range groups.

Age range, y	≤3	3-6	6-9	9-12	12-15	15-18	Total
Total	111	205	254	260	305	282	1417
Male/Female (sex ratio)	74/37 (2.0)	132/73 (1.8)	187/67 (2.8)	191/69 (2.8)	253/52 (4.9)	221/61 (3.6)	1058/359 (2.9)
Emergency admission rate	50 (45)	77 (37.5)	98 (38.5)	110 (42.3)	116 (38)	111 (39.3)	562 (39.6)
Medical insurance rate	40 (36)	85 (41.4)	125 (49.2)	131 (50.3)	161 (52.8)	138 (48.9)	680 (47.9)
Etiologies							
High fall (≥2 m)	33 (29.8)	62 (30)	57 (22.4)	48 (18.5)	62 (20.3)	94 (33)	356 (25.0)
Low fall (<2 m)	78 (70.2)	143 (70)	197 (77.6)	212 (81.5)	243 (79.7)	188 (67)	1061 (75.0)
Nerve injury	17 (15.3)	34 (16.5)	49 (19.2)	37 (14.2)	42 (13.7)	54 (19.1)	233 (16.4)
Fracture sites							
Spinal fracture	0	4 (1.9)	3 (1.1)	6 (2.3)	18 (5.9)	47 (16.6)	78 (5.5)
Upper limbs fractures	47 (42.3)	122 (59.5)	179 (70.4)	175 (67.3)	154 (50.4)	139 (49.6)	816 (57.6)
Lower limbs fractures	18 (16.2)	37 (18.0)	39 (15.3)	49 (18.8)	122 (40.0)	122 (43.2)	387 (27.3)
Craniofacial fracture	48 (43.2)	57 (27.8)	42 (16.5)	39 (15.0)	31 (10.1)	17 (6.0)	234 (16.5)
Sternum and rib	0	0	1 (0.4)	2 (0.8)	4 (1.3)	3 (1.1)	10 (0.7)
Early complications/ASOIs	22 (19.8)	45 (21.9)	57 (22.4)	41 (15.7)	51 (16.7)	61 (21.6)	277 (19.5)
Late complications/ASOIs	6 (5.4)	19 (9.2)	28 (11.0)	19 (7.3)	33 (10.8)	26 (9.2)	131 (9.2)

ASOIs = associated injuries.

Keywords: Complications, Falls, Pediatric emergency, Prevention strategies, Traumatic fractures.

Pub No: OP-002

A RARE CAUSE OF ABDOMINAL PAIN IN THE EMERGENCY DEPARTMENT: PORTAL VEIN THROMBOSIS

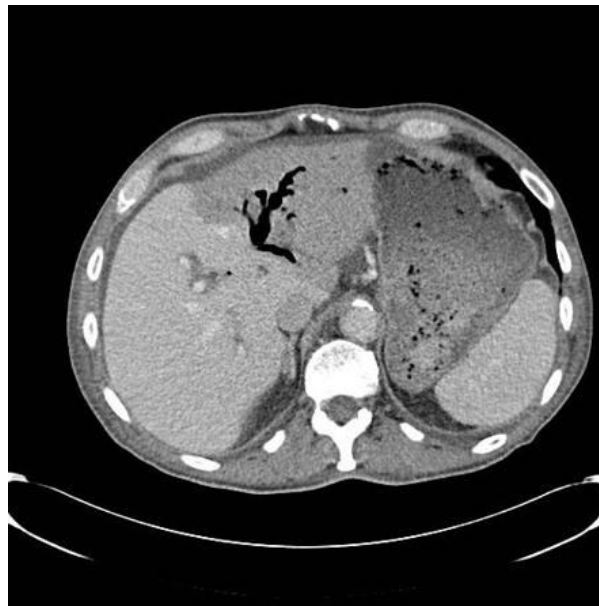
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¹ERZURUM ATATÜRK UNIVERSITY EMERGENCY MEDICINE DEPARTMENT

Introduction and Purpose: 47-year-old man with known hypertension and a history of Coveryl use presented with abdominal pain, diarrhoea and swelling of the foot. On admission, general condition was moderate, saturation: 94%, pulse: 91, arterial blood pressure: 113/72 mmHg, temp: 36.4°C. Physical examination revealed tenderness in the right upper quadrant. There was no pretibial oedema and no significant increase in diameter of either foot. A contrast-enhanced CT scan of the lower/upper abdomen was performed in the patient, who had no significant abnormalities in blood tests and did not improve with symptomatic treatments. The CT scan showed a thrombus in the portal vein (Figure 1). The patient was referred to the Department of Internal Medicine and was admitted to the hospital for treatment.

Materials and Methods: ABDOMEN TOMOGRAPH

Figure 1: Abdominal tomography: Appearance consistent with portal vein thrombus





Results and Conclusion: When assessing patients presenting to the emergency department with complaints of abdominal pain and diarrhoea, obstructive lesions, although rare, should be considered in cases where we cannot explain the cause or abdominal pain does not resolve with treatment, and further imaging and investigations should be undertaken for diagnosis.

Keywords: PORTAL VEIN THROMBOSIS



Pub No: OP-003

Pericardial tamponade : 3 Case series

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Introduction and Purpose: Introduction: Pericardial effusion is defined as fluid accumulation in the pericardial cavity due to various reasons. If the accumulated fluid increases the intrapericardial pressure and prevents cardiac filling and thus causes haemodynamic disturbance, cardiac tamponade is mentioned. The most commonly used laboratory method in the diagnosis of tamponade is echocardiography (ECHO). Tamponade is a life-threatening emergency and pericardiocentesis with definitive treatment should be performed as soon as possible. In this case series, we will present three different cases of cardiac tamponade admitted to our Emergency Department on the same day.

Materials and Methods: Case 1 An 85-year-old male patient was electively intubated due to syncope and his GCS was 3. The patient's temperature was 36.0°C and pulse rate: 132/min, blood pressure: 60/30 mm/Hg, SpO₂: 98. The patient was admitted to the Coronary Intensive Care Unit due to bedside findings of pericardial effusion and tamponade. Emergency pericardiocentesis was performed. Case 2 A 50-year-old female patient presented with the complaint of dyspnea that lasted for 4 days. The patient was receiving radiotherapy for thyroid cancer that started 3 months ago. The patient's GCS: 15, temperature: 36.4°C, pulse: 130/min, blood pressure: 100/70 mm/Hg and SpO₂: 94. On physical examination, there was bilateral neck venous occlusion. The ECG showed sinus tachycardia and a decrease in QRS voltage. The bedside ECHO revealed massive pericardial effusion and the patient was admitted to the Coronary Intensive Care Unit with the diagnosis of cardiac tamponade. Case 3 A 62-year-old male patient was brought by emergency ambulance due to fainting. On examination, GCS was 15, general condition was moderate and there was cold sweating. The patient's temperature: 36.1°C, pulse: 118/min, blood pressure: 100/60 mm/Hg, SpO₂: 96. The patient's ECG showed sinus tachycardia. It was learned that the patient had aortic valve replacement surgery 2 days ago and was discharged from the Cardiovascular Surgery service. Approximately 1.5 cm pericardial effusion was detected on bedside ECHO.

picture 1: pericardial effusion on tomography



picture 2: Cardiac tamponade on ECHO.



Picture 3: A pericardial effusion of approximately 1.5 cm was detected in the bedside ECHO.





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Results and Conclusion: Rapid diagnosis of patients with pericardial tamponade is of vital importance. ECHO, which is used at the bedside in the diagnosis of these patients, has a critical importance because it is simple, rapid and non-invasive.

Keywords: Pericardial tamponade, Emergency medicine

Pub No: OP-004

Electrocardiogram can record mechanical activity too!

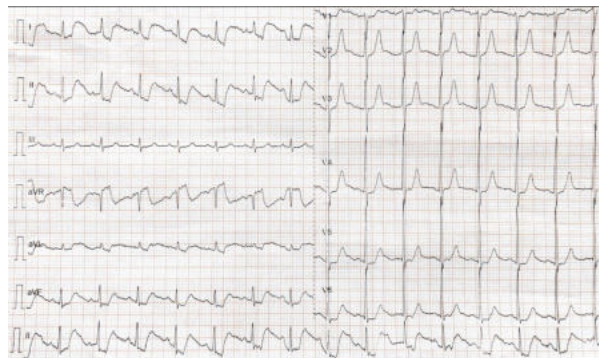
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Introduction and Purpose: Electromechanical association (EMA) artifact or Aslanger's sign is produced when an arm electrode is placed on an artery and manifests on the 12-lead ECG as ST segment changes (elevation or depression) with bizarre T waves. A careful observation of the 12-lead ECG would show a single limb lead spared from these ST-T changes.

Materials and Methods: Case Report: A 40-year-old male who is a known case of chronic kidney disease on medical management presented to our emergency department with complaints of generalized weakness, swelling of both legs, facial puffiness, and decreased urine output for the past one week. A 12-lead ECG (figure 1) was taken. The ECG showed a normal sinus rhythm with a heart rate of 90 beats per minute, a normal axis, diffuse ST-segment depression in leads I, II, aVL, aVF, V1-V6, and ST elevation in leads aVR. Abnormal bizarre T waves were also observed in leads I, II, aVL, aVF, and aVR. A diagnosis of electromechanical association (EMA) artifact was made, and these changes disappeared when the 12-lead ECG was repeated after adjusting the right arm electrode placement.

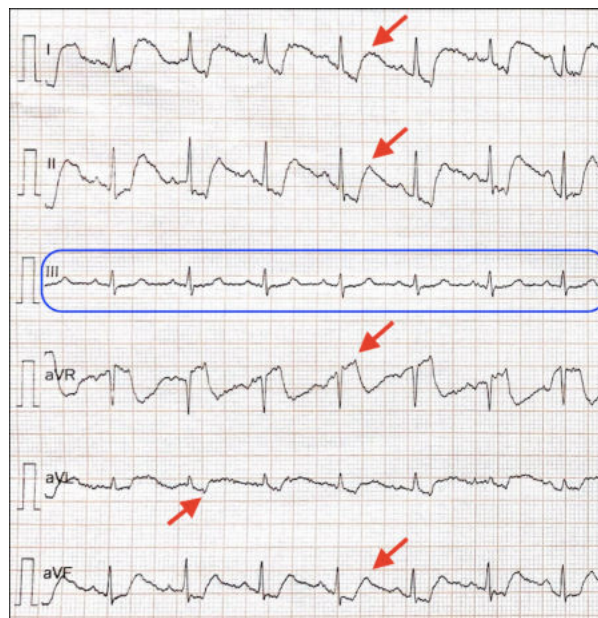
Figure 1



Initial 12-lead ECG of the patient

Results and Conclusion: EMA artifact, also called arterial pulse tapping artifact, is produced when an arm electrode is placed on an artery. 1,2 It can also be seen if a chest electrode is placed precisely on the apical impulse.3 This artifact is created by the mechanical tapping of the pulse or apical impulse on the ECG electrode and is synchronous with the cardiac cycle. It produces ST segment changes (elevation or depression) with bizarre T waves. A peculiar feature in EMA artifact is that a single limb lead is almost always spared from the bizarre ST-T changes. A lead on an ECG is derived by the voltage difference between two different anatomical electrodes. Leads I, II, and III are derived by measuring the voltage difference between the electrodes placed on the right arm and left arm, right arm and left leg, and left arm and left leg, respectively. In EMA artifact, one standard limb lead derivation which does not involve the culprit electrode placed on the artery will be completely free of abnormal appearance.

Figure 2



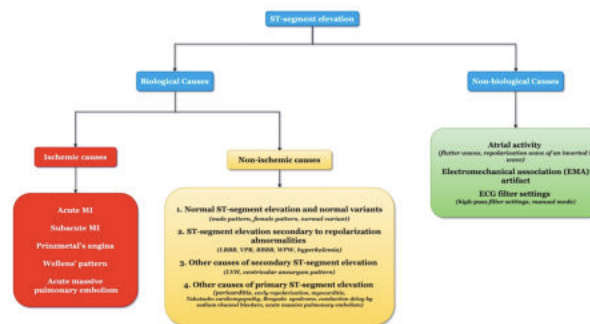
Highlighted images of the initial ECG demonstrating bizarre T waves (red arrows) with ST segment depression in leads I, II, aVL, aVF and ST segment elevation in lead aVR. Lead III waveform (blue box) is completely devoid of all these ST-T changes

Figure 3



Repeat 12-lead ECG after adjusting the right arm electrode placement

Figure 4



Various causes of ST-segment elevation. MI: myocardial infarction; LBBB – left bundle branch block; VPR – ventricular paced rhythm; RBBB – right bundle branch block; WPW – Wolff-Parkinson-White syndrome; LVH: left ventricular hypertrophy

Keywords: pulse tapping artifact, Aslanger’s sign, Electromechanical association (EMA) artifact



Pub No: OP-005

Acute ischemic cerebrovascular event in the patient who underwent rhinoplasty operation; a rare cause of vasculitis

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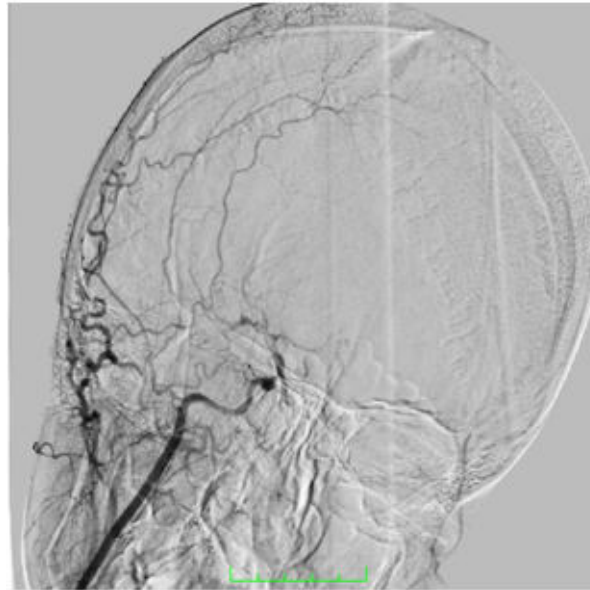
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Introduction and Purpose: Central nervous system vasculitides with primary or secondary etiology are rare conditions with an incidence of 1-2 per million. Vasculitides are characterized by inflammation and necrosis of the blood vessel wall. The main symptoms of cerebral vasculitis are paralysis, headache and encephalopathy. Diagnosis is based on laboratory and imaging findings.

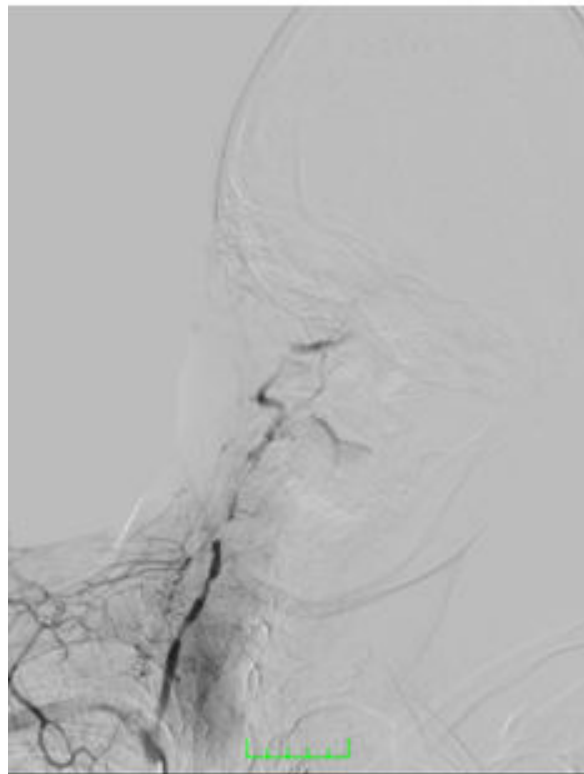
Materials and Methods: A 22-year-old female patient. There is no known disease history, magnetic resonance findings confirming acute ischemia in the brain were obtained in neuroimaging after rhinoplasty operation under general anesthesia, when the left lower and upper extremities were plegic at the wake-up phase, central facial paralysis on the left, and Babinski positive. The patient was admitted to the stroke center with the diagnosis of acute ischemic cerebrovascular accident. In the carotid and vertebral artery digital subtraction angiography, stenosis and irregularities were detected in the vessel walls of the right carotid, right middle cerebral artery, right anterior cerebral artery and right vertebral artery, and it was reported as vasculitis.



Right carotid, middle cerebral and anterior cerebral arteries



right vertebral artery





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Results and Conclusion: Santarl nervous system vasculitis is a rare condition that can have multiple clinical manifestations. A fulminant picture may develop with arterial dissections and thrombosis and rupture of aneurysm. Santarl nervous system vasculitis should be part of the differential diagnosis of individuals presenting with vascular pathologies.

Keywords: Rhinoplasty, ischemic, vasculit



Pub No: OP-006

Treatment methods and results for patients with peripheral vascular injury caused by traffic accidents

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Introduction and Purpose: The aim of this study is to discuss the data on the treatment and outcomes of patients with vascular injuries who were admitted to the emergency department of our hospital after the traffic accidents.

Materials and Methods: From January 2020 to September 2023, 8012 traffic accident cases were admitted to the emergency department of our hospital and 48 of these patients needed intervention due to vascular injury. The data of these cases were evaluated retrospectively and 27 (56.25%) patients had arterial, 6 (12.5%) had deep venous, and 15 (31.25%) had both injuries. Superficial venous injuries were excluded. CT angiography was used for diagnostic purposes in all patients. For the arterial system, transection was detected in 12 (28.5%), partial injury in 11 (26%), dissection in 5 (12%) and thrombus in 14 (33%) patients. Peripheral nerve damage was also present in 28 (58.3%) and bone fracture in 34 (70.8%) patients. The treatment consisted of primary repair in 11 (26%), reanastomosis in 16 (38%), graft interposition in 9 (21%) and embolectomy in 6 (14%) patients. Venous repair was performed with primary repair in 12 (57%), graft interposition in 7 (33%) patients and ligation was performed in 2 (9.5%) patients. In all cases, 27 (64.2%) patients underwent embolectomy. 2 (4%) patients needed re-intervention due to hematoma, and 8 (17%) patients due to thrombus and vasospasm. Fasciotomy was performed for 9 (18.75%) patients and 3 (6.25%) patients underwent skin grafting by Plastic Surgery due to extensive tissue damage. Mortality was observed in 7 (14.5%) and the cause of mortality in 3 of them was intracranial hemorrhage, while cardiac injury in 2 and concomitant thoracic and abdominal traumas for the others. Amputation was seen in 3 (6.25%) patients, one had partial disarticulation in the preoperative period. One patient underwent amputation due to extensive tissue injury and the other due to infection.

Results and Conclusion: Traffic accidents are frequently seen in our city where traffic flow is heavy. We believe that with early intervention, appropriate surgical planning and multidisciplinary approach in vascular injuries after these accidents, limb amputation and mortality rates can be reduced.

Keywords: traffic accident, vascular injury, amputation



Pub No: OP-007

A Rare Disease Presenting with Dizziness: Fahr Syndrome

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Introduction and Purpose: Fahr syndrome, a rare case admitted to our clinic, is named after the German neurologist Karl Theodor Fahr who first reported this disease in 1930. It is a rare neurological condition characterized by abnormal idiopathic calcification of the basal ganglia and is usually inherited as autosomal dominant. Abnormal calcified deposits (composed of calcium carbonate and phosphate) are not limited to the basal ganglia but also occur in several other regions, including the thalamus, hippocampus, dentate nucleus, cerebral cortex, and cerebellar subcortical white matter. Symptoms such as impaired motor function, neuropsychiatric symptoms, dementia, seizures, headache, athetosis and tremor may be observed. Fahr's disease is reported to commonly affect people in their 40s and 50s.

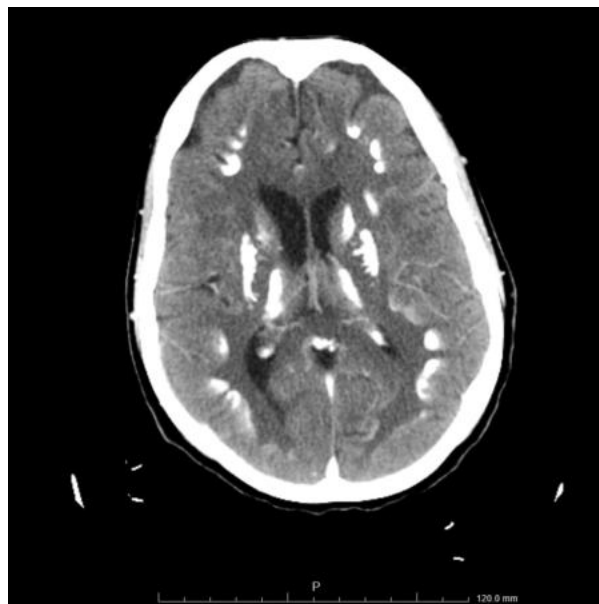
Materials and Methods: A 29-year-old female patient was brought to the emergency department with the complaint of falling and hitting her head after dizziness at home. Her vital signs on arrival were pulse rate 82 beats/minute, oxygen saturation 98% on room air, arterial blood pressure 95/67 mmHg. Syncope was not described. On physical examination, he was conscious, oriented, and cooperative. Glasgow coma scale was 15 and neurologic examination was normal. No pathology was found in other system examinations. Routine blood parameters and B-Hcg tests were ordered because of suspicion of pregnancy. In the anamnesis, it was learned that the patient had intraventricular hemorrhage 2 years ago. She stated that she had no additional chronic disease and was not taking any medication. Laboratory tests revealed no abnormal findings except hemoglobin 9.5 g/dl. Her pregnancy value was also negative, and brain computed tomography was performed as a control. No acute hemorrhage was found on CT scan, but diffuse calcifications, which are typical of Fahr syndrome, were noted. It was learned that the patient who also had chronic anemia had similar complaints intermittently. The patient, who had no complaints as a result of hydration, was externed from the emergency department.

Figure 1



COIL PLACED AFTER BLEEDING

Figure 2



Calcification in the basal ganglia

Figure 3



Calcification in the basal ganglia

Results and Conclusion: Fahr's disease is caused by idiopathic calcification of bilateral basal ganglia. There is no specific treatment for Fahr's disease. Fahr's disease should be considered in the differential diagnosis of geriatric patients suffering from cognitive impairment and movement disorders.

Keywords: Fahr disease, Intracerebral calcification, Aneurysms



Pub No: OP-008

CHILDHOOD THORACIC TRAUMA RELATED TO MOTORCYCLE ACCIDENT; CASE PRESENTATION

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Introduction and Purpose: Thoracic trauma includes trauma to the rib cage, lungs and cardiovascular system and accounts for 23-28% of trauma-related mortalities. The most common cause of trauma in the emergency department for children is traffic accidents. Approximately over 1.5 million childhood traumas occur annually in America, approximately 600,000 of which are hospitalized, and approximately 15,000 to 20,000 trauma-related child deaths occur each year. In pediatric trauma patients, the presence of thoracic trauma increases the mortality rate by 5% to 25%, depending on age. Since the thoracic cavity in children is more flexible and compressible than in adults, energy may be transferred to the rib cage and lung injury may occur, even if there is no visible injury from the outside. In this case, we wanted to emphasize the causes of death other than head trauma after a motorcycle accident, the importance of protective equipment on motorcycles, and the need for stricter legal regulations, especially for child patients.

Materials and Methods: A 12-year-old male patient was brought to our emergency department by 112 after a motorcycle accident. We learned that there were 3 people on the motorcycle at the time of the incident, that the patient was sitting in the front and only used a helmet as protective equipment. tomography comments; In thorax computed tomography, there is an approximately 1.5 cm thick pneumothorax area on the right side. There is approximately 2 cm thick fluid in the accompanying right hemithorax. (hematoma?, hemorrhage?) There is an alveolar infiltration area in the right lung upper lobe anterior and upper lobe posterior, and lower lobe superior segment. An air cyst with a diameter of approximately 1.5 cm was observed in the central zone of the superior lower lobe of the right lung.

Results and Conclusion: Since the body mass index and body area of pediatric patients are small, the whole body is affected in trauma. In our case, since the passenger was sitting in front of the driver and the accident occurred from the front, the passenger became a barrier between the driver and the high energy and protected the driver.

Keywords: Thoracic trauma, Pediatric trauma, Emergency service

Pub No: OP-009

Posttraumatic Pancreatitis Three Days after Car Accident

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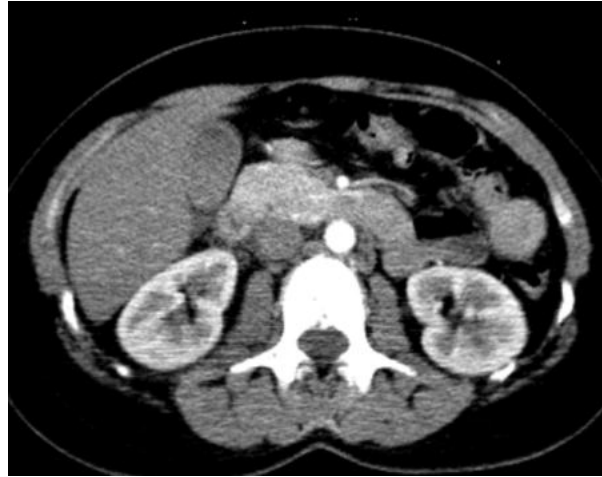
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Introduction and Purpose: Acute pancreatitis is frequently associated with gallstones or alcohol but it can also be seen after trauma. We herein present a case of posttraumatic pancreatitis 3 days after a car accident that caused pelvic fracture and retroperitoneal hematoma.

Materials and Methods: A 26-year-old woman admitted to the emergency department (ED) with haematuria, bilateral flank, abdominal and pelvic pain. Vital signs of the patient was normal. It was mentioned that the patient had a traffic accident 3 days ago. In pelvic CT images, mild displaced fracture in right and left inferior pubic ramuses were observed. No other pathological findings related to trauma were found in CT imaging. There was no significant decrease in haemoglobin values, urine analysis was normal but liver enzymes were found high (AST: 252 U/L; ALT: 135 U/L) and the patient was hospitalised. The patient was discharged with the recommendation of outpatient follow-up upon regression of liver enzyme values 1 day before the second presentation to the ED. Physical examination revealed tenderness in the epigastric and pubic regions. The patient had urine and faecal output. Creatinine, AST and ALT values were in normal ranges but amylase and lipase values were found high (283 U/L and 541 U/L, respectively). In urine analysis, microscopic erythrocyte value was 726 and microscopic leucocyte value was 33. In abdominal CT imaging, increased density in fatty tissues in the peripancreatic area, especially in the neighbourhood of the head of the pancreas, and edematous changes in soft tissues in the retroperitoneum on the right were observed and acute pancreatitis was considered. Abdominal USG showed 8 mm thick free fluid in the pelvic region and millimetric sized free fluid in the neighbourhood of the inferior right kidney. Posttraumatic pancreatitis was considered and the patient was hospitalised for treatment. Antibiotherapy, analgesics and follow-up with urinary catheter during hospitalisation were administered. The patient was discharged after the urine analysis returned to normal, amylase and lipase values decreased and the clinical condition improved.

Abdomen CT Image



Increased density in fatty tissues in the peripancreatic area

Results and Conclusion: Acute pancreatitis may also be caused by trauma due to increased pressure in the retroperitoneal region or inflammatory mediators released from injured tissues or haematomas.

Keywords: acute pancreatitis, trauma



Pub No: OP-010

Identifying Characteristics of Frequent Adult Emergency Department Users

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Introduction and Purpose: Emergency Department (ED) overcrowding is a common international concern. The characteristics of frequent emergency service users are heterogeneous. It is not possible to reduce ED overcrowding without basic data on the diagnosis and risk factors of these patients. The objective of this retrospective review of patient data was to assess if there was any invaluable information to help predict patient demand for medical resources.

Materials and Methods: A retrospective review was performed of all attendances in this Emergency Department from January 2020 to January 2022. Frequent emergency department users were defined as patients who came to the emergency department 5-15 times during the same period. Very frequent emergency department users are defined as patients who went to the emergency department 15 or more times during the same period. Frequent users and less frequent users were compared.

Results and Conclusion: 96.4% of the patients were less frequent ED users, while 3.4% were frequent ED users. We found that 0.2% of the patients were very frequent ED users. The independent risk factors for frequent ED visits were older patients; the winter season; daytime discharge from ED; and patients designated as high acuity at their first visit. Patients with a malignant neoplasm, liver disease, chronic kidney disease, or chronic obstructive pulmonary disease were associated with more frequent ED visits. By further analyzing the risk factors associated with frequent ED use, necessary multidisciplinary interventions to be designed are more likely to reduce repeated ED utilization and improve associated outcomes.

Keywords: Emergency department, patient, visit, frequent



Pub No: OP-011

Gastrointestinal Bleeding in a 56-Year-Old Male Patient with Down Syndrome

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¹İzmir Torbalı Devlet Hastanesi

Introduction and Purpose: Adult patients with acute gastrointestinal (GIS) hemorrhage are among the most frequently admitted patients and still maintain a high mortality rate despite endoscopic and angiographic treatment methods. It is more common in males than females and its prevalence increases with age (2). The proximal part of the Treitz ligament is called upper GI bleeding and the distal part is called lower GI bleeding (3). The presentation and clinical course of patients with upper gastrointestinal bleeding covers a wide spectrum ranging from subclinical occult bleeding to subcutaneous bleeding, from anemia to hypovolemic shock (4). In the evaluation, history, physical examination, diagnosis and treatment should be initiated simultaneously and resuscitation and stabilization of the patient should be ensured according to the clinic (5). Gastrointestinal changes are present in more than 2/3 of individuals with Down syndrome (6,7).

Materials and Methods: A 56-year-old man with Down syndrome was admitted with complaints of dyspnea, abdominal pain and restlessness. There was no known history of other comorbidities. Vital parameters: Blood pressure: 117/69 Pulse: 111 SpO₂: 84 Temperature: 36.5°C On examination, neurologically normal. Right side basal rales + in the lungs, distended abdomen, defense + rectal touch normal stool smear, rest of the systemic examinations were normal. Although respiratory complaints improved with treatment, abdominal pain persisted. Increased abdominal pain and agitation were observed during follow-up. He became hypotensive in terms of vital signs. Hematemesis was observed. respiratory arrest followed by cardiac arrest. After 10 minutes of CPR, the patient was transferred to the intensive care unit with blood replacement and inotropic agent support.

Gas appearance in the abdomen



Blood gas results

Parameter	Unit	Value	Normal Range
pH		7.38	7.35 - 7.45
pO ₂	mmHg	88	80 - 100
pCO ₂	mmHg	40	35 - 45
HCO ₃ ⁻	mmol/L	24	22 - 28
Base Excess	mmol/L	0	-2 - 2
SpO ₂	%	98	94 - 98
FiO ₂		0.21	
PaO ₂ /FiO ₂		419	> 300
PaCO ₂ /FiO ₂		1.9	< 1.0
PaO ₂ /PaCO ₂		215	> 100
PaO ₂ /SaO ₂		100	> 95
PaCO ₂ /SaO ₂		0.02	< 0.05
PaO ₂ /SaO ₂ /PaCO ₂		100/0.02/1.9	> 100/0.05/1.0
SpO ₂ /FiO ₂		471	> 300
SpO ₂ /PaCO ₂		215	> 100
SpO ₂ /SaO ₂		100	> 95
SpO ₂ /PaCO ₂		0.02	< 0.05
SpO ₂ /SaO ₂ /SpO ₂ /PaCO ₂		100/0.02/215	> 95/0.05/100

Left side is first blood gas result, right side is last blood gas result before intubation

Hemogram results

Parametre Adı	Sonuc	Birim	Normal Değerler	Parametre Adı	Sonuc	Birim	Normal Değerler
WBC	58.13	Ku	4.2 - 10.8	WBC	21.85	Ku	4.2 - 10.8
RBC	3.85	Mil	4.2 - 6.1	RBC	5.54	Mil	4.2 - 6.1
HGB	6.3	g/dL	12 - 18	HGB	12	g/dL	12 - 18
HCT	23.7	%	37 - 47	HCT	41.6	%	37 - 47
MCV	61.7	fL	80 - 100	MCV	75.1	fL	80 - 100
MCHC	10.3	g/dL	32 - 37	MCHC	21.7	g/dL	32 - 37
PLT	362	Ku	130 - 400	PLT	26.8	g/dL	130 - 400
RDWSD	45.9	fL	37.4 - 51	RDWSD	38.1	fL	37.4 - 51
RDWCV	18.9	%	11.5 - 16.3	RDW CV	20.9	%	11.5 - 16.3
PDW	13.6	fL	9 - 16	PDW	13.7	fL	9 - 16
MPV	10.2	fL	7.2 - 11.1	MPV	10.8	fL	7.2 - 11.1
PCT	0.37	%	0.12 - 0.36	PCT	0.32	%	0.12 - 0.36
PLHIF	26.15	g/dL	1.9 - 6	PLHIF	20.34	g/dL	1.5 - 6
LYMP	2.53	g/dL	1.2 - 3.2	LYMP	0.96	g/dL	1.2 - 3.2
MONO	1.86	g/dL	0.16 - 1.2	MONO	0.19	g/dL	0.16 - 1.2
EOS	0.03	g/dL	0.00 - 0.5	EOS	0.02	g/dL	0.00 - 0.5
BASEO	0.06	g/dL	0.0 - 0.2	BASEO	0.07	g/dL	0.0 - 0.2
LYMP%	4.3	%	19 - 27	LYMP%	4.4	%	19 - 27
MONO%	3.1	%	1 - 4	MONO%	0.9	%	1 - 4
EOS%	0.1	%	0 - 1	EOS%	0.1	%	0 - 1
BASEO%	0.2	%	0 - 1	BASEO%	0.3	%	0 - 1

Hemogram results before and after blood replacement

Results of biochemical and coagulation parameters

Parametre Adı	Sonuc	Birim	Normal Değerler
Lipemik İndeks	-		
Glukoz	229	mg/dL	70 - 100
Hemolitik İndeks	-		
Üre	49	mg/dL	17 - 43
Kreatinin	1.28	mg/dL	0.67 - 1.3
İkterik İndeks	-		
eGFR	62	ml/dk/1.73	60 - 120
Alt	7	U/L	5 - 40
AST	12	U/L	5 - 50
Total Bilirubin	0.86	mg/dL	0.3 - 1.2
Direkt Bilirubin	0.43	mg/dL	0.1 - 0.4
Sodyum (NA)	141.4	mmol/L	136 - 145
Potasyum	5.33	mmol/L	3.5 - 5.1
Kalsiyum (CA)	9.1	mg/dL	8.6 - 10.6
Amilaz	36	U/L	25 - 100
CRP (TÜRBİDİMETRİK)	31.7	mg/L	0 - 6

Parametre Adı	Sonuc	Birim	Normal Değerler
PT	11.6	sn	9.7 - 14.7
INR	0.95	%	0.78 - 1.22
PT %	107.2	%	
APTT	17.7	sn	21 - 36.5

Results and Conclusion: The life expectancy of people with Down syndrome varies according to many factors. In a study conducted by Wallace the mean age of patients with Down syndrome was calculated as 37(8). In another study by Carfi et al. the mean age of patients with Down syndrome was calculated as 35 in the USA(9). In a study conducted by Bermudez et al. in Down syndrome patients, gastrointestinal changes were found in 50.7% of patients. The most commonly known cause of GI bleeding is duodenal ulcer (12). In studies in the literature, blood transfusion is recommended as life-saving in patient groups with severe GI bleeding(13).

Keywords: Down syndrome, gastrointestinal bleeding, upper gastrointestinal bleeding



Pub No: OP-012

A cross-sectional study on the February 6 earthquake

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Introduction and Purpose: Earthquakes are one of the most common and destructive natural disasters in the world. Despite advances in technology, it is not possible to predict when earthquakes will occur. Therefore, it is always important to be prepared for disaster management. The Kahramanmaraş earthquake occurred in Turkey on February 6, 2023 and affected many provinces, caused the deaths of more than 50,000 people. It has not been limited to the earthquake region and has affected the whole country both materially and spiritually. We investigated the earthquake victims who came to our hospital ED from the earthquake region.

Materials and Methods: We retrospectively investigated the records of a total of 275 earthquake victims who came to our ED.

Results and Conclusion: 148 (53.8%) were female. The average age was 41.7±18.2 years. Of the patients, 88 (32.0%) had respiratory tract infections, 41 (14.9%) had abdominal pain, 35 (12.7%) had pain, 77 (28.0%) had trauma, and the remaining 34 (12.4%) had other diagnoses. 225 were discharged, while 50 were hospitalized. The hospitalization status of patients who underwent laboratory, imaging, and/or consultation was statistically significant compared to those who did not. The hospitalization status of patients who came for trauma was statistically significant compared to patients who came for other reasons. As a result, although our province is not in the earthquake zone, it is seen in the applications made to our hospital emergency department that the number of earthquake victims coming for trauma and/or other reasons is not negligible. This shows that the earthquake disaster is not limited to the earthquake region, but has interactions and consequences at the national and even international level. It is necessary to be prepared at the national level, not only in the affected region.

Keywords: Earthquake, Emergency Medicine, Emergency room, Trauma



Pub No: OP-013

The effect of sending short messages in order to follow the treatment course trauma patients

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Introduction and Purpose: The use of communication channels has been demonstrated to be effective in improving patient adherence to treatment. The aim of this study was to investigate the impact of sending text messages to follow up on treatment in trauma patients, and to evaluate factors such as patient adherence to discharge orders, satisfaction, and return to the emergency room.

Materials and Methods: This study included patients with trauma referred to the emergency departments of two academic Hospitals in 2022. Patients who required treatment after discharge from the emergency department were included in the study. Patients were randomly divided into two groups: one group received SMS follow-up while the other group received no SMS.

Results and Conclusion: Results: The study included 340 patients with a mean age of 33.47 ± 8.54 years. Of these, 126 were female (37.05%) and 214 were male (62.95%). The SMS group showed significantly higher adherence to treatment compared to the control group ($P = 0.036$), and had significantly lower wound infection rates and healing times ($P < 0.05$). Additionally, patient satisfaction in the SMS group was significantly higher than the control group ($P = 0.024$). In conclusion: The results of this study indicate that SMS follow-up significantly improves patient adherence to treatment, patient satisfaction, and clinic referral rates, while also reducing the need for patients to return to the emergency room.

Evaluation of adherence to treatment in patients in two groups

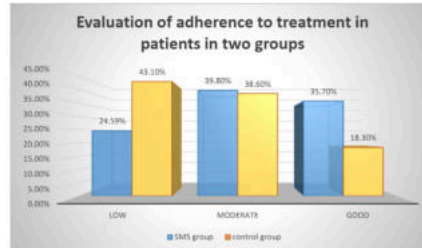


Figure 1) Evaluation of adherence to treatment in patients in two groups

Keywords: Short Message Service, Trauma, Follow Up, Treatment Adherence



Pub No: OP-014

Subcutaneous Emphysema of the Extremity after Foreign Body Penetration: A Case of Necrotizing Fasciitis

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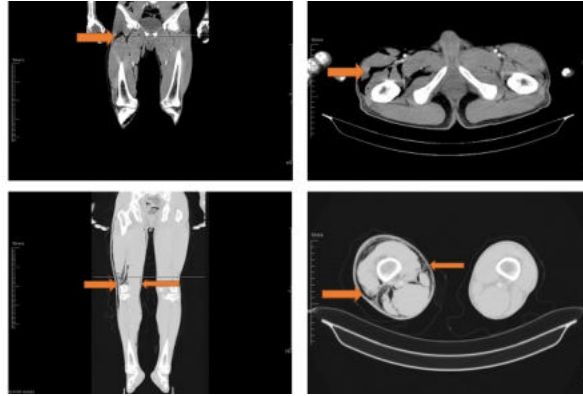
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Introduction and Purpose: Foreign body penetration is a prevalent cause for individuals seeking medical attention at the Emergency Department (ED). Superficial traumas, particularly cases of nail (gib) penetration, are commonly found within this context. In these circumstances, dressing, tetanus vaccine, analgesics, and antibiotherapy are typically considered adequate treatments, unless the patient has comorbidities. The purpose of this presentation is to highlight the potential development of severe complications in patients who present to the ED with nail penetration, and to underscore the significance of doing a comprehensive physical examination.

Materials and Methods: A 22-year-old male patient was admitted to the ED with swelling and redness in his leg and was informed that he had a nail had lodged in his leg. On examination, diffuse heat increase in the right leg and redness around the area where the nail was inserted were noticed. In addition, crepitation was felt under the skin from above the knee. The tetanus vaccine was administered 3 months ago and antibiotherapy and analgesic treatment was started in the ED. In the imaging examination (Figure 1), diffuse air foci were observed around the fascia and vascular structures of all muscles in the thigh, extending to the right iliopsoas muscle and were evaluated as necrotizing fasciitis. The patient was hospitalized in the orthopedic ward and no growth was observed in the wound culture. Fasciotomy was performed in the medial and lateral regions. Meropenem 3*1, vancomycin 2*1 and tigecycline 2*100 (after 100 mg loading) were started with the recommendation of infectious diseases. After 20 days, the patient developed granulation tissue and no drainage at the wound site and skin closure was planned.

Figure 1 Patient's Radiological Examinations and Aerial Images



Results and Conclusion: Nail penetration cases presenting to the ED should not be considered as simple cases. As seen in our case, complications such as necrotizing fasciitis should be kept in mind. For this reason, the initial examination of the case should be done carefully and treatments to prevent this complication should not be forgotten.

Keywords: Fasciitis, Necrotizing, Subcutaneous Emphysema, Wounds, Injury



Pub No: OP-015

Medical requirements in cases of food poisoning presenting to the emergency department, a retrospective study

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Introduction and Purpose: The aim of this study was to present to health professionals the data we obtained from cases of food poisoning diagnosed and treated in the emergency department.

Materials and Methods: Our study is a retrospective study and included patients who presented to the emergency department between 01.01.2021 and 01.01.2022 and were diagnosed with food poisoning. Inclusion criteria included being over 18 years of age, being diagnosed with acute food poisoning, and having access to the necessary information and documentation. The complaints, vital signs, background information, physical examination and laboratory findings of the patients included in the study were determined by examining their files in the electronic environment. The obtained data were recorded and analyzed in the database prepared in the statistical program SPSS 18.

Results and Conclusion: A total of 61 patients were included in the study. Of the patients included in the study, 18 (29.5%) were female and 43 (70.5%) were male. The mean age of the patients included in the study was 34.84 ± 15.3 years (18-73). 72% (44) of the cases presented to the emergency department with nausea, 62% (38) with vomiting, 29% (18) with abdominal pain, 21% (13) with diarrhea, and 1% (1) with dizziness (Table 1). In 34% (21) of the cases, laboratory tests were requested and LDH 244 ± 122 and CRP 15 ± 14 were found. The data obtained are detailed in Table 2. In conclusion, we believe that there are many situations that need to be clarified in cases of food intoxication, which has a prognosis that can progress to mortality.

Table 1. Symptoms of patients with food poisoning who present to the emergency department

Symptom	Number (n)	Percent (%)
Nausea-Vomiting	25	41,0
Nausea	6	9,8
Abdominal Pain	6	9,8
Stomachache-Nausea-Vomiting	6	9,8
Diarrhea-Abdominal Pain	4	6,6
Vomiting-Diarrhea	4	6,6
Nausea-Diarrhea	3	4,9
Vomiting	2	3,3
Nausea- Abdominal Pain	2	3,3
Diarrhea-Nausea-Vomiting	1	1,6
Diarrhea	1	1,6
Nausea-Dizziness	1	1,6
Total	61	100,0

Table 2. Laboratory tests of patients admitted to the emergency department with food poisoning

Laboratory Examination	Number (N)	Mean	Standart Deviation
Urea	21	37,4395	40,69869
Creatine	21	,8857	,27708
AST	21	24,6048	8,40877
ALT	21	23,8810	14,17980
LDH	21	244,5238	122,66239
Sodium	20	137,6500	2,41214
Potassium	20	4,2385	,46100
CRP	21	15,1357	14,88692
WBC	20	10,1505	2,78899
Hg	20	14,3070	1,70276
Plt	21	248,7143	70,02296

Keywords: food poisoning, emergency medicine



Pub No: OP-016

Analysis of the myocardial infarction dataset using the regularized class association rules

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Introduction and Purpose: Myocardial infarction, commonly known as a heart attack, occurs when coronary vessels, responsible for heart muscle oxygen supply, are blocked or narrowed, interrupting blood flow to the heart. The aim of this study is to classify the risk of having myocardial infarction with the associative classification method, which classifies according to association rules.

Materials and Methods: The dataset used in the study includes demographic and clinical information about individuals with a high and low chance of having a myocardial infarction. The Regularized Class Association Rules (RCAR) algorithm was used to classify the chance of having a myocardial infarction. The performance of the created model was evaluated with accuracy, balanced accuracy, sensitivity, specificity, positive predictive value, negative predictive value, F1-score, MCC, and G-mean metrics.

Results and Conclusion: The performance metrics, accuracy, balanced accuracy, sensitivity, specificity, positive predictive value, negative predictive value, F1-score, MCC, and G-mean values obtained from the RCAR model are 99.3, 99.3, 98.6, 100, 100, 98.7, 99.3, 98.6, and 99.3, respectively. The rules (96.9%) by which an individual is most likely to have a myocardial infarction are $age=[29.54.5)$, $CA=0$, and $thal=Reversible\ Defect$. When the prediction performance of the RCAR classification model was examined, the constructed model performed well. It can be said that the probability of having a myocardial infarction is very high in patients with an age range of 29 to 54.5, with 0 blood vessels colored by fluoroscopy, and with a reversible defect of a blood disease called Thalassemia.

Keywords: Associative classification, Myocardial infarction, Regularized Class Association Rules



Pub No: OP-017

An aortic abscess associated with psoas abscess: A case report

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Introduction and Purpose: A psoas abscess occurs due to a contiguous spread from neighboring structures or a hematogenous spread from a distant site. Its incidence is low, but detection of this diagnosis has become easier with the use of computed tomography. Once the diagnosis of an abscess is confirmed, the best treatment is early abscess drainage and antibiotic therapy. Mortality is quite high in psoas abscesses communicating with abdominal aortic aneurysms.

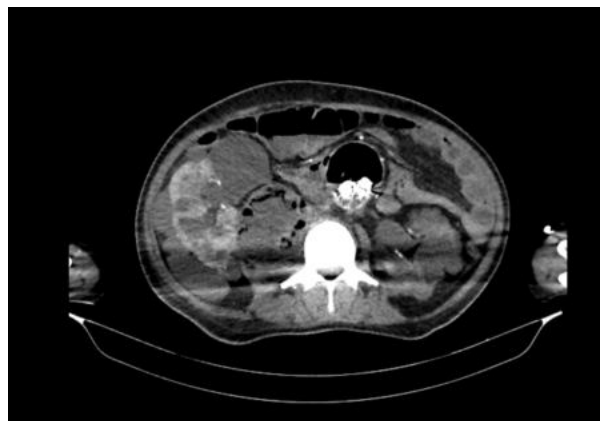
Materials and Methods: 57-year-old male patient, who had prostate neoplasm, coronary artery disease, diabetes mellitus, hypertension, coronary artery bypass grafting, and both main iliac artery stents, presented to the emergency department with a complaint of abdominal pain. During the abdominal examination of the patient, tenderness and guarding were detected in the right lower quadrant. Contrast-enhanced computed tomography (CT) angiography of the abdominal aorta was ordered because the patient had a history of previous stenting and right lower quadrant deficiency. CT angiography imaging of the abdominal aorta revealed stent images in both main iliac arteries after bifurcation in the abdominal aorta. There was also a 110x96 mm suspicious penetrating area with multiple air images around the external iliac artery on the right. In the right iliopsoas muscle, there was an increase in size suggestive of abscess formation with air densities. The diameter of the ascending aorta was 44 mm. At the level of the descending thoracic aortic bifurcation, an aneurysmatic appearance was noted in a segment of approximately 140mm extending to the proximities of both main iliac arteries, and USG showed air in the wall in the aneurysmatic section and mural wall thickening with thrombus. The images were compared with the images taken one year ago (Figure 1 & 2 & 3). Urine and blood cultures grew *Escherichia coli*. Proper anti-biotherapy was initiated. The patient underwent percutaneous abscess drainage by interventional radiology. The next day, the patient's oxygen saturation decreased to 70%. The patient was intubated, then transferred to the intensive care unit. After one day of intensive care unit follow-up, he died.

Figure-1



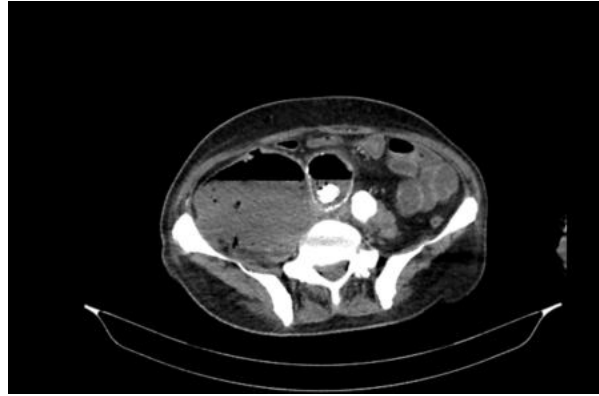
A non-contrast abdominal CT scan one year ago showed an aneurysmatic aorta, mural thrombus in the lumen, and a stent image of the EVAR procedure. No prominent infective findings were detected.

Figure-2



Contrast-enhanced abdominal CT scan performed at the patient's last admission revealed abscess formation in the right psoas and massive air and fluid level in the true lumen of the aorta.

Figure-3



Contrast-enhanced abdominal CT scan performed at the patient's last admission showed massive air and fluid level in the lumen of the aortic true lumen and right iliac artery due to abscess in the right psoas.

Results and Conclusion: The association of a psoas abscess and an aortic abscess is infrequent. Emergency physicians should remember that this association, which is very rare even in medical literature, has a high mortality rate. In patients with a history of aortic instrumental intervention, the emergency physician should order abdominal CT to rule out aortic and psoas abscesses.

Keywords: aortic abscess, psoas abscess, computed tomography, mortality



Pub No: OP-018

The Utilization of Ultrasound of the Optic Sheaths in the Emergency Department for Traumatic Cases

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Introduction and Purpose: Traumatic brain injury (TBI) is a common cause of morbidity and mortality in the emergency department (ED). Ultrasound of the optic sheaths (USOS) has been proposed as a non-invasive tool to detect elevated intracranial pressure (ICP) in TBI patients. The aim of this literature review is to evaluate the sensitivity and specificity of USOS in the ED for traumatic cases.

Materials and Methods: A systematic review of peer-reviewed research studies investigating the sensitivity and specificity of USOS in the ED for traumatic cases was conducted. The search was conducted using various databases, including PubMed, MEDLINE, CINAHL, and ScienceDirect. The search was conducted from January 2006 to August 2022. A total of 56 studies were identified, and 12 full-text reviews were conducted. From these, 6 studies met the inclusion criteria. The studies were retrospective cohort studies, with a total of 345 patients included. The sensitivity and specificity of USOS for detecting elevated ICP in TBI patients were evaluated.

Results and Conclusion: Results: The literature review identified that USOS has a high sensitivity and specificity for detecting elevated ICP in TBI patients in the ED. The sensitivity ranged from 85% to 100%, and the specificity ranged from 80% to 100%. The studies also found that USOS was a reliable tool for monitoring changes in ICP over time. Conclusion: USOS is a non-invasive tool that has a high sensitivity and specificity for detecting elevated ICP in TBI patients in the ED. USOS is also a reliable tool for monitoring changes in ICP over time. The use of USOS in the ED can aid in the early detection and management of elevated ICP in TBI patients, potentially improving patient outcomes. Further research is needed to evaluate the cost-effectiveness and feasibility of implementing USOS in the ED for traumatic cases.

Keywords: Emergency Department, Traumatic Brain Injury, Ultrasound of Optic Sheaths, Elevated Intracranial Pressure



Pub No: OP-019

PERFORATION WITH THE THOUGHT OF DISSECTION

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Introduction and Purpose: The unexpected exposure of luminal organs to the external environment is defined as perforation. Perforation of gastrointestinal tract organs within the abdomen is a cause of acute abdomen and requires an emergency approach. The most common causes of gastrointestinal perforations are: corrosive or erosive substances, peptic ulcer, diverticulitis, appendicitis, inflammatory bowel diseases and trauma.

Materials and Methods: A 48-year-old man presented with severe chest pain that started 1 hour ago. The patient said that the pain was diffuse and severe enough to make him stop breathing. I had abdominal pain last night but it lasted for a few hours. He had a known diagnosis of hypertension but was not taking any medication. The patient's vital signs were checked and were normal. There was no difference between right and left extremity blood pressure. Peripheral pulses were clear and regular. Listening to lung sounds was normal. Abdominal defense was present. Investigations were taken and analgesic treatment was administered. As the patient's pain increased during follow-up, computed tomography was performed with a prediagnosis of dissection. There was no dissection and free air was observed in the abdomen. The patient was consulted to the general surgery clinic with a prediagnosis of perforation. And the patient was hospitalized.

Results and Conclusion: Although dissection is often considered the critical diagnosis in patients presenting with severe chest pain and back pain, perforation should also be included in the differential diagnosis. Perforations in the upper abdomen may present with back and chest pain, whereas perforations in the retroperitoneum may present with more insidious pain such as low back pain. In organs perforated after dilatation, such as appendicitis or diverticulitis, pain may suddenly decrease at the time of perforation and then increase again. The diagnosis is made with imaging methods. The general surgery physician should be informed as soon as possible. Antibiotherapy should be started and surgery should be prepared if necessary.

Keywords: abdominal pain, gastrointestinal perforations



Pub No: OP-020

FACTORS EFFECTING READMISSION OF ACUTE HEART FAILURE PATIENTS TO EMERGENCY DEPARTMENT

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¹Istanbul Medeniyet University

Introduction and Purpose: FACTORS EFFECTING READMISSION OF ACUTE HEART FAILURE PATIENTS TO EMERGENCY DEPARTMENT
Introduction: Aim: Our study sought to ascertain the impact of demographic, biochemical, imaging, and outcome variables in patients with acute heart failure admitted to the emergency department on readmission within 90 days.

Materials and Methods: Methods: The A tertiary Research Hospital Emergency Service patients with acute decompensated heart failure who applied between January 1, 2019, and January 1, 2021, and who reapplied within 90 days, were included in our study. Retrospective analysis of the patients' demographic and clinical traits and an assessment of the factors influencing readmission were conducted.

Results and Conclusion: Results: Our study included 250 patients who were readmitted to the emergency department after an average of 34 ± 12.5 days. While hospital readmission and low and average potassium values were correlated ($p = 0.0033$), there was no relationship between hospital readmission and average/high potassium values ($p = 0.553$). There was a significant difference between the readmission time of discharged patients ($n = 124$) and that of patients who were hospitalized in the intensive care unit ($n = 76$) ($p < 0.005$). There was also a significant difference in readmission time between patients discharged from the hospital and those admitted to the cardiology ward ($p < 0.005$). There was a significant difference between the readmission time of patients who received NIMV ($n = 28$) ($p < 0.005$). The EF values of the patients also is correlated to early readmission. ($p < 0.005$). Pearson's R correlation analysis revealed a significant relationship between furosemide use and readmission in 90 days ($r = 0.2015$, $p = 0.0014$). Conclusion: Predicting which patient group will reapply is crucial since readmissions to the emergency room for acute heart failure may in some situations indicate that disease management at home is insufficient. Our investigation demonstrated that the likelihood of readmission was influenced by the usage of NIMV, furosemide, and hospitalization. This makes it possible to carefully discharge patients who had NIMV and high-dose furosemide and to create a follow-up strategy.



Characteristics of patients and relationship with readmission times

Table 1:

	n	Mean duration days (Mean±SD)	in p	r	CI
Gender					
Male	119	32,25±22,19	0,2346	0,489	-2,273 to 9,235
Female	131	35,73±23,84	0,2587	0,596	-3,879 to 7,658
Na					
≤135 meq/L	109	32,46±6,58			
>135 meq/L	143	35,29±4,63	0,3941	0,002	-0,07 to 0,17
K					
≤3,5 meq/L	14	11,22±4,96			
3,5-5,5 meq/L	219	35,41±5,49	0,0574	0,014	-0,003 to 0,240
>5,5 meq/L	17	28,93±3,54			
Lactate					
≤0,9	60	32,7±1,56			
>0,9	190	34,51±4,65	0,8987	6,544	-0,132 to 0,116
Hemogram					
Male					
≤8 g/dl	15	46,56±6,53			
11-8 g/dl	102	49,75±4,98			
13-11 g/dl	65	44,66±3,67			-0,153 to 0,0942
>13 g/dl	68	45,85±2,5	0,6351	0,008	
Blood urea nitrogen	250	40,89±7,98			
≤48 mg/dl	90	34,39±24,6			
>48 mg/dl	160	34,6±22,42	0,6327	0,0009	-0,252 to 0,189
Creatinine					
≤1,2 mg/dl	118	45,5±9,86			
>1,2 mg/dl	132	45,5±8,75	0,9269	0,0016	-2,658 to 4,968
C-reactive protein					
≤100 mg/dl	238	47,45±9,56			
>100 mg/dl	12	45,98±6,63	0,4314	0,0864	-3,478 to 1,698
Aspartate aminotransferase					
≤40 mg/dl	221	44,96 ±8,63	0,111	0,0423	-1,985 to 0,624

>40 mg/dl	29	42,36±4,36			
Alanin aminotransferase	250	39,78±5,22			
≤40 mg/dl	226	39,75±4,69	0,108	0,025	-2,624 to 0,964
>40 mg/dl	24	39,98±7,32			
ph	250	39,32±4,66			
≤7,35	68	37,35±5,78			
7,35-7,45	139	40,21±7,65	0,156	0,0235	-0,789 to 3,451
>7,45	43	39,86±4,69			
Ejection fraction	250	46,68±12,91			
<%41	98	34,29±23,03	0,0203	0,04	-1,101 to 1,124
%41-%49	17	45±0	<0,0001	0,009	-0,100 to 0,156
>%49	135	56,78±6,123	0,0077	0,0145	-2,269 to 0,389
Congestion scores					
1	82	42,6±5,69	0,6828	0,128	-2,505 to 7,612
2	146	38,86±7,56	0,1532	0,274	-0,004 to 2,158
3	22	37±9,56	0,3181	0,962	-1,358 to 3,649
Noninvasive mechanical ventilation					
Yes	28	32,92±22,65	0,0255	0,006	-0,578 to 0,987
No	222	43,25±24,91	0,0968	0,075	-3,548 to 7,852
Outcome					
Hospitalisation	124	28,22	0,0352	0,068	-0,131 to 0,117
Discharge	50	37,58	0,0002	0,004	-0,257 to 0,897
Intensive care	76	41,33	0,6286	0,159	-1,984 to 1,789

Table showing the relationship between readmission times and chronic diseases

Table 2:			t	P	Estimate	STD	95% confidence interval				
Readmission time in 1 days			8,032	<0,00	33,47	4,168	25,26 to 41,68				
Hypertension	-0,581		0,126	0,899	0,4387	3,457	-6,372 to 7,249				
Diabetes mellitus	-0,223	-0,1531	0,471	0,637	-1,48	3,137	-7,659 to 4,700				
Coronary artery disease	-0,528	0,052	0,007	0,001	3,571	3,155	-2,644 to 9,786				
Valve diseases	-0,161	0,036	0,041	0,061	-11,48	6,944	-25,16 to 2,199				
Chronic pulmonary disease	-0,313	0,0310	0,025	0,072	0,035	1	1,207 to -4,011				
Chronic renal disease	-0,215	-0,056	0,118	0,003	0,082	0,122	1	0,306 to -1,051			
Neurological disease	-0,261	-0,056	0,152	0,176	0,049	0,008	0,115	1	0,292 to -1,39		
Atrial fibrillation	-0,326	-0,039	0,099	0,302	-0,067	0,000	0,072	0,075	1	1,599 to 6,784	
Malignancy	-0,216	-0,012	0,037	0,098	0,013	0,064	0,040	0,063	0,133	1	0,013 to 0,989

Keywords: Emergency Department; Acute Heart Failure; Hospital Readmission



Pub No: OP-021

Acromioclavicular joint dislocation

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Introduction and Purpose: The acromioclavicular (AC) joint is located at the distal end of the clavicle and forms a joint with the acromion of the scapula. The acromioclavicular (AC) joint is affected in 9 to 12 percent of shoulder injuries. It occurs most often in men in their 20s, often during contact sports (eg football, ice hockey, rugby). Typically the history includes direct trauma to the upper or lateral part of the shoulder; examination reveals focal tenderness of the AC joint, pain in shoulder abduction and cross-body adduction, and deformity with more serious injury; and plain radiographs or ultrasound reveal elevation of the clavicle and abnormal joint spacing for all but the mildest (Type I) injuries. The normal width of the AC joint in adults is 1 to 3 mm.

Materials and Methods: A 45-year-old male patient applied to us with the complaint of his right shoulder. He fell on his right arm while working at work. He does not use any medicine for any known disease. Developing vitals are stable. On examination, there is tenderness and limitation of movement in the right shoulder. Neurovascular examination is normal. There is a right acromioclavicular joint dislocation in the direct X-ray, and the fracture line was not seen. The patient was consulted to the orthopedic clinic and was interned for emergency operation.

Figure 1



Figure 2





Results and Conclusion: AC joint dislocation is a relatively rare form of injury in shoulder traumas. It is necessary to be careful in terms of AC joint dislocation during imaging performed in patients with pain, deformity and limitation of movement presenting with shoulder trauma. Although the pathology is not noticed at the first examination, especially in mild dislocations, a comparative shoulder radiograph should be evaluated in the presence of doubt.

Keywords: acromioclavicular joint dislocation, fall, shoulder pain



Pub No: OP-022

TRANSFUSION-INDUCED ACUTE LUNG INJURY (TRALI)

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Introduction and Purpose: Transfusion-related acute lung injury (Transfusion-related Acute Lung Injury; TRALI) is a picture characterized by tachypnea, tachycardia, cyanosis, dyspnea, chest pain, and fever that usually occur in the first 6 hours after the administration of plasma and plasma-rich blood products. Acute renal failure accompanied by severe hypotension and renal tubular necrosis may occur in some patients.

Materials and Methods: A 74-year-old female patient applied to the emergency department with complaints of shortness of breath and chest pain for 2-3 hours. He said that he had been followed up in the Internal Medicine Hematology clinic for the last 1 year due to anemia and that he had a blood transfusion once a month. The patient, who was transfused with 2 units of ES today, was discharged after the regression of his anemia symptoms, with the recommendation of an internal medicine outpatient clinic control. In the vitals of the patient who applied to our emergency department with the complaints of fever, shortness of breath, and chest pain that occurred 2-3 hours after going home; TA: 115/67 mmHg, Fever: 37.5 degrees, Pulse: 110/min, SD: 24/min, SO₂: 89. In the patient's lung examination, there were minimal rales in both lungs upon listening. In laboratory values, Hb: 9.1 g/dl, Hct: 29.2%, MCV: 89 fl, plt: 410000/mm³ in blood count, BUN, creatinine, troponin I were normal in biochemistry, there was no hypoxia in blood gas, newly developed chest x-ray there were bilateral diffuse infiltration areas (Picture 1). ECG and troponin I follow-ups did not reveal any dynamic changes suggestive of acute coronary syndrome due to chest pain. The patient was admitted to the internal medicine intensive care clinic with a preliminary diagnosis of TRALI Syndrome, after the absence of lung damage before the transfusion and other causes that could lead to this picture were excluded.

Results and Conclusion: As a result, it should be considered that transfusion-related lung injury (TRALI) may have developed in any patient who has a history of transfusion and develops respiratory distress, fever, chest pain, and tachycardia within the first 6 hours after transfusion. When transfusion-related lung injury is detected early, satisfactory results are obtained with supportive treatments.

Picture 1



X-ray taken before treatment

Picture 2



X-ray taken after treatment

Keywords: Blood Transfusion, Shortness of breath, Chest pain, Fever



Pub No: OP-023

Arteriovenous Malformation Hemorrhage in a Young Patient Brought to the Emergency Department with Altered Consciousness

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Introduction and Purpose: Arteriovenous malformations are developmental anomalies characterized by direct connections between arterial structures and venous drainage networks without an intervening capillary bed. AVMs consist of a fragile vascular network. Incidental detection on brain magnetic resonance imaging has been reported in 5 per 10,000 of the population. AVMs can occur in various regions of the body, but intracranial AVMs are particularly significant due to their high risk of bleeding from the abnormal vascular network, which can result in neurological damage.

Materials and Methods: A twenty-year-old male patient with no known preexisting medical conditions was brought to the emergency department by family members due to a complaint of fainting at home. The patient had been experiencing headache and nausea for the past hour at home. The patient was triaged to the red zone of the emergency department. Upon initial physical examination, the Glasgow Coma Scale (GCS) score was calculated as six. Bilateral pupillary light reflex was absent (IR-/-), and pupils were observed as isocoric. Isometric extensor muscle contractions were noted in the upper extremities. Due to a GCS score of six, the patient was intubated to secure the airway. A post-intubation brain CT scan revealed a hematoma predominantly located in the infratentorial area involving the left cerebellar hemisphere. The hematoma extended into the fourth ventricle.

Results and Conclusion: Arteriovenous malformations can present with various clinical features, such as headache, tinnitus, stroke, or transient ischemic attack, and can also be incidentally diagnosed during imaging for non-specific reasons. Intracranial hemorrhage, seizures, chronic headaches, and progressive focal neurological deficits are the most common symptoms. Intracranial hemorrhage is a rare symptom, occurring in less than 15% of cases. Cerebellar AVMs can have distinct clinical presentations and treatment outcomes compared to AVMs in other locations. In this case, the AVM's origin from the posterior inferior cerebellar artery and the hematoma's effect on vital brainstem structures are noteworthy. AVM-related intracranial hemorrhage should be considered in young patients presenting with severe headache and sudden loss of consciousness. In the young patient group, invasive interventions such as DSA can offer early benefits. Further research and collaboration among medical professionals are essential to advance our understanding of AVMs.

Keywords: Arteriovenous Malformation, Hemorrhage, Emergency

Pub No: OP-024

Paraplegia Due to Spontaneous Aortic Dissection: A Case Report

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Introduction and Purpose: Aortic dissection; It is an emergency clinical condition with high mortality when it is not diagnosed or diagnosed late. If left untreated, the mortality rate increases by 1-2% every hour. Patients may present with a wide clinical spectrum, ranging from severe chest pain with a predatory nature to the back, neurological disorders such as syncope, hemiparesis, hemiplegia, acute myocardial infarction and acute renal failure. We present a patient who was thought to have motor sensory defect due to lumbar disc herniation in an external center and was referred to us with the need for lumbar MRI and was diagnosed with aortic dissection as a result.

Materials and Methods: .

Results and Conclusion: .

Figure-1

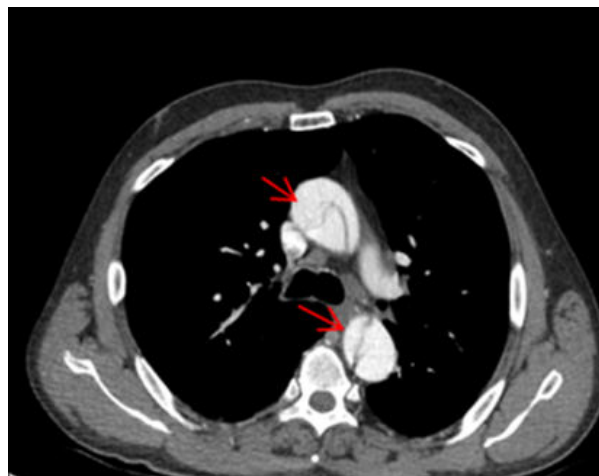


FIGURE-1

Figure-2

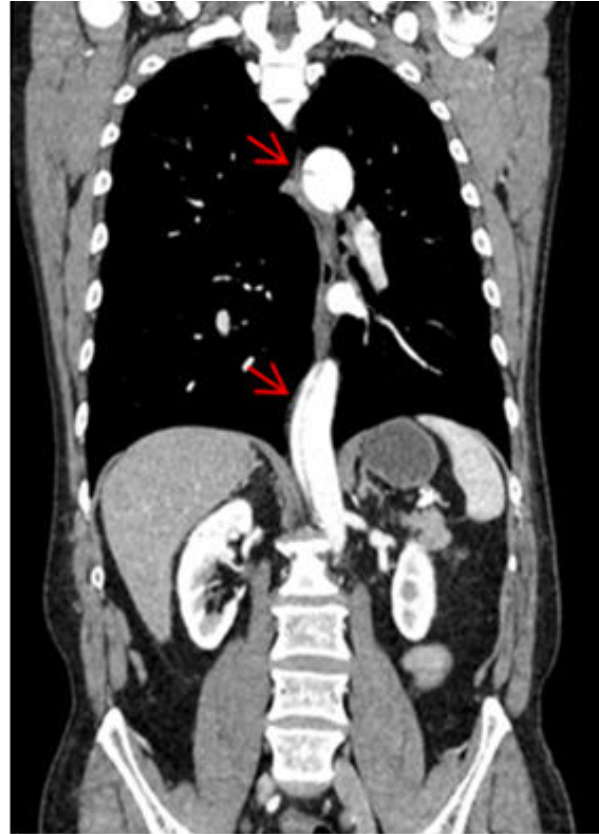


FIGURE-3

Keywords: aortic dissection, paraplegia, extremity weakness



Pub No: OP-025

SECRET BLEEDING WITH VOMITING

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Introduction and Purpose: Subarachnoid hemorrhage (SAH) refers to intracranial hemorrhage within the subarachnoid space located between the arachnoid covering the brain and the pia mater. Most cases of spontaneous SAH result from rupture of an intracranial aneurysm. However, about 20 percent of SAH cases are not due to a ruptured intracranial aneurysm. The potential causes of non-aneurysmal SAH are diverse; In some cases, the source of the bleeding cannot be determined. The classic symptom of patients with SAH is a sudden onset, severe headache, typically described as "the worst headache of my life."

Materials and Methods: A 73-year-old female patient with known DM and HT diseases but not using medication is brought to the emergency department with acute onset of nausea, recurrent vomiting and epigastric pain. His vitals were within normal limits. Fingertip blood sugar: 178. Epigastric tenderness, aphasia and anisocoria are detected in the abdomen in the systemic examination. In the advanced imaging of the patient with neurological findings, SAH was detected, and the patient was interned by the neurosurgeon.

Results and Conclusion: Headache like thunder, which is the typical finding of SAH patients, does not always occur with the involvement of the brain parenchyma, whose functions are impaired due to SAH. As in our case, cerebrovascular events should be considered in the differential diagnosis of patients presenting with only nausea and vomiting complaints.

Keywords: Subarachnoid hemorrhage, headache, vomiting, intracranial hemorrhage, nausea



Pub No: OP-026

Investigating Dynamics Of Ambulance Calls During COVID-19 Pandemic In Kazakhstan

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Introduction and Purpose: COVID-19 outbreak has been a major concern for the healthcare system as a whole, particularly for emergency medical services (EMS). There is little information available about impact of pandemics to emergency medical services (EMS). The aim of the study: to assess the frequency of calls at an ambulance station in Kazakhstan in the period 2019–2021.

Materials and Methods: Retrospective analysis was conducted to estimate the incidence of cases of emergency assistance in the period of 2019-2021. Study design: descriptive, population-based cross-sectional study of EMS work in the Republic of Kazakhstan. All data provided by the ambulance stations of 16 regions of the Republic Kazakhstan. Financing. The work was carried out within the framework of the project: "IRN AP14871609 "Optimization of the structure and improvement of the efficiency of the service of emergency medicine in Kazakhstan by conducting training of persons without medical education (medical technicians)", financed by the Ministry of Health of the Republic of Kazakhstan.

Results and Conclusion: Calls were made more frequently daily in 2021 compared to 2019 and 2020 ($p < 0.001$). Similarly, during the period prior to the pandemic (2019) and the peak of the epidemic in 2021, the rate of calls per 1,000 individuals grew sharply ($p < 0.001$) (2020). In comparison to 2019/2020, there were considerably more consultations and fulfilled calls in 2021 ($p < 0.001$). This study shows decreasing trends in routine daily calls for EMS during first wave of COVID-19 which followed by increasing trends during second and third wave of pandemic in Kazakhstan.

Keywords: COVID-19, emergency, ambulance service

Pub No: OP-027

Toxic Hepatitis Due to Shepherd's Purse Grass Use

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Introduction and Purpose: The liver is one of our essential organs that metabolizes and eliminates medications and various exogenous substances. as a result, liver toxicity is commonly encountered due to microbial, natural, industrial toxins, medications, and metals. The preliminary diagnosis of toxic hepatitis should prompt an investigation into the chemicals, medications, herbal remedies, or supplementary medical products that individuals have been exposed to at home or work, if they present with jaundice or abnormal liver function values.

image 1





Materials and Methods: We received a referral from an external center regarding a 52-year-old female patient diagnosed with hypertension, who had been directed to us due to elevated ast, alt, and bilirubin levels. In her medical history, she had been experiencing jaundice, nausea, and vomiting for 10 days and sought care at the external center in January 2023 for pneumonia, where she was admitted to the pulmonology department. It was discovered that she was taking isoniazid and prednisolone for tuberculosis prophylaxis. She reported consuming shepherd's purse herb infusion for 2 days. Her vital signs were stable, and physical examination revealed good general condition with clear consciousness and cooperation. There was tenderness in the epigastric region. Laboratory test results showed wbc: 6630, ast: 784, alt: 395, alp: 571, ggt: 564, total bilirubin: 15, direct bilirubin: 8.3. Hepatitis serology at the external center revealed negative anti-hbs ag, negative anti-hbc igm, negative hbs ag, negative anti-hbc igg, and positive anti-hav igg results. Contrast-enhanced abdominal tomography did not indicate acute pathology or obstructive jaundice. Follow-up showed increased ast and alt levels. The patient was consulted with the gastroenterology department due to a preliminary diagnosis of toxic hepatitis linked to herbal product use. Nac infusion was initiated, hydration and analgesia were provided, and the patient was admitted to the gastroenterology service with the preliminary diagnosis of toxic hepatitis.

Results and Conclusion: In patients with elevated liver function tests, the importance of medical history and physical examination cannot be underestimated. In our country, the use of regional herbal remedies is quite common, especially among the elderly population. Patients' use of medications and concomitant herbal products should be thoroughly investigated.

Keywords: Herbal Product, Shepherd's Purse Herb, Toxic Hepatitis



Pub No: OP-028

WERNICKE-KORSAKOFF SYNDROME DUE TO ANOREXIA NERVOSA: A CASE REPORT

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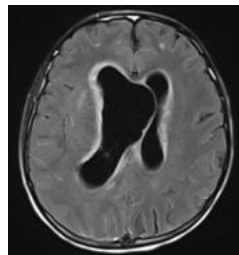
Introduction and Purpose: In this case report, we aimed to present our patient with Wernicke-Korsakoff syndrome who was brought to the emergency department with complaints of nausea, dizziness and decreased oral intake.

Materials and Methods: A 20-year-old female patient admitted to the emergency department with complaints of nausea, dizziness and decreased oral intake. It was stated by her relatives that she had anorexia nervosa and epilepsy diagnoses. On admission, the patient's vital signs were blood pressure was 71/47 mmHg, pulse rate was 88/min, fever was 36°C, respiratory rate was 12/min. The patient was cachectic, lethargic and dehydrated. In the neurological system examination, the patient's person orientation was preserved but her orientation to time and place was distorted. No neuromotor deficit was detected. Her ventricles were observed to dilated on cranial computed tomography imaging (CT). There was 7 mm shift in midline structures in the cranial CT (Fig 1). Neurosurgery, neurology and psychiatry consultations were requested to the patient. In the contrast-enhanced cranial magnetic resonance imaging report taken after the neurology consultation, extensive T2-FLAIR signal increases in the periventricular interstitium suggesting transependymal cerebrospinal fluid transudation in the periventricular interstitium was reported (Fig 2). There are occasional leptomeningeal enhancements in the cerebral hemispheres, especially in the third and lateral ventricles. Contrast increases are observed on the ependymal faces on the surface. As a result of these findings, Wernicke-Korsakoff syndrome was considered. Intravenous thiamine therapy was started. The patient was hospitalized in the neurology intensive care unit. On the 2nd day of the patient's hospitalization, the glaskow coma score regressed and the pupils were fixed and dilated. The patient was intubated. External ventricular drainage procedure was performed by neurosurgery. The patient's alanine aminotransferase and aspartate aminotransferase values increased. Ischemic hepatitis was considered. Nephrology consultation was requested to the patient who developed metabolic acidosis during the follow-ups. The patient, who had cardiac arrest on the 14th day of hospitalization, did not respond to cardiopulmonary resuscitation and died.

Figure 1. 7 mm shift in midline structures in the cranial computed tomography imaging.



Figure 2. Periventricular signal increases are seen in the cranial magnetic resonance imaging



Results and Conclusion: Wernicke-Korsakoff syndrome, which is rare, should be considered among the differential diagnoses in patients presenting to the emergency department with complaints of nausea, dizziness, decreased oral intake and those with nystagmus, ocular plegia.

Keywords: Anorexia nervosa, hydrocephalus, nystagmus, Wernicke-Korsakoff syndrome



Pub No: OP-029

Evaluation of the Relationship Between the Timing of DJ Stent Removal After Ureterorenoscopic Lithotripsy and Emergency Clinic Admission

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Introduction and Purpose: Placement of a DJ stent after ureteroscopic stone treatment is a routine practice commonly employed to facilitate the passage of fragments and prevent ureteral obstruction. DJ stents are usually removed one month later after the procedure. However, this practice often accompanies stent-related irritative symptoms such as dysuria, urgency, and flank pain. In this study, we aimed to assess the reasons for emergency clinic visits among patients with a DJ stent, as well as to evaluate the relationship between the timing of DJ stent removal and the frequency of emergency clinic presentations.

Materials and Methods: In this study, a total of 174 patients who underwent ureterorenoscopic lithotripsy at Erzurum City Hospital's urology clinic between September 2022 and June 2023 were evaluated. Demographic characteristics of the patients duration between the operation and DJ stent removal, and reasons for emergency clinic visits during this period were collected. The collected data were analyzed to assess whether there is a relationship between the number of emergency visits and the timing of DJ stent removal.

Results and Conclusion: During stented period, 117 patients presented to the emergency department with complaints of dysuria(87%), urgency(54%), and flank pain(72%). Out of these patients, 16 presented emergency department within the first 10 days, 23 between 10-20 days, 21 between 20-30 days, and 57 after 30 days. Among these patients, 19(16%) were diagnosed with urinary tract infections, and 3(2%) were hospitalized due to DJ stent migration. When comparing the timing of DJ stent removal between the group of patients who presented to the emergency department and the group who did not, the mean timing for the presenting group was 44.2 ± 4.8 days, whereas the average for the other group was 24.8 ± 3.1 days. This finding was statistically significant($p < 0.05$). DJ stent-related symptoms not only reduce patients' quality of life but also lead to an increase in emergency clinic visits. Due to these reasons, the removal of DJ stents should be planned earlier, and there is a need for prospective randomized controlled trials to address this issue.

Keywords: DJ stents, Stent-related symptoms, Ureterorenoscopic stone treatment



Pub No: OP-030

NGITIS WITH ISOLATED VOMITING

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Introduction and Purpose: : Infection of the meninges surrounding the brain is defined as meningitis. The infection is usually in the arachnoid and pia mater and is also called leptomeningitis. Bacterial meningitis is a significant cause of morbidity and mortality, especially in the pediatric population. With the introduction of pneumococcal and, more recently, meningococcal conjugate vaccines, bacterial meningitis is less common in children. On the other hand, aseptic meningitis is observed more frequently and viruses are the most important causative agents.

Materials and Methods: A 3-year-old boy was brought to the emergency department with the complaint of vomiting. According to the family history, the patient had been vomiting for 4 days. On arrival, the temperature was 37.2 degrees Celsius with a pulse rate of 88:88 and a heart rate of 170 beats/min. Mucous membranes were dry, eyeball was collapsed, abdominal breathing and consciousness tended to sleep. The patient's tests showed ph:7.34 lac:6.5 pco2:42 wbc:16.77. There was no nuchal rigidity on examination. Kernig and Brudzinski were negative. Antibiotherapy was started rapidly with a prediagnosis of meningitis in a child with fever and clouding of consciousness. Central imaging and lumbal puncture (LP) were performed for diagnostic purposes. LP was compatible with bacterial meningitis. Broad spectrum antibiotherapy was started and the patient was discharged with healing after 10 days.

Results and Conclusion: Meningitis symptoms and findings lose specificity as the age of the patients decreases. We should keep in mind the diagnosis of meningitis in patients presenting with refractory vomiting.

Keywords: vomiting, meningitis, nuchal rigidity

Pub No: OP-031

Cause of Atypic Pain of the Ankle Osteoid Osteoma of the Talus

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Introduction and Purpose: Only 4% of osteoid osteomas, which constitute approximately 10% of all benign bone tumors, are located in the foot. Diagnosis of osteoid osteoma in the foot is delayed due to the lack of specific findings and confusion with other diseases. Detection of nidus on CT is an effective diagnostic method.

Materials and Methods: In this presentation, we present a case of osteoid osteoma located in the neck of the talus in a 21-year-old female patient who had not been diagnosed for 4 years. After the diagnosis was made by CT, surgical excision was performed

Şekil 1



Şekil 1-2. Hastanın ameliyat öncesi radyografisinde patolojik bir bulgu saptanmadı.

Şekil 2



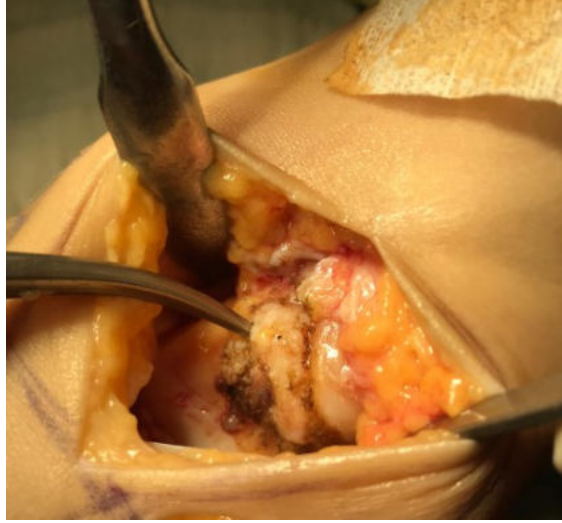
Şekil 1-2. Hastanın ameliyat öncesi radyografisinde patolojik bir bulgu saptanmadı.

Şekil 3



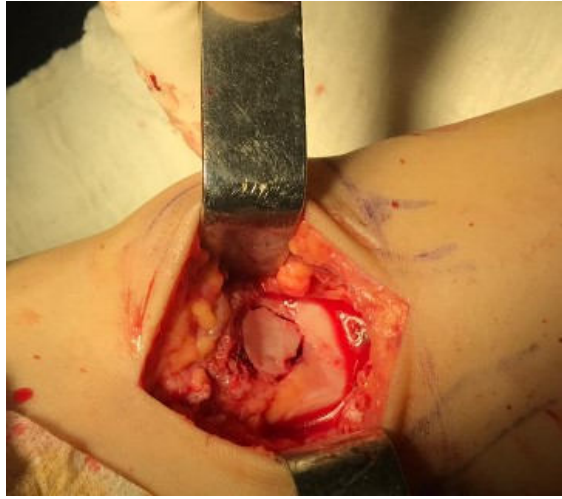
Şekil 3. Hastanın ayak bileği tomografisinde sagittal kesitte nidus görüntüsü

Şekil 4



Şekil 4. Talustaki lezyonu gösteren ameliyat fotoğrafı

şekil 5



Şekil 5-6. Hastanın ameliyattaki greftleme görüntüsü ve ameliyat sonrası röntgeni

Results and Conclusion: We should not forget osteoid osteoma in the anamnesis of patients who come to the hospital with complaints of recurrent ankle pain, especially when they describe pain that increases at night.

Keywords: osteoid osteoma, talus



Pub No: OP-032

cystic hygroma

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Introduction and Purpose: Cystic hygroma is a benign development malformation of the lymphatic tissue that is seen as finger like extentions , infiltrating to surrounding tissue. Cystic hygroma usually occurs in cervicofacial area in affected individuals. Complete surgical resection with negative surgical margins is the best appropriate treatment. We presented a patient with cystic hygroma located to intratoracic extrapulmonary area

Materials and Methods: A 43-year-old female patient who was admitted to the emergency department of another hospital with sudden onset dyspnea, shoulder pain and localized pain in the upper part of the right hemithorax revealed a smooth bordered opaque mass lesion of approximately 10 cm in diameter near the mediastinal region in the upper part of the right hemithorax (Figure 1a). When a 10 cm diameter mass lesion (Figure 1b) was detected in the upper lobe of the right lung on computed thoracic tomography (CT), he was referred to our clinic. We requested magnetic resonance imaging (MR) of the mediastinum of the lung with contrast to determine the relationship of the lesion with the mediastinal structures. On MRI, a hyperintense lesion of 96x76 mm in size in the upper lobe of the right lung that did not hold contrast media after intravenous contrast agent (IVCM) was detected (Figure 1c). The preliminary diagnosis was reported as a bronchogenic cyst. The operation was planned for the patient. Intraoperative exploration revealed that the cystic structure adjacent to the trachea in the apex of the right lung was attached to the mediastinal pleura and did not allow dissection (Figure 2). The contents of the seropurulent cyst were aspirated and its wall was excised from the mediastinal pleura. Histopathological diagnosis was reported as lymphangioma (cystic hygroma)

Results and Conclusion: As a result, cystic hygroma is very rare in adults and intrathoracic extrapulmonary regions. However, as in our case, intrathoracic lesions that may be encountered should be included and should not be ignored.

Keywords: Intrathoracic, extrathoracic, Cystic hygroma Entrance



Pub No: OP-033

ATTITUDES AND BEHAVIORS OF EMERGENCY ROOM PHYSICIANS REGARDING PRESCRIBING ORAL ANTICOAGULANTS FOR NEWLY DIAGNOSED ATRIAL FIBRILLATION PATIENTS AT DISCHARGE

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Introduction and Purpose: Current guidelines on atrial fibrillation (AF) recommend prescribing oral anticoagulants (OACs) for high-risk patients. The aim of this study was to identify the barriers to prescribing OACs for AF patients at discharge among emergency room physicians.

Materials and Methods: Semi-structured interviews were conducted with a total of 26 participants, including six emergency medicine specialists and 20 emergency medicine residents, working at a third-level city hospita. The interviews consisted of 26 open-ended questions . This study is a qualitative case study, in which emergency medicine specialists' and residents' perspectives on prescribing OACs for newly diagnosed AF patients at ED discharge were examined.

Results and Conclusion: Texts obtained from the interviews with the doctors were subjected to content analysis using an inductive approach. After thematic analysis of our study, three main themes emerged: 1) Management of AF in the ED, 2) Thromboprophylaxis, Consultation with a cardiologist was found to be the most commonly used method by physicians for managing AF in the ED. Concerns about patients not being followed up after discharge were the most commonly cited reason for not prescribing OACs for thromboprophylaxis. The most frequently mentioned view expressed by physicians was that revising the healthcare system to include early follow-up in cardiology clinics after ED discharge. We have summarised the results in the tables 1,2 and 3 belowThe role of emergency room physicians in approaching patients diagnosed with AF needs to be better defined. A comprehensive approach, including improving the system, establishing a diagnosis-intervention-prescription-follow-up chain, and increasing physician education, is necessary to increase the frequency of OAC prescriptions.

Attitudes towards Management of AF Patients in the Emergency Department

Table 1:					
Pathway A1	Pathway B1	Pathway C1	Pathway D1	Pathway E1	Pathway F1
Assessment of AF patient (f:103)	Sources Used for AF Treatment Decision (f:39)	Factors Affecting the Decision to Admit or Discharge AF Patients (f:69)	Patient-related Factors Affecting the Decision to Initiate OAC in Discharge (f:37)	Non-patient Related Factors Affecting the Decision to Initiate OAC in Discharge (f:30)	AF Patient Follow-up and Referral Plan After Discharge (f:31)
<ol style="list-style-type: none"> 1. Cardiology consultation (f:26) 2. Use of thrombotic agents (f:26) <ol style="list-style-type: none"> a. Starting LMWH (f:21) b. Starting Warfarin (f:3) c. Starting ASA (f:2) 3. Hemodynamic assessment (f:14) 4. AF rate control (f:13) 5. Existence and nature of additional diseases (f:8) 6. Observation (f:7) 7. Evaluation with ECHO (f:3) 8. Determination of CHA2DS2-VASc score (f:3) 9. Need for etiological assessment (f:1) <p>AF rhythm control (f:1)</p>	<ol style="list-style-type: none"> 1. CHA2DS2-VASc score (f:24) 2. Not used (f:7) 3. AHA guideline (f:3) 4. HAS-BLED score (f:2) 5. Clinical experience (f:1) 6. ESC guideline (f:1) 7. Other current recommendations from internet sites (f:1) 	<ol style="list-style-type: none"> 1. Decision to observe (f:55) <ol style="list-style-type: none"> a. Additional complaints (f:11) b. Rate control (f:11) c. Vital signs (f:9) d. Unstable hemodynamics (f:8) e. AF is a new diagnosis (f:7) f. Need for monitoring with defibrillator (f:3) g. Evaluation with specialist physician (f:3) h. Presence of chest pain (f:2) i. CHA2DS2-VASc score (f:1) 2. Discharge decision (f:14) <ol style="list-style-type: none"> a. Absence of need for observation (f:7) b. Cardiology specialist's discharge opinion (f:6) c. Emergency specialist's discharge opinion (f:1) 	<ol style="list-style-type: none"> 1. CHA2DS2-VASc score (f:14) 2. Patient's social support status (f:9) 3. Presence of additional diseases (f:4) 4. Patient's age (f:3) 5. Presence of additional medications (f:2) 6. Patient's mental capacity (f:1) 7. Educational level (f:1) 8. Distance from health services (f:1) 9. Level of bleeding risk (HAS-BLED) (f:1) 10. Patient's gender (f:1) 	<ol style="list-style-type: none"> 1. Problem with inability to enter follow-up in outpatient clinic (f:12) 2. Problem of insurance reimbursement for NOAC medications (f:9) 3. No external factors according to guidelines (f:6) 4. Doctor's lack of knowledge and experience (f:2) 5. Hospital overcrowding (f:1) 	<ol style="list-style-type: none"> 1. Planning (f:17) <ol style="list-style-type: none"> a. Referral to cardiology (f:11) b. Call to emergency service (f:6) 2. No planning (f:14) <ol style="list-style-type: none"> a. Control in cardiology outpatient clinic (f:14)

Thrombolytic Approach in Discharge of AF Patients

Table 2:					
Pathway A2	Pathway B2	Pathway C2	Pathway D2	Pathway E2	Pathway F2
Decision to Initiate Oral Anticoagulation in Patients to be Discharged (f:53)	Choice of New Generation Oral Anticoagulant (NOAC) (f:56)	Factors Preventing the Prescription of OAC (f:44)	Factors Affecting Drug Choice (f:100)	Decision to Initiate OAC in Patients with Previous AF but not on Anticoagulation (f:41)	Effect of Antithrombotic Drug Use for Another Condition on Prescribing Anticoagulants (f:34)
<p>1. No (f:46)</p> <p>a. LMWH and thromboprophylaxis decision (f:18)</p> <p>b. Consultation with cardiology specialist (f:13)</p> <p>c. Problem of not being able to follow up with patient (f:5)</p> <p>d.a (f:4)</p> <p>e. Lack of trust in patient (f:3)</p> <p>f. Avoiding responsibility for side effects (f:2)</p> <p>g. Not having enough time to provide patient with detailed information (f:1)</p> <p>2. Yes (f:7)</p> <p>a. If followed by outpatient clinic, I may prescribe (f:7)</p>	<p>1. I do not prefer (f:56)</p> <p>a. Lack of information (f:18)</p> <p>b. Lack of experience (f:17)</p> <p>c. Uninsured medication (f:9)</p> <p>d. Belief in cardiology specialist responsibility (f:6)</p> <p>e. Belief in uncertain side effects (f:5)</p> <p>f. Belief in insufficient research (f:1)</p>	<p>1. Difficulty in obtaining outpatient appointment/concern of lack of follow-up (f:12)</p> <p>2. Patient's socio-cultural level (f:8)</p> <p>3. No obstructing factor (f:5)</p> <p>4. Lack of knowledge and experience (f:5)</p> <p>5. High demand at emergency department (f:4)</p> <p>6. Distance of patient from healthcare facility (f:4)</p> <p>7. Problem with insurance reimbursement (f:2)</p> <p>8. Different doctor approach with each visit (f:1)</p> <p>9. Patient noncompliance with medication (f:1)</p> <p>10. Variation in medication doses from patient to patient (f:1)</p> <p>11. Severity of complications with OACs (f:1)</p>	<p>1. Low risk of complications, low side effects (f:23)</p> <p>2. Low frequency of daily administration (f:11)</p> <p>3. Easy to swallow, easy to administer (f:11)</p> <p>4. Route of administration (f:10)</p> <p>5. High safety, high therapeutic index (f:7)</p> <p>6. Ease of monitoring drug levels (f:7)</p> <p>7. Cost (f:6)</p> <p>8. Size, taste, and presence of gastrointestinal irritation (f:5)</p> <p>9. Low drug interactions (f:5)</p> <p>10. Effectiveness, potency (f:4)</p> <p>11. Established/experienced drug (f:4)</p> <p>12. Easily accessible (f:2)</p> <p>13. Newly released drug (f:1)</p> <p>14. No need for additional drug use (f:1)</p> <p>15. Pregnancy status (f:1)</p> <p>16. Lack of cumulative toxicity (f:1)</p> <p>17. Availability of insurance reimbursement (f:1)</p>	<p>1. don't prescribe the medication myself (f:17)</p> <p>a. Consultation and referral to cardiologist (f:16)</p> <p>2. I will start if there is an indication (f:5)</p> <p>a. LMWH (f:3)</p> <p>b. OAC (f:2)</p> <p>c. Consultation with emergency specialist (f:3)</p>	<p>1. Doesn't affect (f:22)</p> <p>a. I'm not starting oral anticoagulant anyway (f:12)</p> <p>b. Consultation with relevant department (f:9)</p> <p>c. I will start anticoagulant (f:2)</p> <p>2. Effects (f:12)</p> <p>a. Consultation with cardiologist (f:6)</p> <p>b. Referral to relevant department (f:4)</p> <p>c. Consultation with emergency specialist (f:1)</p> <p>d. Prescribing medication (f:1)</p>



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EVALUATION OF THE EFFECTIVENESS OF TRANSTHORACIC ECHOCARDIOGRAPHY AND ULTRASOUND (ECHO-US) IN THE EXCLUSION OF PULMONARY EMBOLISM IN THE EMERGENCY DEPARTMENT

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Introduction and Purpose: Pulmonary embolism (PE) is a common cardiopulmonary emergency with a mortality of 30% if left untreated, but decreases to 2-8% if treated appropriately. In this study, the efficacy of ECHO-US in exclusion of Pulmonary Embolism and the power of ECHO-US in diagnosing pulmonary embolism in patients with suspected pulmonary embolism were investigated.

Materials and Methods: The patients included in our study were evaluated at the bedside with the ultrasound of the emergency department in a double-blinded manner by the investigator and cardiology physician who received basic and advanced USG course by us. The study included 52 patients. Statistical analysis of the data was performed in IBM SPSS Statics Version 26 program. The agreement of variables with ECHO findings was evaluated by Kappa agreement analysis. ROC analysis was used to estimate the predictive power of positive Pulmonary CT Angiography and $p < 0.05$ was considered statistically significant.

Results and Conclusion: Results: 50% of the cases included in the study were male and 50% were female. When the distribution of the type of embolism was analyzed in those diagnosed with pulmonary embolism, 30% of those diagnosed with pulmonary embolism ($n=20$) were lobar ($n=6$); 30% were segmental ($n=6$); It was found to be 5%. When the distribution of ECG, current ECO, CUS and CT findings of the cases according to the diagnosis of PE is examined; A statistically significant difference was found between the groups in terms of tricuspid regurgitation jet flow velocity elevation, RV/LV (PSSA), RV/LV (A4), D-shape, McConnel, DVT (CUS) and CT RV/LV (PSSA) findings ($p < 0.05$). When the ROC analysis results are examined; Cutoff values calculated for Wells and Geneva scores; AUC values calculated for PE diagnosis power of tricuspid regurgitation jet flow velocity elevation, RV/LV (PSSA), D-Shape, McConnel findings and CT RV/LV ratio findings in current ECHO were found to be statistically significant ($p < 0.05$). Conclusion: The results of our study showed that in patients diagnosed with pulmonary embolism, echocardiography is easily available and can help diagnose PE by showing right ventricular (RV) dysfunction.

The results suggest that bedside echocardiography may help emergency physicians to make faster decisions in pulmonary embolism by increasing the provider's index of suspicion.

Distribution of ECG, current ECHO, CUS and CT findings according to the diagnosis of PE

	PE	Not PE	Total	X ²	p
	n (%)	n (%)	n (%)		
LV infarct ECG	0 (0)	6 (18,8)	6 (11,5)	4,239	0,071
RV infarct ECG	1 (5)	0 (0)	1 (1,9)	1,631	0,385
s1q3t3 ECG	2 (10)	0 (0)	2 (3,8)	3,328	0,143
High tricuspid jet flow velocity (≥2.5m/s)	12 (60)	6 (18,8)	18 (34,6)	9,253	0,002
VCI Collapsibility index (<50%)	18 (90)	25 (78,1)	43 (82,7)	1,213	0,454
RV/LV (PSSA) (>0,90)	15 (75)	3 (9,4)	18 (34,6)	23,419	<0,001
RV/LV (A4) (>0,90)	15 (75)	3 (9,4)	18 (34,6)	23,419	<0,001
D-shape	12 (60)	1 (3,1)	13 (25)	21,233	<0,001
McConnell	7 (35)	0 (0)	7 (13,5)	12,942	0,001
RV thickness (>5mm)	12 (60)	10 (31,3)	22 (42,3)	4,168	0,041
DVT+ (CUS)	6 (30)	2 (6,3)	8 (15,4)	5,333	0,043
CT pneumoniae	3 (15)	11 (34,4)	14 (26,9)	2,348	0,125
CT cardiogenic edema	2 (10)	7 (21,9)	9 (17,3)	1,213	0,454
CT RV/LV (PSSA) (>0,90)	14 (70)	3 (9,4)	17 (32,7)	20,557	<0,001

Pearson Chi-Square, Fisher's Exact test

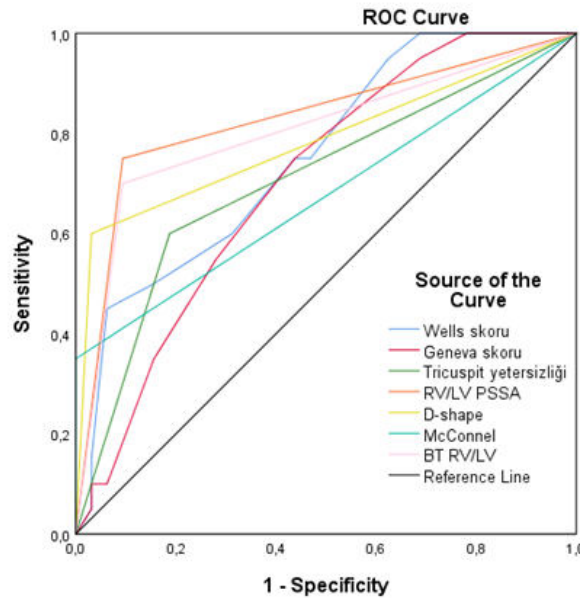
When the distribution of ECG, current ECHO, CUS and CT findings of the patients according to PE diagnosis was analyzed, a statistically significant difference was found between the groups in terms of tricuspid regurgitation jet flow velocity height, RV/LV (PSSA), RV/LV (A4), D-shape, McConnell, DVT (CUS) and CT RV/LV (PSSA) findings (p<0.05). There was no statistically significant difference between the groups in terms of other variables (>0.05).

Results of ROC Analysis for the Diagnostic Power of Wells and Geneva Scores, ECG, ECHO, CUS and CT Findings for PE

	Cut-off	Sensitivity	95% CI	Specificity	95% CI	AUC	95% CI	p
Wells	>4	45,0	23,1-68,5	93,8	79,2-99,2	0,755	0,616-0,863	<0,001
Geneva	>5	75,0	50,9-91,3	56,3	37,7-73,6	0,705	0,563-0,824	0,004
LV infarct ECG	100,0	83,2-100,0	18,8	7,2-36,4	0,394	0,449-0,728	0,233	
RV infarct ECG	5,0	0,1-24,9	100,0	89,1-100,0	0,525	0,382-0,665	0,766	
s1q3t3 ECG	10,0	1,2-31,7	100,0	89,1-100,0	0,55	0,406-0,688	0,533	
High tricuspid jet flow velocity (≥2.5m/s)	60,0	36,1-80,9	81,3	63,6-92,8	0,706	0,564-0,824	0,008	
VCI Collapsibility index (<50%)	90,0	68,3-98,8	21,9	9,3-40,0	0,559	0,415-0,697	0,463	
RV/LV (PSSA)	75,0	50,9-91,3	90,6	75,0-98,0	0,828	0,698-0,919	<0,001	
D-shape	60,0	36,1-80,9	96,9	83,8-99,9	0,784	0,648-0,886	<0,001	
McConnell	35,0	15,4-59,2	100,0	89,1-100,0	0,675	0,531-0,798	0,033	
DVT+ (CUS)	30,0	11,9-54,3	93,8	79,2-99,2	0,619	0,474-0,750	0,155	
CT pneumoniae	85,0	62,1-96,8	34,4	18,6-53,2	0,397	0,452-0,731	0,224	
CT cardiogenic edema	90,0	68,3-98,8	21,9	9,3-40,0	0,559	0,415-0,697	0,463	
CT RV/LV (PSSA) (>0,90)	70,0	45,7-88,1	90,6	75,0-98,0	0,803	0,669-0,900	<0,001	
D-dimer	100,0	83,2-100,0	3,1	0,08-16,2	0,516	0,373-0,657	0,850	
Troponin	35,0	15,4-59,2	71,9	53,3-86,3	0,534	0,391-0,674	0,680	
BNP	30,0	11,9-54,3	75,0	56,6-88,5	0,525	0,382-0,665	0,764	
Lactate	30,0	11,9-54,3	71,9	53,3-86,3	0,509	0,367-0,651	0,910	
HCO3	>23,6	20,0	5,7-43,7	62,5	43,7-78,9	0,52	0,377-0,660	0,811
PO2	90,0	68,3-98,8	31,3	16,1-50,0	0,606	0,461-0,739	0,177	
PCO2	65,0	40,8-84,6	43,8	26,4-62,3	0,544	0,400-0,683	0,596	

When the results of ROC analysis for the diagnostic power of Wells and Geneva scores, ECG, ECHO, CUS and CT findings for PE were analyzed; cut-off values calculated for Wells and Geneva scores; AUC values calculated for the power of current ECHO findings of tricuspid regurgitation jet flow velocity, RV/LV (PSSA), D-Shape, McConnel findings and CT RV/LV ratio findings to diagnose PE were statistically significant ($p < 0.05$). AUC values calculated for other variables were not statistically significant ($p > 0.05$).

ROC Curves Plotted for Variables Found Significant in ROC Analysis for the Power of Wells and Geneva Scores, ECG, ECHO, CUS and CT Findings to Diagnose PE



Keywords: Pulmonary Embolism, Echocardiography, Emergency Medicine, Ultrasound



Pub No: OP-035

The calls to 112 command and control center and evaluation of use of the Emergency Ambulance Service in Denizli

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Introduction and Purpose: In this study we studied the calls to 112 command and control center in 2012-2013 years in our province and we aimed the evaluation of use of the emergency ambulance service in our province.

Materials and Methods: By evaluating emergency call forms that is taken 112 command and control center head physician's office, a descriptive study was done retrospectively. SPSS 17 program is used for the statistical analysis in this study.

Results and Conclusion: Results: It is identified that 51.8% of 1176126 emergency service applicants was male in 2012, 52.3% of 1185019 emergency service applicants was female in 2013. Ambulance service utilization was highest in summer (27%) and the peak value was in august. It is detected that 94% of the calls was unnecessary. The ambulance service utilization by the patients age 65 and over was 30% in 2012 and 2013. It is also identified that the mean ambulance arrival time to the patients was 8.6 min. in 2012 and 9.1 min. in 2013. As we determined, most of the reasons of emergency calls were medical diseases (72%) and traffic accidents (12%). In the patient's classification according to their pre-diagnosis, the biggest patient group was trauma cases. In 2012 the trauma cases have had 23,3% rate among the pre-diagnosis reasons and in 2013 the value was 22,2%. In our study, the highest rate of ambulance exists is hospital transfer (64.2% in 2012, 63.1% in 2013). Most of the cases which are transported with ambulance have been gone to Denizli State Hospital (32.4%). Conclusion: The high rate of unnecessary calls to command and control center (95,5%) is a serious problem for the quality of service. Because of the fact that these kind of calls make 112 KKM busy unnecessarily; patients, which must have a priority to access to emergency services because of their severe illnesses, don't arrive on time. So education programs or public spotlights should be performed to improve public's knowledge.

Keywords: 112 calls, command control center, emergency, ambulance service



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Partial HELLP syndrome

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Introduction and Purpose: HELLP syndrome is characterized by hemolysis, increased liver enzymes and decreased platelet count. Although it is typically seen between the 27th week of pregnancy and birth, 15-30% of cases are seen in the early postpartum period. Some pregnant women develop just one or two of the characteristics of this syndrome, which is termed Partial HELLP Syndrome (PHS). HELLP syndrome may begin as PHS, because it is an insidious and progressive disease. A case with PHS who admitted to emergency department is presented.

Materials and Methods: A 28 years old, gravida 3, parity 1, 38 weeks and 2 day pregnant with a previous cesarean section history admitted to the emergency department with complaints of decreased fetal movements and abdominal pain. Blood pressure was measured as 165/85 mmHg. Pretibial edema was +1 positive. In obstetric ultrasonography, biometric measurements were consistent with 34 weeks of gestation, FKA+ singleton pregnancy and amnion were observed to be severely reduced. There was intrauterine growth retardation and oligohydramnios, as well as diastolic flow loss, especially in the umbilical artery arteries. Nst (non stress test) was observed as nonreactive and contraction was present. Urine routine examination was positive for urinary protein. However, blood tests showed platelet count of 275, with ALT of 845 U/L and AST of 532 U/L on peripheral blood film. The case was considered as HELLP Syndrome. No pathology was detected in the liver and bile ducts on hepatobiliary ultrasonography. Hepatitis serologies were found to be normal. Patient underwent emergency cesarean section with the diagnosis of PHS and fetal distress.

Results and Conclusion: HELLP syndrome and the complications that may develop are life-threatening conditions for pregnant women. Early diagnosis of patients with HELLP syndrome in emergency departments and aggressive monitoring in intensive care with a multidisciplinary team is very important in terms of preventing possible complications and reducing morbidity and mortality.

Keywords: partial HELLP syndrome, emergency departments, pregnant



Pub No: OP-037

Retrospective Analysis of the Effects of Hemogram, Coagulation, Serology and Biochemistry Parameters on Prognosis in Patients Presenting to the Emergency Department with Ischemic Stroke and Initiated Thrombolytic Treatment

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Introduction and Purpose: Acute ischemic stroke is the most common cause of death after heart diseases and cancers. It is among the main causes of morbidity all over the world, including Turkey. In our study, it was aimed to predict the prognosis of patients after thrombolytic therapy with blood parameters, which are a quick, inexpensive and simple diagnostic tool.

Materials and Methods: In our study, the relationship between the prognosis and blood parameters of patients with acute ischemic stroke who underwent thrombolytic therapy between 01.01.2015 and 30.08.2022 in Van Yüzüncü Yıl University Faculty of Medicine Dursun Odabaş Medical Center Emergency Service was analyzed retrospectively. Demographic findings, blood parameters and prognoses of the patients were noted. The data collected in this way were analyzed in the statistical analysis SPSS (ver. 20) package program. Descriptive statistics for categorical variables from demographic questions were numbers and percentages; Descriptive statistics for continuous variables were calculated as minimum and maximum, median, mean standard deviation. Chi-square test was used to determine the relationship between groups and categorical variables. Statistically significant limit of $p < 0.05$ was accepted.

Results and Conclusion: A total of 165 people participated in the study. Of the patients, 85 (51,5%) were male and 80 (48,5%) were female. The mean age of the patients was calculated as 69.29 ± 12.31 years. The youngest patient was 32 years old and the oldest was 95 years old. According to the results of our study; No significant correlation was found between the age and blood parameters of the patients' prognosis, hgb, plt, wbc, inr, creatinine, glucose and crp ($p > 0.05$). In addition, when the prognosis of the patients according to gender was examined, no significant difference was found, although the rate of complete recovery was higher in males and the exitus ratio of female patients was higher than that of males ($p > 0.05$). Of those who had intracranial hemorrhage, 14 died and there was no patient with full recovery. The number of patients who had GI bleeding was 3, one person died, one person did not recover, and one person is in the full recovery group.

Keywords: Acute ischemic stroke, thrombolytic therapy, prognostic factors, Recombinant Tissue Plasminogen Activator (r-tPA)



Pub No: OP-038

INVASIVE FUNGAL SINUSITIS

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Introduction and Purpose: The clinical radiological correlation of fungal infections within inflammatory lesions of the nasal cavity and paranasal sinuses is very important. Histopathologically, the most common cause is Aspergillus family fungal agents. Invasive fungal sinusitis is usually seen in immunocompromised and diabetic patients. It is a disease that can be fatal if not diagnosed and treated early.(1)

Materials and Methods: 67-year-old female patient. She has been emergency room with complaints of facial swelling, a feeling of fullness, headache and inability to breathe through his nose. The general condition of the patient was moderate, Fever: 37.9°C, Pulse: 113/min, Blood Pressure: 115/68mmHg, SpO2 was 95% GCS: 15. He had diabetes mellitus and chronic renal failure in his anamnesis. There was tenderness in the patient's maxilla. In the laboratory examinations; K/uL Glucose 318 mg/dl, creatinine 2.68 mg/dl, sedimentation 87 mm/h, CRP 22 mg/L. Paranasal sinus tomography showed total loss of aeration in the right maxillary, ethmoid, frontal and sphenoid sinuses, and significant destruction in the lower and middle turbinates. Destruction was observed in the medial wall of the right maxillary sinus and lamina papricea (FIGURE 1-2-3). Ceftriaxone, metronidazole and paracetamol were started in the treatment. He was consulted from the emergency department to the otorhinolaryngology clinic. She was taken to endoscopic sinus surgery by the otorhinolaryngology clinic. Peroperative Ophthalmology Clinic was included. Frozen was sent in the operation. Aspergillus and mucor were reported by pathology. Amphotericin treatment was given to the patient by the hospital clinic.

Results and Conclusion: Aspergillus is the most common cause of invasive fungal sinusitis, mucormycosis is the most mortal. (2) It is of great importance as predisposing factor in patients with immunosuppression, uncontrolled DM. (3) Paranasal CT is very useful in diagnosis, planning the operation and showing additional pathologies. (4) Early intervention to the patient is very important in invasive fungal sinusitis. It is necessary to eliminate the predisposing factors, to perform emergency debridement, and to start antifungal therapy (5).As in our case, more than one fungal sinusitis agent may be present at the same time, and mucormycosis may have a fatal course, so the importance of early diagnosis and effective treatment should not be forgotten.(6)

Keywords: sinusitis, emergency department, Aspergillus



Pub No: OP-039

EVALUATION OF SUMMER SEASON DIARRHEA IN CHILDREN WHO APPLY TO THE EMERGENCY SERVICE

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Introduction and Purpose: Summer diarrhea is common especially in underdeveloped and developing countries. We planned to reduce the diarrhea cases in summer in our province.

Materials and Methods: In our study, 901 cases of acute diarrhea between the ages of 0-12 who applied to the Pediatric Emergency Service of Aksaray Training and Research Hospital in 2023 were examined. .

Results and Conclusion: 91.3% of the cases were accompanied by fever and 90.3% by vomiting. Stool microscopy was normal in 73.4% of the cases, and neither trophozoid+cyst was detected in 4.3%. It was higher in the mucoid trophozoid+cystic stool group (44%). 99.2% of microorganisms did not grow in the stool culture. While the mother is illiterate in 11.9% of the cases, this rate is 3.2% for the fathers. The number of households was three in 53.1% of the cases. 45.6% of the applicant families had hygiene problems. 83.5% of the cases were diarrhea 24-48. and 10.9% of them had diarrhea between 48-72 hours. applied between hours.As a result, the number of patients who applied to pediatric emergency services due to acute diarrhea in the summer months is high. Consuming more contaminated water and food during this season causes diarrhea to spread. Domestic hygiene reduces contamination. With this research, we wanted to draw attention to the characteristics of diarrhea in summer and the precautions to be taken.

Keywords: Diarrhea, childhood, summer

Pub No: OP-040

Diagnostic accuracy of the HEART score in predicting acute myocardial infarction and 30-day MACE in patients presenting to the emergency department with chest pain: a prospective observational study in South India

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Introduction and Purpose: Chest pain is a very common presenting symptom in the emergency department. Risk stratification of such patients is extremely important. A risk stratification tool should promptly identify all patients with acute myocardial infarction, but should also allow early discharge of low-risk patients. Currently, HEART score is the most widely used tool. But there are no studies as yet from the Indian population.

Figure 1

History	Slightly suspicious	0
	Moderately suspicious	1
	Highly suspicious	2
ECG	Normal	0
	Non-specific repolarization disturbance	1
	Significant ST depression	2
Age	≤45 years	0
	45-65 years	1
	≥65 years	2
Risk factors	No risk factors known	0
	1 or 2 risk factors	1
	≥3 risk factors or history of atherosclerotic disease	2
Troponin	≤normal limit (≤50 ng/L)	0
	>1 to <3x normal limit (51 - 149 ng/L)	1
	≥3x normal limit (≥150 ng/L)	2

The HEART score



Materials and Methods: We enrolled patients aged 25-70 years who presented to the emergency department with at least 5 minutes of chest pain. The study did not include patients who had obvious reasons for admission, like ST-elevation myocardial infarction (STEMI), arrhythmias, or cardiogenic pulmonary edema. Based on the HEART score, patients were divided into HEART positive (4-10) and HEART negative (0-3) groups. High-sensitive troponin levels were measured at 0 and 6 hours, and a diagnosis of acute myocardial infarction at the index visit was made as per the third universal definition of myocardial infarction. Patients were also followed up for 30 days to identify major adverse cardiac events (MACE). The diagnostic accuracy of the HEART score in identifying acute myocardial infarction at the index visit and 30-day MACE was evaluated.

Results and Conclusion: A total of 350 patients were enrolled. 97 of the 350 patients (27.7%) were classified into HEART negative group, and none of them had acute myocardial infarction at the index visit or 30-day MACE. Thus, the HEART score showed 100% sensitivity and 100% negative predictive value (NPV) for identifying acute myocardial infarction at the index visit and 30-day MACE. The specificity and positive predictive value (PPV) of the HEART score in predicting acute myocardial infarction at the index visit were 37% and 34.8%, respectively. The specificity and PPV of the HEART score in predicting 30-day MACE were 44.9% and 52.8%, respectively. The HEART score can be adopted for risk stratification of Indian patients presenting to the emergency department with chest pain. If the HEART score is adopted with point-of-care troponin, over a quarter of the patients presenting to the emergency department with chest pain could be discharged immediately.

Figure 2

	Acute myocardial infarction at the index visit		Total
	Present	Absent	
HEART positive group	88	165	253
HEART negative group	0	97	97
	88	262	350

* p value < 0.001 calculated by chi-square test

The HEART score in predicting acute myocardial infarction at the index visit

Figure 3

	30-day MACE		Total
	Present	Absent	
HEART positive group	133	119	252
HEART negative group	0	97	97
	133	216	349

* p value < 0.001 calculated by chi-square test

The HEART score in predicting 30-day MACE

Figure 4

Diagnostic accuracy measure	Comparison of various studies					
	Our study (2019)*	Patnaik et al. ¹⁸ (2017) [§]	Santi et al. ¹⁹ (2016)*	Bolvardi et al. ¹⁷ (2016)*	Baugh et al. ¹⁶ (2016)*	Mahler et al. ¹⁵ (2015)*
Sensitivity (%)	100	100	100	100	100	100
NPV (%)	100	100	100	100	100	100
Specificity (%)	44.9	40	44	14	60	50
PPV (%)	52.8	26	24	27	10	11

* 30-day MACE; § 45-day MACE

Diagnostic accuracy of the HEART score in predicting short-term MACE in our study compared with other studies

Figure 5

HEART score risk group	Incidence of MACE (%)				
	Studies which used high-sensitive troponin		Studies which used contemporary troponin		
	Our study (2019)*	Torralba et al. ²⁶ (2019)*	Backus et al. ⁷ (2013) [§]	Backus et al. ⁸ (2010) [§]	Six et al. ⁵ (2008) [§]
Low-risk	0	3.1	1.7	0.9	2.5
Intermediate-risk	42.8	46.2	16.6	11.6	20.3
High-risk	73.8	93.7	50.1	65.2	72.7

* 30-day MACE; § 45-day MACE; # 90-day MACE

Comparison of incidence of MACE in our study in each HEART score risk group with other studies

Keywords: HEART score, low-risk ACS, low-probability ACS, risk stratification of chest pain, risk stratification of ACS

Pub No: OP-041

DO NOT TAKE THE ADVERSE EFFECTS OF SMOKELESS TOBACCO LIGHTLY!

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Introduction and Purpose: Smokeless tobacco is used in various forms in many countries. “Maraş powder” is a type of smokeless tobacco used in the Southeastern Region of Turkey. However, the perception that smokeless tobacco use does not cause nicotine addiction is a fallacy. Smokeless tobacco use is also one of the risk factors for oral cancers and genotoxic harm. In this context, we presented herein a case featuring the clinical conditions caused by Maraş powder.

Figure-1



Figure 1 :*Nicotiana rustica*([wikipedia](#))



Materials and Methods: It was learned from the military personnel accompanying the 22-year-old male patient that he was doing his military service and went to his hometown Kahramanmaraş for a 1-week leave. The patient was taken to the hospital, accompanied by military personnel, with palpitations, sweating, and subsequent body spasms and disorientation. It was learned that the patient had his tooth extracted the day before. It was determined at the external center the patient applied for that he was severely agitated and had tachypneic tachycardia. Therefore, the patient was intubated and transferred to our emergency department. As a result of a detailed anamnesis, it was learned that the patient was keeping Maraş powder in a bag under his pillow. The patient's vital signs were as follows: fever: 38 C and arterial blood pressure: 150/90 mmHg. His electrocardiogram (ECG) revealed sinus tachycardia as 130 beats/min. His physical examination revealed contractions in the extremities. His central nervous system (CNS) scans showed no acute pathology. The pathology laboratory test results of the patient are shown in Table 1.

table-1

Laboratory parameters	measured values	normal value ranges
WBC	14	4-10 $10^3/uL$
Troponin	0.198	0.016 > mcg/L
Creatine Kinase	1800	0-200 U/L

The abnormal laboratory parameters of the patient

Results and Conclusion: Maraş powder is frequently used as smokeless tobacco. If the integrity of the oral mucosa is disrupted, it can be absorbed at very high levels and cause severe sympathomimetic symptoms. Toxication should definitely be considered in relation to Maraş powder use, especially in young patients who present with confusion.

Keywords: Maraş powder, Smokeless tobacco, emergency service



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Introduction and Purpose: Posterior reversible encephalopathy syndrome (PRES) is a (sub)acute onset neurological disease characterized by a variety of neurological symptoms that may include headache, visual acuity or visual field disturbances, disturbances of consciousness, confusion, seizures, and focal neurological disorders. The diagnosis of PRES is made by anamnesis and radiological examination. Early diagnosis is important for clinical course. Early diagnosis and treatment of PRES is very important. Otherwise, it may cause permanent brain damage and neurological sequelae such as chronic epilepsy.

Materials and Methods: A 72-year-old male patient was brought to the emergency room with a complaint of confusion. He has chronic kidney failure and lung cancer in his medical history. The patient's GCS: 13 is confused, A focal myoclonic seizure was observed in his right upper extremity. There was no additional feature in the physical examination. Vital signs: blood pressure 220/80 mmHg, respiratory rate 14/minute, pulse 80 beats/minute, temperature 36.5 °C, sPo2 96%. MRI showed an image consistent with vasogenic edema in the bilateral occipital region. The patient was consulted to neurology and internal medicine. After a few days of follow-up, he was discharged with full recovery.

Figure 1: Bilateral edema of subcortical white matter in the occipital lobe



Results and Conclusion: PRES is a temporary condition characterized by diffuse cerebral edema, more prominent in the parietal and occipital regions radiologically, which may present with nonspecific findings such as headache, nausea, vomiting, visual and mental changes, generalized and focal seizures. However, if diagnosis and treatment are delayed, it may progress with serious morbidity and mortality due to complications such as status epilepticus, intracranial hemorrhage and massive ischemic infarct formation. PRES can show similar clinical features with different clinical conditions such as ischemic or hemorrhagic stroke, encephalitis, and venous thrombosis, For this reason, it should be kept in mind in the differential diagnosis of patients who come to the emergency department with altered consciousness and the importance of early diagnosis and treatment should not be forgotten.

Keywords: PRES, Emergency medicine



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Evaluation of the relationship of hemogram parameters with prognosis in older adults with acute abdominal pathologies

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Introduction and Purpose: We aimed to investigate the effects of hemogram parameters on the short-term mortality of older adults with acute abdominal pathologies. Secondly, it was aimed to investigate the effect of hemogram parameters on mortality in operated and non-operated patients.

Materials and Methods: This retrospective observational study was conducted in an emergency medicine clinic between June 1, 2019, and June 1, 2020. Data on patients over 65 years of age who presented to the emergency department with acute abdominal pathologies were analyzed. Hemogram parameters, as in our patient group over 65 years old, who presented with all acute abdomen pathologies; It was examined in terms of its relationship with prognosis in our operated and non-operated patient group. Statistical analysis was performed using SPSS v. 26.0.

Results and Conclusion: The study included a total of 744 patients, of whom 391(52.6%) were women. Mortality was seen in 114(15.32%) patients, and 83(11.2%) patients underwent surgery. AUC and cut off values are for leukocytes count 0.590 and 10.83 for neutrophils count 0.596 and 9.64 for neutrophil-lymphocyte ratio 0.606 and 8.24 to predict mortality ($p=0.002$, $p=0.001$, and $p>0.001$, respectively). Conclusion: In this study, among the hemogram parameters; leukocytes, neutrophils and neutrophil-lymphocyte ratio were determined to have a statistically significant ability to predict mortality in older adults both operable and non operable groups presenting with acute abdominal pathologies, but their accuracy rates were low.

Keywords: Older adults, leukocytes, neutrophils, lymphocytes, general surgery

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Development of an extreme gradient boosting machine in the prediction of multiple sclerosis

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Introduction and Purpose: In this study, it was aimed to predict multiple sclerosis and non-multiple sclerosis and determine the most important risk factors with the machine learning-based XGBoost prediction model.

Materials and Methods: The data set used in the study consists of demographic and clinical information about patients with and without multiple sclerosis. XGBoost, a machine learning algorithm, was used to classify multiple sclerosis disease. The performance of the created model was evaluated with accuracy, balanced accuracy, sensitivity, specificity, positive predictive value, negative predictive value, F1-score, MCC, and G-mean metrics.

Results and Conclusion: The performance metrics, accuracy, balanced accuracy, sensitivity, specificity, positive predictive value, negative predictive value, F1-score, MCC, and G-mean values obtained from the XGBoost model are 97.4, 97.4, 97.6, 97.3, 96.8, 97.9, 97.2, 94.8, and 97.4, respectively. Periventricular MRI, initial Symptom, and age were determined to be the most important first three variables in predicting multiple disease. When the prediction performance of the XGBoost classification model was examined, the constructed model performed well. Periventricular MRI, which is the most important feature in predicting multiple disease as a result of the model with high accuracy, is currently a method used in diagnosing multiple disease. In addition, it is thought that the initial symptom of the model, which has a significance value very close to periventricular MRI, may be useful in diagnosing multiple disease clinically.

Keywords: Clinical classification, Extreme Gradient Boosting, Multiple sclerosis, Machine Learning



Pub No: OP-045

COMPARISON OF REPUBLIC OF TURKEY CITIZENS AND REFUGEES IN COVID-19 POSITIVE PATIENTS

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Introduction and Purpose: We compared the socio-economic, background, clinical progress, treatment and outcomes of the citizens of the Republic of Turkey (T.C.) who applied to the emergency service and were found to be positive for the coronavirus disease (Covid-19) and refugees. We aimed to guide new decisions that can be taken in the light of the data we found and health services in possible new pandemics.

Materials and Methods: 4733 patients were included in the study. 3724 of these patients (78.7%) were in T.C. citizens and 1009 of them were Syrian refugees. A total of 2568 (54.3%) patients were male. There was a history of additional disease in 1067 (22.5%) of the patients. The most common comorbidity was found to be hypertension (n=612, 12.5%). While 3619 (76.5%) of the patients were discharged with the recommendation of home quarantine after the emergency service outcome; home quarantine rate T.C. While it was 76.8% (n=2861) among Turkish citizens, it was determined as 75.1% (n=758) among foreign nationals. . In our study, invoice values and ferritin levels were determined by T.C. It was found that there was a significant decrease in the citizens. There was a significant increase in male gender and use of favipiravir, heparin, ASA and antibiotics in Syrian refugees.

TABLE1

Variables		Turkish Citizen		Foreign National		Total	
Variables		n	%	n	%	N	%
Emergency room Outcome	Home Quarantine	2861	76.8	758	75.1	3619	76.5
	Service admission	729	19.6	211	20.9	940	19.9
	Busy Care admission	48	1.3	14	1.4	62	1.3
	Other	86	2.3	26	2.6	112	2.4
Hospitalization after diagnosis of COVID-19	None	3495	93.9	944	93.6	4439	93.8
	There is	229	6.1	65	6.4	294	6.2
New disease diagnosis after COVID-19	No	3589	96.4	961	95.2	4550	96.1
	Yes		3.6	48	4.8	183	3.9
New diagnosis of ACS after COVID-19	No	3695	99.2	997	98.8	4692	99.1
	Yes	29	0.8	12	1.2	41	0.9
New diagnosis of LVH after COVID-19	No	3712	99.7	1005	99.6	4717	99.7
	Yes	12	0.3	4	0.4	16	0.3
New PTE after COVID-19	No	3718	99.8	1006	99.7	4724	99.8
	Yes	6	0.2	3	0.3	9	0.2
Other new disease after COVID-19 diagnosis	No	3621	97.2	972	96.3	4593	97
	Yes	103	2.8	37	3.7	140	3
Mortality within 6 months after COVID-19	No	3658	98.2	981	97.2	4639	98
	Yes	66	1.8	28	2.8	94	2
Total		3724	100	1009	100	4733	100

Clinical Follow-up Chart

Table 2

Variables	Turkish Citizen	Foreign Nationality	Total
Age, median IQR (25-75) years	42 (31-55)	37 (27-52)	41 (30-54)
Urgent Service Application median IQR (25-75)	0 (0-1)	0 (0-1)	0 (0-1)
Invoice Value, mean ± SD, TL	200.15 ± 757.76	199.10 ± 103.01	199.93 ± 673.78
Neutrophil number, mean ± SD	4.16 ± 2.07	4.26 ± 2.26	4.19 ± 2.11
Lymphocyte number, mean ± SD	1.78 ± 1.49	1.71 ± 0.88	1.77 ± 1.39
Platelet count, mean ± SD	224.49 ± 83.50	223.75 ± 90.47	224.34 ± 85.01
D-dimer, ng/mL, mean ± SD	0.65 ± 1.66	0.64 ± 1.20	0.65 ± 1.58
Ferritin m/ug, average ± SD	175.63 ± 200.69	210.45 ± 275.54	183.03 ± 219.18
Fibrinogen mg/dL, mean ± SD	342.57 ± 150.17	321.48 ± 165.90	338.05 ± 153.90
CRP, mg/dL, mean ± SD	28.75 ± 59.28	36.08 ± 70.21	30.30 ± 61.82

Age and Laboratory Descriptive Table of Variables



Results and Conclusion: We think that the ignorance of these data about the existence of chronic diseases of foreign nationals and the difficulties in reaching preventive health services may have been the cause. We think that the language barrier in treatment leads physicians to polypharmacy. Language training in the temporary integration of asylum seekers and more active interpreter support by hospitals may change this data. Because, while chronic disease is less common in foreign patients, it is observed that they are followed up with multiple drug therapy. It has been determined that the average cost is high among foreign nationals.

Keywords: Syrian refugees, COVID-19, invoice value, cost



Pub No: OP-046

THE EFFECT OF HYDROXYCHLOROQINE AND ZINC THERAPY IN A MODEL OF SEPSIS CREATED BY CECUAL LIGATION AND PERFORATION IN RATS

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Introduction and Purpose: The effects of zinc and hydroxychloroquine on the defense system in sepsis have been demonstrated in previous studies; however, it is yet to be shown whether their combination would potentiate each other's effects. The aim of our study is to demonstrate the effects of hydroxychloroquine and zinc, which have been shown to have independent organ damage reducing effects in sepsis, on organ damage when administered together.

Materials and Methods: A total of n=30 rats, divided into five equally sized groups with n=6 in each group, were used in the study. Animals were treated for 5 days as sepsis (Group 1, control), zinc+sepsis (Group 2), hydroxychloroquine+sepsis (Group 3), hydroxychloroquine+zinc+sepsis (Group 4), and sham receiving saline treatment (Group 5). On the 6th day, sepsis was induced with the cecal ligation and puncture model following the specified pre-treatments of each group. On the 8th day, animals were decapitated, and IL-6, hemogram, CRP, and procalcitonin levels were analyzed in the collected blood samples. Histological examination of the animals' kidney tissues was performed (tubular dilatation, tubular epithelial necrosis, cast formation, glomerular vacuolation, Bowman's space dilatation, glomerular atrophy, mononuclear lymphocyte infiltration, and the presence and degree of hemorrhage were evaluated and scored).



Results and Conclusion: It was determined that tissue destruction in Group 2, 3, and 4 animals was significantly lower than in Group 1 ($p < 0.001$), while no statistically significant difference was observed among the treated animals in Groups 2, 3, and 4. The examination of WBC levels in the blood revealed that Group 1 had statistically higher values than Group 2, Group 3, and Group 5 ($p < 0.05$). No significant difference was found in WBC levels between Groups 2, 3, 4, and 5. In the analysis of neutrophil results, there was no significant difference between Group 2, Group 4, and Group 1, whereas Group 4 had significantly higher values than Group 5 ($p < 0.05$). Additionally, no difference was detected between Groups 1, 2, 3, and 5. In previous studies, hydroxychloroquine and zinc, which have demonstrated positive effects in sepsis, did not cause any change in organ damage due to sepsis when administered together in the sepsis model.

Keywords: Zinc, Hydroxychloroquine, Rat, Sepsis



Pub No: OP-047

Predictive Effect of PECARN Score in Pediatric Patients with Minor Head Trauma

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Introduction and Purpose: Clinical decision rules can help to determine the need for CT imaging in children with head injuries. We aimed to validate PECARN clinical decision rule in a large sample of children.

Materials and Methods: Patients younger than 18 years of age who applied to the emergency department within 24 hours after suffering a head injury will be included in the study. Our retrospective study will be completed in accordance with the Declaration of Helsinki Principles. During the clinical evaluation of the patients, the effectiveness of the PECARN algorithms will be evaluated.

Results and Conclusion: A total of 244 patients were included in this study. Of these patients, 199 (81.5%) received CT examination and 45 (18.4%) patients did not receive any CT examination. None of these 45 patients showed clinically important traumatic brain injury (ci TBI). Among 199 patients who received CT examination, 72 (30%) patients met the PECARN rules criteria and 127 (52%) patients did not meet PECARN rules criteria. None of the patients who received CT examination and did not meet the PECARN rules criteria showed ci TBI. Among 72 patients who recieved a CT examination and also met the PECARN rules criteria, only 4 (1.6%) patients showed ci TBI. According to these results, the rate of compliance with PECARN rules in our institution ED was 50.9%. Conclusion: It was determined that the accuracy rate was low in the results obtained using all the guidelines of PECARN. As a result of this information, we would like to take attention to the avoidance of unnecessary CT but considering the environmental conditions the final decision is the clinician's.

Keywords: computed tomography, head injury, PECARN, Pediatric

Pub No: OP-048

An Unusual Cause of Optic Neuritis: Scabies

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Introduction and Purpose: Human scabies is a parasitic skin infection caused by *Sarcoptes scabiei* var. *hominis*. Disease symptoms depend on the host's immune response to the invasion of *Sarcoptes* mites. Optic neuritis is an inflammatory and demyelinating disease of the optic nerve. T-cell activation and cytokines are implicated in its pathogenesis. Considering the inflammatory processes of both diseases, coexistence is not surprising. So far, scabies has never been reported among the etiopathogenesis of optic neuritis.

Materials and Methods: In our study, a previously healthy 22-year-old male patient was presented to the emergency department with complaints of blurred vision in the left eye and left eye pain associated with eye movements. An orbital MRI revealed a slight increase in thickness and mild T2 hyperintensity in the left optic nerve. In addition, an erythematous, an excoriated papule, and a hemorrhagic crust were seen on the glans penis and scrotum.

Fig 1

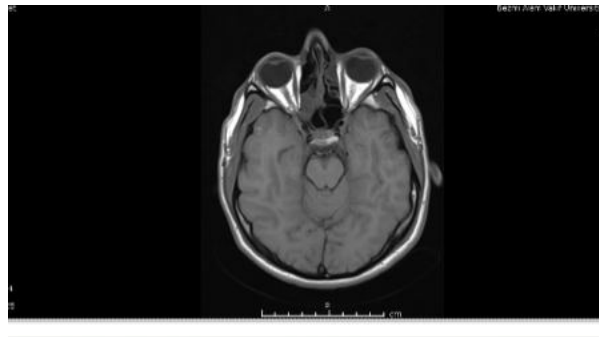


Fig 1. Optic nerve MR imaging



Results and Conclusion: An orbital MRI revealed a slight increase in thickness and mild T2 hyperintensity in the left optic nerve. In addition, an erythematous, an excoriated papule, and a hemorrhagic crust were seen on the glans penis and scrotum (Figure 1,2). Our case is one of optic neuritis possibly triggered by scabies. Pathophysiological mechanisms causing scabies and optic neuritis include inflammatory processes mediated by the immune system. Triggering factors are of great importance in the pathophysiology of autoimmune diseases. For example, in this case report, scabies appeared as a triggering factor. Clinicians should be aware of scabies disease as one of the potential causes of optic neuritis.

Keywords: Optic neuritis, Scabies, Etiology

Pub No: OP-049

Locating Helicopter Ambulance Bases in Iceland – Efficient and Fair Solutions

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Introduction and Purpose: Fixed-wing air ambulances play an important role in healthcare in rural Iceland. More use of helicopter ambulances has been suggested to shorten response times and increase equity in access to advanced emergency care. In finding optimal base locations, the objective is often efficiency—maximizing the number of individuals who can be reached within a given time. This approach benefits people in densely populated areas more than people living in remote areas, but the solution is not necessarily fair. This study aimed to find efficient and fair helicopter ambulance base locations in Iceland.

Materials and Methods: We used high-resolution population and incident data to estimate the service demand for helicopter ambulances, with possible base locations limited to 21 airports and landing strips around the country. Base locations were estimated using both the maximal covering location problem (MCLP) optimization model, which aimed for maximal coverage of demand, and the fringe sensitive location problem (FSLP) model, which also considered uncovered demand (i.e., beyond the response time threshold). We explored the percentage of the population and incidents covered by one to three helicopter bases within 45-, 60-, and 75-minute response time thresholds, conditioned or not on the single existing base located at Reykjavík Airport. This resulted in a total of 18 combinations of conditions for each model. The models were implemented in R and solved using Gurobi.

Possible sites for base selection by the location models.



The background image was reprinted from <https://geo.vedur.is> with permission from Veðurstofa Íslands.



Results and Conclusion: Model solutions for base locations differed between the two demand datasets for 2 out of 18 combinations, both with the lowest service standard. Base location differed between the MCLP and FSLP models for one combination involving a single base, and for two combinations involving two bases. Three bases covered all or almost all demand at longer response time thresholds, and the models differed in four of six combinations. The two helicopter ambulance bases can possibly obtain 97% coverage within 60 minutes, with bases in Húsafell and Grímsstaðir. Bases at Reykjavík Airport and Akureyri would cover 94.6%, whereas bases at Reykjavík Airport and Egilsstaðir would cover 89.2%. Conclusion: An efficient and fair solution would be to locate bases at Reykjavík Airport and in Akureyri or Egilsstaðir.

Keywords: air ambulance, facility location problem, fairness



Pub No: OP-050

Why Is This Happening?

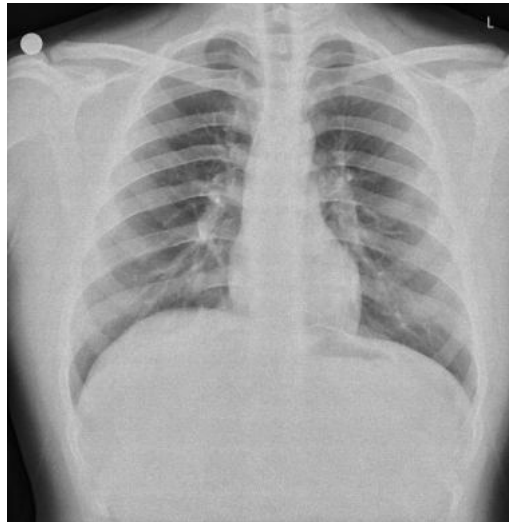
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Introduction and Purpose: Familial Mediterranean fever (FMF) is an autosomal recessive disorder. It is characterized by recurrent bouts of fever and serosal inflammation leading to abdominal, chest or joint pain. Amyloidosis is the most fatal complication of FMF. Early initiation of colchicine treatment can improve attacks and prevent amyloidosis.

Materials and Methods: A 27-year-old male patient applied to the emergency department with the complaint of abdominal pain. He has no known disease, surgery or trauma history. In the anamnesis taken from the patient, he said that he had been hurting like this in the middle abdomen for the last 3 years, that the pain started with fever and that the pain usually lasted for 3-4 days. In vitals developed in the hospital, fever was 37.6°C and other vitals were natural and stable. On physical examination, there was defense and rebound in the right lower quadrant in the west. No acute pathology was observed in the direct radiographic follow-ups of the patient (Figure-1 and Figure-2). In the blood and analyzes taken from the patient, wbc: 18070/μl, sedim: 71 mm/h, C-reactive protein: 86.57 mg/l, other analysis results do not have features. Abdominal ultrasonography performed on the patient was reported as appendiceal visualization, and a treatment contrast-enhanced abdominal computed tomography (CT) was requested. The patient without acute pathology in the CT report started with intravenous comfortable symptomatic treatment and hydration. Abdominal emergencies of the patient whose defense and rebound were not detected in the control abdominal examination were explained. When the patient was discharged from the emergency room, it was recommended to go to the rheumatology outpatient clinic. Later, during the telephone conversation with the patient, it was learned that he was diagnosed with FMF and colchicine was started to be used.

Figure-1



PA chest direct radiography

Figure-2



standing direct abdominal radiography

Results and Conclusion: When patients are discharged from the emergency department, correct referral will both alleviate the workload of emergency departments and facilitate the diagnosis of patients. For this reason, we should take care to direct patients who are decided to be discharged to the relevant clinics.

Keywords: Familial Mediterranean fever (FMF), abdominal pain, acute abdomen



Pub No: OP-051

EVALUATION OF PATIENTS ADMITTED TO EMERGENCY DEPARTMENT WITH BENIGN PAROXYSMAL POSITIONAL VERTIGO.

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Introduction and Purpose: Benign Paroxysmal Positional Vertigo (BPPV) is one of the most common vestibular disorders in the population and has a high recurrence rate. Identification of potential risk factors for BPPV recurrence may help to improve treatment outcome and patient prognosis. However, the factors affecting recurrence are controversial and have not been adequately studied. The aim of this study was to examine the distribution of patients diagnosed with BPPV according to sociodemographic characteristics such as age and gender, to determine the comorbidities associated with BPPV disease, to investigate systemic diseases and potential risk factors that may provoke BPPV recurrence, and thus to reduce the BPPV recurrence rate and improve the prognosis of patients.

Materials and Methods: The prospective and cross-sectional study included patients aged between 18-80 years who presented to the emergency department of Aksaray Training and Research Hospital and were diagnosed with BPPV. Recent blood tests were evaluated. Patients underwent canalith repositioning manoeuvres. Six months later, follow-up was completed by telephone questioning for recurrence. Patients were divided into two groups according to recurrence status. It was investigated whether there was a significant difference between the groups in terms of the questioned characteristics.

Results and Conclusion: Among the 54 patients included in the study, 23 patients with recurrence were determined as the first group and 31 patients without recurrence were determined as the second group. According to the data of 54 patients with BPPV, recurrence was found in 42.5%. When the patients with and without recurrence were compared, the majority of the patients with BPPV were females, but no significant relationship was found between recurrence status and gender. The mean age of the patients with BPPV in the study was 50.27±14.46 years. No difference was observed between the relapsing and non-relapsing groups in terms of age, gender, educational status, marital status, body mass index, smoking and alcohol use. A significant difference was found in terms of ear involvement in patients with recurrent BPPV (p=0.022). No significant difference was found between the two groups in terms of age, gender, chronic diseases, blood findings and other questioned characteristics.

Keywords: BPPV, Vertigo, Relapse, Comorbidity



Pub No: OP-052

Forgotten Part of Abdomen: Left Upper Quadrant

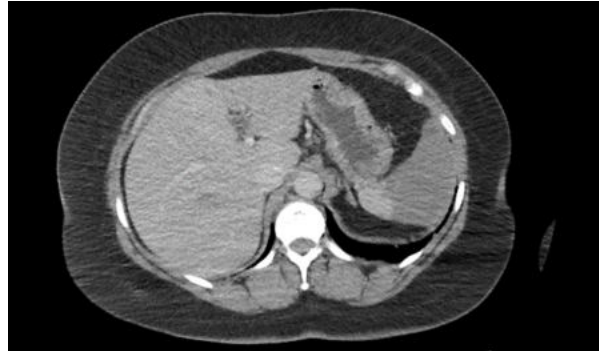
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Introduction and Purpose: Splenic infarction is a rare condition involving the spleen and often presents as a complication of other underlying diseases. The splenic vessel occlusion can be caused by arterial (bland or septic emboli) or venous (congestion by abnormal cells) origin due to hematologic disorder, blood borne malignancy, blunt abdominal trauma, hypercoagulable state or embolic illness.

Materials and Methods: A 45-year-old female patient presented to our ED with severe left upper quadrant pain that had been ongoing for 4 days and intensified last day. She stated that the pain was initially localized to the left upper side and then it gradually spread throughout the abdomen. There was no history of trauma, smoking, alcohol use, known medical conditions, or surgeries. She was not on any medications. Her vital signs were as follows: temperature: 36.5°C, blood pressure: 105/70 mm/Hg, pulse rate: 65 beats/minute, O₂ saturation: 97%. Physical examination showed tenderness in the entire abdomen, rebound tenderness, and guarding in the left upper quadrant, while other systemic examinations were unremarkable. Laboratory investigations revealed WBC: 17760/mm³, Hb: 10.9 g/dL, Plt: 467,000/mm³, LDH: 430 U/L. Liver and kidney function tests, as well as a complete urinalysis, were normal. An ECG showed sinus rhythm with a heart rate of 65 beats/minute with no pathological findings. Posterior-anterior lung radiography and upright abdominal X-ray were unremarkable. Due to persistent guarding in the left upper quadrant on follow-up physical examination and unexplained infective parameters in laboratory tests, the patient underwent contrast-enhanced abdominal computed tomography (CT). It revealed a perfusion defect in a significant portion of the spleen (infarction?) (Figure 1). A consultation with general surgery led to the initiation of intravenous hydration, low-molecular-weight heparin, empirical antibiotic therapy, and analgesic treatment. On the 5th day of treatment, the patient's symptoms had completely resolved, and she was referred to a hematology center for further evaluation.

Figure 1



Axial CT image of the abdomen showing large splenic infarct.

Results and Conclusion: Splenic infarction can manifest as severe left upper quadrant pain and should be considered in the differential diagnosis. Diagnosis is established through clinical correlation and imaging studies. Medical treatment has shown high success rates in cases without complications. If complications arise, or in cases of septic embolism, splenectomy is indicated.

Keywords: Abdominal pain, Splenic infarction, Occlusion



Pub No: OP-053

My Heart Is Deeply Wounded

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Introduction and Purpose: Penetrating cardiac injuries are usually caused by piercing and cutting instruments and firearms. The fact that the patient is hemodynamically stable at the time of admission may cause the cardiac injury to be missed and the necessary intervention may not be performed in time and the patient may die.

Materials and Methods: A 22-year-old male patient was brought to the emergency room with self-stabbing after substance abuse. The patient's background is unknown. On admission, vital values were blood pressure:96/64mmHg, pulse:132beats/min (electrocardiography sinus tachycardia), temperature:36.5°C, fingertip oxygen saturation:85%. On physical examination, Glasgow coma score:15, agitated appearance, there was a 2-centimeter incision under the left breast and at the lower right end of the sternum without active bleeding, heart sounds were deep, lung sounds were natural on the right side but decreased respiratory sounds on the left side and basal rales were present. Blood tests were ordered, blood products were prepared and other emergency interventions were started. Endotracheal intubation was performed in the patient who was in poor general condition and cardiovascular surgery (CVS), thoracic surgery, cardiology and anesthesia consultations were performed simultaneously. Ejection fraction was 55% on echocardiography and wall integrity disorder and laceration in the posterior part of the right atrium were observed and thoracic contrast-enhanced angio-computed tomography was ordered by the KVS clinic. CT scan showed hemorrhagic dense pericardial fluid with air densities around it and hemorrhagic dense fluid in the left lung (Figure-1 and Figure-2). The patient developed cardiopulmonary arrest and cardiopulmonary resuscitation (CPR) protocol was initiated and the patient was taken to surgery in the CVS clinic under CPR guidance and a left-sided tube thoracostomy was performed simultaneously in the thoracic surgery clinic. Peak heart rate was obtained during the operation. The patient developed cardiopulmonary arrest at the end of the operation and although CPR protocol was applied again, the patient did not respond to the intervention and was accepted as exitus.

Figure-1



Figure-2



Results and Conclusion: In patients with suspected cardiac injury, the diagnosis should be made as quickly as possible and treatment should be started as soon as possible.

Keywords: penetrating cardiac injury, emergency surgery, cardiac injury, penetrating trauma

Pub No: OP-054

EPIPHYSIS FRACTURE

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Introduction and Purpose: The epiphyseal plate (physis) is the weakest part of the pediatric skeleton. The anatomical localization of the fracture, its type according to the Salter-Harris classification, the age of the child, and the current growth potential of the epiphysis are important factors in the prognosis of epiphyseal fractures.

Materials and Methods: 13-year-old male patient. He ran and fell on his right arm while playing. He presented to the emergency department with complaints of pain in the right wrist. On examination, there was deformity and tenderness in the right wrist. Radial and ulnar pulses were palpable. Direct x-ray radiographs of the hand, wrist, forearm and elbow were ordered. The imaging revealed a distal epiphyseal fracture of the right radius (figure-1 and 2). The patient was consulted to the orthopedic clinic. Reduction of the patient was performed by the orthopedic assistant. Control direct radiographs were taken.(figure-3 and 4). The emergency conditions of the patient medical condition were explained to the patient and his parents. Orthopedic outpatient follow-up was recommended.

Results and Conclusion: Although most of these fractures do not cause damage to the growth mechanism, some fractures may cause serious complications such as shortness, angular deformity and joint malalignment.

Figure-1



Figure-2



Figure-3



Figure-4



WACEM²³

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Keywords: epiphysis fracture, joint malalignment, radius fracture



Pub No: OP-055

Earthquake Victim Profile in a Hospital Far from the Earthquake Zone: The Case of Sakarya

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Introduction and Purpose: In our study, the effect of earthquake victims who applied to the emergency department (ED) of our hospital despite being far from the earthquake area, on the workload and the need for additional precautions will be examined. As a result, it is aimed to create a guiding resource for future disasters.

Materials and Methods: This study was carried out with patients who applied to Sakarya Training and Research Hospital (STRH) Emergency Department within 15 days after the Kahramanmaraş earthquake and were diagnosed as X34-Earthquake Victims according to ICD-10.

Results and Conclusion: The mean age of the 405 patients were 20.98 years, and 52.6% of them were female. The ratio of the admitted patients to the total number of patients was 1.62%. In terms of resource use, laboratory was requested for 32.3%, imaging examination for 55.1%, consultation for 19%, and 353 patients were discharged from the emergency department. Although earthquake victims may apply to the emergency departments regardless of the distance after the earthquake, this number is not high enough to require additional measures in terms of the workload it creates. However, since this study is the first analysis based on distance, it should be supported by similar studies.

Keywords: Earthquake, emergency department, precaution



Pub No: OP-056

Structure of Emergency Calls During COVID-19 Pandemic in Kazakhstan

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Introduction and Purpose: The COVID-19 pandemic has become the largest global public health issue. There was a huge rise in the workload for all areas of the medical system, particularly the ambulance services and emergency departments. The aim of the study: to assess the structure of emergency calls at an ambulance station in Kazakhstan in the period 2019–2021.

Materials and Methods: We have analyzed the structure of emergency calls in the Republic of Kazakhstan for the period of 2019-2021. It was conducted descriptive, population-based cross-sectional study. All data provided by the ambulance stations of 16 regions of the Republic Kazakhstan. We have analyzed the structure of emergency calls in the Republic of Kazakhstan for the period of 2019-2021. It was conducted descriptive, population-based cross-sectional study. All data provided by the ambulance stations of 16 regions of the Republic Kazakhstan.

Results and Conclusion: All emergency cases were divided into 11 categories: infections, cardio-vascular disorders, trauma and poisoning, traffic accidents, obstetrics and gynecology, neurological, respiratory, gastrointestinal, acute surgical, urinary tract diseases and others. In comparison to 2019 and 2020, there was a notable increase in all categories in 2021. The number of calls for the first, second, and third categories of urgency increased significantly between 2019 and 2021 (1st category $p=0.006$, 2nd category $p=0.002$, 3rd category $p=0.001$) as well as between 2020 and 2021 ($p=0.001$). There is a rise in practically all categories in 2019–2021 and 2020–2021, which is related to an increase in the overall number of calls due to pandemic.

Keywords: COVID-19, emergency, ambulance service, calls structure



Pub No: OP-057

An Aortic Dissection Case Complicated With Pulmonary Tromboembolism

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Introduction and Purpose: Pulmonary thromboembolism is a common, potentially life-threatening medical condition. It is a condition in which occlusion occurs in the branches of the pulmonary artery due to thrombus. Aortic dissection is the most common aortic pathology requiring emergency surgery. Blood enters between the media and intima layers that make up the aortic wall. The simultaneous diagnosis of two high-mortality medical conditions, such as pulmonary thromboembolism and aortic dissection, is a rare event. The aim of this study is to present a case who presented to the emergency department with chest pain and shortness of breath and was subsequently diagnosed with pulmonary embolism and aortic dissection.

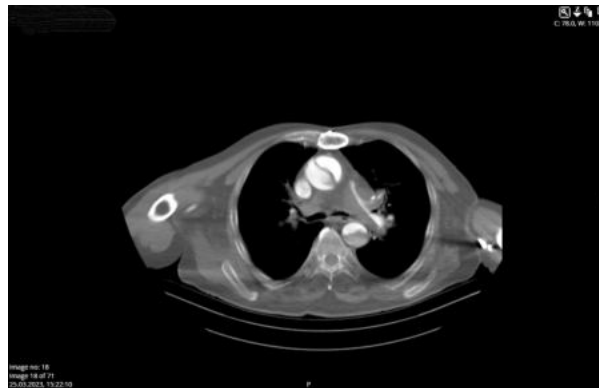
Materials and Methods: A 76-year-old man presented to the emergency department with shortness of breath and back pain. His anamnesis revealed that he had chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease and coronary bypass operation 2 years ago. At the time of admission, arterial blood pressure (TA) was 123/94 mmHg, heart rate was 96/min, and temperature was 37.7 degrees Celsius. Fingertip saturation was 98. In electrocardiogram there was atrial fibrillation 100/ min. The patient's troponin level was normal. Contrast-enhanced thorax and abdomen computed tomography angiography (CT angiography) examination was planned because the patient's severe back pain continued. In the CT angiography, an appearance compatible with dissection was detected in both the ascending and descending aorta (image 1). In addition, occlusion detected in both main pulmonary arteries (image 2). The patient was consulted with cardiovascular surgery and pulmonology. The patient was requested to be referred to a center where dissection surgery could be performed. Patient referred to an advanced hospital. It was learned that patient had cardiac arrest and died while the surgery was being planned.

image 1



Aortic dissection at CT angiography

image 2



pulmonary embolism at ct angiography

Results and Conclusion: Coexistence of pulmonary embolism and aortic dissection is a diagnosis with very high mortality. It should be considered in the preliminary diagnosis of patients who are brought to the emergency department with severe chest and back pain and have a history of immobility and hypertension. Early diagnosis and early surgical treatment in appropriate patients will be significant in terms of survival.

Keywords: aortic dissection, pulmonary embolism, emergency medicine



Pub No: OP-058

Factors in Vaccine Refusal by Patients Applying for Covid-19 PCR Test

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Introduction and Purpose: This study was organized to determine the reasons for vaccine refusal in patients who applied for Covid-19 PCR test but did not receive vaccine.

Materials and Methods: The study included 1000 patients who applied to Göztepe Prof. Dr. Süleyman Yalçın City Hospital Emergency Department for Covid-19 PCR test and refused to be vaccinated between 31.01.2022-31.05.2022. In this prospective study, demographic characteristics of the participants, Covid-19 status, reasons for admission, number of PCR tests, methods of obtaining information for vaccination, vaccine safety and reasons for vaccine refusal were questioned. The results were compared statistically and the data were discussed.

Results and Conclusion: 54.6% of participants were male and 45.4% were female. 60.7% of the patients presented for testing because they had symptoms, 25.4% because they had contact with symptomatic people and 23.9% because of travel/activity. 43.3% of our cases had had Covid-19 infection; 53.6% had been tested an average of 2-5 times in the last year. Information about the vaccine was obtained from social media (35.5%), television (24.1%), medical publications (20.6%) and people in the neighborhood (19.8%). While 60.2% of the participants thought that childhood vaccines should be administered, 62.0% believed that Covid-19 vaccines had side effects, 47.3% believed that they were not protective, and 30.9% believed that there were not enough studies on the subject. Those with university degrees had lower confidence in the effectiveness of vaccines. Most of those in the 31-65 age group (29.2%) learned about vaccines from TV, while the majority of those in the 18-30 age group (40.2%) learned about vaccines from social media. **Conclusion:** The most common reasons for Covid-19 vaccine refusal are anxiety about vaccine side effects, doubts about the protection of the vaccine and lack of sufficient studies on this subject. Refusal to be vaccinated is more common in men. The rate of vaccine refusal increases as the level of education increases. The majority of the group refusing vaccination think that childhood vaccines should be administered. While young people learn about vaccination mostly from social media, as the age increases, this information is mostly obtained from television news.

Keywords: Covid-19, vaccine efficacy, vaccine refusal



Pub No: OP-059

Schadenfreude Towards Doctors: A Validity and Reliability Study of Schadenfreude Scale

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Introduction and Purpose: Violence in health is one of the most important problems to be solved in the world and especially in Turkey. Studies show that violence in health is on the rise worldwide. In Turkey, where violence in health is increasing day by day, it is seen that this increase cannot be prevented despite the legal regulations. Considering this, the issue of violence in health should be handled through different standpoints apart from legal regulations and preventive measures and social awareness should be created. In line with this purpose, our study addresses the aforementioned problem with a special focus on violence against doctors and tackles the issue within the framework of the concept of schadenfreude, which has never been analyzed worldwide. Focusing on the concept of schadenfreude, which refers to the malicious joy for someone else's misfortune, we aim to bring to the forefront the psychological factors that are generally ignored in research on violence in health.

Materials and Methods: Based on a review of literature, a scale was developed by addressing the concepts of deserving, jealousy, sympathy, empathy, anger and aggression, which are closely related to the feeling of schadenfreude. Data were obtained from 402 participants who were not healthcare professionals themselves or their first-degree relatives. After data were collected, scale items were analyzed via Exploratory and Confirmatory Factor Analyses using SPSS and LISREL programs.

Results and Conclusion: As a result of the analyses, 6 dimensions and 38 statements with high reliability were formed to measure the level of rejoicing by third parties at violence against doctors.

Keywords: Violence in Health, Schadenfreude, Validity, Reliability



Pub No: OP-060

Evaluation Of Hospital Occupational Accidents Applying To Emergency Department

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Introduction and Purpose: Occupational accidents are accidents that occur while doing a job professionally and affect the employee. Occupational accidents can be a simple injury, but they can also be events with death and similar undesirable consequences. It has an important place among occupational accidents in hospital accidents. With this study, we evaluate the causes of in-patient occupational accidents together with the occupational groups working in the occupational hospital and contribute to the efforts to prevent in-hospital accidents by making appropriate suggestions as a result of the data obtained afterwards.

Materials and Methods: This study retrospectively included 708 healthcare workers who had experienced an in-hospital work accident and applied to the Emergency Medicine Clinic at the Istanbul Medeniyet University Göztepe Prof. Dr. Süleyman Yalçın City Hospital, a tertiary hospital, between January 2018 and April 2022. The Chi-square test was used to examine the relationship between categorical variables. $p < 0.05$ was accepted as significant. Patient data scanned from the patient registration system were defined according to their sociodemographic and clinical features through the International Classification of Diseases (ICD-10) diagnostic coding system, and variables were determined using a root cause analysis form for occupational accidents.

Results and Conclusion: While there was no statistically significant relationship between years and the subject of the event ($p > 0.05$), there was a statistically significant relationship between years and occupations and job loss ($p < 0.05$). Accordingly, while the rate of occupational accidents in nurses in 2019 and before is significantly higher than in 2020 and after, the rate of work accidents in doctors in the period of 2020 and after is significantly higher than in 2019 and before. While there is no statistically significant relationship between the Covid-19 period and the subject of the event and job loss ($p > 0.05$), there is a statistically significant relationship between years and occupations ($p < 0.05$). Nurses had a significantly higher rate of occupational accidents in 2018-2019 compared to 2020-2022. The rate of doctors having occupational accidents in 2020-2022 was found to be significantly higher compared to 2018-2019. Loss of working days in 2019 and 2020 was found to be significantly higher than in 2018.

Keywords: Emergency Service, Occupational Accident, Hospital Staff



Pub No: OP-061

Rarely Encountered Hypokalemic Periodic Paralysis Associated with Conn Syndrome

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Introduction and Purpose: Hypokalemic periodic paralysis (HPP) is a rare disorder characterized by attacks of muscle weakness due to decreased serum potassium levels, which can be life-threatening if left untreated. One of its secondary causes is the rarely encountered Conn Syndrome.

Materials and Methods: Our patient, a thirty-three-year-old female, presented with progressively worsening muscle weakness and difficulty walking over a period of three days. She had no known comorbidities. Routine emergency blood tests revealed significantly low serum potassium levels. Her clinical symptoms completely resolved with potassium replacement therapy in a short period. Subsequently, she developed hypertension, and a diagnosis of Conn Syndrome was established.

Results and Conclusion: This case is presented to highlight the consideration of Conn Syndrome, a rare condition, in patients presenting with muscle weakness and paralysis in the emergency department.

Keywords: Emergency department, hypokalemia, periodic paralysis, Conn Syndrome



Pub No: OP-062

A REVIEW OF NEUTROPENIC FEVER CASES ADMITTED TO THE EMERGENCY DEPARTMENT

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Introduction and Purpose: Neutropenic fever is a life-threatening oncological and haematological emergency, especially in patients receiving cytotoxic antineoplastic therapy due to myelopoiesis. Although neutropenic fever is not common in emergency departments, empirical antibiotics should be started immediately in patients with neutropenic fever. In addition, removing these patients from the crowded and chaotic environment of emergency departments as soon as possible and continuing their treatment processes in isolated rooms is of vital importance in terms of preventing the emergence of complications that will increase mortality and morbidity such as serious infection, sepsis.

Materials and Methods: In our study, patients with febrile neutropenia who were admitted to the Department of Emergency Medicine of Aksaray Training and Research Hospital between 01.01.2017-01.01.2013 and hospitalised in the ward or intensive care unit were retrospectively analysed. In addition to demographic characteristics (age, gender, etc.), waiting times for hospitalisation in the emergency department, length of stay in the ward and intensive care unit, neutrophil, leukocyte CRP, and procalcitonin counts at admission, and whether CSF and antibiotics were administered in the emergency department were investigated. Statistically, it was investigated whether there was a correlation between waiting times for hospitalisation in the emergency department and length of hospital stay.

Results and Conclusion: As a result of our study, a statistically significant correlation was found between the waiting time for hospitalisation in the emergency department and the length of stay in the intensive care unit. Patients with high CRP and procalcitonin levels were found to have high hospitalisation and mortality. In addition, the length of hospitalisation of patients who received antibiotics early was found to be low, but no correlation with mortality was detected. Based on this result, it can be said that prolonged hospitalisation of patients diagnosed with febrile neutropenia in the emergency department increases morbidity and cost. Therefore, we should shorten the period from the time of diagnosis to hospitalisation of this patient group as much as possible.

Keywords: NEUTROPENIC FEVER, LENGTH OF HOSPITALISATION, MORTALITY

Pub No: OP-063

Changing trends in Process Management EM in South India & AV-Triage Protocol

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Introduction and Purpose: Emergency medicine has been growing in India over a decade and half, but the challenges faced were huge. Expansion of Emergency Medicine department (EMD) is not only about clinical management of cases but also involves process management. Establishing an EMD, it is essential to have a change in Process management. AV-Triage protocol is a method of triaging which helps in sorting in a high volume EMD, this protocol not only help in prioritising patients and captures all important details in the initial evaluation in the triage zone, hence initiating patient management more rapidly. During COVID, EMD faced various challenges and functioned in a 3 floor EMD. All 3 floors had separate red/resuscitation zones, medical team & equipments. In recent time, 10 bedded casualty was transformed to 60 plus bedded Emergency medicine & trauma care department. The state of the art EM & TC facility is equipped to handle all sorts of emergencies & having routine EMD, Minor OT with hepa-filter and 384 slices AI supported CT scan. Pre-hospital care provided with first responders (bike ambulance), level C & D ambulances and Heli-service facility.

AV-Triage Protocol

AV-TRIAGE PROTOCOL			
	RED ZONE	YELLOW ZONE	GREEN ZONE
Presenting Complaint/ Cardinal Presentation	<ul style="list-style-type: none"> • Cardiac arrest • Respiratory Distress/Failure/ • Respiratory arrest • Refractory seizures • Chest pain / ACS • Probable Stroke • Altered Mental Status • Trauma with dangerous MOI • Neonates • Acute drug overdosage / poisoning 		
Airway	1. Obstructed 2. Partially obstructed 3. Stridor	Secretions	Patent - Talking clearly
Breathing RR: ___/mt SpO2 on Room air: ___%	RR: < 12/mt or > 30/mt SpO2: < 86% Start O2	RR: 16 – 30/mt SpO2: 86% - 94%	RR: 12 – 16/mt SpO2: > 94%
Circulation PR: ___/mt BP: ___mmHg	PR: < 60/mt or > 150/mt SBP: < 90mmHg or > 160mmHg	PR: 100 – 150/mt SBP: <100mmHg or 140 – 160mmHg	PR: 60 – 100/mt SBP: 100 – 140 mmHg
Disability AVPU score -	Unresponsive, Responsive to pain GRBS:	Verbal GRBS:	Alert
Exposure Temp: ___ F	> 103 F < 98 F	100 – 103 F	98 – 100 F
Pain score:	>7	3 – 6	<3



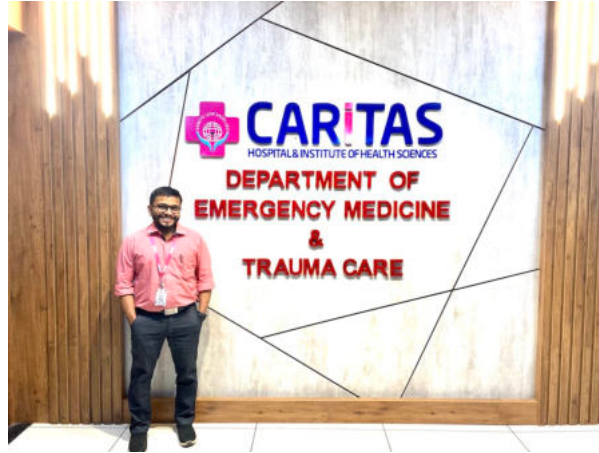
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EM & TC



Triage Bay



Facility



Pre-hospital



Materials and Methods: Even though there are various triage protocols available across the world, we created a new triage protocol - The AV-Triage protocol. In this protocol, presenting complaints, airway, RR, SpO₂, PR, BP, AVPU, GRBS, Pain scores were used. Process management is essential for EMD. Through developing various emergency room key process performance indicators, we could manage EMD process more promptly. In EMD, it's not only about managing patients and stabilising a critically ill patient that is important, but also investigations including radiology, consultations, disposition, admission process, LAMA, reviews, revisits all have its priority. Along with good clinical care, better bed occupancy rate, managing medical errors helps in better patient satisfaction, improved morbidity, and mortality

Results and Conclusion: Emergency Medicine has evolved and is in a progressing phase in South India. AV-Triage protocol is one method of triaging that can be used in busy EM departments especially in centres where there is large number of patients coming in modes other than ambulance. Along with clinical management, process management is also essential to deliver effective patient care.

Keywords: AV-Triage Protocol, Process Management, Pre-hospital care



Pub No: OP-064

Metformin-Associated Lactic Acidosis

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Introduction and Purpose: Metformin is the most commonly used glucose-lowering therapy worldwide and remains the first-line therapy for newly diagnosed individuals with type 2 diabetes in management algorithms. The most common side effects are gastrointestinal side effects. Metformin-associated lactic acidosis is a rare but serious side effect in diabetic patients.

Materials and Methods: A 58-year-old male patient was admitted to emergency department with abdominal distension, nausea, confusion, and dyspnea. His past medical history included hypertension, type 2 diabetes, chronic kidney disease. Vitals at presentation were temperature 36.8°C, heart rate 106 beats per min, respiratory rate 22 per min, blood pressure 95/68 mmHg, and pulse oximetry 89%. Patient's blood gas assesment; pH:7.11, pCO₂:32mmHg, HCO₃:15mmol/L, base deficit:-15.5 mmol/L, lactate:6.8 mmol/L. The patient; Urea: 108 mg/dL, Creatinine: 2.41mg/dL. The patient was on metformin 850 mg twice a day for her diabetes mellitus. The patient was admitted to the ICU. Later, he was diagnosed with metformin-associated lactic acidosis.

Results and Conclusion: Metformin-associated lactic acidosis is an uncommon side effect of metformin. In severe cases, lactic acidosis can cause multi-organ failure and subsequent death. To prevent the development of metformin-associated lactic acidosis, metformin usage requires careful consideration in patients with pre-existing renal impairment.

Keywords: Emergency department, lactic acidosis, metformin

Pub No: OP-065

Posterior Reversible Encephalopathy Syndrome

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Introduction and Purpose: Posterior reversible encephalopathy syndrome (PRES) is a (sub)acute onset neurological disease characterized by a variety of neurological symptoms that may include headache, visual acuity or visual field disturbances, disturbances of consciousness, confusion, seizures, and focal neurological disorders. The diagnosis of PRES is made by anamnesis and radiological examination. Early diagnosis is important for clinical course. Early diagnosis and treatment of PRES is very important. Otherwise, it may cause permanent brain damage and neurological sequelae such as chronic epilepsy.

Materials and Methods: A 72-year-old male patient was brought to the emergency room with a complaint of confusion. He has chronic kidney failure and lung cancer in his medical history. The patient's GCS: 13 is confused, A focal myoclonic seizure was observed in his right upper extremity. There was no additional feature in the physical examination. Vital signs: blood pressure 220/80 mmHg, respiratory rate 14/minute, pulse 80 beats/minute, temperature 36.5 °C, sPo2 96%. MRI showed an image consistent with vasogenic edema in the bilateral occipital region. The patient was consulted to neurology and internal medicine. After a few days of follow-up, he was discharged with full recovery

Picture 1: Bilateral edema of subcortical white matter in the occipital lobe





Results and Conclusion: PRES is a temporary condition characterized by diffuse cerebral edema, more prominent in the parietal and occipital regions radiologically, which may present with nonspecific findings such as headache, nausea, vomiting, visual and mental changes, generalized and focal seizures. However, if diagnosis and treatment are delayed, it may progress with serious morbidity and mortality due to complications such as status epilepticus, intracranial hemorrhage and massive ischemic infarct formation. PRES can show similar clinical features with different clinical conditions such as ischemic or hemorrhagic stroke, encephalitis, and venous thrombosis. For this reason, it should be kept in mind in the differential diagnosis of patients who come to the emergency department with altered consciousness and the importance of early diagnosis and treatment should not be forgotten.

Keywords: PRES, Emergency medicine

Pub No: OP-066

Elbow Displacement Can Also Occur In Adults

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Introduction and Purpose: Elbow dislocations can be complete or partial and usually occur after a trauma such as a fall or accident. In a complete dislocation, the articular surfaces are completely separated. In partial dislocation, the articular surfaces are only partially separated. Partial dislocation is also called subluxation. Elbow dislocations are not common. It typically occurs when a person falls on an outstretched hand. When the hand hits the ground, the force is sent to the elbow. Usually there is a rotational motion of this force. This can remove and rotate the bracket from its slot. A complex dislocation can cause serious bone and ligament injuries. In the most severe dislocations, the blood vessels and nerves running through the elbow can be injured. If this happens, there is a risk of losing the arm. In some patients with connective tissue disease and high joint mobility, such subluxations can be seen even in minor traumas.

Materials and Methods: A 38-year-old male patient comes with a complaint of elbow pain after tripping over his feet and falling on his left hand. The vitals of the patient, who had no known additional disease, were within natural limits. In the systemic examination, he had limited range of motion in the left elbow, a deformed appearance, and tenderness in the olecranon region. Neurovascular examination was found naturally. A dislocation of the elbow was observed in the direct X-ray, and the orthopedic surgeon was consulted. The patient, who underwent reduction under sedation, had a normal control neurovascular examination, and a millimetric bone fragment was observed in the tomography of the joint. He was discharged with the recommendation of orthopedic follow-up with symptomatic prescription.

Figure 1



Figure 2



Results and Conclusion: Due to the complex ligament structures and neurovascular neighborhoods present in elbow dislocations secondary to direct or indirect trauma in adults, urgent diagnosis should be made and treatment should be arranged under the guidance of a specialist. It is aimed to raise awareness for this luxation, which can be encountered in the emergency department, although it is rare, and to emphasize the importance of follow-up advanced imaging.

Keywords: Elbow dislocation, Neurovascular examination



Pub No: OP-067

Lung Contusion Volume: Do You Really Know?

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Introduction and Purpose: Pulmonary contusion is one of the most common complications of blunt chest trauma. It is sometimes very difficult for a physician to determine the extent and real amount of pulmonary contusion. The aim of the study was to measure the accurate pulmonary contusion volume on computed tomography images by using the manual planimetry method with the Cavalieri principle.

Materials and Methods: The study was performed on 76 patients who were admitted to the Emergency Medicine Clinic with lung contusion. Patient data were retrospectively screened and computed-tomography images of patients with lung contusion were examined to calculate lung contusion volume. After measurement in all lung sections, lung contusion volume was calculated in 6-8-10 sections by systemic randomized sampling. The volume of the contusion was calculated by two independent observers using the manual planimetry method.

Results and Conclusion: The mean volume of contusion obtained from all cross-section measurements was $34.23 \pm 17.56\%$. In 6 sections measurement, contusion volume was $27.98 \pm 15.05\%$, in 8 sections $30.66 \pm 16.07\%$ and in 10 sections $32.47 \pm 16.97\%$. When we examined the Bland Altman graphs, it is seen that the mean difference obtained from the 10 sections is smaller than the 6 and 8 sections measurements and the confidence interval is narrower. Therefore, we can say that the 10 sections measurement gives the closest evaluation to all lung contusion measurements with about 95% accuracy ratio. Lung contusion volume can be objectively evaluated using the manual planimetry method with systematic random sampling without whole lung area measurement on CT with high interobserver and intraobserver agreement.

Keywords: Computed tomography, contusion volume, lung contusion, planimetry method, trauma

Pub No: OP-068

Ischemic Stroke After Bee Sting

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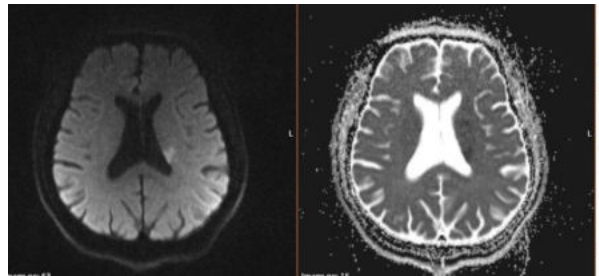
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Introduction and Purpose: A bee sting can be a serious problem that affects people all over the world. Several clinical manifestations of bee sting have been described elsewhere. Furthermore, local allergic reactions are more common, causing pain, redness, and swelling of soft tissue within a few hours. Here, we present ischemic stroke after bee sting, which is an extremely rare neurological involvement due to bee sting.

Materials and Methods: A 63 -year-old male patient was brought to the emergency department because of widespread redness, pain and itching at the sting site after a bee sting while pruning roses in the garden.No acute pathology was found in the physical examination performed at the time of admission, and imaging tests were requested due to the development of weakness in the right lower/upper extremities during the follow-up of the patient. In DWMRI, diffusion restriction was detected in the area adjacent to the left lateral ventricle and he was hospitalised by the Neurology clinic for follow-up and treatment.

Figure



DWI (Diffusion-Weighted Magnetic Resonance Imaging) was performed and diffusion restriction was detected in the area adjacent to the left lateral ventricle



Results and Conclusion: Various clinical presentations after a bee sting have been described in the literature. Bee stings often cause local dermal allergic reactions. However, various systemic involvements can result in serious complications. Anaphylaxis is a serious systemic involvement that causes sudden death. Anaphylactic shock, are other unusual systemic manifestations that can occur. Also, there have been prior reports of neurological reactions including epileptic seizures, peripheral neuropathies and cerebrovascular disease. The clinical signs of neurological involvement associated with bee sting vary depending on underlying immunological, ischemic or toxic mechanisms. These reactions require long-term follow-up as they can start in the first hours and last for several days.

Keywords: ischemic stroke, bee, anaphylactic shock

Pub No: OP-069

Evaluation of Laboratory Parameters in Children with Febrile Convulsions

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Introduction and Purpose: Febrile convulsion (FC) is most commonly seen in children aged 6-60 months and the prognosis is generally good. There are conflicting results in the literature regarding serum biomarkers in patients with simple febrile convulsions (SFC) and complex febrile convulsions (CFC). Therefore, this study was aimed to contribute to the literature by evaluating the serum biomarkers of febrile convulsion patients in a comprehensive manner.

Materials and Methods: This study is a retrospective analysis based on database review. It was studied on a total of 164 children aged 6-60 months who were admitted to the pediatric emergency department of Merzifon Kara Mustafa Pasha State Hospital in Amasya, Turkey, between June 2019 and June 2023 due to FC. The control group consisted of 119 children who presented with fever but had no history of febrile convulsions. Information about age, gender, serum biomarker levels were obtained from the medical records of the patients in the hospital information management system and laboratory results.

Results and Conclusion: The median age of patients admitted with febrile convulsions was 22.5 (5-60) months. 55.5% of the participants were male. Among the patients with FC, 23.7% were found to have had CFC. The difference in serum biomarker parameters including Glucose, K, CA, WBC, CRP, ALT, pH, Lactate, pH, and glucose was statistically significant between the SFC, CFC and control groups ($p < 0,05$). According to the data of our study, serum biomarkers showed differences between the groups, which may provide an estimate for differentiating between SFC and CFC in children.

Gender and Laboratory Parameters Distribution of Febrile Convulsion Patients

Sex	n (%)
Female	73 (%44,5)
Male	91 (%55,5)
Laboratory Parameters	
Sodium (mmol/L)	135 (125-141)
Potassium (mmol/L)	4,2 (3,2-6,3)
Calcium (mg/dL)	9,62 ± 0,40
Leukocyte Count (10 ³ xuL)	12,6 (3,3-36,8)



Hemoglobin (g/dL)	11,6 (6,3-14,8)
Platelet Count ($10^3 \times uL$)	299,5 (15,2-929)
CRP (mg/L)	7,19 (0,10-187,00)
Ph	7,30 (6,98-7,53)
Lactate (mmol/L)	3,2 (0,10-10,60)
Glucose (mg/dL)	127 (70-219)
AST (U/L)	37 (19-172)
ALT (U/L)	16 (2-56)

CRP: C-reactive protein, AST: Aspartate transaminase, ALT: Alanine aminotransferase a.Data shown are mean \pm standard deviation and median (min-max)

Comparison of Demographic and Biomarkers of Simple, Complex FC Patients with Control Group Patients

	Simple Febrile Convulsion	Complex Febrile Convulsion	Control Group	P-Value
Age (month)	22 (5-60)	25 (8-60)	28 (6-60)	0,319*
Sex				
Female, n(%)	60 (%33,3)	13 (%48,0)	48 (%40,3)	0,212#
Male, n(%)	65 (%66,7)	26 (%52,0)	71 (%59,7)	
Laboratuvar Parametreleri				
Sodium ¹	135 (126-140)	134 (125-141)	135 (126-141)	0,072*
Potassium ¹	4,1 (3,3-5,5)	4,2 (3,2-6,3)	4,4 (3,3-5,8)	0,005* ^a
Calcium ²	9,62 \pm 0,41	9,63 \pm 0,37	9,79 \pm 0,48	0,014* ^{a,b}
Leukocyte Count ³	12,5 (3,3-36,83)	14 (3,3-27,76)	10,4 (2,3-31,8)	0,036* ^a
Neutrophil Count ³	6,5 (0,6-19,2)	6,43 (0,3-17,4)	5,3 (0,8-27,2)	0,278*
Hemoglobin ⁴	11,6 (6,3-14,8)	11,5 (9,5-14,1)	11,9 (7,8-14,3)	0,194*
Platelet Count ³	309 (136-929)	280 (15,2-573)	302 (158-706)	0,485*
CRP ⁵	6,50 (0,18-134,00)	9,00 (0,10-187,00)	13,38 (1,00-200,00)	> 0,000* ^a
Ph	7,30 (6,98-7,53)	7,31 (7,14-7,44)	7,41 (7,26-7,47)	> 0,000* ^c
Lactate ¹	3,24 (0,10-10,60)	3,10 (0,90-8,50)	1,89 (1,07-3,89)	> 0,000* ^c
Glucose ²	125,5 (71-218)	130 (70-219)	88 (42-149)	> 0,000* ^c
AST ⁶	38 (19-172)	35 (20-96)	36 (15-114)	0,133*
ALT ⁶	17 (3-56)	15 (3,5-42)	15 (7-163)	0,038* ^a



CRP: C-reactive protein, AST: Aspartate transaminase, ALT: Alanine aminotransferase
1.(mmol/L), 2.(mg/dL), 3.(cells/10³xuL), 4.(g/dL), 5(mg/L), 6.(U/L) *.P value for Kruskal-Wallis Test #.P value for Chi-Square Test **.P value for one-way ANOVA

Test a.Statistically significant difference was found between Simple Febrile Convulsion and Control Group (Kruskal-Wallis Test) b.Statistically significant difference was found between Simple Febrile Convulsion and Control Group (One-way ANOVA Post-hoc Tukey Test) c.There was a statistically significant difference between the Control Group and the other two groups (Kruskal-Wallis Test) d.Data shown are mean \pm standard deviation and median (min-max)

Keywords: Febrile Convulsion, Pediatric Emergencies

Pub No: OP-070

Toxic Epidermal Necrolysis Induced by a carbamazepine: A Case Report

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Introduction and Purpose: Toxic epidermal necrolysis (TEN) was defined by Lyell in 1956 as a severe drug-associated adverse event that causes systemic complications besides diffuse bullous skin and mucosal lesions. In this context, we presented herein a case where TEN had developed after the use of a drug with carbamazepine as the active ingredient.

Materials and Methods: A 24-year-old male patient applied to the emergency department with complaints of widespread skin rashes, abdominal pain, sore throat, fever, and cough that started approximately 7 days ago and gradually increased. The patient's anamnesis revealed that he had been using a drug containing carbamazepine prescribed by a neurologist in the last 20 days before his admission. His personal and familial medical history indicated that he had a history of brain tumor surgery and a diagnosis of epilepsy. His vital signs were as follows: Fever: 39 C, arterial blood pressure: 110/70 mmHg, fingertip blood sugar: 117 mg/dl, and oxygen saturation: 97%. His physical examination revealed diffuse maculopapular rashes that fade with pressure on the skin (Figure-1), mild crusts on the lips, and widespread tenderness but no rebound or defense in the abdomen. The oropharynx was hyperemic and hypertrophic. The patient's other systemic examination findings were typical. The patient's electrocardiography revealed his sinus rhythm as 98 beats/min, which is normal. Toxic Epidermal Necrolysis induced by carbamazepine was considered in the patient subsequently, the patient was internally transferred to the dermatology service for treatment. (Figure-2). Afterward, the patient's skin rashes and clinical findings regressed, and he was discharged with complete recovery.

figure-1



Figure1 : The patient have diffuse maculopapular rashes that fade with pressure on the skin.

figure-2

Figure-2: The patient's skin lesions had progressed during the first days of his treatment.



Results and Conclusion: Half of the patients followed up with the diagnosis of TEN have prodromal symptoms, including fever, headache, weakness, sore throat, pain. These symptoms, which can be mistaken for the signs of upper respiratory tract infection, show mucosal involvement. TEN usually occurs within 1-3 weeks after the initiation of the relevant drug, but in some cases it can be seen up to 8 weeks after the start of treatment. In this context, with this case report, we wanted to emphasize the importance of a detailed anamnesis and physical examination in diagnosing rare conditions such as TEN in patients presenting with signs of upper respiratory tract infection.

Keywords: Toxic Epidermal Necrolysis, carbamazepine, emergency medicine

Pub No: OP-071

A Rare Case of Thoracic Aortic Aneurysm Presenting with Massive Hemoptysis

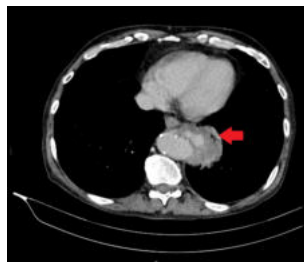
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Introduction and Purpose: Aortic aneurysm is defined as the dilation of the aortic vessel, increasing its diameter by approximately one and a half times. When the aortic diameter exceeds 4.5 cm, the risk of aneurysm, dissection, and sudden death increases. Unfortunately, the clinical course of TAA often remains asymptomatic, and the diagnosis is coincidentally made during medical examinations. We present a rare case of TAA rupture with the predominant clinical feature of hemoptysis.

Materials and Methods: A Case Report : 62-year-old male patient presented to the emergency department with complaints of bloody sputum and vomiting of blood for approximately 4 days. The patient has a history of alcoholic cirrhosis, smoking, and coronary artery disease. On physical examination, the patient is in moderate general condition, cooperative, and oriented. Minimal tenderness is noted on abdominal examination, and there is no difference in blood pressure between the extremities. Other systemic examination findings are within normal limits. Vital signs include a temperature of 36.6°C, heart rate of 106 beats per minute, blood pressure of 147/72 mm Hg, and oxygen saturation (SatO₂) of 96%. Hemoglobin (HGB) is measured at 9.13 g/dL (normal range: 13-17). During follow-up, a decrease of 3 g/dL was observed. Other laboratory tests are within normal ranges. Given the patient's history of cirrhosis, an upper gastrointestinal endoscopy was performed to assess for esophageal variceal bleeding. Endoscopy revealed no varices or active bleeding, and the upper gastrointestinal mucosa appeared normal. On Angiographic Computed Tomography (CT), a TAA rupture at the T10 level with communication into the bronchus was visualized (Figure 1,2,3). Due to the TAA rupture, the patient was initiated for transfer to a center capable of performing the Thoracic Endovascular Aneurysm Repair (TEVAR) procedure. Despite receiving resuscitative support, the patient succumbed to his condition in the emergency department due to ongoing active bleeding.

Figure 1



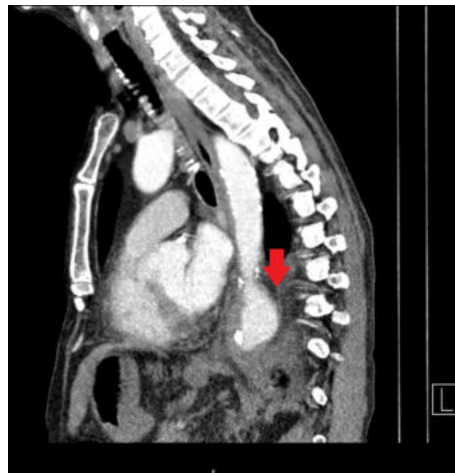
TAA Rupture is marked with a red arrow

Figure 2



TAA rupture at the T10 level with communication into the bronchus was visualized

Figure 3



T10 TAA Rupture is marked with a red arrow

Results and Conclusion: In patients presenting to the emergency department with hematemesis due to vomiting of blood, it is crucial to carefully differentiate between nasopharyngeal bleeding, hematemesis, and hemoptysis. The possibility that the source of hemoptysis may be attributed to a life-threatening diagnosis such as a TAA rupture should not be overlooked.

Keywords: Thoracic Aortic Aneurysm, Hemoptysis, Gastrointestinal system bleeding



Pub No: OP-072

INVESTIGATION OF FACTORS AFFECTING 28-DAY MORTALITY IN GERIATRIC PATIENTS DIAGNOSED WITH PROXIMAL FEMUR FRACTURE IN THE EMERGENCY DEPARTMENT

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Introduction and Purpose: Proximal femur fractures in the elderly have a significant impact on the quality of life for both patients and their families, making them an important public health issue. Our aim in this study was to investigate the factors affecting the 28-day mortality of geriatric patients diagnosed with proximal femur fractures in emergency department(ED). We aimed to compare the effectiveness of Almelo Hip Fracture Score(AHFS), Nottingham Hip Fracture Score(NHFS), Charlson Comorbidity Index(CCI) and Modified Rapid Emergency Medicine Score(mREMS) in predicting patients 28-day mortality, in-hospital mortality and the need for admission to the Intensive Care Unit(ICU).

Materials and Methods: In our study, we examined NHFS, AHFS, mREMS and CCI scores, the need for admission to the ICU, 28-day survival status, and in-hospital survival status of patients ≥ 65 years who presented to our ED between June 1, 2022 and December 31, 2022 with a diagnosis of proximal femur fracture. The Receiver Operating Characteristic (ROC) curve method was used to calculate the success and threshold values of NHFS, AHFS, mREMS and CCI scores in predicting ICU admission, 28-day mortality and in-hospital mortality. It was considered statistically significant when $P < 0.05$. The statistically significant results obtained from the ROC analysis were evaluated using logistic regression analysis. All analyses were performed using SPSS version 22.0 statistical software (SPSS Inc, Chicago, IL).

Results and Conclusion: A total of 181 patients were included in our study. When patients were examined in terms of outcomes, it was observed that 18.2%(n=33) lost their lives within the first 28 days, 10.5%(n=19) dead in the hospital and 48.1%(n=87) required admission to the ICU. In the conducted ROC analysis, among the compared scoring systems, it was determined that $AHFS \geq 8$, $NHFS \geq 6$, and $CCI \geq 6$ were statistically significant for all three outcomes. However, logistic regression analysis conducted for the statistically significant values found in the ROC analysis revealed that $AHFS \geq 8$ was an independent risk factor for all three outcome statuses($P=0,003$, $P=0,022$, $P < 0,001$). In light of the results obtained in our study, AHFS stands out as a step ahead in predicting early mortality and morbidity in geriatric patients with proximal femur fractures compared to other scoring systems, clinical and laboratory values.

Figure 1. ROC Curve illustrating the performance of AHFS, NHFS, CCI, and mREMS scores in predicting 28-day mortality.

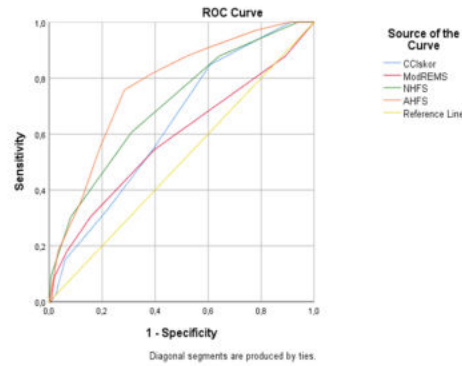


Figure 2. ROC Curve illustrating the performance of AHFS, NHFS, CCI, and mREMS scores in predicting in-hospital mortality.

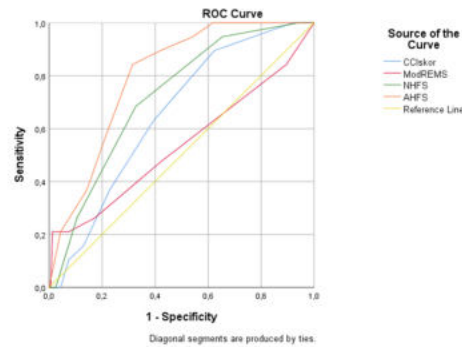


Figure 3. ROC Curve illustrating the performance of AHFS, NHFS, CCI, and mREMS scores in predicting the need for admission to the ICU.

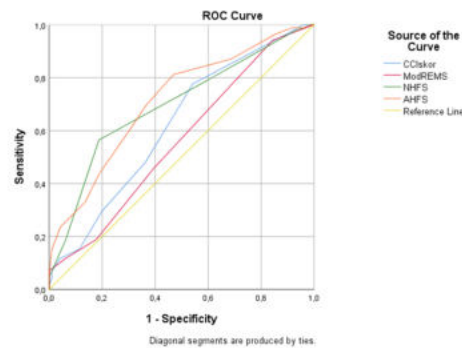


Table 1. Success of AHFS, NHFS, CCI, and mREMS Scores in Predicting 28-Day Mortality.

	AUC (%95 CI)	P	Sensitivity (%)	Specifity(%)
AHFS ≥8	0,772(0,688-0,856)	<0,001	81,8	60,8
NHFS ≥6	0,705(0,607-0,803)	<0,001	60,6	68,9
CCI ≥6	0,637(0,540-0,733)	0,014	54,5	60,8
mREMS ≥5	0,584(0,468-0,701)	0,130	54,5	60,1

Table 2. Success of AHFS, NHFS, CCI, and mREMS Scores in Predicting In-Hospital Mortality.

	AUC (%95 CI)	P	Sensitivity (%)	Specifity (%)
AHFS ≥8	0,798(0,716-0,880)	<0,001	89,5	58,0
NHFS ≥6	0,721(0,615-0,826)	0,002	68,4	67,3
CCI ≥6	0,654(0,544-0,763)	0,029	63,2	60,5
mREMS ≥5	0,537(0,381-0,694)	0,595	47,4	58,0



Table 3. Success of AHFS, NHFS, CCI, and mREMS Scores in Predicting the Need for Admission to the ICU

	AUC (%95CI)	P	Sensitivity (%)	Specifity(%)
AHFS ≥ 8	0,883(0,833-0,934)	<0,001	81,2	83,0
NHFS ≥ 6	0,688(0,610-0,765)	<0,001	55,2	80,9
CCI ≥ 6	0,612(0,530-0,694)	0,009	47,1	62,8
mREMS ≥ 5	0,564(0,480-0,647)	0,138	46,0	60,6

Table 4. Demographic and Clinical Characteristics of Included Patients in the Study

		n (%)
Gender	Male	72 (39,8)
	Female	109 (60,2)
Age (years)	Male	81,43 ± 9,06
	Female	82,13 ± 7,86
	Total	81,85 ± 8,34
Type of Fracture	Intertrochanteric	113 (62,4)
	Neck of Femur	55 (30,4)
	Subtrochanteric	8 (4,4)
	Trochanter Major	5 (2,8)
Fractured Side	Right	92 (50,8)
	Left	89 (49,2)
Admission to the ICU	Yes	87 (48,1)
	No	95 (51,9)
Invasive Ventilation Requirement	Yes	18 (9,9)
	No	163 (90,1)
Erythrocyte Suspension Transfusion	Yes	117 (64,6)
	No	64 (35,4)
Fresh Frozen Plasma Transfusion	Yes	66 (36,5)
	No	115 (63,5)
In-Hospital Mortality	Alive	162 (89,5)
	Dead	19 (10,5)
28-Day Mortality	Alive	148 (81,8)
	Dead	33 (18,2)



WACEM23

WORLD ACADEMIC CONGRESS OF EMERGENCY MEDICINE

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October, 28 - 31

Keywords: AHFS, mortality, proximal femur fracture in elderly



Pub No: OP-073

Effect of COVID-19 Pandemic on Electrophysiological Examination Applications

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Introduction and Purpose: In addition to respiratory and systemic symptoms, COVID-19 has also been observed to have neurological complications. Dysphoria, dizziness, impaired consciousness, encephalitis, encephalopathy, cerebrovascular disease, peripheral nervous system damage and neuromuscular disorders were among the most common neurological findings. In our study, we examined the effect of the COVID-19 pandemic on the electrophysiology laboratory applications of our hospital.

Materials and Methods: We shared our electrophysiology laboratory results for a certain period in 2020-2021. We aimed to compare the distribution and diagnoses of patient groups in these periods. We retrospectively examined the age, gender, preliminary diagnosis, and electrophysiological examination results of the patient groups. The distribution of patients' ages, genders and diagnoses in both years is shown in Table-1.

Table-1: Clinical and demographic characteristics of patients according to periods

Variables		2020 NCS		2021 NCS		<i>p</i>
Age, Mean±SD*		49,1±15,2		50,4±14,2		0,295
		n	%	n	%	
Gender**	Male	130	37,5	73	29,1	0,041
	Female	217	62,5	178	70,9	
	Total	347	100	251	100	
Diagnosis ***	Normal	228	65,7	150	59,7	0,419
	CTS	86	24,8	77	30,6	
	Polyneuropathy	21	6,0	14	5,5	
	Peripheral Neuropathy	12	3,4	10	4,0	

*Student t test, **Chi-square analysis, ***One-way ANOVA; NCS: Nerve conduction study; CTS: Carpal tunnel syndrome



Results and Conclusion: Only nerve conduction study results were included in this study. There was a 27.8% decrease in hospital admissions in 2021 compared to 2020 (347,251 respectively). There was no significant difference between the mean age of the patients in both periods ($p=0.295$). However, during the intense period of the pandemic, there was a significant increase in the female/male patient ratio (1.66, 2.43, respectively; $p = 0.041$). We thought that there was a decrease in applications to electrophysiology laboratories for the diagnosis of neuromuscular diseases, as in many diseases of the COVID-19 pandemic.

Keywords: COVID-19, EMG, nerve conduction study, electrodiagnostic test

Pub No: OP-074

Hematoma in the psoas region secondary to trauma and subsequent renal failure

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¹İzmir Torbalı Devlet Hastanesi

Introduction and Purpose: Hematoma in the psoas muscle may occur spontaneously or secondary to trauma. Spontaneous causes include coagulopathies, anticoagulant use, and leakage from abdominal aortic aneurysm (1). While the incidence of spontaneous iliopsoas hematoma is 0.1% in the general population, this value is 0.6% in the elderly population with the effect of anticoagulant use (2). Traumatic psoas hematoma may be an indicator of serious mechanisms of injury, but may also be a marker of severe blood loss (3).

Materials and Methods: Case report: A 49-year-old man with known alcohol-related cirrhosis presented to the emergency department with complaints of right lower quadrant abdominal pain and anorexia. 10 days ago, while sitting in a chair, he fell on his right side. Vital parameters: Blood pressure: 85/45 Pulse: 70 SpO₂: 98 Temperature: 36.1°C On examination, neurologically normal. Rales are heard in both lungs. Pretibial edema ++, tenderness in the right lower quadrant of the abdomen. The abdomen appears distended. There is a 6-7 cm diameter ecchymotic area extending laterally on the right hip, which turns green in color. Abdominal tomography revealed a 10x8 cm hypodense lesion in the right psoas muscle. Psoas hematoma due to trauma caused renal failure and anemia. Erythrocyte suspension was given in the emergency room. Urine output was measured as approximately 100 cc in 6 hours. He was then admitted to the intensive care unit and it was decided to connect her to the dialysis unit.

Hemogram and coagulation

Parametre Adı	Sonuç	Birim	Normal Değerler
PT	32,4	sn	9,7 - 14,7
APTT	44,9	sn	21 - 36,5
PT %	24,5	%	
RRR	2,58	%	0,78 - 1,22
Parametre Adı	Sonuç	Birim	Normal Değerler
WBC	11,46	K/uL	4,5 - 10,8
RBC	1,42	M/uL	4,2 - 6,1
HGB	5,1	g/dL	12 - 18
HCT	14,8	%	37 - 52
MCV	104,2	fL	80 - 100
MCH	35,9	pg	27 - 31
MCHC	34,5	g/dL	33 - 37
PLT	132	K/uL	130 - 400
RDW-SD	55,9	fL	37,4 - 51
RDW-CV	15,1	%	7,5 - 18,5
PDW	12,0	fL	9 - 16
MPV	10,5	fL	7,2 - 11,1
PCT	0,14	%	0,12 - 0,36
NEUT#	7,35	x10 ³ /uL	1,5 - 8
LYM#	1,68	x10 ³ /uL	0,8 - 5,2
MONO#	2,35	x10 ³ /uL	0,16 - 1,2
EOS#	0,08	x10 ³ /uL	0,00 - 0,5
BASO#	0,00	x10 ³ /uL	0,0 - 0,2
NEUT%	64,1	%	40 - 74
LYM%	14,7	%	19 - 48
MONO%	20,8	%	3,4 - 10
EOS%	0,7	%	0 - 7
BASO%	0,0	%	0 - 1

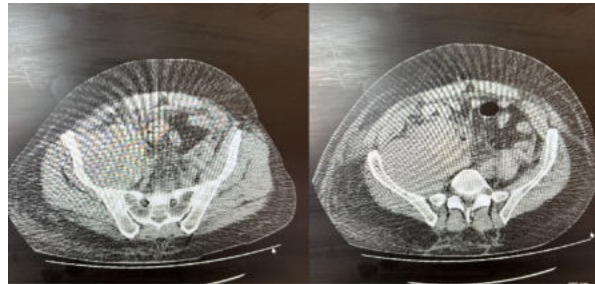
Hemogram and coagulation results of our patient

Biochemistry values

Parametre Adı	Sonuc	Birim	Normal Değerler		Önceki Sonuc
Glukoz	89	mg/dL	70	100	134 / 117 Grafik
Üre	159	mg/dL	17	43	47 / 24 Grafik
Kreatinin	5.31	mg/dL	0.67	1.3	1.24 / 0.84 Grafik
eGFR	12	ml/dk/1.73	60	120	68 Grafik
Alt	33	U/L	5	40	37 / 44 Grafik
AST	81	U/L	5	50	65 / . Grafik
GGT	24	U/L	7	55	31 Grafik
ALP	89	U/L	43	270	Grafik
Total Bilirubin	10.48	mg/dL	0.3	1.2	5.98 / 5.42 Grafik
T.Kolesterol	153	mg/dL	130	200	Grafik
TRİGLİSERİD	71	mg/dL	40	150	Grafik
HDL KOLESTEROL	29	mg/dL	50	60	Grafik
LDL	110	mg/dL	0	130	Grafik
Sodyum (NA)	136	mmol/L	136	145	136.6 / 141.4 Grafik
CRP (TURBİDİMETRİK)	14.3	mg/L	0	6	9.5 / 3.8 Grafik

our patient's biochemistry values

Abdominal tomography image



Hypodense lesion approximately 10x8 cm in size thought to be in the psoas muscle in the inferior neighborhood of the right kidney

Results and Conclusion: Traumatic psoas hematoma is more common in adolescents (4). After trauma, pain in the lower abdomen, gait disturbances, motor and sensory deficits in the areas innervated by the femoral nerve may be encountered (5). A significant decrease was observed in our patient's hemoglobin value compared to normal. In a study by Ammar A. et al. it was reported that hemoglobin decrease was detected in 56% of cases.(3) In a study by Chevalier et al., these hemoglobin decreases were attributed to the fact that the psoas muscle can collect a volume of blood 10 times its own size (6). Although surgical methods are preferred in some



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patients, non-operative treatment methods were preferred in our patient as in many cases. He was discharged after his clinical condition improved.

Keywords: Psoas hematoma, Psoas hematoma secondary to trauma, psoas muscle

Pub No: OP-075

An Entity To Be Kept In Mind In Recurrent Epistaxis: Invasive Fungal Sinusitis

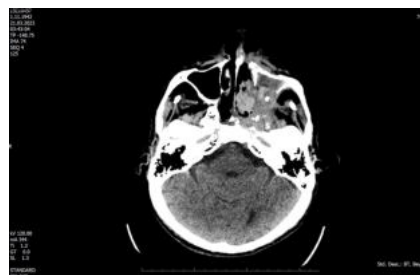
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Introduction and Purpose: Fungal sinusitis is a rare infection caused by invasion of nasal cavity and paranasal sinuses by fungal organisms, divided into two groups: invasive and non-invasive. Invasive fungal sinusitis often causes infection in diabetic patients and immunosuppressed patients. It is characterized by nonspecific symptoms such as headache, nasal congestion, epistaxis, and fever; similar to chronic bacterial sinusitis. Invasive fungal sinusitis is fatal. Early diagnosis and treatment are essential. Endoscopic examination, computed tomography (CT) and magnetic resonance imaging (MRI) can be used in the diagnosis. On CT, opacity in the sinus cavities, thickening of the sinus walls and bony constriction can be seen. Definitive diagnosis is made by histopathologic and microbiologic examinations. Treatment includes systemic antifungal agents and surgical approaches. In our case report, we aimed to present a patient who was diagnosed with invasive fungal sinusitis and had recurrent admissions to the emergency department with complaints of epistaxis.

Materials and Methods: Case report: A 81-year-old male patient was admitted to our emergency department with the complaint of recurrent epistaxis. His medical history included chronic alcoholism, 55 pack/year cigarette smoking and hypertension. The patient had no history of trauma exposure and anticoagulant/antithrombotic agent use. Vital signs were stable, complete blood count and coagulation parameters were normal and thus anterior nasal tamponade was applied. Due to the continuation of the bleeding Otorhinolaryngology was consulted. Nasal endoscopic examination revealed mucosal erosion, purulent secretion and fungal hyphae. Paranasal CT was planned, CT scan showed left maxillary sinus walls and soft tissue had destructive lesion consistent with fungal sinusitis with invasion from the left maxillary sinus to the left orbit and left middle cranial fossa was detected. Systemic antifungal treatment was initiated for the patient upon Aspergillus spp growth in the culture. (voriconazole).

figure 1



Axial CT scan of left maxillary sinus walls

figure 2



Coronal CT scan of maxillary sinus walls

Results and Conclusion: Fungal sinusitis should be considered in the prediagnosis of patients presenting to emergency departments with recurrent epistaxis and having risk factors. Early diagnosis and treatment of life-threatening invasive fungal sinusitis is vital. These patients should be evaluated by Otorhinolaryngologists.

Keywords: Recurrent epistaxis, Invasive fungal sinusitis, Emergency medicine



Pub No: OP-076

Prognostic value of blood gas parameters in predicting ROSC in out-of-hospital cardiac arrest patients with intracranial hemorrhage

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Introduction and Purpose: Intracranial hemorrhage is a serious health problem and is an important cause of morbidity and mortality. The aim of this study was to determine the predictive value of arterial blood gas analysis results in obtaining return of spontaneous circulation (ROSC) in out-of-hospital cardiac arrest (OHCA) patients with intracranial hemorrhage.

Materials and Methods: This retrospective study used data from records of OHCA patients admitted to the emergency department between January 2020 and September 2023. The study included OHCA patients over the age of 18 who underwent brain computed tomography and had intracranial hemorrhage. Demographic characteristics of the patients and blood gas results on admission were recorded. Blood gases were compared between the two patient groups; patients with ROSC and patients without ROSC.

Results and Conclusion: 46 patients were included in this study. 59.1% of the patients were male and the mean age was 69±11 years. Mean arterial pH, PCO₂, HCO₃, and oxygen saturation (SaO₂) values were 6.94±0.16, 69.7±26.7, 16.1±5.6, 88.3 ±4.4, respectively. In addition, the median lactate value was 8.7±2.7, Na⁺ median value was 137.6±8.1, K⁺ median value was 5.7±1.8, and glucose median value was 215.1±117.9. pH, PCO₂, HCO₃, lactate and K⁺ values were statistically significant in patients with ROSC compared to patients who could not. There was no statistically significant difference between hemoglobin, ionized calcium, Na⁺ and glucose values. Lactate level was independently associated with ROSC in univariate and multivariate analysis. A receiver operating characteristics (ROC) curve was plotted (AUC: 0.681) to obtain the best cut-off value. The cut-off value for lactate level was 7.64 (odds ratio, 1.98; 95% confidence interval, 1.54-6.78; p=0.012). We found a significant relationship between lactate level and ROSC in OHCA patients with intracranial hemorrhage.

Keywords: Blood gas parameters, emergency department, out-of-hospital cardiac arrest, intracranial hemorrhage

Pub No: OP-077

Recognizing an Uncommon ECG Pattern for Urgent Intervention in Acute Coronary Occlusion: De-Winter Syndrome

Yunus Dogan¹, Adem Az²

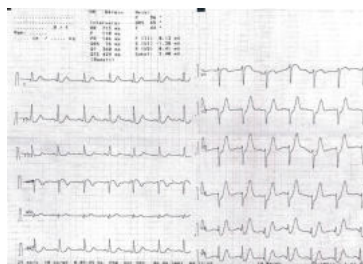
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Introduction and Purpose: ST-segment elevation myocardial infarction (STEMI) is defined by the American Heart Association as a clinical syndrome characterized by typical symptoms of myocardial ischemia and typical ST-segment elevation on an electrocardiogram (ECG), followed by the release of biomarkers of myocardial necrosis. However, ECG abnormalities other than ST segment elevation may also indicate coronary artery total occlusion and require urgent intervention. In 2008, de-Winter et al. identified in 30 of 1532 patients with anterior myocardial infarction a non-standard ECG pattern suggestive of proximal left anterior descending (LAD) coronary artery occlusion. Emergency physicians should be aware of these uncommon ECG patterns to ensure timely and appropriate intervention, as they may significantly impact patient outcomes.

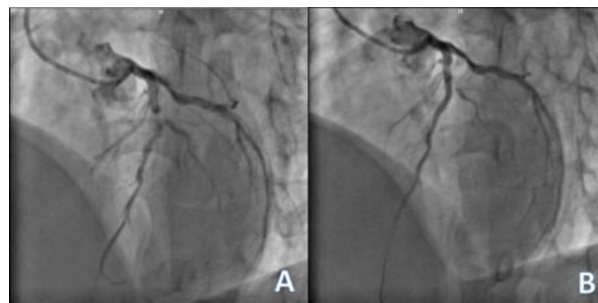
Materials and Methods: A 55-year-old male presented to our emergency department (ED) with compressive retrosternal chest pain persisting for a duration of 2 days, accompanied by sweating, nausea, and vomiting. Upon admission, the patient was experiencing subjective discomfort and distress, although his initial vital signs were within normal range. The patient had no known risk factors or prior history of cardiovascular disease. The initial ECG exhibited significant ST-segment depression (> 1 mm) at the J point in leads V2-V6, accompanied by tall, positively symmetrical T waves. A slight ST-segment elevation measuring 0.5 mm was observed in the aVR lead, as depicted in Figure 1. The electrocardiographic profile exhibited by the patient was indicative of de-Winter syndrome, a condition characterized by an anterior STEMI equivalent, which is commonly associated with the acute occlusion of the LAD coronary artery. Dual antiplatelet therapy with aspirin and a direct-acting P2Y12 receptor inhibitor (ticagrelor) was administered in the ED. An urgent coronary angiography was performed, which revealed total occlusion of the LAD coronary artery (Fig. 2).

Figure 1.



A 55-year-old male presented to emergency department with ECG exhibited significant ST-segment depression (> 1 mm) at the J point in leads V2-V6, accompanied by tall, positively symmetrical T waves. A slight ST-segment elevation measuring 0.5 mm was observed in the aVR lead.

Figure 2



A) An urgent coronary angiography was performed, which revealed total occlusion of the LAD coronary artery. B) After the patient received effective treatment through mechanical reperfusion therapy and stenting

Results and Conclusion: Our case exhibited characteristic symptoms of chest pain accompanied by a de-Winter ECG pattern. The patient underwent urgent coronary angiography, which revealed a total occlusion of the LAD. Subsequently, the patient received effective treatment through mechanical reperfusion therapy. The early detection of the de-Winter ECG pattern in individuals plays a crucial role in reducing further myocardial necrosis while improving the overall clinical outcomes.

Keywords: De Winter syndrome, STEMI-equivalent, LAD coronary artery



Pub No: OP-078

FACTORS EFFECTING SELF EFFICACY, SELF COMPETENCY AND WILLINGNESS OF MEDICAL STUDENTS IN DISASTERS

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Introduction and Purpose: During times of disasters, healthcare professionals often face pressure, and needs for additional support in care areas. This study seeks to assess the potential role of medical students in disaster response and the influencing factors, including involvement in the TEAMS project.

Materials and Methods: An observational survey-based study was conducted at a university to assess the motivation and competency of the undergraduate students towards disaster response. To collect data, the questionnaire was distributed using Google Forms. The homogeneity of items in the subscales of the questionnaire was evaluated using Cronbach's alpha, and the questionnaire results were compared with the categorical variables using the T-test.

Results and Conclusion: Results: TEAMS participants demonstrate a higher level of competence in trauma care and drug/injection administration ($p < 0.05$). Individuals who have received disaster training exhibit increased competency in triage, trauma care, drug/injection administration, patient follow-up, and psychological support ($p < 0.05$). Sixth semester students feel more proficient in trauma care, psychological support, community health services, and public relations work. Table 1 and 2 summarize our findings. Conclusion: Students are willing to contribute to disaster relief efforts, but their motivation is enhanced when they feel psychologically and medically prepared. Active involvement in disaster training programs play a significant role in increasing students' sense of competence.

Factors effecting self-competency of medical students in disaster response



Table 1: Factors effecting self-competency of medical students in disaster response

	Sex	Semester	Disaster Education	Teams' Project participation	Dependent person in household	Mean \pm STD	Cronbach
I can identify the relative damage caused by the disaster	0.04	.547	.000	.001	.059	3.01 \pm .98	.896
I can assess wounds accurately and quickly	.031	.115	.001	.010	.149	3.21 \pm .91	.895
I can assess epidemic situations such as infectious diseases or acute poisoning that may occur after a disaster	.121	.064	0.001	.000	.056	2.82 \pm .98	.897
I can recognize vulnerable groups such as chronically ill and disabled people	.442	.964	.013	.048	.090	3.82 \pm .83	.902
I can perform triage	.155	.109	.003	.007	.218	3.64 \pm .92	.899

I can perform triage	.155	.109	.003	.007	.218	3.64±.92	.899
I can perform debridement, hemostasis, bandaging and splinting/limb fixation	.134	.096	.050	.044	.035	3.31±1.10	.899
I can lift the wounded at the moment of transfer	.000	.347	.213	.169	.018	2.90±1.22	.901
I can transport the wounded	.002	.928	.058	.085	.003	2.98±1.07	.895
I can apply emergency rescue techniques	.004	.241	.002	.034	.003	3.20±1.03	.897
I can do intensive care and patient care of critically ill patients	.121	.585	.003	.054	.053	2.46±.97	.898
I can prevent and control infectious diseases in the disaster area	.984	.050	.000	.000	.046	2.80±1.04	.900

Factors effecting the medical student's willingness to disaster response

Table 2:

	Sex	Semester	Disaster Education	TeamsProject participation	Dependent person in household	Mean \pm STD	Cronl
Natural Disasters							
I know my family is safe and cared for	.432	.524	.724	.811	.816	4.39 \pm .92	.783
I am confident that good lines of communication with my family are in place	.376	.528	.849	.616	.512	4.36 \pm .90	.777
And if my supervisor works with me	.084	.628	.206	.278	.635	4.32 \pm .86	.790
If I receive appropriate training to deal with the situation	.383	.203	.357	.308	.594	4.57 \pm .68	.800
If I receive regular updates on the progress of the case.	.286	.457	.379	.110	.505	4.35 \pm .84	.797



If I get paid extra for it	.012	.961	.972	.252	.015	3.18±1.33	.860
Transportation will be provided	.305	.753	.932	.466	.464	4.12±1.07	.795
							0.846
SARS							
If I know my family is safe and cared for	.502	.223	.929	.992	.450	4.26±1.02	.856
I am confident that good lines of communication with my family are in place	.229	.159	.375	.347	.657	4.25±.92	.856
If my supervisor plays with me	.052	.238	.395	.120	.773	4.24±.95	.863
If I am trained to deal with the situation	.548	.033	.937	.747	.874	4.33±.91	.855
If I receive regular updates on the progress of the case	.617	.353	.832	.576	.310	4.31±.89	.856
Adequate personal protective equipment is provided	.459	.148	.844	.769	.159	4.15±1.13	.873
If I get paid extra for it	.320	.667	.926	.207	.710	3.62±1.22	.875
If I can get antivirals (e.g., Tamiflu) for free	.299	.830	.803	.420	.032	3.91±1.16	.861
If I can get my vaccinations for free	.954	.164	.500	.199	.966	4.09±1.15	.864
							0.883
Mass Casualty							
If I know my family is safe and cared for	.782	.678	.760	.754	.919	4.24±1.10	.822
I am confident that good lines of	.631	.752	.499	.163	.389	4.22±1.08	.814



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communication with my family are in place							
And if my supervisor works with me.	.554	.769	.612	.934	.327	4.23±.98	.815
If I am trained to deal with the situation.	.788	.111	.291	.916	.672	4.35±.96	.816
I receive regular updates on the development of the incident.	.418	.305	.817	.634	.574	4.25±.98	.818
If I am provided with adequate personal protective equipment.	.844	.166	.688	.719	.092	4.03±1.19	.838
If I am paid extra for it	.223	.075	.685	.269	.861	3.50±1.38	.886
Transportation will be provided	.924	.746	.458	.645	.297	3.73±1.29	.854
							0.870

Keywords: disaster medicine, disaster preparedness, volunteering, Disaster management



Pub No: OP-079

Hypochalemic periodic paralysis, a rare condition to visit Emergency Department.

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Introduction and Purpose: : Hypochalemic periodic paralysis is a rare otosomal dominant disorder. Although its exact prevalence is unknown, hypokalemic periodic paralysis is estimated to affect 1 in 100,000 people. It usually starts between puberty and third decade. It is especially hard to diagnose because patients complaints are temporary. Lab tests are normal and patients show no clinical findings between the attacks. Since patients usually seek emergency care during an attack, it is of great importance among emergency physicians as well.

Materials and Methods: This is a case of 26 year old male patient woke up with tetraparesis after carbohydrate rich meal. Due to severe weakness he couldnt even stand by himself. The examination conducted after being brought to the emergency department by his relatives revealed no findings except for tetraparesis. With suspected diagnoses of stroke, Guillain-Barré syndrome and electrolyte imbalances; blood samples, ECG, and an MRI were requested. The MRI imaging did not reveal any issues, but the blood tests showed a potassium level of 2. The ECG showed findings consistent with hypokalemia. The patient was referred to the neurology department with suspicion of hypochalemic periodic paralysis. The EMG done by the neurology department was consistent with the hypochalemic periodic paralysis. The patient, who had begun treatment with 0.5mEq/kg PO potassium chloride, had their potassium level checked and it was 3.6. Approximately 1 hour after the completion of replacement therapy, the patient's symptoms improved. The patient, who fully recovered, was discharged with a prescription of acetazolamide 250 mg twice a day and referred to the neurology outpatient clinic

Results and Conclusion: Hypokalemic periodic paralysis, being less common compared to other cases of tetraparesis or paraparesis seen in the emergency department, can be overlooked especially by emergency physicians without prior experience. The disease presents in episodes and patients appear normal between episodes, making diagnosis particularly challenging. Despite being a neurological condition, it is not uncommon for patients to seek treatment in the emergency department due to the acute and alarming nature of the condition. Therefore, it should be well recognized by emergency physicians

Keywords: Acetazolamide, Electrolyte İmbalances, Emergency Department, Hypochalemic Periodic Paralysis



Pub No: OP-080

Diagnostic Effectiveness of Alvarado Score and Proadrenomedullin Level In Patients With Acute Appendicitis

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Introduction and Purpose: This study aimed to reveal the effectiveness of mid regional proadrenomedullin (MR-proADM) level and Alvarado Score in the diagnostic approach in patients who applied to the emergency department with the complaint of abdominal pain and were diagnosed with acute appendicitis (AA).

Materials and Methods: This randomized, controlled, prospective study was conducted with 150 patients admitted to Sakarya University Training and Research Hospital Emergency Medicine Clinic. It was accepted to participate in the study among the patients suspected of having AA at the initial evaluation. The IBM SPSS Statistics 22 New York program was used for statistical analysis, and $p < 0.05$ values were considered significant.

Results and Conclusion: A total of 150 patients were included in the study. Of the patients, 83 (55.3%) were male and 67 (44.7%) were female. The mean age of the patients was 38.07. A statistically significant difference was found in the MR-proADM level in the diagnosis of acute appendicitis ($P < 0.05$). When the cut-off value of 0.78 was taken for the MR-proADM level, the diagnostic sensitivity was 100%, the specificity was 50%, the positive predictive value was 59.2%, and the negative predictive value was 100%. Alvarado score was also found to be statistically significant for the diagnosis of AA. When the cut-off value was 3, its diagnostic sensitivity was 98.7%, specificity was 87.1%, positive predictive value was 89.7%, and negative predictive value was 98.3%. MR-proADM and Alvarado Score were significantly higher in AA patients than in patients with nonspecific abdominal pain. However, it was seen that both parameters were not significant in the differentiation of complicated AA and uncomplicated AA. Simultaneous use of MR-proADM and Alvarado Score may help exclude the diagnosis of AA due to its high sensitivity and negative predictive value.

Keywords: Alvarado Score, acute appendicitis, proadrenomedullin, emergency medicine



Pub No: OP-081

Prolonged Sedation After Chloral Hydrate

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Introduction and Purpose: Sedation of patients before simple medical procedures is a common medical procedure. Chloral hydrate is one of the most commonly used sedative agents especially in children because of its ease of use and low side effects. In this article, we report two patients who developed prolonged sedation after chloral hydrate ingestion.

Materials and Methods: Case 1: A 7-year-old male patient was brought to the emergency department because of impaired consciousness that developed approximately 40 minutes after ingestion of 750 mg (approximately 30 mg/kg) chloral hydrate given for EEG in the paediatric neurology outpatient clinic. GCS was 5, pupils were myotic, blood pressure was 110-70 mmHg, pulse rate was 140/min, fingertip saturation was 99%, respiratory rate was 30/min, respiration was superficial, arterial blood gas readings were Ph:7.16, PCO₂: 82 mmHg, PO₂: 167 mmHg, HCO₃: 29.6 mmol/L, haemogram and biochemistry values showed no pathological findings. Sinus tachycardia was observed on ECG. Coma due to chloral hydrate intake was considered. The patient was intubated and hospitalised in the paediatric intensive care unit. The patient was extubated approximately 12 hours later. After 1 day of follow-up, the patient was discharged with recovery. Case 2: A 10-year-old male patient was brought to the emergency department because of inability to wake up after ingestion of 750 mg chloral hydrate given for EEG in the paediatric neurology outpatient clinic. GCS was 8, pupils were myotic, blood pressure was 110-70 mmHg, pulse rate was 110, fingertip saturation was 99%, respiratory rate was 25/min, arterial blood gases were Ph:7.3, PCO₂: 60 mmHg, PO₂: 100 mmHg, HCO₃: 29.1 mmol/L, haemogram and biochemistry values showed no pathological findings. The patient was thought to have prolonged disturbance of consciousness due to chloral hydrate intake. The patient was hydrated and followed up with mask oxygen. He regained consciousness after approximately 5 hours. After 1 day of follow-up, the patient was discharged with recovery.



Results and Conclusion: Discussion: Chloralhydrate is a frequently used agent to provide sedation in procedures such as dental treatments, radiological imaging, EEG, ECG, sutures, especially in pediatric patients. It can be administered orally or rectally, 25 to 50 mg /kg, maximum 1 gram in children. It reaches the highest serum concentrations within 30-60 minutes after ingestion. Absorption is rapid and is metabolised by alcohol dehydrogenase to trichloroethanol, the active form. The half-life of trichloroethanol is approximately 8-12 hours, and in cases of overdose, the half-life may extend up to 35 hours. When taken together with ethanol, its sedative effect increases with synergistic effect. It is still used in some centres because of its wide therapeutic index, easy administration and relatively low risk of respiratory depression. Chloralhydrate has no serious effect on respiratory and cardiovascular system at therapeutic doses. Although it is considered to be a well-tolerated drug, many side effects, which are mostly seen in high doses and misapplications, can also be seen at therapeutic doses. Nausea and vomiting due to gastric irritation, laryngeal oedema, hypercapnia, apnea, prolonged sedation, paradoxical hyperactivity, dizziness, drowsiness, hallucinations, delirium, hypotension, cardiac arrhythmias and cardiac arrest have been reported. In addition, re-sedation may develop up to 24 hours after administration. In both of our patients, prolonged sedation and hypercapnia developed after chloralhydrate administration at a therapeutic dose. No additional findings were observed in other system evaluations. There is no antidote for chloralhydrate. Treatment of overdose and side effects is mostly supportive. In our hospital, both of our patients with chloralhydrate-induced consciousness disorder were followed up with supportive treatment. Within 24 hours, both patients regained consciousness and were discharged with recovery. Conclusion: Chloralhydrate may cause prolonged sedation or coma at therapeutic doses. It has been withdrawn from use in some regions due to its delayed onset of action, prolonged effect and side effects. Therefore, it is important to monitor the patients who will be given chloralhydrate, to keep them under close follow-up and to provide detailed information to the patient's relatives about the side effects.

Keywords: chloralhydrate, coma, hypercapnia, prolonged sedation

Pub No: OP-082

BRAIN TUMOR

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Introduction and Purpose: Hemiplegia is a condition that causes loss of movement on the right or left side of the body as a result of damage to brain cells or occlusion of brain vessels.

Materials and Methods: A 36-year-old male patient presented with a 2-month history of left arm and leg weakness. The patient had a known diagnosis of epilepsy and was taking levatiracetam 500 mg . His left leg weakness increased after a seizure today. The patient was conscious, oriented and cooperative, gcs: 15: 131/68 mmhg, pulse rate: 80, temperature: 36.7, saturation: 96 s02. light reflection +++/+++. left lower and upper extremity muscle strength was 3/5. Investigations were ordered. Brain tomography was performed. On brain tomography report: " increased density was noted in sulcal areas (cerebral edema?). 45*34 mm hypodense periperipheral thick contrast enhancing lesion on the right (abscess?), the largest of which was at the level of the parietal lobe. from right to left, a subfalksian shaft of about 17 mm was observed."(figure-1) The patient was consulted to the neurosurgery clinic. The patient was hospitalized for further examination and treatment with a prediagnosis of abscess and gliomatosis cerebri.

Figure-1





Results and Conclusion: Preliminary diagnoses such as svo, tumor, infection should be considered in patients presenting with sternal fibrosis. Diagnostic modalities are of great importance. Since it is not always possible to diagnose patients in the emergency department, they should be hospitalized in the relevant clinic and further investigations should be performed.

Keywords: hemiplegia, brain tumor



Pub No: OP-083

Identifying Biomarkers in Predicting Breast Cancer with the XGBoost Approach

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Introduction and Purpose: This study focused on utilizing the XGBoost approach to effectively classify and predict breast cancer (BC). By employing advanced algorithms and techniques, this research aimed to enhance our understanding of BC detection and prognosis. Through the analysis of comprehensive data sets and the incorporation of state-of-the-art machine learning methodologies, valuable insights and predictive models were generated. The significance of this study lies in its potential to aid healthcare professionals in making accurate and timely diagnoses, facilitating early intervention, and ultimately improving the outcomes and quality of life for individuals affected by BC.

Materials and Methods: The study utilized a comprehensive public dataset encompassing demographic and clinical traits of both individuals diagnosed with and without breast cancer (BC). Employing the advanced XGBoost algorithm, a powerful gradient boosting technique, the researchers aimed to classify cases of BC with utmost accuracy. To evaluate the efficacy of the model, performance metrics including Accuracy, F1 Score, Specificity, and Sensitivity were diligently assessed.

Results and Conclusion: The XGBoost model underwent meticulous analysis to evaluate several performance criteria, including accuracy, balanced accuracy, sensitivity, specificity, positive predictive value, negative predictive value, and F1-score. These essential metrics were meticulously calculated, yielding exceptional results. The values obtained were as follows: accuracy - 0.984, balanced accuracy - 0.983, sensitivity - 0.989, specificity - 0.976, positive predictive value - 0.986, negative predictive value - 0.981, and F1-score - 0.987. Considering the correct classification rates of BC, the XGBoost model performed well. In addition, the XGBoost model had a high sensitivity value. We think that this result, which has a high sensitivity criterion, is clinically very important to minimize missed BC patients.

Keywords: Breast cancer, feature selection, machine learning, XGBoost algorithm



Pub No: OP-084

Life threatening Generalize Tetanus: Case report

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Introduction and Purpose: Tetanus is caused by *Clostridium tetani*. It is a vaccine-preventable disease that can develop especially after injuries contaminated with soil. Tetanospasmin toxin secreted by *C. tetani* can cause uncontrollable, painful spasms and death due to respiratory muscle involvement. In this case report, we present a case of generalized tetanus in a patient who was not vaccinated after tetanogenic injury.

Materials and Methods: An 85-year-old woman was admitted to the emergency department with complaints of a wound on the right forearm, convulsions radiating from the right arm to the jaw and shortness of breath. 10 days before admission she fell to the ground and a broke flower pot injured her forearm. Dressing was applied at home without hospitalization. 1 week later, she applied to the emergency department 3 times due to the onset of contractions in her right hand, wound care was performed and she was discharged with analgesic treatment. On physical examination; Consciousness was clear, oriented, coherent, GCS: 15, temperature 37.5 °C, pulse 110/min, BP: 164/85 mmHg, respiratory rate 35/min, there was a 5x4 cm necrotic wound on the right forearm with redness around it and increased temperature. Nuchal rigidity was present. There was contraction in the jaw in the form of Risus Sardonius and spastic contraction in the right wrist. Analyzes showed that; Creatinine 1.13 mg/dL, AST 71 U/L, ALT was 31 U/L, LDH 359 U/L, WBC 17 10³/uL, NEU 15 10³/uL, CRP: 51 mg/L, CK 4568 U/L. Tetanus vaccination and tetanus immunoglobulin were recommended and Metronidazole 3x500 mg iv treatment was started. She was transferred to the intensive care unit due to opisthotonic contractions in the whole body and development of oxygen demand. Midazolam infusion was started in intensive care unit and she was intubated due to respiratory distress. A planned tracheostomy was opened on the second day. Since the contractions continued on the fifth day Rokuronium infusion was started. The patient is still being followed up in the intensive care unit.

X-ray



X-ray of the contracted hand

Wound



Necrotic wound on the right forearm

Results and Conclusion: Tetanus is a disease that is seen with tetanogenic injury and is 100% preventable with vaccination. Tetanus vaccine and immunoglobulin must be administered in injuries for which there is an indication.

Keywords: Tetanus, Vaccine, Clostridium tetani



Pub No: OP-085

Left Flank Pain Radiates To The Groin!

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Introduction and Purpose: Abdominal aortic aneurysm (AAA) is an irreversible and progressive disease characterized by doubling the subdiaphragmatic aortic transverse diameter. When not ruptured, it is known as a silent disease. It must be ruptured to become symptomatic (1). The difficulty in diagnosing AAA patients in emergency service settings often causes a delay in diagnosis. However, considering that AAA can cause sudden death, early diagnosis is of utmost importance.

Materials and Methods: 74-year-old male patient has repeatedly applied to an external center with complaints of left flank pain in the last week. He has a history of bypass graft surgery and AAA-related endovascular aneurysm repair surgery in 2017. It has been determined that the patient, whose hemoglobin level was found to be low during his repeated external center applications, was given an erythrocyte suspension and was recommended to visit the cardiovascular surgery (CVC) outpatient clinic for follow-up. A more detailed anamnesis of the patient was taken when it was noticed that the patient was sweating, unrelated to the ambient temperature while waiting in our emergency department. It was learned that the patient had had a progressively worsening left flank pain that radiated to his groin for a week. His vital signs were as follows: arterial blood pressure: 90/60 mmHg, heart rate: 102 beats/min, and oxygen saturation: 92%. Since the patient's physical examination revealed severe abdominal defense, contrast-enhanced abdominal computed tomography (CACT) was performed to check for AAA rupture. CACT revealed bleeding towards the retrorenal and hematoma formation, as seen in Figures 1a and 1b. Thereafter, the patient was operated on by the CVC department.

figure-1

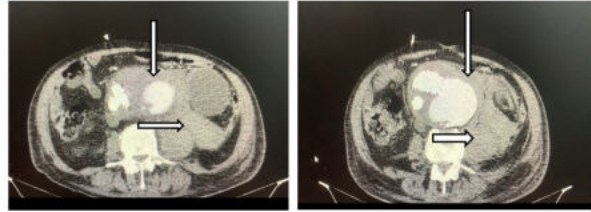


Figure 1a

figure1b

Figure 1a-1b :arrowheads indicate retrorenal bleeding and aortic aneurysm rupture

Results and Conclusion: Due to the decrease in the time allocated per patient due to the increase in the number of patients, it has become challenging for physicians in our country to carry out patient examinations properly. Moreover, in cases where the physical conditions of the hospitals are not sufficient. In this context, with this case report, we wanted to emphasize that evaluating patients with new complaints through a detailed anamnesis and physical examination would contribute to reducing the overcrowdedness of emergency services.

Keywords: aortic aneurysm, emergency service, abdominal computed tomography



Pub No: OP-086

Evaluation of calcaneal fractures admitted to the emergency department: 5 year retrospective analysis of a tertiary care hospital

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Introduction and Purpose: Calcaneus fractures are the most common tarsal bone fracture, accounting for 2% of all fractures. It constitutes an important part of emergency department (ED) admissions. It is usually observed as a result of high-energy traumas, and accompanying injuries are common. Fractures of the calcaneus often cause long-term pain and lifelong disability if not properly diagnosed and treated. In this study, it was aimed to evaluate the patients with calcaneal fracture who applied to the emergency department of a tertiary university hospital.

Materials and Methods: Patients who applied to ED of Aksaray Training and Research Hospital between January 2019 and January 2023 and were prediagnosed with calcaneal fracture were planned to be included in this study. The age, gender, type of trauma, fracture type, laterality, joint association, presence of other accompanying fractures, level of accompanying spinal fracture, and treatment method were obtained from the database retrospectively. All patients admitted to this hospital with the diagnosis of calcaneal fracture were included in the study. Patients with missing data were excluded from the study.

Results and Conclusion: A total of 155 patients, including 122 (78.7%) male patients and 32 (20.6%) female patients, were included in our study. The mean age of all patients was calculated as 43.71 ± 15.89 years. The characteristics of patients with calcaneal fracture are shown in Table 1. Among all patients, only calcaneal fracture was present in 114 (73.5%) patients. Other accompanying fractures are shown in Figure 1. One or more spinal fractures were accompanied by 21 (13.5%) patients with calcaneal fractures, and 134 (86.5%) patients had no spinal fractures. Fractures were accompanied by spinal fractures in the lumbar vertebrae in 18 (85.7%) patients, in the thoracic-lumbar vertebrae in 2 (9.5%) and in the lumbar-sacral vertebrae in 1 (4.8%) of the patients with spinal fractures. Although conservative treatment approach was applied in 129 (83.2%) of these patients, surgical treatment was applied in 26 (16.8%) patients. Calcaneus fractures are frequently encountered in emergency departments. Knowing the frequency of cases with calcaneus fracture will be important in terms of raising awareness for emergency physicians. Timely correct diagnosis and effective treatment will be beneficial in preventing possible complications.

Figure 1: Anatomical location of other fractures accompanying calcaneus fractures

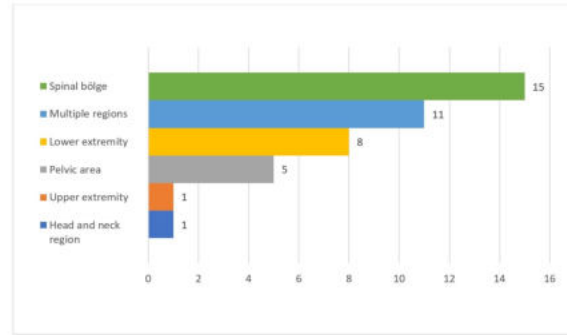


Table 1: Characteristics of patients with calcaneal fractures

Total number of patients; n	155
Male; n(%)	122 (%78.7)
Female; n(%)	32 (%20.6)
The average age; year	43.71 ± 15.89
Cause of trauma	
Falling from high; n(%)	61 (%39.4)
Motor vehicle accident; n(%)	21 (%13.5)
Other traumas; n(%)	73 (%47.1)
Type of calcaneus fracture	
Open; n(%)	9 (%5.8)
Closed; n(%)	146 (%94.2)
Calcaneus fracture laterality	
Unilateral; n(%)	136 (%87.7)
Bilateral; n(%)	19 (%12.3)
Calcaneus fracture joint relationship	
Intra-articular; n(%)	106 (%68.4)
Extra-articular; n(%)	49 (%31.6)
Associated fracture types	
Absent; n(%)	114 (%73.5)
Spinal region; n(%)	15 (%9.7)
Multiple regions; n(%)	11 (%7.1)
Lower extremity; n(%)	8 (%5.2)
Pelvic area; n(%)	5 (%3.2)
Upper extremity; n(%)	1 (%0.6)
Head and neck region; n(%)	1 (%0.6)
Types of spinal fractures	
Lumbar; n(%)	18 (%85.7)
Thoracic-lumbar; n(%)	2 (%9.5)
Lumbar-sacral; n(%)	1 (%4.8)
Types of treatment	
Conservative treatment; n(%)	129 (%83.2)
Surgical treatment; n(%)	26 (%16.8)

Keywords: emergency department, fracture, Calcaneus



Pub No: OP-087

EMPHYSEMATOUS GASTRITIS RELATED TO SARCINA VENTRICULI INFECTION; CASE REPORT

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Introduction and Purpose: Emphysematous gastritis, one of the gastrointestinal emergencies, has a mortality of approximately 60%. Amphithematous cholecystitis, lymphoma with intra-abdominal mass effect, alcohol consumption, chronic diseases such as diabetes, kidney failure and poisoning that disrupts the pH balance of the stomach are among the causes, as well as rarer known infections. Our aim in presenting this case is to emphasize that emphysematous gastritis may develop secondarily due to the *S. ventriculi* infection pathogen, especially in patients with comorbidities and who are immobile and have slow gastric emptying, and accordingly, early diagnosis and treatment can reduce mortality.

Materials and Methods: A 27-year-old female patient was admitted to our hospital through 112 with widespread abdominal pain that has been increasing in severity for 2 days. In addition to this complaint, our patient had a history of inability to pass gas and stool for 12 hours and nausea and vomiting. It was learned that vomiting occurred twice and its content was natural. In addition, the patient with a history of cerebral palsy had a moderate to poor general condition, with a GCS of 15. In the examinations, our patient's stomach was clearly enlarged in the ADBG image, and we thought that the bright image in the right kidney calyx was due to the contrast material given in the tomography. There was minimal subdiaphragmatic free air on the PAAG image. Uncontrasted thorax bt "Esophagus is dilated. There are fluid contents that create air-fluid leveling in the esophageal lumen" and contrast-enhanced abdominal CT "Diffuse air values were observed in the portal vein. The stomach is markedly dilated (gastric outlet obstruction?). It was interpreted as air-liquid leveling in the stomach lumen.

Results and Conclusion: Proliferation of the *S. ventriculi* pathogen is associated with delayed gastric emptying due to underlying causes such as diabetic gastroparesis, pyloric stenosis, gastric surgery, slipped gastric banding, and obstructive masses (6,7). Several reports have specifically shown that the bacterium is associated with delayed gastric emptying. Management of patients diagnosed with emphysematous gastritis is difficult. These patients can change course very quickly. Rapid intervention is important in patients with suspected emphysematous gastritis, especially fluid resuscitation, antibiotic treatment and surgical treatment are important steps.

Keywords: Emphysematous gastritis, *Sarcina ventriculi*, gastrointestinal emergencies

Pub No: OP-088

A Rare Case of Coexistence of Acute Appendicitis and Acute Pancreatitis

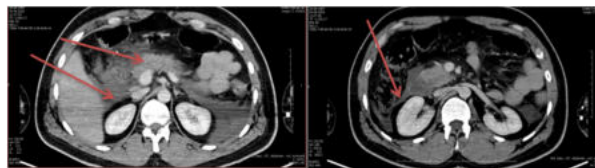
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Introduction and Purpose: Acute pancreatitis is a disease characterized by inflammation of the pancreas and manifested by clinical, morphological, and functional changes. In contrast, acute appendicitis remains one of the most common surgical emergencies worldwide. Although the exact etiology of the co-occurrence of these two different conditions is not fully understood, different opinions are reported about this condition. We wanted to present this rare association of acute pancreatitis and acute appendicitis and its possible cause in the light of the literature.

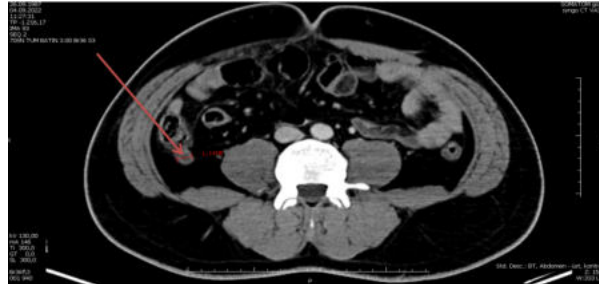
Materials and Methods: A 34-year-old male patient presented to the emergency service with complaints of increasing abdominal pain, loss of appetite, and nausea for 3 days. On physical examination of the patient, whose vitals were stable, there was tenderness to palpation and voluntary guarding in the epigastric region. No signs of rebounding were detected. In the laboratory. Leukocyte count (WBC) was detected at 11.390/l, C-reactive protein (CRP) at 12.8 mg/L, amylase at 2.386 U/L, and lipase at 3.937 U/L. Contrast-enhanced abdominal computed tomography (CT) revealed findings consistent with acute pancreatitis (Figure-1) as well as findings suggestive of acute appendicitis (Figure-2). In line with these diagnoses, the patient was referred to the general surgeon for further evaluation and then underwent emergency surgery for acute appendicitis. Postoperative acute pancreatitis treatment was continued in the ward. The patient, who did not develop any complications during his hospitalization, was discharged in full recovery on the 8th day of his hospitalization.

Figure-1



On the left, the arrows indicate pancreatic enlargement, increased density in the peripancreatic adipose tissue and on the right, thickening of the anterior pararenal fascia, and fluid traces along the fascia

Figure-2



Inflamed appendix tissue 1.15 cm in diameter at its widest point, indicating acute appendicitis

Results and Conclusion: The simultaneous occurrence of acute pancreatitis and acute appendicitis is a rare clinical entity. Existing research on whether this represents two separate diseases or if acute appendicitis is secondary to acute pancreatitis remains insufficient. In this study, we aimed to highlight that acute appendicitis can develop as a complication in cases of acute pancreatitis. Further investigations are warranted to better understand the underlying mechanisms and clinical implications of this rare co-occurrence.

Keywords: Acute appendicitis, Acute pancreatitis, Co-occurrence



Pub No: OP-089

Predicting liver disease based on demographic/clinical characteristics and examining risk factors with a machine-learning approach

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Introduction and Purpose: In this study, it was aimed to predict liver disease and determine the most important risk factors with the machine learning-based LightGBM prediction model.

Materials and Methods: In the study, a data set containing demographic/clinical characteristics of individuals with and without liver disease was used. LightGBM, a machine learning algorithm, was used to classify liver disease. Model performance was evaluated based on Accuracy, F1 Score, Specificity, and Sensitivity.

Results and Conclusion: The values of Accuracy, Specificity, Sensitivity, and F1-score criteria obtained from the LightGBM model were calculated as 0.976, 0.963, 0.990, and 0.976 respectively. Indirect phosphate, alanine aminotransferase, and total bilirubin were determined to be the most important first three variables in predicting liver disease. When the prediction performance of the LightGBM model was examined, the LightGBM model performed well. Also, the LightGBM model had a high sensitivity value. We think that this result, which has a high sensitivity criterion, is clinically very important in order to minimize the number of patients with missed liver.

Keywords: Liver disease, machine learning, LightGBM, feature importance



Pub No: OP-090

Mca Root Infarction

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Introduction and Purpose: Middle cerebral artery (MCA) palsy describes a sudden onset of focal neurological deficit resulting from hemorrhagic or ischemic disruption of the MCA's blood supply.

Materials and Methods: An 81-year-old male patient was brought to us by 112 teams with the complaint of loss of strength in the right upper and lower extremities that started 1 hour ago. The patient have known chronic heart failure, hypertension, diabetes mellitus. Arrival GCS 10 (E2M5V3) blood pressure: 195/120 mmHg saturation 87% (without oxygen) pulse was 92. In the examination, the motor strength of the right lower and upper extremities was 1/5 right Babinski positive. In the brain CT without contrast and brain angiography, there was diffusion restriction in the left mca, which was hypodense in the left frontotemporoparietal region. diffusion restriction was present. (Figure 1-2) The patient was consulted to the Neurology department. The patient was admitted to the Anesthesia and Reanimation Clinic due to lack of space in the Neurology Clinic.

Results and Conclusion: Other serious medical problems can occur in patients who have had a stroke. Therefore, the initial assessment requires a rapid but extensive assessment. Initial goals include: maintaining medical stability with particular attention to airway, breathing, and circulation; rapidly reversing conditions contributing to the patient's problem; determining whether patients with acute ischemic stroke are candidates for intravenous thrombolytic therapy or endovascular thrombectomy; pathophysiological symptoms of the patient's neurological symptoms. progress towards uncovering the underlying basis. Time is of the essence in the hyperacute evaluation of stroke patients. History, physical examination, serum glucose, oxygen saturation, and non-contrast computed tomography (CT) scan are sufficient to guide acute treatment in most cases.

Figure 1

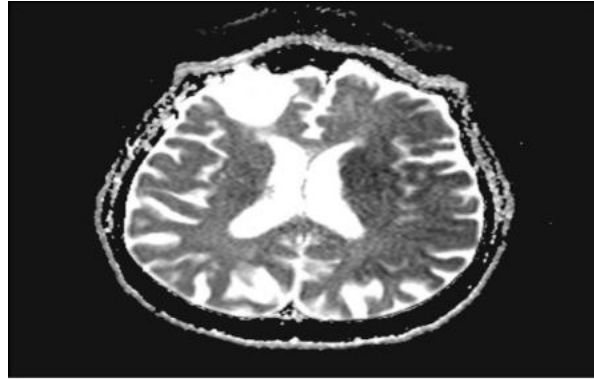
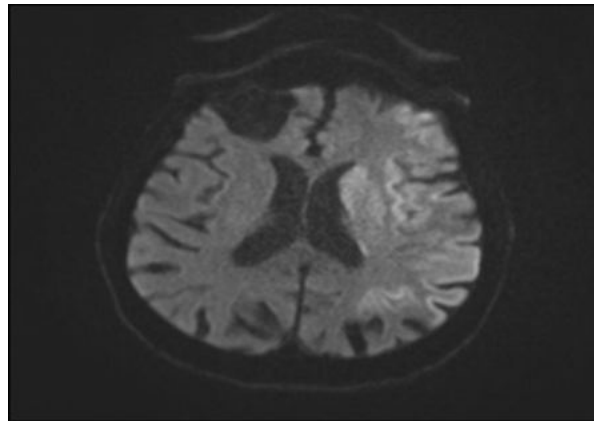


Figure 2



Keywords: Ischemic Stroke, Sudden Loss of Consciousness, McA Root Infarction

Pub No: OP-091

A RARE FRACTURED DISLOCATION; A CASE OF LISFRANK FRACTURE DISPLACEMENT

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Introduction and Purpose: The Lisfranc (tarsometatarsal) joint is a stable joint. Therefore, its injuries are rare. Clinically, pain, edema and hematoma are the most prominent findings. It is more common in men. 1 in 3 cases can be missed at the first glance. Severe damage, vascular nerve injury, loss of sensation, midfoot joint instability, and chronic arthritis can occur in untreated cases.

Materials and Methods: Case: The patient applied to our emergency department with the complaint of pain and swelling in the foot, whose box fell on his foot 1 hour ago while working at work. On arrival, the patient was conscious and vital signs were stable. In the left lower extremity examination, there was severe pain and edema on palpation on the dorsal aspect of the foot. Distal neurovascular examination was unremarkable. Other system examination was normal. The foot was evaluated as normal in the 2-view radiography of the foot (Figure 1a-1b). In the tomography of the foot, which was taken upon due to clinical suspicion of fracture, avulsion fracture of the metatarsal bones and dislocation of all fingers, more prominently in the first toes, were detected. Figure 2a-2b) The patient was consulted to an orthopaedist, and the dislocation was reduced and fixed with K-wires and screws (Figure 3).

Figure 1a-1b



Anteroposterior and lateral foot radiographies

Figure 2a 2b



3D Foot Tomography

Figure 3





WACEM²³

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Postoperative X-Ray Of Foot
Pine Beach Belek, ANTALYA / TÜRKİYE

October 28 - 31

Results and Conclusion: Lisfranc Fracture-Dislocation cannot always be diagnosed by direct radiography. In cases of clinical suspicion, further imaging should not be avoided. Early diagnosis is important to prevent possible complications.

Keywords: Lisfrank Fracture, Dislocation

Pub No: OP-092

Aneurysm rupture

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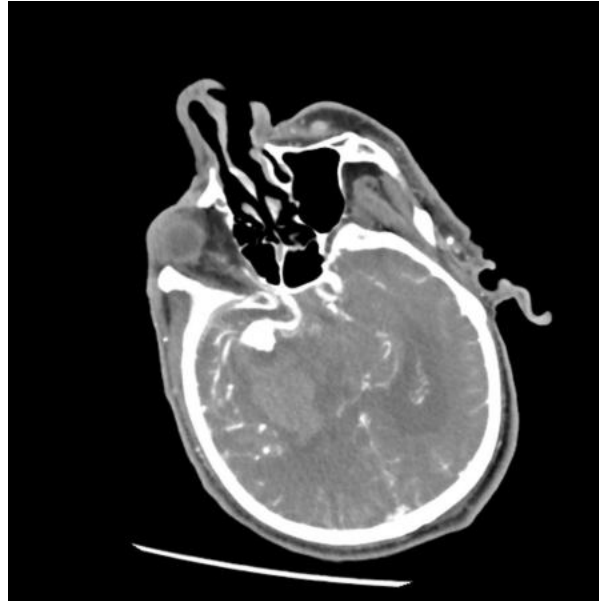
Introduction and Purpose: Cerebral aneurysms are thin-walled protrusions in intracranial arteries that can rupture and cause subarachnoid hemorrhage (SAH). Non-traumatic SAH is most commonly caused by ruptured saccular aneurysms. SAH is often a devastating event that causes significant mortality and high morbidity among survivors.

Figure 1



Acute Hemorrhage Filling The Right Lateral Ventricle

Figure 2



Saccular Aneurysm

Materials and Methods: A 65-year-old male patient came to the emergency department with general condition disorder and loss of consciousness. Vital blood pressure was 160/95 mmHg. In the physical examination of the patient, the pupils were anisochoric, the left babinski was positive, and the patient had a vulpian symptom on the right. In the patient's brain tomography, an image compatible with hyperdense acute hemorrhage filling the right lateral ventricle and cerebral sulcus, more intense in the right frontotemporal area, was observed (Figure 1). In the CT angiography of the patient, 15 mm diameter saccular aneurysm sac with irregular wall was observed distal to the right MCA M1 segment (Figure 2). The patient was admitted to the neurosurgery service to be operated with the diagnosis of aneurysm rupture.

Results and Conclusion: Neurological examination may guide us in the preliminary diagnosis of patients who come to the emergency department with confusion. The symptoms in the patient's neurological examination made us think that the patient may have a central hemorrhage or ischemia. The diagnosis was confirmed after imaging of the patient.

Keywords: Subaraknoid Hemoraji, Emergency, Headache



Pub No: OP-093

Trauma Scores in The Emergency Department With Thoracic Trauma

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Introduction and Purpose: Traumatic injuries can range from minor isolated to life-threatening complicated multiple injuries. Thoracic trauma is the cause of approximately one out of every four deaths from blunt trauma (1,2). In this study, the superiority of trauma scores over each other in predicting intensive care unit admission and mortality was evaluated.

Materials and Methods: The study was conducted prospectively on 150 patients over the age of 18 who applied to the 3rd Level University Hospital Emergency Medicine Clinic with thoracic trauma and recorded Glasgow Coma Scale (GCS), Injury Severity Score (ISS) and Revised Trauma Score (RTS) at the time of admission.

Results and Conclusion: It was determined that 12.7% of the cases included in the study were intubated, 22% were discharged, 26.7% were hospitalized, 50% were hospitalized in the intensive care unit, and 1.3% exitus. It has been observed that ISS can predict mortality, probability of survival and length of stay in the ICU more accurately than RTS, and that ISS is a superior score in trauma cases. Compared with RTS and GCS, it was determined that RTS alone can predict early mortality better, while GCS alone predicts late mortality. It has been determined that ISS values evaluated at the time of admission in cases admitted to the emergency department with thoracic trauma are associated with prognosis independently of other parameters.

Keywords: Emergency Department, Injury Severity Score, Revised Trauma Score, Glasgow Coma Scale, Thorax Trauma

Pub No: OP-094

ADVANCED OUTCOME OF UNCONTROLLED HYPERTENSION: RENAL ARTERY STENOSIS

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Introduction and Purpose: 74-year-old male patient with a history of hypertension, diabetes mellitus, two angioplasties and one stent, and no history of regular drug use. The patient presented with a five-day history of decreased urine output and left flank pain. The patient's general condition was moderate, saturation: 88%, pulse: 93, arterial blood pressure: 169/86 mmHg, temperature: 37.3 C. On physical examination, the patient had positive tenderness at the left costavertebral angle, tenderness in the left upper quadrant of the abdomen and suprapubic tenderness. Urine output was present on Foley catheterisation. The patient had a WBC count of 13.08 and neutrophil predominance. The patient's CRP was 74, creatinine was 0.97. Urine examination: leukocytes: 49, erythrocytes: 30 and nitrite was positive. Further imaging showed renal artery stenosis and associated renal atrophy (Figure 1). The patient was admitted to hospital and managed by interventional radiology.

Materials and Methods: Abdomen Tomography

Figure 1: Abdominal tomography: Appearance consistent with left renal artery stenosis and left renal atrophy.



Results and Conclusion: Renal artery stenosis is a major cause of renovascular hypertension. Especially in elderly patients, renal artery stenosis should be considered when blood pressure control becomes difficult or renal function deteriorates. Failure to identify renal artery stenosis may lead to renal dysfunction and the need for dialysis or transplantation.

Keywords: RENAL ARTERY STENOSIS

Pub No: OP-095

İn the patients who presents with loss of strength in the lower extremity, agood history and physical examination always gain

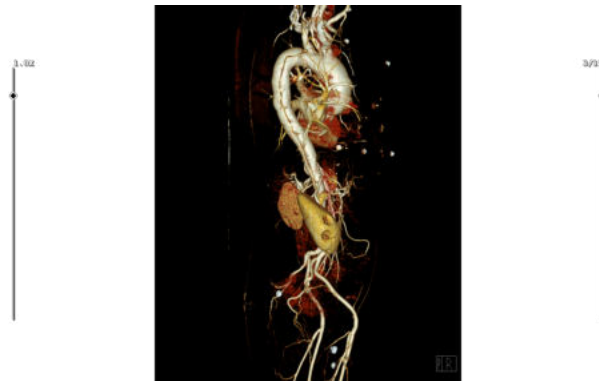
Uz. Dr. Omay SORGUN¹, Uz. Dr. Özgür BOZKURT²

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²Çiğli Regional Training and Research Hospital.

Introduction and Purpose: Emergency services are extremely busy units throughout our country. Intensity but after a good triage,(green, yellow, red)with a detailed history and physical examination after referral to a correct examination area manageable.In this case, we describe the adventure of the loss of strength in the left leg of a 49-year-old female patient. recovery of the power loss that occurred after a short period of time, a patient who only wants to be discharged with the request for painkillers.A well-questioned patient gives us a high rate of preliminary diagnosis,which leads to a conclusion in a proper examination.

Angio-tomography



iliac artery dissection flap

aortic artery dissection



ascending aortic dissection

Materials and Methods: Female patient, 49 years old, with no history of drug use of a previously known disease. She is admitted to our hospital with a sudden loss of strength after low back pain at home. However, when he arrived at the hospital, she said there was no pain or loss of strength. Sinus bradycardia on ecg, routine blood is within normal limits, no abnormalities on physical examination, neurological examination within natural limits, a loss of 4/5 strength in the right leg was noticeable. Both lower extremity pulses were normal and peripheral filling was normal, there was no temperature difference with any diameter difference. In the bedside ultrasound performed by the emergency room physician to the patient, on the appearance of flap in the ascending aorta, Consent was obtained from the patient, Thoracoabdominal angio tomography was performed.

Results and Conclusion: On tomography, dissection extending from the descending aorta to the iliac bifurcation was seen. The patient was taken to emergency surgery. With a successful operation, hemiarc replacement of the ascending aorta was performed. The patient was discharged on the tenth postoperative day in a healthy way. The fact that almost everything is close to normal in the examination findings can be explained by a single aortic flap. In this way, since the circulation was restored, the loss of strength in the leg was corrected and the pulses returned to normal. As a result, a difficult case has been restored to health with a cautious approach.

Keywords: ascending aortic dissection, loss of strength in the leg, anamnesis, physical examination



Pub No: OP-096

Retrospective investigation of the incidence of recurrence and risk factors affecting recurrence in patients presenting with primary spontaneous pneumothorax

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¹Dokuz Eylül Un. Department of Emergency Medicine/İzmir

Introduction and Purpose: Introduction: The risk of Primary spontaneous pneumothorax (PSP) recurrence is high, with various studies reporting rates ranging from 20% to 60%. In our study, we aimed to ascertain an accurate prediction of PSP recurrence rates and to identify the risk factors associated with recurrence.

Materials and Methods: Methods: Our study is a retrospective cross-sectional investigation conducted on patients who presented to DEU Adult Emergency Department between 01.01.2013-01.01.2020 with a final diagnosis of first-episode primary spontaneous pneumothorax. We examined the short-to-medium-term (within 3 years) recurrence rate of PSP and potential risk factors influencing PSP recurrence. Imaging evaluations of the cases were conducted by a radiology specialist with 17 years of experience. Presence of bullae/blebs, pulmonary dystrophic lesion scores, Light index, and pneumothorax volume measurements were assessed from the patients' imaging by the radiology specialist.

Results and Conclusion: Results: In our study, out of 1161 patients diagnosed with pneumothorax, 132 were identified as having primary spontaneous pneumothorax (PSP). Among the 132 included PSP patients, 35 of them (26.51%) experienced recurrence during the 3-year short to medium-term follow-up. Among these patients, 30 (85.71%) had a recurrence within the first year, 4 (11.42%) within the second year, and 1 (2.85%) within the third year. Our study revealed that as BMI decreased, patients encountered more recurrences ($p=0.028$). Patients who were initially treated with tube thoracostomy alone during the first PSP attack were found to have significantly more recurrences compared to the surgical intervention group ($p=0.039$). In patients who underwent surgical intervention during the initial PSP attack, a lower recurrence rate was observed compared to those who did not receive surgical treatment. Correlation analysis conducted between the Light index and actual pneumothorax volume measurements showed a Pearson correlation coefficient of 0.776 ($p<0.001$), indicating a strong correlation between the Light index and actual pneumothorax volume measurements. Conclusion: Our study demonstrates a short to medium-term PSP recurrence rate of 26.51%, particularly higher within the first year. Low BMI and the use of only tube thoracostomy have been identified as risk factors for PSP recurrence. Conversely, surgical intervention has been shown to reduce PSP recurrence compared to non-intervention.

Keywords: Spontaneous pneumothorax, recurrences, risks

Pub No: OP-097

A RARE CAUSE OF ABDOMINAL PAIN: VAGINAL FOREIGN BODY

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¹karaman eğitim ve araştırma hastanesi

Introduction and Purpose: Abdominal pain is a symptom that is the most common reason for admission to the emergency department and for which anamnesis is important in differential diagnosis. Vaginal foreign bodies, one of the causes of abdominal pain, can occur with various symptoms in women of all ages. Vaginal foreign bodies can be used to provide sexual stimulation, birth control, curettage, to prevent uterine prolapse, in cases of harassment and to hide illegal substances. Vaginal foreign bodies may vary according to age groups. Tampons, condoms, menstrual cups and items used for sexual satisfaction are common in adults. Although they are diagnosed by anamnesis, they can also be noticed by gynecological examination or imaging studies.

Materials and Methods: In our case, a 43-year-old female patient presented to our emergency department with abdominal pain. The patient was drunk and anamnesis could not be taken. In the examinations, there was a foreign body image on the abdominal radiography. The patient underwent a rectovaginal examination. The patient, who had foreign body in vaginal external examination, was consulted with a gynecologist and obstetrician. He was taken into emergency surgery. The foreign body was removed during the operation.

resim1



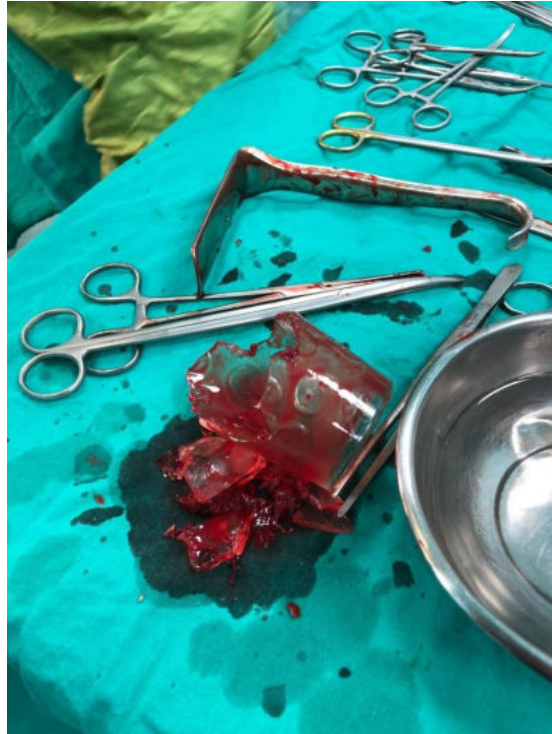
vajinal yabancı cisim

resim2



vajinal yabancı cisim

resim3



vajinal yabancı cisim



WACEM²³

WORLD ACADEMIC CONGRESS OF EMERGENCY MEDICINE

Pine Beach Belek, ANTALYA / TURKIYE

October 28 - 31

Results and Conclusion: Complications that may occur due to foreign bodies remaining in the vagina are of clinical importance. These complications can be infection, ulceration, bleeding and fistula. Vaginal bodies should be kept in mind in case of abdominal pain and additional symptoms in female patients of all ages presenting to the emergency department.

Keywords: foreign body, vaginal foreign body, abdominal pain



Pub No: OP-098

Spontaneous Bilateral Quadriceps Femoris Tendon Rupture: Case Report

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Introduction and Purpose: Quadriceps tendon rupture is a serious injury caused by direct or, more commonly, indirect mechanisms. Bilateral injuries may occur after mild trauma or spontaneously. Among the diseases associated with quadriceps tendon rupture, diabetes, chronic renal failure and arthropathy, inflammatory arthritis and obesity have been proven to be predisposing conditions. The use of quinolone-like drugs and systemic steroid treatment are also known as other underlying causes of bilateral quadriceps tendon rupture. Patients receiving dialysis treatment for chronic renal failure are the most important patient group in whom tendon degeneration develops. The pathophysiological mechanism of chronic kidney disease includes factors such as uremic toxins, renal osteodystrophy and hyperparathyroidism. We report a case of bilateral quadriceps tendon rupture in a patient with chronic renal failure.

Materials and Methods: A 23-year-old female suddenly felt pain in her left knee while walking and could not walk. Half an hour later, she tried to load the other leg and felt pain in her right knee as well. She was then admitted to the emergency department. She has known marfan syndrome and chronic renal failure. She is on dialysis due to renal failure. Body mass index was 24. Physical examination revealed bilateral suprapatellar swelling and tenderness and ecchymosis in both knees by palpation. There was a palpable gap in the quadriceps tendons in the superior pole neighbourhood of the bilateral patella and active extension limitation in the knees. Neurovascular examination was normal. No fracture was seen on bilateral knee plain radiographs. Magnetic Resonance Imaging revealed bilateral quadriceps tendon rupture. Surgical treatment was recommended. The patient was operated 2 days after presentation to the emergency department. The tendon was fixed to the patella using 2 anchor sutures on the left side and 3 on the right side. Bilateral hinged knee braces were applied after the operation.



Right side MRI



Left side MRI





Right side approach



Left side approach





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Results and Conclusion: In patients on long-term dialysis for chronic renal failure, the possibility of quadriceps tendon rupture due to minor trauma or spontaneous causes should be considered. The possibility of quadriceps tendon rupture should be kept in mind when patients with chronic renal failure present to the emergency department with inability to walk.

Keywords: Quadriceps tendon, chronic renal failure, spontaneous rupture



Pub No: OP-099

Comparison of Diagnostic and Treatment Approaches of Consultant Physicians and Emergency Physicians in Occupational Accidents Presenting to the Emergency Department with Hand Injuries

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Introduction and Purpose: The aim of this study was to evaluate the clinical characteristics of patients admitted to the emergency department (ED) with hand and wrist trauma and to reveal the differences in approach between ED physicians and hand surgery physicians.

Materials and Methods: This cross-sectional study was conducted by prospectively enrolling 333 occupational accident cases who presented to the ED of Bursa Uludag University Faculty of Medicine Hospital with hand or wrist injuries between January 1, 2023 and May 31, 2023.

Results and Conclusion: 88.3% of the patients were male and the mean age was 36.98±12.51 years. In order of frequency, 90.1% of the injuries were to the finger, 6.6% to the hand and 3.3% to the wrist. The most common pathologies found after evaluation in the ED and by the consultant physician were fracture (68.5% vs 64.0%), tendon injury (35.7% vs 26.7%), nerve injury (15.6% vs 18.6%) and vascular injury (9.3% vs 9.3%). Primary repair was performed in 24.0% of cases, surgical repair in 55.6%, reduction in 4.8% and foreign body removal in 3.0%, while 12.3% refused treatment. While 72.4% of the patients were discharged, 13.5% were hospitalized in the clinics. Vascular injuries ($\kappa = 0.822$) and fractures ($\kappa = 0.859$) detected in ED were highly consistent with the consultant physician, whereas nerve ($\kappa = 0.620$) and tendon injuries ($\kappa = 0.653$) were moderately consistent. The most common discrepancies between the pathologies detected in ED and those detected by the consultant physician were 15.5% tendon injury, 10.8% nerve injury, 6.3% fracture and 3.0% vascular injury. The majority of the patients with hand and wrist injuries as a result of occupational accidents were male and the most common injuries were fracture and tendon injuries. Tendon and nerve injuries were the most inconsistent injuries between the ED and consultant physician evaluations.

Keywords: Emergency department, occupational accident, hand trauma

Pub No: OP-100

A Case Report: Leriche Syndrome in The Emergency Department

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Introduction and Purpose: Leriche syndrome is a disease characterized by thrombotic occlusion in the aorta, often in the distal renal arteries, and its classic symptoms are pain that occurs with exercise in the lower extremity (claudication), inability to palpate femoral pulses, and impotence in male patients. We will present this case because this disease, whose incidence is unknown, needs to be included in the differential diagnosis among the increasing cardiovascular pathologies and the correct differential diagnosis can prevent mortality.

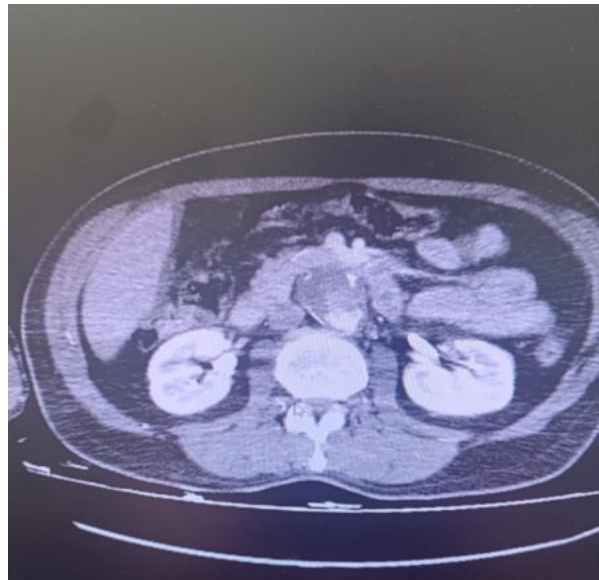
Materials and Methods: A 64-year-old male patient was admitted to the emergency department as an outpatient with the complaint of pain in his left leg for 1 day. The patient's left lower extremity arterial system ultrasonography was interpreted as no flow coding was observed in the external iliac distal section, common femoral, superficial femoral artery, popliteal, tibialis anterior, posterior and dorsalis pedis arteries in the left lower extremity. (acute arterial occlusion). It was decided to perform angiography-computed tomography (CT ANGIO). CT ANGIO: Calf arteries (anterior tibial artery, posterior tibial artery and peroneal artery) are observed in normal width up to the ankle. Stenosis compatible with significant stenosis was observed in the external iliac artery on both sides. The patient was operated on.

Figure 1



Filling defect is observed in the iliac arteries

Figure 2



55 mm aortic aneurysm is observed

Figure 3



Aortic aneurysm, widespread calcifications in the aortic wall and filling defect at the renal level are observed

Results and Conclusion: Claudication is only a symptom and may be of vasogenic or neurogenic origin. In the pathogenesis of vasogenic claudication, the metabolic needs of the lower extremity cannot be met due to arterial insufficiency. In Leriche syndrome, thrombotic occlusion in the aorta usually occurs due to atherosclerotic changes. This obstruction in the distal aorta results in reduced blood flow in the pelvis and lower extremities. These ischemic changes in the lower extremity cause vasogenic claudication. Although both pathologies cause leg pain and activity-limiting symptoms, their pathogenesis is different. Making a differential diagnosis of these two pathologies, which can occur with the same symptoms, is very important because the treatment processes are completely different. In addition, early diagnosis and treatment are important in terms of complications, mortality and morbidity.

Keywords: leriche syndrome, thrombosis, aorta, aneurysm

Pub No: OP-101

Unleash the potential of simulation beyond the sim lab

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Introduction and Purpose: Simulation is becoming increasingly popular in medical education as it is a practical, safe, and effective training strategy. However, simulation educators should weigh the benefits and costs of installing a high-fidelity simulation lab, especially in a resource-limited context. Low-cost simulation methods outside the simulation labs shall be discussed in this presentation.

Materials and Methods: The blending of simulation and real working environment, in-situ simulation (ISS), provides a powerful tool for continuing education. It allows actual teams to practice team dynamics and uncover latent safety threats in their own work environment. Moreover, ISS using available equipment limits the cost of conducting the simulation session. At the emergency department of Dhulikhel Hospital (DH), we are conducting a team-based ISS program using equipment and supplies from that area with the actual multidisciplinary staff. We share our successes, lessons learned, and suggestions for those considering starting an ISS program in their center through this presentation. Besides the central hospital, we also run 21 rural centers, ensuring rural health care is made accessible to the unreached. A mobile ISS and team-training program has been created to bring simulation technology directly to these satellite centers through a “portable mobile simulation unit” and locally available resources. This does not require the abstinence of the staff in the rural centers to come to DH for training sessions. When physically unreachable, virtual simulation methods come in handy. During the COVID era, we conducted various virtual simulations for our staff, which now is being continued for the satellite rural centers. We also share various free online resources and platforms that can be utilized to conduct these sessions.

Results and Conclusion: These novel approaches of taking simulation beyond the sophisticated simulation center have the potential to reduce the costs of simulation and expand medical simulation experiences thus improving technical skills /teamwork performance and uncovering any latent safety threats.

Keywords: Simulation, In situ simulation, Virtual simulation



Pub No: OP-102

Retrospective evaluation of multitrauma patients applying to the emergency department

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¹Uşak Training and Research Hospital

Introduction and Purpose: Multitrauma-related deaths are more common in non-developed countries and approximately 50 million people in the world remain disabled after multitrauma every year. In this study, we aimed to retrospectively evaluate the clinical features and risk factors affecting mortality in multitrauma patients admitted to the emergency department (ED).

Materials and Methods: This cross-sectional study was carried out by examining the electronic medical records of the patients who were hospitalized from the ED to the anesthesia intensive care unit (ICU) due to multitrauma between 01.01.2018 and 30.04.2022 in Uşak Training and Research Hospital. Demographic characteristics of patients, clinical features, mechanisms of injury, body areas affected by trauma, revised trauma score, Glasgow coma scale (GCS), shock index, time from emergency admission to ICU admission, length of stay in mechanical ventilation and ICU, and clinical outcomes were reviewed and analysed.

Results and Conclusion: 75% of the cases were male and the mean age was 45.55 ± 19.29 years. The most common type of trauma was traffic accident 61.7% and injuries were 47.1% rib fracture. 6.9% of the cases died. When the risk factors affecting mortality were evaluated by multivariate analysis: it was determined that intubating the cases (OR: 20.068 [95%CI: 0.941 - 136.959], $p = 0.002$) and high lactate level (OR: 1.316 [95%CI: 1.051 - 1.647], $p = 0.017$) increased the risk of mortality independently of other variables. Respiratory rate, the parameter with the highest sensitivity in predicting mortality, was able to predict mortality with a sensitivity of 76.9% and a specificity of 69.1% at a cut-off point of <15 (AUC: 0.763 [95%CI: 0.608-0.918], $p = 0.002$). The parameter with the highest specificity, GCS, was able to predict mortality with a sensitivity of 53.8% and a specificity of 94.3% at a cut-off point of <8 (AUC: 0.669 [95%CI: 0.475-0.894], $p = 0.042$). Among patients, those with higher lactate levels and those who are intubated have a higher risk of mortality. In these cases, the frequency of mortality and morbidity can be reduced by taking more serious precautions in the early period and by appropriate treatment management. The most effective way to reduce mortality and morbidity is to prevent trauma.

Keywords: Multitrauma, Emergency Service, Intensive Care Unit, Mortality



Pub No: OP-103

Evaluation of patients with pneumonia admitted to intensive care unit from emergency department

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Introduction and Purpose: Pneumonia is a significant problem which is quite commonly encountered by emergency physicians and intensivists. It is the most frequent cause of inpatient deaths associated with communicable diseases. This study aimed to evaluate patients with pneumonia admitted to the intensive care unit (ICU) from the emergency department (ED) and to find out which parameters can predict mortality in this special patient group.

Materials and Methods: Patients with pneumonia admitted to ICU from ED between January 1, 2016 and July 31, 2020 were recruited into the study. Their age, gender, past medical history, vital signs, Glasgow coma score (GCS), laboratory parameters and 28-day and 90-day mortality information were gathered retrospectively. Categorical variables were presented as number (n) and percentages (%), and continuous variables with normal distribution as mean \pm standard deviation, and those without normal distribution as median, interquartile range and minimum and maximum values. Patients were grouped according to their gender, age, GCS, first lactate level, mean arterial pressure (MAP) and PaO₂/FiO₂ ratio. Groups were compared in terms of mortality rate using χ^2 test.

Results and Conclusion: Seventy two (55.4%) of 130 patients were male, and 58 (44.6%) patients were female. Mean age was found 75.5 \pm 12.74 years. High frequency of cardiovascular disease history (n= 106; 81.5%) was remarkable (Table 1). Patients' vital signs and major laboratory parameters –including arterial blood gas analysis- are provided in Table 2 and Table 3, respectively. Fifty three (40.8%) patients have died within 28 days, and 75 (57.7%) patients have done so within 90 days. Gender was found to be not associated with neither 28-day nor 90-day mortality (p >0.05 for both evaluations). Age, GCS and the first lactate level were seen to be related to 90-day mortality (p= 0.027, p= 0.030 and p= 0.030 respectively). MAP and PaO₂/FiO₂ ratio were found to be associated with 28-day mortality (p=0.034 and p= 0.037, respectively) (Table 4). In conclusion, the results of this study implies that age, GCS, MAP and PaO₂/FiO₂ ratio may have some mortality-predictive value in patients with pneumonia who need ICU admission, but new studies which support these findings are needed.



Table 1. The summary of past medical history of the patients

	Present		Absent	
	n	%	n	%
Cardiovascular	106	81.5	24	18.5
Neurologic	56	43.1	74	56.9
Endocrine	41	31.5	89	68.5
Respiratory	37	28.5	93	71.5
Renal	29	22.3	101	77.7

Cardiovascular: Ischemic heart disease, dysrhythmias, right/left-sided heart failure; Neurologic: All types of intracranial diseases, seizure disorders, neuromuscular diseases; Endocrine: Diabetes Mellitus, hypothyroidism, Cushing's Disease, adrenal insufficiency; Respiratory: Chronic obstructive pulmonary disease, asthma, pulmonary embolism history, obesity hypoventilation syndrome, restrictive lung diseases, interstitial lung diseases; Renal: Chronic renal diseases

Table 2. The summary of vital signs of the patients

	Mean ± Std. Deviation	Minimum	Maximum
Body temperature (°C)	36.33 ± 0.68	34.50	38.70
Pulse rate (beats/min)	101.32 ± 23.48	35	170
Mean arterial pressure (mmHg)	79.31 ± 17.78	27.00	128.30
Respiratory rate (breaths/min)	24.45 ± 6.56	15	45

Table 3. The summary of the results of major laboratory tests

	Mean ± Std. Dev.	Median	Interquartile Range	Minimum	Maximum
Glucose (mg/dL)	169 ± 76				
Creatinine (mg/dL)	1.83 ± 1.60				
CRP (mg/L)	14.3 ± 12.9				
WBC (x10 ⁹ /L)	14027 ± 7285				
Neu (%)	84 ± 14				
Hgb (g/dL)	11 ± 2				
Plt (x10 ⁹ /L)	244408 ± 122080				
pH	7.34 ± 0.12				
PaO ₂ (mmHg)	116 ± 67				
PaCO ₂ (mmHg)	41 ± 15				
HCO ₃ (mEq/L)	21.7 ± 6				
Lactate (mmol/L)	2.7 ± 2.1				
ALT (IU/L)		16.8	11.8 – 26.4	1	3237
AST (IU/L)		28.8	19.1 – 54.3	6	6214

CRP: C-Reactive protein, WBC: White blood cell count, Neu: Neutrophil, Hgb: Hemoglobin, Plt: Platelet count, PaO₂: Partial pressure of arterial oxygen, PaCO₂: Partial pressure of arterial carbon dioxide, ALT: Alanine aminotransferase, AST: Aspartate aminotransferase



Table 4. Comparison of the groups in terms of mortality rate

		28-day mortality			90-day mortality		
		n (cases / total group)	%	p	n (cases / total group)	%	p
Gender	Male	31 / 72	43.05	0.554	43 / 72	59.72	0.602
	Female	22 / 58	37.93		32 / 58	55.17	
Age	18-64 years	7 / 24	23.33	0.200	9 / 24	37.50	0.027
	≥65 years	46 / 106	43.39		66 / 106	62.26	
GCS	≥8	27 / 78	34.61	0.080	39 / 78	50.00	0.030
	<8	26 / 52	50.00		36 / 52	69.23	
l ^o lactate	≤3	35 / 96	36.45	0.093	50 / 96	52.08	0.030
	>3	18 / 34	52.94		25 / 34	73.52	
MAP	<65 mmHg	13 / 21	61.90	0.034	16 / 21	76.19	0.067
	≥65 mmHg	40 / 108	37.03		59 / 108	54.62	
PaO ₂ /FIO ₂	≤300	47 / 103	45.63	0.037	63 / 103	61.16	0.166
	>300	6 / 26	23.07		12 / 26	46.15	

GCS: Glasgow Coma Score, MAP: Mean Arterial Pressure, PaO₂: Partial pressure of arterial oxygen, FIO₂: Fraction of inspired oxygen

Keywords: emergency medicine, intensive care, mortality rate, pneumonia

Pub No: OP-104

Nutcracker Syndrome

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Introduction and Purpose: Nutcracker syndrome is a very rare, hard-to-diagnose syndrome that can cause unexplained abdominal pain, proteinuria, hematuria, flank pain, pain during sexual intercourse and varicose veins in the genital area. Nutcracker syndrome causes clinical symptoms as a result of pressure increase and dilatation in the renal vein as a result of the compression of the left renal vein by the abdominal artery and the superior mesenteric artery.

Materials and Methods: A 30-year-old male patient was admitted to our emergency department with intermittent abdominal pain, hematuria, flank pain, and pain during sexual intercourse. The patient stated that he had recurrent complaints with these complaints before and that he was relieved after symptomatic treatment. In the physical examination of the patient, who had no known drug use or chronic disease, there was tenderness in the abdomen and varicose veins in the genital region on the inner side of the leg. His vitals were minimally hematuria on natural urinalysis, creatinine, BUN, liver function tests, white blood cell were normal and there was gas and stool output. Since the patient had recurrent applications and his clinic was not comfortable, the patient was examined and visualized in our emergency department. Contrast-enhanced abdominal tomography showed that the left renal vein was compressed between the aorta and the superior mesenteric artery (Picture 1).

Results and Conclusion: Nutcracker syndrome should be kept in mind in patients with unexplained pain under the abdomen, isolated proteinuria, flank pain, hematuria, pain during sexual intercourse and varicose veins in the genital area.

picture 1



Keywords: Nutcracker, Proteinuria, Hematuria, Genital varices, Flank pain



Pub No: OP-105

Comparison of different Ketofol procedural sedation and analgesic doses during orthopedic procedures in patients referred to the Emergency Department; A double-blinded randomized clinical trial

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Introduction and Purpose: Orthopedic procedures are one of the most common medical procedures in the Emergency Department (ED) and are also among the painful procedures performed on the conscious patient. The aim of this study was to compare different doses of Ketofol in procedural sedation and analgesia in patients referred to the EDs.

Materials and Methods: In this double-blinded clinical trial, 296 patients aged 18 years or over presented with need of orthopedic procedures in the three academic EDs in 2021 were studied. After completing the written consent, the patients were randomly assigned into four treatment groups. Demographic information, underlying diseases, patients' physical condition (Based on ASA classification) and type of orthopedic injuries requiring intervention were recorded in a checklist for each patient. Also, Patients' vital signs were measured at the time before the procedure, during the procedure, during recovery and during full consciousness.

Results and Conclusion: Results: In this study, the mean age, gender, level of education, addiction and smoking, patients' physical condition and type of procedures performed in all four treatment groups were not statistically different. ($p > 0.05$) Complications such as apnea, hypoventilation, bradycardia, hypotension and agitation were not significantly different in all four treatment groups, but hallucination and hypoxia in group C (1: 3) were much less than other groups thus oxygen administration was more common in other groups. ($p < 0.001$) In conclusion: By testing different doses of ketamine, we came to the conclusion that doses of 1 mg and 0.5 mg were associated with more side effects. Dose of 0.33 mg of ketamine, has fewer side effects while causing analgesia and sedation as in the above doses. Dose of 0.25 mg ketamine increases the likelihood of requiring subsequent doses. Therefore, it seems that 0.33 mg of ketamine is the best dose of choice.

Keywords: Pain, Ketofol, Procedural Sedation and Analgesia, Procedure



Pub No: OP-106

Bullous Skin Disease Occuring Due To Bedbug Bite: Case Report

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Introduction and Purpose: Cimex Lectularis popularly known as bedbug belongs to Cimicidae insect family. They feed on bleeding humans and animals. This family consists of two species as Cimex Lectularis and Cimex Hemipterus which live in mild climates. An adult bedbug feeds three or five times a day. Bedbug bites mainly resemble other arthropod bites; but, they tend to be dense on the skin that is not covered during the sleep. Single symptom of bedbug bites can be itchy erythematous macules for individuals who have not been bitten before whereas more severe local lesions such as vesicles and bullae can be observed for individuals who have been bitten before. This case report presents the skin reactions occurring in the patient who has been bitten by bedbug before and who has the same complaint again; and management of this by corticosteroid treatment.

Materials and Methods: Bullous skin disease resulting from bedbug bite case report and literature review.

Results and Conclusion: A 40 year old male patient came to our emergency service complaining about bullous and papular lesions on skin continuing nearly 1 week. It was seen in the physical examination of the patient that there were healed ulcerated lesions and fluid retention around his left eye. The patient said that his complaints of these were occurred after his contact with “Cimex Lectularis” which is popularly known as bedbug. Patient’s lesions are as the following. Patient permission was obtained for using these photographs in the report.(Picture1,2,3,4) No abnormal results were observed in the patient's hemogram biochemistry coagulation triggers.40 mg prednol, 40 mg pantoprazole, 45.5 mg pheniramine hydrogene maleate were applied to the patient in a 1000 cc physiological saline solution at the emergency service and this treatment continued for 3 days. At the same time the patient was prescribed 15 mg mepyramine maleate, 15 mg lidocaine hydrochloride and 50 mg gel consisting of dexpanthenol and antihistamine. We observed changes in patient post-treatment effects.(Picture 5,6,7) As a result; disease situation related to bedbug must be questioned in the medical history of the patients who came to emergency service complaining about erythematous, bullous or papular lesions and this situation must not be ignored.



first hospital admission lesions



first hospital admission lesions





first hospital admission lesions



post-treatment lesions



post-treatment lesions



Keywords: Bullous Pemphigoid, Bedbug, Outo-immune Disease



Pub No: OP-107

WARFARIN RELATED RETROPERITONEAL HEMORRHAGE

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Introduction and Purpose: Warfarin is an anticoagulant agent used as a prophylaxis in the risk of thromboembolism and in the treatment after thromboembolism has developed. It shows its effect on factors 2, 7, 9, 10. These factors are synthesized in the liver. These inactive factors become active with reactions in which vitamin K is a cofactor. It can cause major bleeding as a side effect.

Materials and Methods: In our case, a 67-year-old male patient presented with dyspnea and abdominal pain. The patient's abdominal pain was mostly in the form of bloating and gas stool was present. On the other hand, the shortness of breath was not a sudden onset, but because of cerebrovascular disease (CVO) and gradually increasing after discharge, the patient did not have cough and sputum complaint. There was no increase in the aspirate from the patient's tracheostomy. Lung sounds were decreased bilaterally and there were rales in the left basal. The abdomen was distended, there was tenderness in the abdomen, but there was no defensive rebound and there was gas and stool. There was an ecchymosis descending to the left scrotum around the penile region. The patient was using warfarin. In the imaging of the patient, pleural eff and retroperitoneal hemorrhage were detected on the left. In our case, bleeding was observed while the INR value was not very high.

Results and Conclusion: Although major hemorrhages are observed mostly in case of coumadin overdose, similar cases have been reported in our case.

Keywords: Acute abdomen, retroperitoneal hemorrhage, warfarin



Pub No: OP-108

A Rare Cardiac Cause of Syncope: Ventricular Standstill

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¹İzmir Çeşme Alper Çizgenakat State Hospital

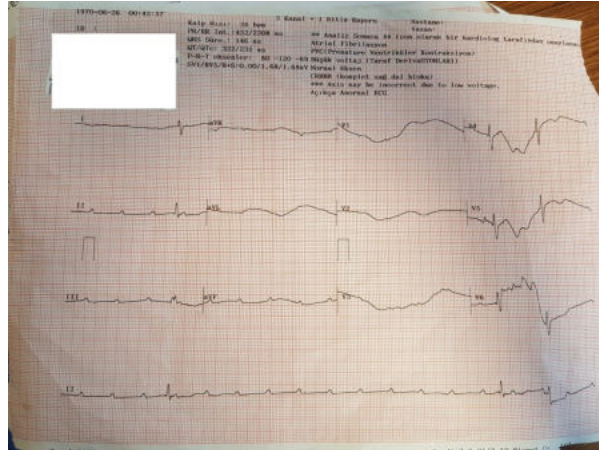
²Amasya Merzifon Karamustafa Paşa State Hospital

Introduction and Purpose: Ventricular standstill is a cardiac rhythm disorder that occurs because the impulses from the sinoatrial node cannot be transferred to the ventricles and manifests itself as the appearance of only P waves on ECG and absence of accompanying QRS waves. In this case report, we aimed to present a patient who presented to the emergency department with syncope and was found to have short-term ventricular standstill rhythm on ECG rhythm.

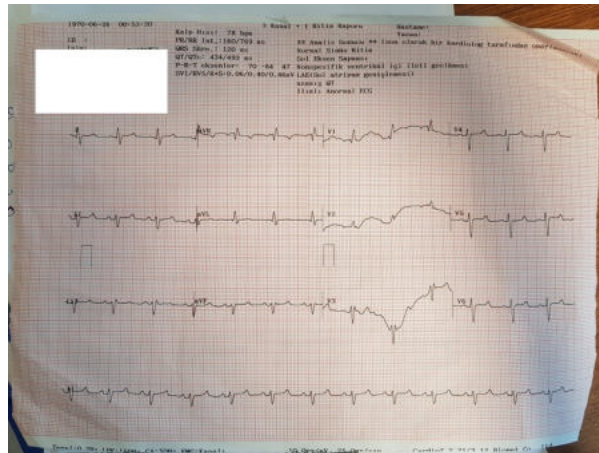
Materials and Methods: Our study is a case report

Results and Conclusion: A 57-year-old male patient was admitted to the emergency department with syncope by the 112 emergency team. The patient had a history of asthma and diabetes mellitus. The patient's vital parameters were blood pressure 80/40 mmHg, pulse rate 40 beats/min, respiratory rate 14/min, temperature 36,0 °C, oxygen saturation 96%, Glasgow Coma Score 9. Physical examination and laboratory findings were normal and ventricular standstill rhythm was observed on ECG (figure 1). The patient spontaneously returned to sinus rhythm (figure 2) without any additional intervention in a short period of time. His vital values were 130/80 mmHg, pulse rate was 87 beats/min and Glasgow Coma Score was 15. The patient who remained stable during follow-up was referred to an advanced center with a cardiology unit. Ventricular standstill is a fatal condition that occurs due to AV node blockade and requires rapid intervention. Patients frequently require cardiopulmonary resuscitation because of prolonged ventricular asystole (3). When the literature was examined, it was found that the number of cases that terminated spontaneously without medical intervention in a short period of time was not frequent. VCardiac monitoring and recognition of dysrhythmias are of vital importance in patients presenting with syncope. Fatal rhythm changes such as ventricular standstill should be considered as a cause of recurrent syncope episodes in patients.

ECG of the patient during syncope - Ventricular Standstill



ECG of the patient after syncope attack - Sinus Rhythm



Keywords: Arrhythmias, Electrocardiography, Ventricular Standstill



Pub No: OP-109

Renal Artery Aneurysms

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Introduction and Purpose: True renal artery aneurysms (RAAs) are rare. A true RAA is defined as a dilated segment of renal artery, the diameter of which exceeds 1.5 times the diameter of a normal segment and that involves all the layers of the arterial wall. A renal artery pseudoaneurysm does not involve all the layers of the arterial wall and is typically related to some form of traumatic injury, including iatrogenic injury (eg, renal biopsy) or arterial dissection. When symptoms do occur, abdominal or flank pain or hematuria is most likely to be described.

Materials and Methods: An 80-year-old female patient has a known history of hypertension and DM. The patient's presenting complaint describes abdominal pain for 10 days. The patient has no additional symptoms such as nausea, vomiting, fever. On physical examination, there is no comfortable abdominal rebound rebound. The patient has no costovertebral angle tenderness. Vitalleri TA:140 /74 pulse:71 fever:36,1 spo2:92. No emergency pathology was detected in the blood results of the patient. Abdominal CT was planned for the patient who did not relieve with symptomatic treatment. Focal aneurysmatic dilatation with a size of 15x10mm was observed in the abdominal CT right renal artery, and a hypodense area was observed in the lower pole of the right kidney, which was significant in terms of ischemia. The patient was interned in urology.

Results and Conclusion: Management of RAA depends upon whether symptoms are present, and for asymptomatic RAA, the risks associated with RAA repair compared with future RAA rupture. These risks are derived from observational studies that have reported on the natural history of untreated RAA and outcomes of RAA repair (open surgery, endovascular repair). Our recommendations for management are generally consistent with the Society for Vascular Surgery guidelines for management of visceral artery aneurysms .When to offer RAA repair Patients who are symptomatic and those who are asymptomatic with an elevated risk for rupture (childbearing potential, RAA >3 cm) are offered repair; others with RAA are generally managed conservatively . The suggested diameter threshold to offer repair in those with asymptomatic RAA is based on risk factors associated with rupture and natural history studies as described above.

Keywords: renal artery aneurysms



Pub No: OP-110

TRAUMATIC CATARACT

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Introduction and Purpose: Eye trauma is common in emergency departments. One of the important causes of unilateral blindness in developing countries is these ocular traumas . Ocular trauma can have serious consequences that threaten vision and the eye.

Materials and Methods: Traumatic cataracts are present in 27%-65% of eye traumas, and lens damage is present in approximately 50% of them (3)A 16-year-old male patient who entered a bush area and fell off his motorcycle presented with a motorcycle accident. The general condition of the patient was good, vitals were stable. There were multiple linear abrasions on the face and head, and blurred vision in the left eye as a result of foreign body exposure. There was an opacity in the lens of the left eye. The patient was consulted with eye diseases due to blurred vision. In the examination performed by an ophthalmologist, there was corneal perforation and lens perforation in the left eye.

Results and Conclusion: Studies estimate that 90% of ocular traumas are preventable. Protective equipment and measures to be taken will contribute to the prevention of eye traumas.

Keywords: Eye, Cataract, Trauma



Pub No: OP-111

EXAMINATION OF CHILD PATIENTS ADMITTED DUE TO BLUE TRAUMA

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²Aksaray University Training and Research Hospital Department of emergency

Introduction and Purpose: The aim of this study is to evaluate the demographic characteristics of pediatric patients brought to our hospital due to blunt trauma.

Materials and Methods: Study data were obtained by scanning the retrospective files of pediatric cases admitted due to blunt trauma within a one-year period. The cases were evaluated in terms of age, gender, type of trauma, injured body part, radiological findings, length of stay, laboratory results and mortality rates.

Results and Conclusion: Of the 102 children aged 0-18 years old who came to Aksaray University Training and Research Hospital due to blunt trauma, 62 (62%) were boys and 40 (38%) were girls. Among the age groups, the rate of exposure to blunt trauma was highest in the 2-6 age group (36.8%). Among the causes of injury, in-vehicle traffic accidents were in the first place, followed by falls from height. Two patients with multi-trauma accompanied by head trauma died. The most common thoracic traumas were lung contusion and rib fracture. Tube thoracostomy was performed in 3 patients due to pneumothorax. In blunt abdominal trauma, liver and spleen injuries were the most common injuries, respectively. . The average length of stay of the patients was 1.26 ± 0.40 days (1 – 42 days). It was observed that the length of stay was prolonged, especially in patients with combined head trauma and thoracic trauma, but no statistically significant difference was observed ($p > 0.05$). The causes of blunt trauma in pediatric age groups vary by region, and in regions where traffic accidents are common, advanced trauma centers that can intervene in cases with multiple organ injuries are needed. Although close follow-up of patients with blunt abdominal trauma reduces unnecessary diagnostic interventions and exploration, more advanced trauma protocols are needed for the management of these patients.

Keywords: blunt trauma, thoracic trauma, trauma protocols



Pub No: OP-112

Evaluation of High C-Reactive Protein Perception

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Introduction and Purpose: C-Reactive Protein (CRP) is an acute phase protein (1). In addition to being an infection marker, it has been reported that CRP value increases in coronary heart disease, hypertension, diabetes mellitus, cerebrovascular diseases, smoking and pregnancy (2). In this study, we aimed to compare what the patients admitted to SANKO University Hospital and the health personnel working in this center perceive from the high CRP value

Materials and Methods: We conducted a survey on our patients who applied to the infectious polyclinic and the health personnel working (physician and assistant health personnel) in this center between January 2023 and May 2023. The questionnaire was in the form of questions and answers. The respondents were asked about their demographic information, whether they had information about the CRP value, and if they did, what they perceived from the high CRP value, apart from infectious diseases. The information of the participants about whether they also increased in conditions other than infection (hypertension, smoking, exercise, pregnancy, etc.) were recorded and the knowledge levels of all three groups were compared with each other.

Results and Conclusion: A total of 90 people, 42 (46.7%) of whom were women, with a mean age of 32.91 ± 6.78 years were included in our study. We grouped physicians, nurse, and patient. There were 30 people in each group. We saw that 5 (16.7%) of the physicians participating in the survey declared that the CRP value would not increase due to non-infectious reasons. These physicians were working in Emergency and Obstetrics clinics. All assistant health personnel and patient group and 23 of the physician said that they would not increase CRP in smoking. It is seen that there is no statistically significant difference between the assistant health personnel and the patient group in terms of the knowledge levels of hypertension, diabetes mellitus, heart diseases, excessive exercise, pregnant and sunstroke ($p > 0.05$). In conclusion; In our study, we found that the high CRP perceptions of assistant health personnel were almost very similar to the non-healthcare patient group. We believe that giving seminars about high CRP values to assistant health personnel in our hospitals will reduce the workforce of polyclinic.

Keywords: C-Reactive Protein, Infection, Perception



Pub No: OP-113

Comparison Of HEAR And HEART Scores for the Major Adverse Cardiovascular Events

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¹Tekirdağ Namık Kemal University

²İzmir Ödemiş Devlet Hastanesi

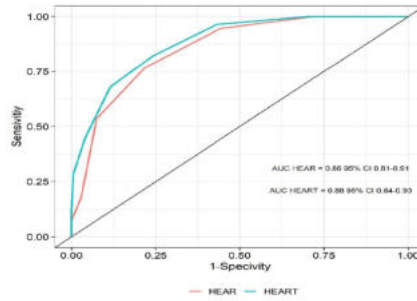
Introduction and Purpose: Background: Early identification of patients with low and high risk for acute coronary syndrome in the emergency department is important for process management and proper resource use. In this study, it was aimed to compare the HEAR and HEART scores to determine the risk for major adverse cardiovascular events (MACE) in a 30-day period.

Materials and Methods: Methods: Demographic data and clinical evaluations of the patients who applied to the emergency department (ED) with chest pain were recorded. ECGs were evaluated without knowing the clinic of the patients. The HEART (including history, ECG, age, coronary risk factors, and troponin level) and HEART (including four items with no troponin) risk scores were calculated. MACE was defined as all MI, all coronary revascularization procedures (PCI and CABG), all-cause death, cardiac arrest, cardiogenic shock, or life-threatening cardiac arrhythmias within 30 days. Patients with MACE were evaluated as Group 1 and patients without MACE were considered as Group 2, and the data of the two groups were compared.

Results and Conclusion: Results: A total of 230 patients were included in the study. There were 56 (24.3%) patients with MACEs. According to the ROC analysis, the threshold value was determined as ≤ 3 for both scoring systems. According to this threshold value, sensitivity and specificity were found to be 0.77 and 0.78 for the HEAR score; 0.82 and 0.77 for the HEART score. Conclusions: Although the HEAR and HEART scoring systems are useful for the management of patients with chest pain in the ED, the HEART score was evaluated to be more effective.



ROC analysis of the sensitivity and specificity ratios for the HEAR-HEART scores



Keywords: Acute coronary syndrome, Chest Pain, Emergency department



Pub No: OP-114

Incidental alveolar hydatid cyst

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Introduction and Purpose: Hydatid cyst, a parasitic disease, is caused by the flatworm of the Echinococcus species. There are two main types of this disease in humans: hepatic hydatid cyst and alveolar hydatid cyst. The disease can remain asymptomatic for years, but it can also present with symptoms such as abdominal pain, loss of appetite, indigestion, jaundice, darkening of urine, weight loss, nocturnal teeth grinding, drooling, and anal itching. The pulmonary form of the disease can lead to symptoms like chest pain, shortness of breath, cough, and hemoptysis. The disease is transmitted by ingesting the parasite's eggs orally or through direct contact with infected animals like cats and dogs. The eggs are released through the feces of animals that consume meat and are infected with the parasite. Diagnosis is often made using ultrasound, computed tomography (CT), or magnetic resonance imaging (MRI). Biopsy and blood tests to detect antibodies against the parasite can also be helpful. Hepatic hydatid cysts are generally treated with medication or surgery, while alveolar hydatid cysts are treated with medication followed by surgery. Alveolar disease can lead to death.

Materials and Methods: Case: A 15-year-old male patient was brought to the emergency department with a complaint of falling from his own height. The patient had no known history of systemic diseases, and vital signs were stable with a Glasgow Coma Scale (GCS) score of 15. Physical examination revealed tenderness in the upper right quadrant of the abdomen, decreased breath sounds and dullness on percussion in the right upper, middle, and lower lung lobes. The primary considerations were traumatic liver laceration, intra-abdominal bleeding, or other pathology. Hemogram, biochemistry, bleeding parameters, and blood type tests were ordered, along with abdominal and chest CT scans. The patient's test results showed a white blood cell count (WBC) of $14.69 \times 10^3/\mu\text{L}$ and hemoglobin (Hb) of 10.7 g/dL. Radiological imaging revealed an approximately 7-8 cm alveolar hydatid cyst with parasites inside, causing a mass effect in the right lung. The patient was transferred to the thoracic surgery clinic for follow-up and treatment.

Results and Conclusion: THORACIC IMAGING SHOULD ALSO BE DONE TO PATIENTS WITH ABSOLUTE TRAUMA AND UPPER ABSORASE EXAMINATION FINDINGS

1



2



3



Keywords: alveolar hydatid cyst, hepatic hydatid cyst, Echinococcus alveolaris

Pub No: OP-115

Steakhouse Syndrome: An Emergency Caused By Insufficiently Chewed Meat

Yalçın Güzelel¹, Gülcan Nur Yılmaz¹, Enes Güler², Gökhan Ersunan¹

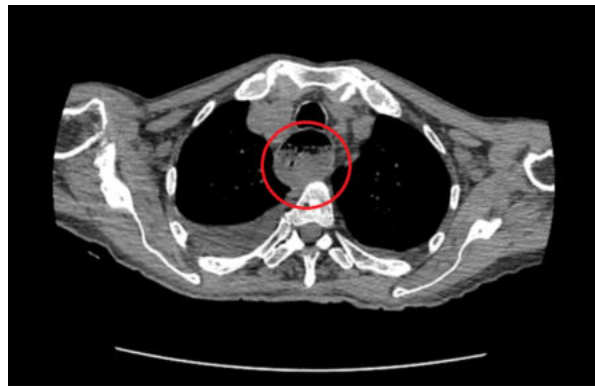
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Introduction and Purpose: Esophageal obstruction occurs when the esophagus narrows or becomes blocked due to an object or substance inside or around it. This condition can result from the impaction of a swallowed object or food in the esophagus. Here, we will discuss the management of a patient with esophageal obstruction who presented to the emergency department with chest pain and difficulty swallowing after consuming a meal.

Materials and Methods: An 88-year-old male patient presented to the emergency department with chest pain and difficulty swallowing after a meal. Based on the patient's symptoms, medical history, and test results, acute coronary syndromes were ruled out, and suspicion arose regarding esophageal foreign body or obstruction. Therefore, a computed tomography (CT) scan was performed. The CT scan revealed diffuse dilation of the esophagus up to 44 mm and signs of obstruction in the distal esophagus, indicating the presence of a foreign body. Gastroenterology consultation was requested for urgent upper gastrointestinal endoscopy, and anesthesia preparations were completed before the procedure. During the endoscopy, it was noted that inadequately chewed meat had been removed from the esophagus. Following the procedure, the patient remained complication-free for 24 hours and was discharged in good health.

Figure



Esophageal dilation and foreign body



Results and Conclusion: "Steakhouse syndrome" is generally associated with mechanical or functional diseases that narrow the lumen of the esophagus. Various underlying diseases can be responsible for this condition. The most crucial clue in diagnosis is a characteristic history. Patients often report sudden difficulty swallowing liquids or solid foods while eating. However, since many cases require treatment for underlying diseases, every patient should undergo a comprehensive diagnostic workup.

Keywords: Eid al-Adha, esophagus, obstruction, steakhouse



Pub No: OP-116

Aortic Dissection

sümeyye gündüz¹, merve bulut¹, mevlana gül¹

¹Atatürk Üniversitesi Tıp Fakültesi Acil Tıp Anabilim Dalı

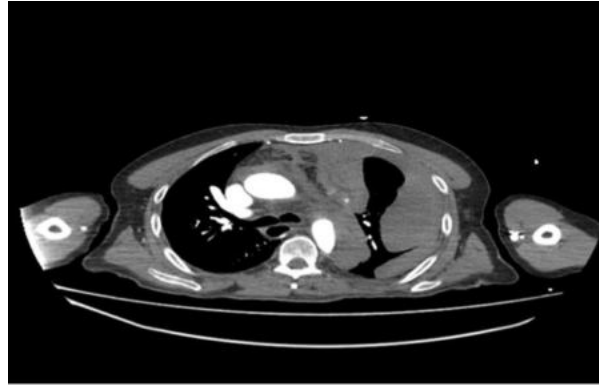
Introduction and Purpose: Acute aortic dissection, though catastrophic, is a relatively rare acute disease. The triggering event in aortic dissection is a tear in the aortic intima that causes severe pain. Spread of the dissection may occur proximal (retrograde) or distal (antegrade) to the first tear, including the aortic valve or branches of the thoracic and/or abdominal aorta. Extension of the dissection is responsible for other clinical manifestations that may include aortic regurgitation, cardiac tamponade, and end-organ ischemia (coronary, cerebral, spinal or visceral, extremity).

Materials and Methods: A 59-year-old male patient was brought to us by 112 team due to neck pain and back pain. He have known hypertension. On his arrival, his general condition was serious, his GCS was 15 heart rate 155/min blood pressure 85/50 mmHg saturation 82%.In his history he described neck and back pain. On examination, he had tachypnea and cold sweats. There was a ral in the left lung from the apex to the basal on auscultation of the lungs. Heart sounds were muffled. Bilateral femoral pulses were not palpated . There was no finding in the external systemic examination. ECG was sinus tachycardia. There was an aortic dissection on the CT angiography. [Figure 1] The patient was consulted to the Cardiovascular Surgery Clinic. The patient who developed cardiac arrest during the consultation was resuscitated for 45 minutes according to the guideline. The patient who could not get pulse and blood pressure after CPR and did not have spontaneous breathing was accepted as exitus.

Results and Conclusion: Aortic dissection is relatively rare and often presents acutely as a catastrophic disease with severe chest or back pain and acute hemodynamic deterioration. Early and accurate diagnosis and treatment is very important for survival.



aortic dissection



Keywords: chest pain back pain aortic dissection



Pub No: OP-117

Doctors without borders- View Point

Murtuza Ghiya¹

¹D Y Patil Hospital Mumbai

Introduction and Purpose: In 2019, Bengaluru-based medical #doctor, Murtuza Ghiya decided to work with #MSF and completed his first assignment in #Iraq. Every year, thousands of individual like Murtaza take that step to volunteer for MSF. But what exactly motivates them to walk on the humanitarian path. I have written in prose-- my motivation to go on this mission I also have shared pictures and medical cases to learn to manage patients with limited resources and work in a multi-cultural team in a high conflict area

Materials and Methods: Purpose for humanitarian medicine Medical challenges- 2 cases Iraq situation Cultural challenges team and communication Images, cases and refereces shared I have used a video shared from official MSF page about my poem used to inspire and recruit doctors in south asia by MSF HR team

Results and Conclusion: Acute exacerbation of asthma managed without nebulizer due to resource constraints Usage of vasopressor without central cannula due to resource constraints How to be a good team player with different nationalities

Keywords: MSF

Pub No: OP-118

Acute arterial mesenteric ischemia management with embolectomy:Single center experience

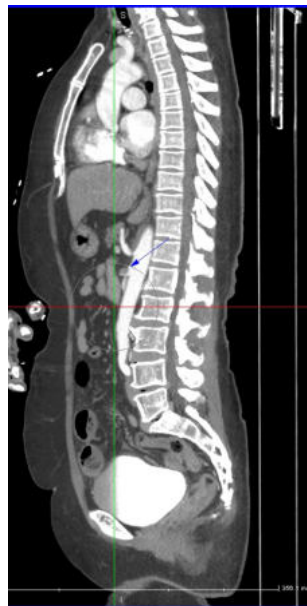
Utku Özgen¹

¹Pamukkale University School of Medicine

Introduction and Purpose: Acute arterial mesenteric ischaemia is a rare and fatal cause of acute abdomen and an emergency situation in which a combination of surgical and endovascular interventional procedures are used to restore blood flow to the bowel and resection of necrotic intestine. Our aim is to evaluate the management of patients who will undergo revascularization procedures due to occlusive superior mesenteric artery (SMA) embolism and their outcomes.

Materials and Methods: We retrospectively evaluated the data who underwent surgical revascularization and endovascular intervention for acute superior mesenteric ischemia between March 2020 -July 2023.The time between diagnosis and operation,type of occlusion,extend of intestinal necrosis and bowel resections with or without anastomosis are investigated. Ischemia diagnosed by computed tomography angiography(CTA)

CTA



Results and Conclusion: Case 1: SMA occlusion with bowel necrosis, treated by percutaneous catheter aspiration and surgical resection of necrotic bowel segments. Patient survived with small bowel syndrome. Case 2: SMA occlusion with bowel necrosis, treated by surgical embolectomy and bowel resection, reoperated 36 hours later and small bowel anastomosis performed. Survived 50 days after surgery and but died from pneumonia and disseminated intravascular coagulation (DIC). Case 3: SMA occlusion without bowel necrosis, treated by surgical revascularization (embolectomy) percutaneous catheter aspiration two days later. Developed left hemiplegia ten days after surgical intervention. Survived 32 days after surgery, died from neurological and cardiac disorders. Case 4: SMA occlusion with bowel necrosis, treated surgical revascularization and bowel resection without anastomosis. Patient still survives. Acute SMA embolism is a rare challenging disease with a poor prognosis. Suspicion of the disease in the diagnosis and good use of the time from the diagnosis to the interventional procedure increase the patient outcomes. Complications that may occur during and after treatment should be kept in mind.

surgical view

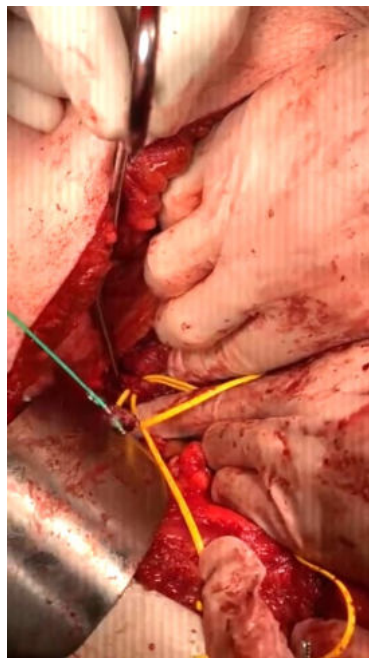


table 1

Patient no	Age	Sex	Comorbidities	Diagnostic tool	WBC(K/uL)	PLT(K/uL)	CRP(mg/L)	pH	Lactate(mmol/L)	Symptoms
1	45	F	HT,DM,Astma	CTA, DSA	25,24	454	2,4	7,42	1,2	Abdominal pain,diarrhea
2	62	F	HT,DM,CVD	CTA	27,3	176	17,52	7,502	3,74	Abdominal pain,vomiting
3	69	M	CAD,Alcohol use	CTA	31,04	368	10,65	7,38	2,18	Abdominal pain
4	74	M	HT,CAD	CTA	13,7	202	379,2	7,501	2,88	Abdominal pain

Characteristics of patients

Table 2

SMA)	CTA(bowel)	Intraoperative findings	Intervention	Second look	Complication	Hospital Mortality	Medication after surgery	Time to discharge
Acute mesenteric ischemia	Mild oedema in distal ileal segments,free fluids	Near total necrosis in small bowel segments	Percutaneous catheter aspiration, bowel resection without anastomosis	None	Small bowel syndrome,acute renal failure	None	LMWH, acetylsalic acid	72
Chronic mesenteric ischemia	Mild oedema in distal ileal segments,free fluids,and pneumonia	Necrosis in distal ileal segments	SMA embolectomy,bowel resection without anastomosis	Yes(Re-resection and anastomosis)	Pneumonia,DIC	Yes(50 days after surgery)	LMWH	48
Acute mesenteric ischemia	Mild oedema in right colon	Mild oedema in right colon	SMA embolectomy, percutaneous	None	Cerebrovascular disease,Hematoma	Yes(32 days afer)	LMWH, acetylsalic acid	24



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surgery), warfarin

Pine Beach Belek, ANTALYA / TÜRKİYE

ion,	and distal ileal segments	and distal ileal segments.	catheter aspiration(2 days later)	mesentery			
ous in good lral flow		Non of necrosis					
ete ion, esed lral flow	Mild oedema in right colon and distal ileal segments, free fluids	Necrosis in right colon and distal ileal segments	SMA embolectomy, bowel resection without anastomosis	None	Splenic infarctus, acute kidney failure	None	LMWH, warfarin

Radiological - intraoperative findings and interventions

Keywords: Acute mesenteric arterial embolism, endovascular intervention, revascularization



Pub No: OP-119

Rhino-orbital mucormycosis with sudden vision loss: a rare case in Emergency Department

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¹Ankara Training and Research Hospital

Introduction and Purpose: Introduction and Purpose Rhinocerebral mucormycosis is a rare and potentially life-threatening invasive fungal infection which results in high mortality. It is most often found in patients with diabetes mellitus, in patients with leukemia who have been neutropenic for long periods and who have been receiving broad-spectrum antibacterial drugs. rhinocerebral mucormycosis is the most common form.

Materials and Methods: Materials and Methods A 52-year-old woman was admitted to our hospital because of sudden vision loss, periorbital pain, edema in face and eyes , rhinocerebral mucormycosis was diagnosed with physical and radiologic examinations and histopathologic findings.

Results and Conclusion: Conclusion and Results Although the patient was given an antifungal therapy and debrided surgically repeated times, she didn't improve and died. This case emphasizes the importance of early diagnosis and management of the underlying disease together with surgical debridement and antifungal treatment of the rhinocerebral mucormycosis, which has a very poor prognosis.

Keywords: Diabetes mellitus; mucormycosis; emergency medicine

Pub No: OP-120

Cyanosis of the upper half of the body: vcs syndrome in a patient with colon cancer

yasemin pisgin¹, ziya koçer¹

¹bezmialem vakif university

Introduction and Purpose: The main vein that carries the dirty blood returning to the heart from the body's level above the heart, that is from the head, neck and arms, is called vena cava superior. Vena Cava Superior Syndrome is caused by the occlusion of this main vein. The most important cause of vena cava superior syndrome is malignant metastatic cancers. In this case report, we would like to emphasize that symptoms causing dispnea and cyanosis observed in metastatic colon cancer may indicate vcss and therefore should be considered in managing the patient.

Materials and Methods: In this study, the history of this patient who was brought to the emergency room with cyanosis in the upper half of the body with the complaints of dyspnea was questioned. The patient underwent a physical examination. Blood gas and other blood tests were requested from the patient. According to the evaluations obtained, the vcss diagnosis was made through advanced imaging (ct) of the patient.

physical examination





Results and Conclusion: The respiratory rate of the patient was 33/min. The upper half of the body was cyanotic from T12 level. The patient had exertional dyspnea, accessory respiratory muscle use and tachypnea. Breath sounds were natural, there were no additional sounds in the heart. She had respiratory alkalosis in her blood gas. Hemogram, biochemistry, cardiac enzymes, coagulation tests were conducted. Considering vena cava superior syndrome (vcss) secondary to metastatic tumor compression and/or tumor-induced coagulopathy, neck and thorax CT (in venous phase) was requested. The CT resulted as follows: "2.5 cm thrombus in vcs, narrowing the lumen more than 50 percent." The patient was consulted to interventional radiology and stent placement was deemed appropriate. As a result, it is necessary to consider vcss in cancer patients who come to the emergency room with cyanotic upper parts of the body. Vcss is a common complication in these patients.

Keywords: colon cancer, vcss, cyanosis



Pub No: OP-121

Clinico–Epidemiological Profile and Risk Factors of Hypertensive Crisis among Patients Attended at a Tertiary Care Hospital in Somalia

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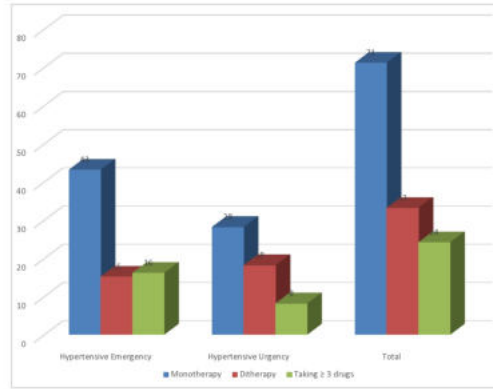
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Introduction and Purpose: Hypertensive crisis(HC) is a life-threatening clinical condition in which an abrupt rise in arterial blood pressure can lead to acute damage to vital organs. The main objective of our study is to determine the epidemiological profile, clinical characteristics, and risk factors of HC patients in Somalia.

Materials and Methods: This study was a prospective cross-sectional study conducted on HC patients attended at the Emergency department of Mogadishu Somali Turkey, Recep-Tayyip-Erdogan Training and Research Hospital in Mogadishu, Somalia, from November 2020 to April 2021. All adult patients who presented to our hospital's emergency care unit with a hypertension diagnosis during the study period were included. We excluded pregnant or lactating women, newly diagnosed hypertension, and participants with incomplete records. The data was obtained in the form of questionnaires and including the patient's gender, age, marital status, educational level, duration of hypertension, lifestyle nature, comorbidities, pattern antihypertensive agents and adherence, and complications of hypertension.

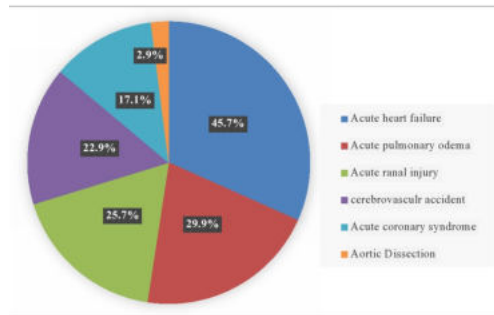
Results and Conclusion: A total of 6239 patients were screened during the study period. The prevalence of HC was 2.1%(128/6239). Of them, 76(59.4%) were males. The mean (SD) age of the participants was 56.5(±16.9) years (range: 24–98 years). 54.7(70/128) met the criteria for a hypertensive emergency, while 45.3%(58/128) met the criteria of hypertensive urgency. The majority of patients (55.5%) took just one antihypertensive drug, followed by those using two-drugs(18.8%) and just three or more drugs(25.8%). Headache(39.1%) and palpitation(25%) were the most often reported symptoms upon admission. The most often prescribed antihypertensive drugs for the initial therapy included Intravenous furosemide(35.2%), Sublingual captopril(25.8%), intravenous nitroglycerin(23.4%), and intravenous labetalol(20%). Among the forms or patterns of end-organ damage of HE, we most frequently observed acute heart failure(45.7%), acute pulmonary edema(29.9%), and acute renal injury(25.7%). Infrequent medical checkups, poor compliance with medications, poor compliance with exercise, positive family history of hypertension, and being male gender were significant predictors of HC, AOR=20.312; p< 0.000, AOR=7.021; p< 0.008, AOR=6.158; p< 0.017, AOR=3.545; p< 0.032, and AOR=2.144; p=0.001, respectively. Conclusion: In Somalia, HC is common in this clinic population. Infrequent medical checkups, poor compliance with medications and exercise, positive family history of hypertension, and being male gender were significant predictors of HC.

Figure 1



Pattern of antihypertensive medicationns

Figure 2



Pattern of target organ damages of patients with hypertensive emergencies

Table 1

Variables	Categories	Hypertensive Crisis (n=128,%)	Hypertensive emergency (n=70,%)	Hypertensive Urgency (n=58,%)	p-value
Sex	Male	76 (59.4)	50 (71.4)	26 (44.8)	0.012
	Female	52 (40.6)	20 (28.6)	32 (55.2)	
Age group (years)	18-39	22 (17.2)	12 (17.1)	10 (17.2)	0.011
	40-69	80 (62.5)	44 (62.9)	36 (62.1)	
	≥70	26 (20.3)	14 (20)	12 (20.7)	
Duration of hypertension by years	<1	20 (15.6)	16 (22.9)	4 (6.9)	0.001
	1-5	54 (42.2)	32 (45.7)	22 (37.9)	
	6-10	22 (17.2)	14 (20)	8 (13.8)	
	>10	32 (25)	8 (11.4)	24 (41.4)	
Comorbidities	Diabetes	58 (45.3)	30 (42.9)	28 (48.3)	0.540
	Dyslipidemia	33 (25.8)	21 (30)	12 (20.7)	0.002
	CKD	16 (12.5)	11 (15.7)	5 (8.6)	0.119
	COPD	11 (8.6)	8 (11.4)	3 (5.2)	0.381
	CVD	10 (7.8)	6 (8.6)	4 (6.9)	0.428
	CLD	8 (6.3)	8 (11.4)	0 (0)	0.022
	Tyroid dysfunction	6 (4.7)	4 (5.7)	2 (3.4)	0.546
	Malignancy	3 (2.3)	2 (2.9)	1 (1.7)	0.117

Baseline Characteristics among patients with hypertensive crises

Table 2

		HC, n=128, (%)	HE, n=70, (%)	HU, n=58, (%)	p-value
Clinical presentations	Headache	50 (39.1)	27 (38.6)	23 (39.7)	0.9
	Palpitation	32 (25)	23 (32.9)	8 (13.8)	0.0
	Chest pain	32 (25)	20 (28.6)	12 (20.7)	0.0
	Dyspnea	31 (24.2)	18 (25.7)	13 (22.4)	0.9
	Vomiting	28 (21.9)	12 (17.1)	16 (27.6)	0.0
	ALOC	24 (18.8)	19 (27.1)	5 (8.6)	0.0
	Epigastric pain	24 (18.8)	8 (11.4)	16 (27.6)	0.0
	Focal neurologic deficits	22 (17.2)	18(25.7)	4 (6.9)	0.0
	Oligouric	7 (5.5)	5 (7.1)	2 (3.4)	0.3
	Dizzines	7 (5.5)	4 (5.7)	3 (5.2)	0.9
	Syncope	6 (4.7)	0 (0)	6 (10.3)	0.0
	Other clinical features	12 (9.4)	7 (10)	5 (8.6)	0.3
	Asymptomatic	5 (3.9)	2 (2.9)	3 (5.2)	0.3
Initial therapy	Intervenous furosemide	45 (35.2)	19 (27.1)	26 (44.8)	0.0
	Sublingual captopril	33 (25.8)	19 (27.1)	14 (24.1)	0.3
	Intervenous nitroglycerin	30 (23.4)	18 (25.7)	12 (20.9)	0.3
	Intervenous labetalol	20 (15.6)	14 (20)	6 (10.3)	0.3
	Intervenous esmalol	13 (10.2)	7 (10)	6 (10.3)	0.3
	Sublingualnitroglycerin	9 (7)	5 (7.1)	4 (6.9)	0.3

Initial clinical presentation and Initial therapy of choice among patients with hypertensive crisis

Table

Variables	Hypertensive crisis, n=128, (%)	Odd Ratio	95% CI		P value
Gender					
Male	76 (59.4%)	2.144	1.460	4.645	0.001
Female	52 (40.6%)	1			
Family hx of HTN					
Yes	46 (35.9%)	3.545	1.345	6.905	0.032
No	82 (64.1%)	1			
Compliance with exercise					
Poor	40 (31.2%)	1			
Good	88 (68.8%)	6.158	1.738	27.530	0.017
Compliance with medication					
Poor	43 (33.6%)	1			
Good	85 (66.4%)	7.021	2.418	17.620	0.008
Medical checkup					
Frequent	41 (32%)	1			
Infrequent	87 (68%)	20.312	5.521	75.130	0.000

Predictors of hypertensive crisis

Keywords: Acute renal injury, Cerebrovascular accident, Heart failure, Hypertensive crisis, Hypertensive emergency



Pub No: OP-122

Diagnosis of diffuse pulmonary hemorrhage by ultrasonography: a case report

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Introduction and Purpose: Acute dyspnea is a common cause of admission to the emergency department (ED). For the survival of these patients, the correct and rapid diagnosis and management of the emergency physicians are necessary. Thoracic ultrasound is widely used in the emergency department in patients with respiratory symptoms and trauma patients. Especially in the last 10 years, the use of point-of-care ultrasound (POCUS) has become widespread with the increase in POCUS trainings. In this case report, a patient with complaints of shortness of breath and rash on body and diagnosed with diffuse pulmonary hemorrhage (DPH) by bedside POCUS in the ED is presented.

Materials and Methods: A 72-year-old male patient was admitted to the emergency department with a complaint of rash all over his body and shortness of breath. The patient had petechial rashes all over the body, bleeding in the mouth and gums, dyspnea and tachypnea. Endotracheal intubation was applied to the patient with clinical findings and severe hypoxia in arterial blood gas. It was observed that there was bleeding towards the endotracheal tube. Continuous blood flow was observed when the endotracheal tube was aspirated. Positive pressure mechanical ventilation support was started. Bedside POCUS was performed by the emergency physician to the patient. POCUS revealed multiple and confluent B lines, pleural line abnormality, disappearance of A lines, subpleural hypoechoic area, hepatization, shred sign and pleural effusion, predominantly in the 3rd, 4th, and 5th zones of the right lung and 3rd, and 4th zones of left lung (Figure 1, 2, 3, and Table 1). Stratosphere sign were detected in M Mode in zones with pleural line abnormality, subpleural hypoechoic area, hepatization, and shred sign (Figure 4). The patient was diagnosed with diffuse pulmonary hemorrhage with POCUS and clinical findings.

Figure 1. Multiple and confluent B lines, pleural line abnormality, disappearance of A lines

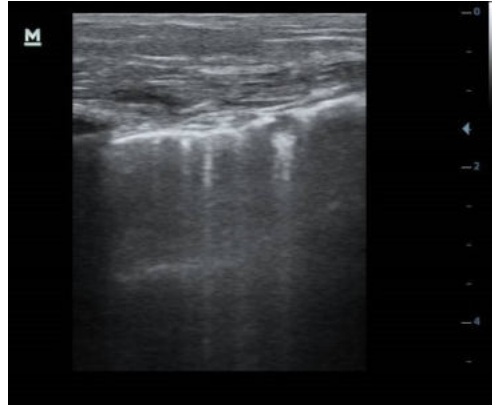


Figure 2. Hepatization, shred sign

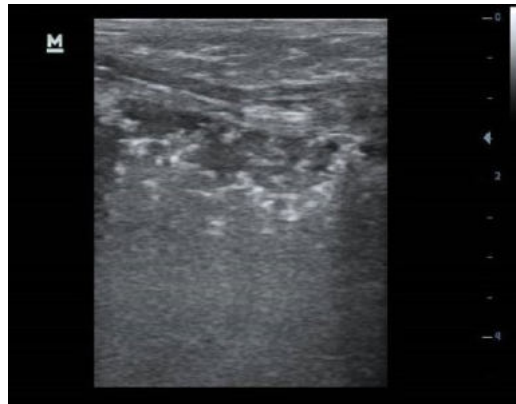


Figure 3. Subpleural hypoechoic area

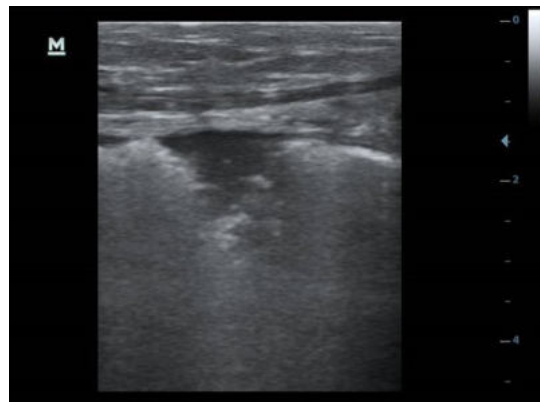


Figure 4. Hepatization, shred sign, stratosfer sign

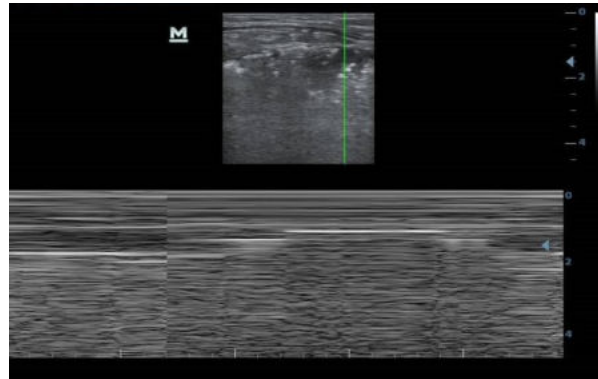


Table 1. Point-of-care ultrasound form

Thorax Zones	R5	R6	R4	R3	R2	R1	L1	L2	L3	L4	L5	L6
Normal lung signs												
A Line												
Lung sliding												
Seashore												
Lung pulse												
Pathological lung signs												
Multiple or Confluent B Line												
Pleural line abnormalities												
Anterior, cylindrical and consolidation findings												
Subpleural hypoechoic zone												
Hepatization												
Air bronchograms												
Shred sign												
Pneumothorax signs												
Stratosphere (barcode) sign												
Lung point												
Pleural Syndrome Signs												
Coast sign												
Immobility sign												

Results and Conclusion: The most immediate life-threatening complication of DPH is acute hypoxemic respiratory failure and its mortality rate is high. X-ray and CT are of limited value in differentiating diffuse alveolar hemorrhage from infection or other causes of diffuse alveolar opacification in DPH. POCUS contributes to the diagnosis and correct management of the patient in the emergency department in a short time.

Keywords: Diffuse alveolar hemorrhage, Diffuse pulmonary hemorrhage, Point-of-care ultrasound, POCUS



Pub No: OP-123

Retrospective Evaluation of the Prognostic Value of the Model for End-stage Liver Disease excluding INR (MELD-XI) Score in Patients Diagnosed with Acute ST-Elevation Myocardial Infarction in the Emergency Department

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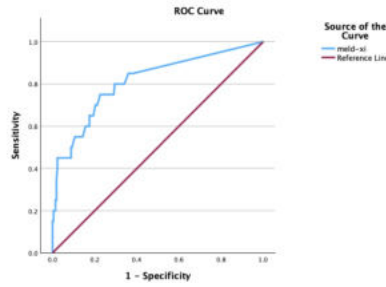
¹MUĞLA EĞİTİM VE ARAŞTIRMA HASTANESİ

Introduction and Purpose: ST-elevation myocardial infarctions (STEMI) are the spectrum of the acute coronary syndromes. Accurate prognosis estimation in STEMI patients plays a pivotal role in optimizing emergency department (ED) resource allocation and intensive care triage. Researchers have unveiled the potential utility of the modification of the MELD score, specifically the MELD-XI score (excluding INR), in predicting short-term mortality in cardiac patients. This study aims to assess the prognostic capacity of the MELD-XI score in predicting 28-day mortality in patients diagnosed with STEMI in ED.

Materials and Methods: This prospective, observational, single-center, cross-sectional study was conducted at the adult ED of Muğla Training and Research Hospital who presented (age 18 and above) between July 1, 2019, and January 1, 2021 and received a diagnosis of STEMI in the emergency department. We collected comprehensive data, encompassing sociodemographic characteristics, clinical features, results of interventional procedures, laboratory parameters, and the 28-day survival status for all subjects included in the study. Patients who did not meet the criteria for STEMI, those referred from external healthcare facilities, and individuals for whom medical record data was inaccessible were systematically excluded from the study. This data was meticulously extracted from the hospital registry system, patient examination records.

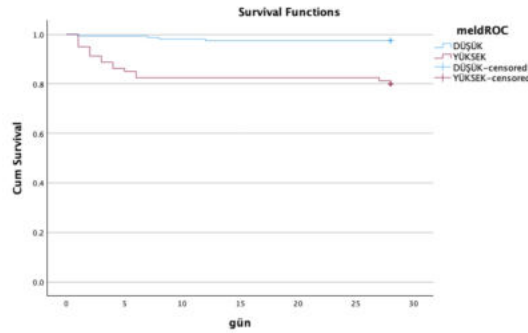
Results and Conclusion: 237 patients were included in the study. Among the patients, 20 (8.4%) experienced mortality within 28 days. Analysis demonstrated that the MELD-XI score was a significantly higher predictor in nonsurvivors than survivors (12.01 ± 3.29 vs 9.79 ± 0.68 p < .001). ROC analysis produced an AUC value of 0.813, which was statistically significant. Using a cutoff value of 9.76 for the MELD-XI score, we achieved prediction accuracy of 80% sensitivity and 70.5% specificity in estimating 28-day mortality. In Kaplan-Meier analysis and a cutoff value of 9.76, patients scoring above this threshold exhibited a significant difference in 28-day mortality (log-rank test p < 0.001). A significant, inverse correlation between MELD-XI and ejection fraction was found ($R = -.223$, P < .001). MELD-XI score demonstrated a significant association with 28-day mortality, a valuable prognostic indicator for STEMI patients. Findings emphasize the potential clinical utility of the MELD-XI score in guiding risk assessment and management decisions in STEMI cases.

ROC curve for the success of the MELD-XI score in predicting 28-day mortality



ROC curve for the success of the MELD-XI score in predicting 28-day mortality

Kaplan-Meier curve for estimating 28-day mortality by MELD-XI score (low-high)



Keywords: STEMI, Emergency Department, MELD-XI, prognosis

Pub No: OP-124

Spontaneous Intracranial Haemorrhage in Pregnancy

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Introduction and Purpose: Cerebrovascular complications of pregnancy are caused by physiological cerebrovascular changes or pre-existing disease. The complication of intracranial haemorrhage is the most lethal complication. The risk of haemorrhage increases in the third trimester and is highest during labour and puerperium.

Materials and Methods: A 22-year-old female patient presented to our emergency department by calling 112 ambulance with the complaint of increasing headache for 2 days. It was learnt that the patient was 37 weeks pregnant. On arrival, vital signs were SpO₂: 93% (room air), BP: 160/90 mmHg, and HR: 101 bpm. The patient has no side signs, nonsensical speech, normal motor movements and eye opening with verbal stimulation. Extensive biochemistry, coagulation, haemogram and hormonal tests were ordered. Obstetric examination revealed uterine size corresponding to the term and fetal heart sounds were present. Intracranial haemorrhage was detected on brain tomography. IV antihypertension treatment was given. The patient was taken to emergency caesarean section. Decompressive surgery was performed for emergency craniotomy.

Results and Conclusion: Intracranial haemorrhage is a rare disease in pregnancy. There is a significant risk for maternal mortality and unborn child. The frequency of bleeding increases in the third trimester and reaches the highest level during labour and puerperium



Intracranial haemorrhage, CT brain scan



Keywords: altered consciousness, headache, intracranial haemorrhage



Pub No: OP-125

Logistics and administration related stressors among young physicians working in the Emergency Medicine (EM) department and their perceived job satisfaction in EM department across medical colleges of India - a nation-wide multicentric digital survey

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Introduction and Purpose: Emergency Medicine (EM) is a growing subspecialty in India with the board approving training program commencing only since 2009. This study aimed to identify the challenges faced by EM department personnel in the country and to obtain valuable insight into the concerns and problems experienced by them. The scenario was even worse in India until the then Medical Council of India (MCI) recognised EM as a separate speciality in 2009 and in the subsequent four years or so, an academic department of EM had been established in only 20 medical colleges with a training capacity of merely 40 post graduates per year. Postgraduates and young consultants are thus, the future of EMs, and their insights and perspectives on the current issues in the EM department can be invaluable in developing innovative solutions.

Materials and Methods: This study was a cross-sectional digital survey conducted among EM department personnel in teaching institutions across India. The study involved 170 respondents, who completed an online questionnaire that covered various aspects of their work and identified the challenges they face. It also captured potential solutions as perceived by the respondents. The key variables examined in this study are as below: • Respondent characteristics (age, gender, years of experience, work setting)•Problems faced in the emergency medicine department (administrative or clerical work, understaffing, patient bed availability and transfer delays, inter-hospital transfer, lack of weekly academics)• Experience with aggressive and inappropriate behaviour



Results and Conclusion: 187 respondents gave the consent but only N = 170 completed the survey of which N= 164 fulfilled the eligibility criteria. The study revealed significant challenges. Administrative and clerical work consumed a considerable amount of respondents' time. Understaffing (n=144/164;87.8%), followed by complains about delay in hospital processes (n=141/164; 85.9%) and delay in interhospital transfers(n=139/164; 84.8%) were the primary concerns. Potential key solutions suggested were to improve resources including man power and take steps to prevent violence against EM staff. Conclusion: The study's results call for policymakers and hospital administrators to address the issues faced by EM department. Improving EM department operations can improve patient care and staff well-being. Future research should examine challenges in non-teaching institutions and potential solutions

Keywords: Emergency Medicine, Violence, Challenges, Healthcare professionals, Burnout



Pub No: OP-126

Evaluation of Blood Gas Results of Patients Presenting to the Emergency Department with Diabetic Ketoacidosis

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Introduction and Purpose: Diabetic ketoacidosis (DK) is an acute, life-threatening complication of Diabetes Mellitus. Increased ketone levels in serum causes increased anion gap metabolic acidosis and ketonuria. Studies have reported that blood gas is 97.8% sensitive and 100% specific for the diagnosis of diabetic ketoacidosis. The aim of this study is to evaluate blood gas analysis in patients presenting to the emergency department with diabetic ketoacidosis.

Materials and Methods: This study was planned retrospectively on 62 patients over the age of 18 who were diagnosed with DK by applied to the emergency department. According to the criteria of the American Diabetes Association, DK is defined as serum glucose ≥ 250 mg/dL, serum anion gap >10 mEq/L, bicarbonate ≤ 18 mEq/L, pH ≤ 7.30 , and ketones in urinalysis. The blood gas results of the patients were compared with the clinical severity of the patients (mild, moderate, severe) based on these criteria.

Results and Conclusion: The mean age of the patients was 34.9. Of these patients, 40.32% were female and 59.68% were male. Of the patients, 45.2% mild, 38.7% moderate, 16.1% severe DK patients. There were differences in pH and bicarbonate values among all clinical severity groups ($p=0.000$). Although there were differences in the adjusted significance levels, significant differences were revealed between our clinical severity groups in values such as pCO₂, anion, chlorine, creatinine, leukocytes, and urine ketone ($p<0.001$). Conclusion: In our study, when we compared the clinical severity groups of DK with the comorbidity, age, and some blood gas results such as glucose, lactate, base excess, C-reactive protein, sodium, potassium, and urea, we could not find a statistically significant difference between the clinical severity groups.

Keywords: Diabetic ketoacidosis, Blood gas, Anion gap



Pub No: OP-127

OPERATIONAL DIFFICULTY IN REFERRING A TROPONIN POSITIVE PATIENT FROM AN INTEGRATED DISTRICT STATE HOSPITAL TO A HIGHER LEVEL FACILITY: CASE REPORT

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Introduction and Purpose: Integrated district state hospitals are among the health service providers that provide outpatient and inpatient diagnosis, treatment and rehabilitation services. As stated in the official letter of the Ministry of Health dated 28/09/2011 and numbered B.10.0.THG.0 .10.0.THG.0.00.02-020/ 39617 dated 28/09/2011 and numbered B.10.0.THG.0.00.02-020/ 39617, it is aimed to provide preventive health services, primary and mobile health services and inpatient treatment services for individuals together with family physicians in district state hospitals with an integrated health service delivery model by taking into account referral facilities, population, geographical and socio-economic conditions and region-centered health planning criteria in order to increase efficiency in health services, to save resources and to strengthen service delivery and to be provided from an authorized center.

Materials and Methods: A 52-year-old woman presented to the emergency department of the district state hospital with complaints of nausea, vomiting and abdominal pain. Vital signs were BP:150/100, PLS: 110, Sat:96, PPBS:98. She did not describe active chest pain. She was diagnosed with Essential Hypertension and followed up with perindopril + indapamide (10 MG/2.5 MG) combination therapy which she was using irregularly.

Results and Conclusion: Although not all troponin elevations mean acute coronary syndrome, it is essential to rule out acute cardiac events in these cases. Accordingly, troponin levels should be monitored at periodic (3-4 hour) intervals and any increase should be monitored. Since primary health care institutions are limited in terms of capabilities and staff, it is essential that follow-up process is carried out in higher level facilities. ASKOM is a unit established with the proposal of the directorate and approval of the governorship to determine the coordination and service standards between the emergency departments of hospitals across the province and the provincial ambulance service.

Keywords: INTEGRATED DISTRICT STATE HOSPITAL, TROPONIN POSITIVE PATIENT



Pub No: OP-128

Interesting Diagnosis of HIV

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Introduction and Purpose: Human immunodeficiency virus (HIV) infection is seen with increasing frequency nowadays and the variety of clinical presentation makes the diagnosis difficult. Neurological complications are seen in 40-50% of patients diagnosed with Acquired Immunodeficiency Syndrome (AIDS), and in 10% of patients, the first complaint and findings are related to the nervous system. In autopsy series, the rate of central nervous system involvement varies between 75-90%. The virus can cause neurological involvement in the entire nervous system through direct effects or opportunistic infections.

Materials and Methods: A 50-year-old male patient presented to the emergency department with complaints of inability to speak, blurred consciousness and fever. In his anamnesis, it was learned that after the clouding of consciousness that started 15 days ago, he was completely unconscious for 3 days and had occasional fever. In the patient's vital signs, blood pressure: 100/70 mmHg Pulse: 65 beats/minute Saturation: 100% Fever: 37.1. Physical examination revealed unconscious, disorientated and uncooperative GCS score:10 aphasic and spastic and suspicious nuchal rigidity of the extremities. Examination of the patient was requested. Laboratory tests results Wbc:6070 Hb:12.7 pH:7.48 Crp:21, and Cranial CT: Multiple cranial lesions and surrounding edema were reported in imaging studies. The patient was consulted to neurosurgery, Cranial mass was not considered in the patient who was evaluated by neurosurgery, and hepatitis and HIV markers were recommended to be sent from the patient. Upon the result of HIV+ in the studied markers of the patient, cranial lesions were diagnosed as cerebritis secondary to HIV Considering leptomeningitis and abscess due to secondary infection. The patient was consulted to Infectious Diseases, started on HIV treatment and the patient was referred to the intensive care unit.

Results and Conclusion: HIV can affect both the central and peripheral nervous system and mimic all kinds of neurological diseases. Patients may present with a wide variety of clinical presentations such as headache, visual disturbances, paresis, ataxia, rapidly progressive dementia, and neuropathy. Since neurological involvement is the first finding in approximately 10% of patients, the first diagnosis can be made in neurology clinics. HIV should be considered in patients with neurologic findings whose diagnosis cannot be clarified.

Keywords: emergency room, hiv, confusion

Pub No: OP-129

Kounis Syndrome: An Allergic Acute Coronary Syndrome Due to a Scorpion Sting

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Introduction and Purpose: Kounis Syndrome is a confluence of acute coronary syndromes such as coronary spasm, myocardial infarction, and stent thrombosis, which is precipitated by allergic or hypersensitivity reactions and anaphylaxis. It is a consequence of mast cell activation. Our case report focused on a thirty-five-year-old patient with no preexisting medical issues who experienced chest pain and ST segment elevation on ECG following a scorpion sting. Taking into account the concomitant emergence of hypersensitivity or allergic reactions as well as acute coronary syndrome, Kounis Syndrome was considered.

Materials and Methods: A 35-yr-old female patient was presented with a complaint of vomiting and pain on her chest. It was ascertained that her symptoms began after a scorpion sting on the posterior side of the fourth finger of her right foot. She had no previous known comorbidities. The first ECG showed normal sinus rhythm. Control ECG taken when the patient's chest pain increased. Control electrocardiogram revealed ST segment elevations with cardiac arrhythmia. The patient was admitted to the coronary intensive care unit. Results of the coronary angiography revealed no abnormalities in the coronary arteries. A diagnosis of type 1 kounis syndrome was established for the patient. With the abatement of symptoms and no active complaints, the patient was discharged after seven days of care, with recommendation given.

Figure 1. The first ECG showed normal sinus rhythm

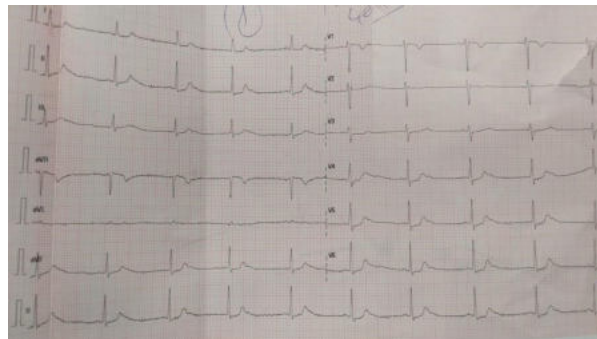
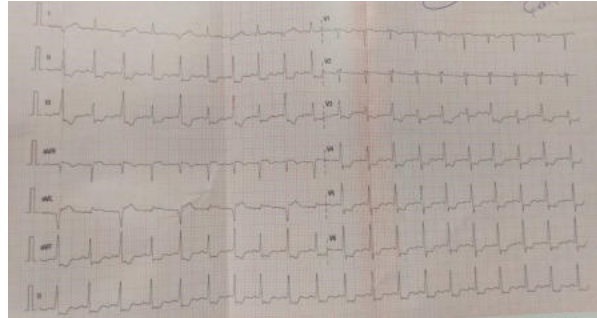


Figure 2. Control ECG taken when the patient's chest pain increased



Results and Conclusion: The presence of vasospasm and ST segment elevations on the ECG without elevated cardiac enzymes are consistent with the diagnosis of Type 1 Kounis Syndrome (72.6%) which is the most common form. Treatment of Kounis syndrome should be managed like acute coronary syndrome and anaphylaxis. Adrenalin should be administered selectively to patients due to its impact of augmenting the heart's oxygen demand and heightening the possibility of vasospasm and arrhythmia. Calcium channel blockers and nitrates are recommended to reduce vasospasm. Despite the obscure etiology of Kounis syndrome, the voluminous amount of cases reported in recent years indicates that it should be included in the differential diagnosis of acute coronary syndrome. Kounis syndrome should be kept in the mind when treating individuals who demonstrate acute coronary syndrome and concomitant allergic symptoms due to medication allergies or insect bites.

Keywords: Kounis syndrome, Acute coronary syndrome, Scorpion Sting



Pub No: OP-130

A predictive model can classify diabetes mellitus and determine the associated risk factors

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Introduction and Purpose: Diabetes mellitus is a chronic disease characterized by hyperglycemia. It may cause many complications. According to the growing morbidity in recent years, in 2040, the world's diabetic patients will reach 642 million, which means that one in every ten adults in the future is suffering from diabetes. Since the early symptoms of diabetes are not obvious and the relationship between symptoms and diabetes is complex, the self-diagnosis results based on patients' own experiences are not accurate. The process of Machine Learning is to train a computational algorithm for prediction based on a big dataset. Logistic regression is one of the machine learning models for predicting that can be used to find out the relationship between dependent and predictor-independent variables and control the confounding variables. The aim of this study was to determine the rate of effective variables in diabetes and the estimation of the logistic regression model for prediction.

Materials and Methods: In this work, we collected 520 patient records from the University of California, Irvine (UCI) machine learning repository of Sylhet Diabetes Hospital, Sylhet. The logistic regression method was used in the study to evaluate the relationship between the factors causing diabetes and for diabetes prediction modeling. Accuracy, balanced accuracy, sensitivity, specificity, positive predictive value, negative predictive value, and F1 score were used as performance evaluation criteria.

Results and Conclusion: Multivariate logistic regression analysis method related to factors predicting diabetes showed that; gender (female; $p < 0.001$; OR=77.570), polyuria (Yes; $p < 0.001$; OR=84.736), polydipsia (Yes; $p < 0.001$; OR=159.245), polyphagia (Yes; $p = 0.025$; OR=3.299), genital_thrush (Yes; $p = 0.001$; OR=6.447), irritability (Yes; $p < 0.001$; OR=10.389), and the partial_paresis (Yes; $p = 0.027$; OR=3.188) were independent factors for predicting diabetes. Logistic regression can be effective in predicting diabetes. It will be valuable for disease and preventive medicine applications for medical experts with this successful classification performance.

Keywords: Diabetes, Logistic regression, Prediction, Risk factors



Pub No: OP-131

How Is The Proper Transfer Of CBRN Patients With The 112 Ambulance?

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Introduction and Purpose: Exposure to Chemical, Biological, Radiological, and Nuclear (CBRN) agents in humans results in a broad range of effects, from minor injuries to death. It is crucial for the first responding healthcare team outside the hospital to transport those exposed to CBRN agents to a suitably equipped hospital and to inform the hospital in advance. People exposed to CBRN agents and those who will assist them must act carefully. When there is a suspicion of a CBRN exposure case, it is important for the intervention team to wear protective clothing and take measures for the case. In this study, the experiences in the pre-hospital and hospital stages of CBRN cases arriving at a tertiary hospital from the same incident via 112 emergency service and walk-ins have been shared.

Materials and Methods: The pre-hospital and hospital stages of patients admitted to the emergency room as CBRN (Chemical, Biological, Radiological, and Nuclear) cases were evaluated. The process of exposure to brake pad cleaning spray containing n-hexane, isopropanol, odorless LPG, and carbon dioxide affecting two people, three members of the 112 emergency team who went to this case without taking protective measures, and two individuals who were nearby the incident, for a total of seven people, was discussed.

Results and Conclusion: Those directly exposed to the substance had skin, respiratory system, and eye complaints. The rest had respiratory and skin complaints. Symptomatic treatment was started for all affected. Before being admitted to the emergency room, all patients had their clothes removed in the CBRN room. Their bodies were washed. They were then placed in isolated rooms in the emergency department. One case presented with skin complaints on the second day. After the second day, no patient had any complaints. CBRN case management is a process that needs to be coordinated both before and after the hospital. The team going to help in a CBRN case also needs to take precautions while going to the scene accordingly.

Keywords: emergency department, CBRN, ambulance service

Pub No: OP-132

A Rare Case; Wolf Parkinson White Syndrome

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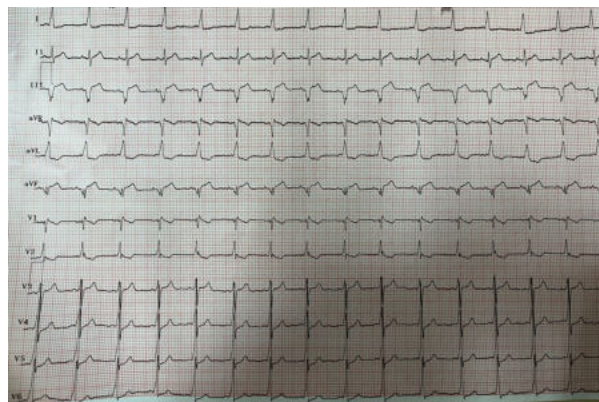
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Introduction and Purpose: Wolff-Parkinson-White (WPW) syndrome, first described by Louis Wolff, John Parkinson and Paul Dudley White in 1930, is a combination of congenital accessory pathway and tachyarrhythmia episodes. WPW syndrome is the combination of accessory pathway and tachyarrhythmia attacks. WPW has typical ECG findings characterized by short PR interval (<120ms), delta wave and wide QRS complex (>120ms) in sinus rhythm.

Materials and Methods: A 18-year-old male patient applied to the emergency department with complaints of palpitations and chest pain. He had no known comorbidities, but he had been intermittently having recurrent palpitation episodes. However, he had never admitted to a hospital for that. In the patient's examination, blood pressure was 126/71 mmHg, heart rate was 86, and oxygen saturation was 98. No pathological findings were detected in the systemic examination. An ECG was planned for the patient. In the ECG, the PR interval was short, the QRS wave was wide and in addition the Delta wave was observed. Thereupon, it was decided to study cardiac markers from the patient. There were no pathological findings in the blood tests performed. Cardiac markers were negative. The patient was consulted to the cardiology clinic for his current condition, Wolf Parkinson White syndrome. The patient was planned for elective ablation by the cardiology clinic. The patient was discharged from the emergency room to apply to the cardiology outpatient clinic.

patient's ECG





Wolff parkinson white syndrome

Results and Conclusion: Wolf Parkinson White syndrome is an important arrhythmia that causes mortality and morbidity over the years. Many patients with the WPW pattern are asymptomatic. Common symptoms of this syndrome occur due to arrhythmias manifesting as palpitations and syncope. There is a risk of sudden death, especially in symptomatic cases. In asymptomatic people, this risk is low and this rate is calculated as approximately 0.1% patient/year. Ventricular fibrillation was found to develop in 2.2% of symptomatic patients. In some patients, ventricular fibrillation may be the first manifestation of this syndrome. It has been determined that there is a 3-4% annual risk of sudden death in with symptomatic patient. Early diagnosis and intervention reduces morbidity and mortality in the patients with WPW syndrome.

Keywords: WPW, arrhythmia, dysrhythmia, short PR



Pub No: OP-133

A Case of Late-Onset Interstitial Lung Disease Due to Leflunomide Use

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Introduction and Purpose: Rheumatoid arthritis is an autoimmune disease-causing joint inflammation, and leflunomide (LEF) is a disease-modifying drug used to control it. However, LEF can lead to rare and severe side effects, including interstitial lung disease (ILD). We present a case of late-onset ILD due to LEF treatment for RA.

Materials and Methods: A-75-year-old male with a history of chronic obstructive pulmonary disease (COPD), diabetes, and previous prostatic adenocarcinoma, was admitted with dyspnea, cough, and fever. He had been using various medications, including LEF for 18 months. Despite regular bronchodilator use, his dyspnea worsened over the past four days. His initial vital signs showed low oxygen saturation, high heart rate, high blood pressure, and fever. Bilateral lung crackles were heard, but there were no joint deformities. Laboratory results indicated hyperglycemia and hypoxemia. A chest x-ray revealed lung opacities, and a chest CT confirmed interstitial lung involvement. The patient was diagnosed with drug-related ILD and hospitalized. His condition improved with treatment, including discontinuing LEF, administering azathioprine, high-dose steroids, and antimicrobial agents. Follow-up imaging showed regression of lung opacities.

Results and Conclusion: Notably, our case is unique as it exhibited late-onset lung involvement after 18 months of LEF use, contrasting with typical cases occurring within 20 weeks. LEF-ILD is a rare but potentially lethal side effect. Its incidence varies among populations, with higher rates in Korean and Japanese RA patients compared to Western populations. Leflunomide inhibits lymphocyte proliferation and antibody production, making it effective against RA. However, physicians should be vigilant when RA patients on LEF present with dry cough, dyspnea, fever, and elevated CRP levels. Imaging features include ground glass opacity, reticular densities, and honeycomb appearance. Risk factors for LEF-ILD include male gender, Asian descent, smoking, chronic RA, and pre-existing lung disease. In conclusion, physicians should consider drug-related complications, including LEF-ILD, in RA patients presenting with respiratory symptoms, even if the drug was initiated months before. Early recognition and prompt intervention are crucial to managing this rare but serious side effect

Keywords: Rheumatoid arthritis, leflunomide, interstitial lung disease

Pub No: OP-134

Synchronized Presentation of AVNRT in a Mother and Daughter: A Case Report

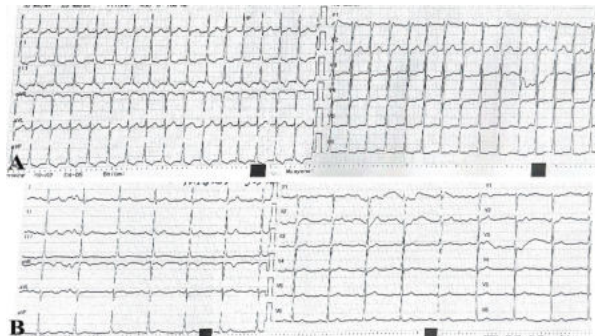
Muhammet Rasit Kilic¹, Selma Yilmaz Yerebasmaz¹, Aslihan Delice¹, Büsra Karakurt¹, Pinar Genc¹, Metin Ocak¹, Metin Yadigaroglu¹, Murat Yucel¹, Murat Guzel¹

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Introduction and Purpose: Atrioventricular Nodal Reentrant Tachycardia (AVNRT) is a common form of supraventricular tachycardia. AVNRT is a reentrant tachycardia involving the atrioventricular node, typically presenting with palpitations, dizziness, and anxiety. The aim of this report is to investigate the potential hereditary component of AVNRT and discuss the implications for genetic evaluation and management.

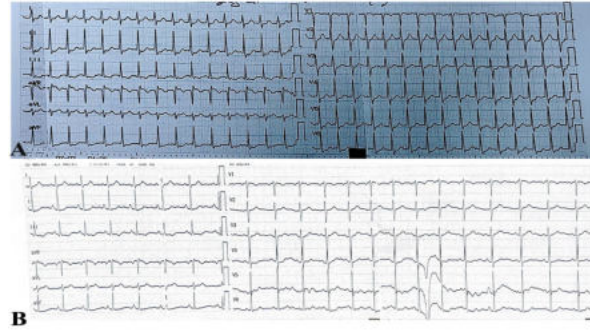
Materials and Methods: This case report presents a rare occurrence of a 54-year-old mother and her 19-year-old daughter presenting simultaneously at the Emergency Room with palpitations. Both patients were diagnosed with AVNRT based on their electrocardiograms (ECG)(Figure1A and Figure2A) and were successfully treated with adenosine. Adenosine was administered intravenously, successfully restoring sinus rhythm(Figure1B and Figure2B).

Figure 1



A:Mother's 12 lead ecg: supraventricular tachycardia (probably avnrt).Narrow rhythmic qrs complexes. Rate about 180. There is no p wave before qrs. There are p waves after qrs complexes at V1-3 leads. B:Mater'se second ecg after adenosine administration. Normal sinus rythm

Figure 2



A: Daughter's first ecg shows supraventricular tachycardia (avnrt). B: Daughter's second ecg after adenosine administration

Results and Conclusion: The synchronized presentation of AVNRT in both patients, along with electrophysiological evidence of dual atrioventricular nodal pathways, supports the possibility of a hereditary component. The findings underscore the importance of genetic evaluation and testing in familial cases of AVNRT to identify specific gene mutations and facilitate personalized management strategies

Keywords: adenosine, AVNRT, emergency medicine, supraventricular tachycardia

Pub No: OP-135

Crimean-Congo Hemorrhagic Fever

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¹Bezmialem Vakif University

Introduction and Purpose: Crimean-Congo hemorrhagic fever (CCHF) is a tick-borne disease described in more than 30 countries in Europe, Asia and Africa. After a short incubation period, CCHF is characterized by a sudden onset of high fever, chills, severe headache, dizziness, back, and abdominal pains. In severe cases, hemorrhagic manifestations, ranging from petechiae to large areas of ecchymosis, develop. There is currently no specific treatment for CCHFV infection

figure



197 mm enlargement in the liver, diffuse edematous gallbladder wall thickening, 13 mm stone in gallbladder lumen and intermediate level intra-abdominal fluid)



Materials and Methods: A 46-year-old male was admitted to the ED with nausea, vomiting and diarrhea. He went to the other hospitals emergency departments 4 times with a complaint of fever due to sunstroke that happened 1 week ago. He said that he had been defecating black colored stool for 4 days. We found out that he had removed a tick 1 week ago. There was no distinctive feature in his medical history. On physical examination, there were multiple purple ecchymosis on the body and black stool was present with digital rectal examination. In the laboratory; WBC count was 5.88, C-reactive protein was 41.89 mg/L, urea was 58 mg/dl, hemoglobin value was 10.8 g/dl, the platelet count was 16 /uL. PT was 13.3 sec., activated partial thromboplastin time was 48 sec. and the INR value was 1.18. Abdominal contrasted computed tomography showed 197 mm enlargement in the liver, diffuse edematous gallbladder wall thickening, intermediate level intra-abdominal fluid. Patient transferred to an intensive care unit

Results and Conclusion: Crimean-Congo hemorrhagic fever is the most important tick-borne viral disease of humans. The geographical distribution of . corresponds most closely with the distribution of members of the tick genera, and Hyalomma ticks are the principal source of human infection(4).CCHF is a medical emergency, so its important to recognize its symptoms right away. The initial symptoms are common to other infectious syndromes with fever, headache, myalgia and gastrointestinal symptoms. The hemorrhagic syndrome occurs during the second phase with sometimes major bleeding in and from the mucous membranes and the skin. Treatment options for CCHF are limited. Immunotherapy and ribavirin have been tried with varying degrees of success during sporadic outbreaks but no licensed vaccines or specific antivirals exist to treat CCHF.

Keywords: Crimean-Congo, Emergency, Hemorrhagic Fever

Pub No: OP-136

Full Neurological Survival in an Elder Patient With Accidental Hypothermia

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Introduction and Purpose: Accidental hypothermia is an involuntary drop in core temperature below 35°C and can often be associated with significant morbidity and mortality. Several causes may induce hypothermia including increased heat loss, impaired thermogenesis, multifactorial, metabolic-endocrine-neurologic disorders, sepsis, shock, trauma. External and internal rewarming methods including ECMO have been described in the literature. HOPE score may be used to predict outcome in hypothermic patients. Here, we aimed to present a case of accidental hypothermia who survived with full neurological recovery after prolonged cardiopulmonary resuscitation.

Materials and Methods: An 80-year-old woman with Alzheimer's disease and living alone, was brought to the ED with syncope. On arrival, GCS was 11 (E4M5V2). The vital signs were: blood pressure of 122/77 mmHg, heart rate of 65/min, body temperature of low (unmeasurable), oxygen saturation of 95%. ECG showed sinus bradycardia with Osborn waves. We started to rewarm the patient with intravenous fluids and external heating methods. There were no pathologic findings in brain, thorax and abdomen CT. During follow-up, the patient was unresponsive to atropine and cardiac arrest occurred. CPR was performed for 60 minutes and ROSC was provided. She was transferred to critical care unit (CCU). The patient's initial recorded body temperature in the CCU was 26°C. Osborn waves have vanished once the body's temperature normalized. The patient was extubated on the third day and was discharged from the CCU with a CPC score of 1.

Results and Conclusion: Accidental hypothermia may be mortal especially in patients with advanced age as well as the severity of the hypothermia. According to the HOPE score, the patient's survival probability was 78%. Even though ECMO is a preferred method for rewarming, it is not recommended in patients with a body temperature < 30°C, suspicion of major trauma and existence of major comorbidities which are not compatible with a good quality of life. Therefore, we decided to continue with conventional CPR until the patient's body temperature becomes >30°C. During that time, we achieved ROSC and continued with providing postROSC care. With prompt initiation and prolongation of resuscitatory efforts full neurological outcome can be achieved even in elderly patients with hypothermia.

Keywords: hypothermia, rewarming, HOPE score, prolonged resuscitation

Pub No: OP-138

Intracranial Bleeding In Methanol Intoxication Cases

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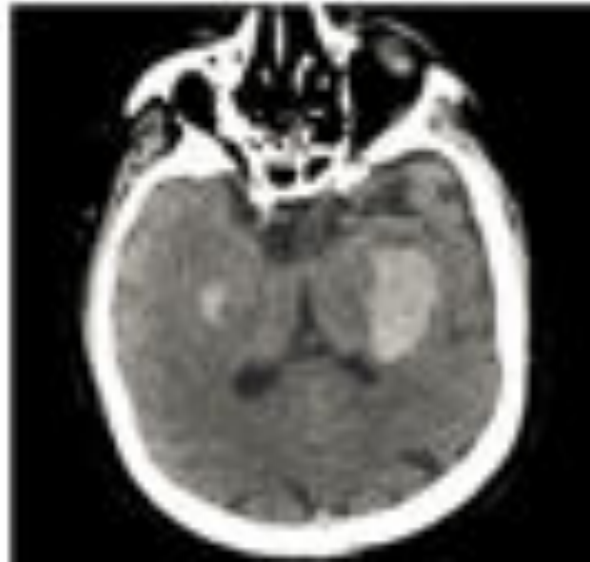
Introduction and Purpose: Methyl alcohol, which is mainly used in the industrial industry, has also been widely used in our country to obtain cheap drinks. It is a colorless, volatile liquid with a distinct odor. Even 8-10 ml of methanol taken into the body from outside is toxic. Approximately 25-30 ml of methanol can lead to intoxication, which can cause permanent blindness, and ingestion of 1 ml/kg or 100 ml of methanol is fatal. Of course, the best method for the definitive diagnosis of methyl alcohol poisoning is blood methanol level measurement. >20 mg/dL is toxic. >50 mg/dL causes severe central nervous system toxicity and 150-200 mg/dL is fatal. In emergency departments, if metabolic acidosis cannot be explained by any reason, poisoning should be considered and methanol poisoning should be a priority among the diagnoses considered. In these patients, putaminal necrosis and intracranial hemorrhage (SAH, putaminal intraparenchymal hemorrhage) may develop.

Materials and Methods: A 50-year-old male patient has a history of continuous home-made alcohol consumption. He had a history of drinking alcohol and sleeping before presenting to the emergency room. The patient, who had visual impairment and confusion after waking up, was brought to the hospital by 112 Emergency Ambulance Service. The patient's anamnesis, examination findings and first blood gas suggested methanol intoxication in the patient. The patient was electively intubated after the initial evaluation. The methanol value measured during ICU admission was: 194 mmol/L. The patient was considered to have died on the 4th day of methanol intoxication after ICU admission.

picture 1: bilateral hemorrhage in the basal ganglia



picture 2: bilateral hemorrhage in the basal ganglia



Results and Conclusion: Putaminal necrosis and intracranial hemorrhage, which are rare, may develop in patients with suspected methanol intoxication. Intracranial bleeding should be kept in mind in patients diagnosed with methanol intoxication in the emergency department.

Keywords: methanol intoxication, emergency department, intracranial hemorrhage



Pub No: OP-139

Nonischemic Troponin Elevation in A Patient with Hypothermia

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Introduction and Purpose: Hypothermia is defined as a body temperature below 35°C. It is classified as mild, moderate, severe and profound. It can cause significant morbidity and mortality by affecting many systems such as cardiovascular, renal, respiratory and central nervous systems. In this case report, we will discuss the increase in troponin levels in a patient with hypothermia.

Materials and Methods: A 25-year-old female patient presented to the emergency department with chills, shivering and widespread muscle pains after standing in chilly water for about 6 hours during a flood disaster. In the anamnesis, it was learned that the patient did not have any chest pain. It was learned that the patient had no known disease and was not taking regular medication. When the patient arrived, his temperature was 34.5°C. Other vital signs were normal. On physical examination, GCS was 15 and there was a slight tendency to sleep. Other physical examination revealed no pathologic findings except for abrasions in various parts of the body. ECG of the patient showed normal sinus rhythm. No cardiac ischemic findings or hypothermia were found on ECG. Troponin value was 41.4pg/mL (upper value 15.60 pg/mL) and CK-MB: 32 U/L in laboratory tests. After the patient was warmed up, the control temperature was measured as 36.2. In the control examination, it was observed that the tendency to sleep regressed and neurologic examination was normal. Troponin value taken at the second hour in the control examinations: 176.3 pg/mL CK-MB: 24 U/L was measured. No deterioration was detected in other values except for elevated CK. Echocardiography performed on the patient did not reveal any wall motion restriction. Contrast-enhanced aortography did not reveal any aortic dissection. Control ECGs again showed no ischemic findings. The 4-hour troponin value was 181.5 pg/mL. The patient was discussed with the cardiology department for follow-up and internationalization was ensured.

Results and Conclusion: At body temperatures below 32°C, Osborn waves are seen at the QRS and ST segment junction on the ECG. The prominence of Osborn waves is directly proportional to the severity of hypothermia. In addition, increases in CK-MB and troponin values are observed in patients who develop cardiac ischemia due to hypothermia.

Keywords: Hypothermia, Troponin, Ischemia

Pub No: OP-140

Decreased Pain Perception And Self Destruction In Schizophrenia

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Introduction and Purpose: Pain perception of schizophrenia patients decreases and emotional expression of the pain changes. Failed pain sensitivity can lead to delay for diagnose and treatment of diseases and even increased mortality and morbidity in schizophrenia patients. Also variable pain perception can be an important factor to self destruction or to other people.

Materials and Methods: 61 yeras old male patient who had diagnoze of schizophrenia with agressor behaviour attacked to everyone in their village. Eventually the patient injured himself first to his chest and than neck with knife. The knife was sticked upto handle into his neck just right side of the trachea. Also there were 8 cutts each one about 2-3cm at the lateral side left breast. Contrast CT of brain, neck, thorax and abdomen were taken. Carotis CT angiography was taken. Imaging results showed that the knife was sticked to the sixth cervical vertebrae, passed throught right transverse process and foramen transversarium. So right common carotid artery and thyroid gland were injured. Hemopneumothorax was determined at left side. Subcutan emphysema was present at left chest wall. The patient was transferred to the another hospital which had 3rd level intensive care unit and operated by cardiovascular surgeon there. Common carotid artery injury was recovered and knife was taken out from his neck. He was extubated at 8th day and transferred Psychiatry service at 15th dat with GCS 15.

Results and Conclusion: It must be taken into consideration that pain tolerance can be very high like in our case and this situation may lead to increase possibility of self injuries or for other people.

Keywords: schizophrenia, pain perception, self destruction, self injury

Pub No: OP-141

Save the doctor and the nurse

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Introduction and Purpose: COVID-19 has exposed the weakness in a largely privatized, profit driven health-care business, soaked neck deep in corruption both within and without the so called noble health care system. This is likely to have stemmed from years of under-funding of health care. Although there are a few unscrupulous, unethical black sheep within the medical community, there are many who have dedicated themselves to serve patients with their heart and soul. Some form of media have been consistently sensationalizing and exaggerating physician errors and corruption while not throwing light upon the systemic errors that have lead to business men who make the big bucks in private health care while the doctor is made the face of it!

Materials and Methods: Through the power of poetry and a strong narrative, supported by Dr. Timms who is an expert in medical ethics and guidance of Mrs. Manjulika Vaz, head of health and humanities division, a reflective narrative using prose was written about the multiple ethical issues mentioned above. The article was reviewed and reflections from both mentors are included

Results and Conclusion: I choose not to strike with rage, But to write my thoughts in prose, As they often wisely say, The pen is mightier than the sword! Urban Doctors and Nurses, Are like construction site labour, They toil to build other's homes, Yet face the angry neighbour. The boss spends countless bucks In building a fancy marble structure, But nothing is done for the frontline men If the safety harness should rupture. The boss never treats patients himself; Drives his Benz donning an Armani suit, Then Plays the Health care business, In his office with all of the loot! we should sit back, introspect, Percuss, palpate, and also inspect Are things any different In under served rural lands, Where both healing and billing Is entirely in our hands? Maybe the village is dusty and drab; No Armani, no Mercedes Benz; But you'll get a good night's sleep With the hard-earned two petty pence! Maybe the rural folk'll welcome you, Or maybe they'll shut their doors, But you can't savour the sparking seas, By simply sitting at the shores! So no point in grumbling and crying, Either dive in or simply die trying! Be a lion outside your urban comfort cave. Heaven whispers fortune favours the brave!

Keywords: medical ethics, save the doctor, save the nurse, healthcare business, burnout and wellness



Pub No: OP-142

The effect of the COVID 19 pandemic on the number of judicial case applying to emergency department

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¹Nevşehir Devlet Hastanesi

Introduction and Purpose: In order to reduce the contagiousness of the disease during the COVID-19 (Coronavirüs disease-2019) pandemic period, there have been restrictions on people's going out in many countries. In this study, it was investigated whether there was an effect on the number of forensic cases admitted to the emergency department with the transition of people to a more passive lifestyle.

Materials and Methods: This study was carried out by retrospectively scanning the patients who were registered as forensic cases in the emergency department between 01.01.2018 and 31.12.2022 in a secondary level state hospital through the hospital electronic data.

Results and Conclusion: During the five year period in which the study was analyzed, it was seen that there were 63061 patients with a forensic case record in the emergency department. When the distribution of the patients according to the years was made, it was seen that the least number of cases were in 2020 and the highest number of cases were in 2022 (Figure 1). The distribution of patients by months and years is given in Figure 2. According to the table, there has been a significant decrease in the number of cases since March 2020, when the pandemic was declared and the restrictions began. When compared with other years, it is seen that the number of cases in 2020 is lower. Forensic cases have an important place in emergency service applications. In this study, we have seen that the number of forensic case applications admitted to the emergency department during the pandemic period has decreased. Although it is predicted that the rate of forensic cases will decrease with the effect of social restrictions in general, it is predicted that the psychological state disorder caused by the pandemic may also cause an increase in the rate of forensic cases. Therefore, more research on the subject should be done.

Figure 1. Number of patients evaluated as forensic cases by years

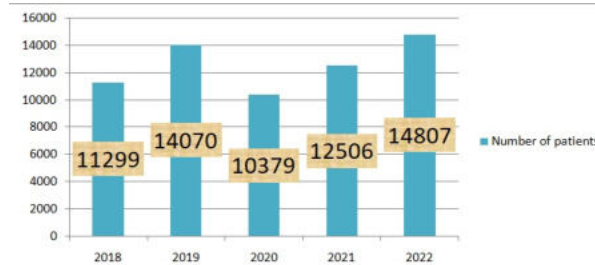


Figure 2. Number of forensic cases admitted to the emergency department between 2018-2022.

Month/Year	2018	2019	2020	2021	2022
January	830	836	948	908	840
February	868	809	778	841	899
March	1022	1061	690	1039	1023
April	812	928	469	945	853
May	800	969	651	972	1493
June	1025	1030	895	1060	1607
July	1103	1335	1029	1131	1330
August	1093	1292	964	1173	1444
September	904	1385	994	1076	1681
October	957	1617	1080	1169	1270
November	970	1391	992	1094	1074
December	915	1417	880	1098	1293
Total	11299	14070	10379	12506	14807

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Keywords: COVID-19, Emergency Medicine, Forensic Medicine, Pandemic



Pub No: OP-143

FROM ACUTE CORONARY SYNDROME-LIKE FINDINGS TO MULTI-DRUG INTOXICATION

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Introduction and Purpose: Drug intoxication is the inadvertent or conscious ingestion of a single drug or multiple drugs into the human body for the purpose of suicidal or harming. Intoxication findings can be encountered with all kinds of pathological conditions that may come to mind. can be reached.

Materials and Methods: A 22-year-old female patient has no known disease and no history of drug use. He was brought to the emergency room by his own family with the complaint of fainting. On the patient's arrival, the general condition was poor, saturation: 92%, pulse: 130, arterial blood pressure: 50/30 mmhg, temperature was 37.2 C. On physical examination, GKS 13. General system examinations were normal, the patient was somnol. depressions were present (fig. 1). In his examinations, there was no significant finding except the pH: 7.22 in the blood gas. Cardiology axis was not considered in the patient for whom cardiology consultation was requested in terms of acute coronary syndrome with ECG findings. In the anamnesis taken from the relatives of the patients who came to the ED later, it was learned that empty medicine boxes were seen in the patient's room. 20 ecopirin 100 mg tablets, It was learned that she drank 10 dolorex 50 mg tablets and 50 coversyl 10 mg tablets. 114 poison hotlines were called quickly, 114 poison hotline recommendations and gastric lavage were applied to the patient, and activated charcoal was administered by nasogastric route. The patient, who needed level 3 intensive care with the current laboratory and clinical picture, was admitted to the intensive care unit of the anesthesia and reanimation clinic.

Figure 1



Results and Conclusion: Drug intoxications are caused by the active substance, interaction, etc. of the drugs. Considering its characteristics, it should be kept in mind that it can be encountered with every conceivable pathology on the human body, and that detailed anamnesis is vital in suspicious cases.

Keywords: Multi-Drug Intoxication, Acute Coronary Syndrome-Like Findings



Pub No: OP-144

Prognostic Value of Basal De Ritis Ratio in Patients With COVID-19

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Introduction and Purpose: COVID-19 infection can affect many systems, although it primarily affects the respiratory system. Elevations in liver enzymes are observed both during the course of COVID-19 disease and due to drugs. De Ritis ratio, which is defined as the ratio of aspartate aminotransferase (AST) to alanine aminotransferase (ALT), is generally defined for etiology research in liver diseases, but there are studies showing that it can be used in many different illnesses. In this study, we aimed to investigate the prognostic value of De Ritis ratio in COVID-19 patients

Materials and Methods: Patients hospitalized with the diagnosis of COVID-19 will be included in the study. The patients' files and electronic media records will be reviewed retrospectively. De Ritis ratio will be calculated from the laboratory results of the patients. The relationship between intensive care unit (ICU) admission and 6-month mortality of patients with De Ritis ratio will be evaluated.

Results and Conclusion: 4886 patients were included in the study. It was determined that the death group was older and the male patients were higher (74.2±11.3 vs 59.9±15.8 p<0.001 for age; 61.3% vs 47.2% for gender, p<0.001). A similar situation was observed for patients hospitalized in the ICU (69.5±13.7 vs 60.4±16 p<0.001 for age; 60.3% vs 47% p<0.001 for gender). It was observed that comorbid diseases were higher in both the death group and the ICU group. Also blood parameters were significantly worse in the death group and the ICU group. In addition, it was observed that the rate of Ritis was higher in those with poor outcome in both groups. For survival analysis, patients were divided into 3 classes according to Ritis ratio (Class 1: patients with ratio ≤1, Class 2: ratio 1-4, Class 3: ratio ≥4). In the Kaplan-Meier analysis, it was observed that the survival decreased as the de Ritis ratio increased (p<0.001). In our study, de Ritis ratio was found to be significant in both ICU admission and 6-month mortality in COVID-19 disease. For this reason, the evaluation of this ratio, may be helpful in determining the groups with high risk for mortality.

Figure-1: Kaplan-Meier survival analysis at 6-month mortality according to de Ritis classification

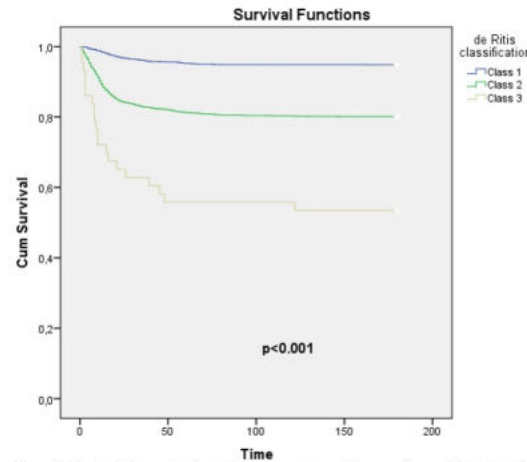


Figure-1: Kaplan-Meier survival analysis at 6-month mortality according to de Ritis classification

Table-1: Baseline demographic data by death and intensive care unit admission

Variables	Death + (n=641)	Death - (n=4245)	P	ICU + (n=759)	ICU - (n=4127)	P
Age (years)	74.2±11.3	59.9±15.8	<0.001	69.5±13.7	60.4±16	<0.001
Gender (male)	393 (61.3)	2004 (47.2)	<0.001	458 (60.3)	1939 (47)	<0.001
HT (n, %)	421 (65.7)	2024 (47.7)	<0.001	458 (60.3)	1987 (48.1)	<0.001
DM (n, %)	196 (30.6)	1141 (26.9)	0.052	229 (30.2)	1108 (26.8)	0.062
CAD (n, %)	202 (31.5)	843 (19.9)	<0.001	230 (30.3)	815 (19.7)	<0.001
HF (n,%)	71 (11.1)	170 (4)	<0.001	75 (9.9)	166 (4)	<0.001
COPD (n, %)	145 (22.6)	495 (11.7)	<0.001	138 (18.2)	502 (12.2)	<0.001
PCR positive (n, %)	475 (74.1)	3075 (72.4)	0.378	567 (74.7)	2983 (72.3)	0.169
CT positive (n, %)	630 (98.3)	3825 (90.1)	<0.001	736 (97)	3719 (90.1)	<0.001
Glucose (mg/dL)	183±71	149±67	<0.001	176±65	150±68	<0.001
Creatinine (mg/dL)	1.29 (0.96-1.99)	0.85 (0.72-1.05)	<0.001	1.14 (0.82-1.76)	0.86 (0.73-1.06)	<0.001
AST (U/L)	54 (35-101)	32 (24-44)	<0.001	50 (34-92)	31 (24-43)	<0.001
ALT (U/L)	36 (22-72)	31 (22-48)	<0.001	40 (25-73)	31 (21-47)	<0.001
Albumin (g/L)	3.2±0.5	3.8±0.5	<0.001	3.2±0.5	3.8±0.5	<0.001
INR	1.16±0.32	1.16±0.49	0.24	1.16±0.38	1.16±0.48	0.238

ALP (IU/L)	88 (67-115)	78 (62-101)	<0.001	88 (67-116)	78 (62-101)	<0.001
GGT (U/L)	50 (30-92)	37 (23-64)	<0.001	55 (33-98)	36 (23-61)	<0.001
Indirect bilirubin (mg/dL)	0.40 (0.26-0.56)	0.37 (0.28-0.50)	0.002	0.39 (0.27-0.53)	0.37 (0.28-0.50)	0.018
Total bilirubin (mg/dL)	0.74 (0.52-1.06)	0.56 (0.40-0.75)	<0.001	0.70 (0.50-0.97)	0.56 (0.40-0.75)	<0.001
Hgb (g/dL)	12.49±2.61	13.35±1.69	<0.001	12.5±2.43	13.37±1.70	<0.001
WBC (10 ³ /μL)	10.57 (7.63-13.83)	6.83 (5.30-8.79)	<0.001	9.97 (7.43-13.12)	6.80 (5.28-8.77)	<0.001
CRP (mg/L)	97 (57-146)	31 (11-62)	<0.001	84 (46-138)	31 (11-61)	<0.001
Lactate (mmol/L)	2.81 (2.18-3.70)	2 (1.60-2.60)	<0.001	2.73 (2.15-3.49)	2.0 (1.56-2.57)	<0.001
Ferritin (ng/mL)	630 (310-1171)	234 (103-472)	<0.001	618 (285-1140)	230 (102-453)	<0.001
De Ritis ratio	1.48 (1.09-1.95)	1.0 (0.75-1.31)	<0.001	1.27 (0.94-1.76)	1.0 (0.76-1.33)	<0.001

Abbreviations: ICU: intensive care unit, HT: hypertension, DM: diabetes mellitus, CAD: coronary artery disease, HF: heart failure, PCR: polymerase chain reaction, CT: computerized tomography, AST: aspartate aminotransferase, ALT: alanine aminotransferase, INR: international normalized ratio, ALP: alkaline phosphatase, GGT: gamma glutamyl transferase, Hgb: hemoglobin, WBC: White blood cell count, CRP: c reactive protein

Keywords: de Ritis ratio, COVID-19, prognosis



Pub No: OP-145

Collision of Catastrophes: a Rare Mix of Ischemic and Hemorrhagic Strokes in an Elderly Patient

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Introduction and Purpose: Introduction: The simultaneous occurrence of ischemic and hemorrhagic strokes in a single patient, while exceptionally rare, unveils a unique and intricate medical phenomenon. Ischemic strokes are typically triggered by the occlusion of cerebral vessels, resulting in inadequate perfusion and subsequent tissue damage. In contrast, hemorrhagic strokes stem from vascular rupture, leading to intracranial bleeding. This case report showcases a complex and challenging instance where an elderly patient experiences both stroke types concurrently.

Materials and Methods: Case: A 74-year-old man with a history of hydrocephalus, hypertension, and diabetes was admitted to the emergency department (ED) with right lower extremity weakness persisting for two days. Neurological examination revealed 3/5 motor deficits and right-sided facial asymmetry. Upon admission, vital signs were normal, and an echocardiogram indicated a sinus rhythm of 82 beats per minute. After initial assessment, the patient was transferred to the radiology unit for neuroimaging. A non-contrasted brain CT revealed a hemorrhagic lesion at the right paramedian pons. Given the incongruity between the physical examination findings and the location of bleeding, a diffusion-weighted imaging (DWI) MRI was subsequently ordered. The DWI-MRI unveiled an infarction in the region of the left-sided basal ganglia. This unexpected revelation prompted collaboration among neurology, neurosurgery, and critical care specialists. Consequently, the patient was admitted to the intensive care unit for further management. Discussion: Thorough neurological examination and accurate interpretation of neurological imaging are imperative for a precise diagnosis in patients presenting with stroke symptoms in the ED. In our case, the initial radiological CT findings did not align with the clinical presentation. Consequently, DWI-MRI scans were ordered and illuminated the concurrent diagnosis that correlated with the primary clinical scenario.

Results and Conclusion: In conclusion, emergency physicians should remain vigilant for such uncommon and simultaneous conditions. The ability to recognize atypical presentations and promptly employ advanced imaging techniques can significantly enhance diagnostic performance and guide effective patient management.

Keywords: Hemorrhagic ischemic stroke



Pub No: OP-146

Purple Urine Bag Syndrome: A Rare Clinical Case in Emergency Departments

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Introduction and Purpose: Purple urine bag syndrome (PUBS) is a very rare condition, especially in emergency departments, and when seen, it is met with interest. It is generally being elderly, female (short urethra), immobilization, prolonged urinary catheter, constipation, and chronic renal failure are causative factors. Escherichia coli, methicillin-resistant Staphylococcus aureus, group B streptococcus, and Enterococcus spp are the most commonly implicated bacterial species. PUBS results from bacteria metabolizing tryptophan breakdown products to release red and blue pigments. Contact of these pigments with a plastic urine bag containing polyvinyl chloride produces a purple color. Controlling the underlying risk factors, urinary catheter replacement and antibiotherapy are the measures to be taken to treat PUBS. This presentation aims to help clinicians understand the causes of a patient presenting to the emergency department with purple urine and to review the relevant literature.

Materials and Methods: An 87-year-old woman was admitted to the emergency department with complaints of purple color in the urinary bag. Physical examination revealed no pathology except purple colored urine in the urinary bag (Figure-1). Known diseases included colon cancer, coronary artery disease and multiple colonoscopies. It was also learned that the patient was immobile and was followed up at home with a urinary catheter. In the blood tests of the patient: CRP: 9.37 mg/dL, leukocytes: 14.29x10³, hemoglobin: 7.8 g/dL. Complete urinalysis microscopy: 57 erythrocyte, 80 leukocyte, 11 bacteria, +3 leukocyte/ul, +1 erythrocyte/ul. The patient was consulted to infectious diseases for urinary tract infection. Infectious diseases recommended Cefixime 400 mg 2x1 tablet empirically. Escherichia coli growth was observed in the urine culture of the patient, it was observed that the purple urine started to return to normal gradually and it was learned that she was recommended to continue antibiotherapy.

Figure-1



The patient's purple colored urinary bag on admission to the emergency department

Results and Conclusion: Our patient was an 87-year-old, immobile, female, easily diagnosed patient with multiple etiologic factors. Conditions that could cause purple urine were excluded in the patient's anamnesis and treatment was started rapidly and the current condition was corrected. However, we presented this case to you as a reminder of how emergency physicians should act when they encounter this clinical situation, which is not very common.

Keywords: Purple urine bag, Escherichia coli, Urinary Tract Infection



Pub No: OP-147

DIABETIC KETOACIDOSIS AFTER SNAKE BITE: A CASE REPORT

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Introduction and Purpose: Snakebite is an environmental and occupational public health problem that causes widespread mortality and morbidity worldwide, especially in rural areas. Snake bite incidents generally occur in rural areas of tropical climate, but there is a lack of data due to inadequate reporting and hospital admissions. In this case report, we aimed to present a case of diabetic ketoacidosis (DKA) after snake bite.

Materials and Methods: A 75-year-old man was admitted to the emergency department with the complaint of snake bite on the left cruris. The patient had two tooth marks in the anterolateral region of the left cruris and the surrounding area was erythematous and minimally edematous. The patient stated that the swelling and redness were caused by biting and did not increase afterwards. Other than that, no pathology was found on physical examination. The patient's vital values at admission were blood pressure 126/85 mmHg, temperature 36.3°C, pulse rate 86/minute, oxygen saturation 96%. On physical examination, there was a locally moist area in the anterolateral region of the left cruris. It was learned that he had diabetes mellitus (DM). Fingertip spot blood glucose was measured as 255mg/dL. The patient was admitted to the toxicology and pain unit for follow-up. Tetanus prophylaxis, 1g paracetamol, 1 mg/kg dose of methylprednisolone, 45.5mg pheniramine were administered. In the follow-up of the patient, it was found that his orientation was disoriented and personality change was observed. It was observed that the edema in the anterolateral left cruris expanded proximally and erythema increased. The patient underwent 4 vial of antivenoma due to the development of neurotoxicity as a systemic finding and increased local findings. Control spot blood glucose was 496mg/dl and control blood gas examination showed pH: 7.26, bicarbonate (HCO₃): 18.8mmol/L, lactate: 18 mmol/L, glucose: 445 mg/dl. Ketone positivity was detected in complete urine examination. DKA was diagnosed and hydration and insulin treatment was started. The patient was consulted to the endocrinology department. The patient was then hospitalized in the reanimation intensive care unit.

Results and Conclusion: Attention should be paid to neurotoxicity after snake bite in diabetic patients and differential diagnosis of this neurotoxicity should be made.

Keywords: Snakebite, Diabetic ketoacidosis, Hyperglycemia, Neurotoxicity



Pub No: OP-148

The Complication Of The Frequent Disease Is Also Common

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Introduction and Purpose: Cholecystitis means inflammation of the gallbladder. Acute cholecystitis predominantly occurs as a complication of gallstone disease and typically develops in patients with a history of symptomatic gallstones. Perforation of the gallbladder occurs in about 10 percent of cases and is usually seen in patients with a delay in diagnosis or unresponsive to initial therapy. The perforation is often localized and occurs in the fundus of the gallbladder after the development of gangrene. The resulting pericholecystic abscess can be palpated and visualized on abdominal computed tomography. Less commonly, there is free perforation of the peritoneum, which leads to generalized peritonitis and is associated with high mortality.

Materials and Methods: A 48-year-old male patient comes to the emergency department with abdominal pain. In his history, it is learned that abdominal pain has continued for 1 month, is in the right upper quadrant, increases after meals and decreases after a few hours, but continues with increasing severity for a week. Accompanying nausea, vomiting and fever complaints started to occur within a day. It is learned that he has no disease, allergy history and drug use in his history. In his vitals, fever: 37.8 degrees outside the natural limits. In the systemic examination, tenderness and defense in the right upper quadrant and Murphy positivity are observed. WBC in the blood of the patient whose perforation was not detected in the X-ray: No pathology was detected except 23600 mcg/L (84% Neu), and in the contrast CT of the abdomen taken when the pain spreads to all quadrants, edema in the gallbladder wall and contamination around it, as well as air densities in the lumen and around the sac, are observed and perforation is considered. The patient evaluated by general surgery is interned in the same clinic to be operated.



Results and Conclusion: Acute cholecystitis has a high course in our society in correlation with the intense observation of incidental gallbladder stones. Mortal clinics such as emphysematous cholecystitis and perforated cholecystitis can be observed at a high rate in untreated or late diagnosed acute cholecystitis cases. These preliminary diagnoses should not be overlooked in patients with accompanying systemic findings and appearing toxic.

CT image



Keywords: perforation, gallbaldder

Pub No: OP-149

A Case of Toxic Shock Syndrome: A difficult diagnosis

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Introduction and Purpose: Upon awakening, a previously healthy 30-year-old man experienced intense shivering, overall discomfort, and diarrhea. A day later, he sought medical attention at the Emergency Department. He has a history of a persistent scar on his right anterior tibia. About a week prior, he had vigorously scratched the scar area due to discharge, resulting in bleeding. He cleaned the wound using cotton. Following this, two days before his presentation, a plastic surgeon performed wound debridement and extracted a foreign object from the wound. Upon admission, his condition was notable for a high temperature of 40.1°C, a rapid pulse rate of 140 bpm, low blood pressure at 80/50 mm Hg, a respiratory rate of 22/min, and 100% oxygen saturation using a 10-L reservoir mask. His Glasgow Coma Scale score was E4V5M6, indicating his level of consciousness. Physical examination revealed widespread redness of the skin (macular erythroderma) and inflammation of the eyelids and conjunctiva (blepharoconjunctivitis). Laboratory tests displayed significant inflammation, evident through a high white cell count of 13,500/ μ L and a C-reactive protein level of 182 mg/L. Elevated levels of urea and creatinine, which improved with fluid infusion, indicated possible kidney involvement due to shock.

Rash in Toxic Shock Patient



Materials and Methods: Notably, other laboratory assessments, including liver function tests, showed no abnormalities. In response, aggressive fluid resuscitation was initiated, along with the administration of norepinephrine and meropenem (at a dose of 3 g/day). However despite noradrenaline and fluid resuscitation the MAP stayed fairly low. In ICU *S. hominis* was cultivated which confirmed the diagnosis



Results and Conclusion: Toxic shock syndrome is an infrequent yet extremely serious condition induced by *Staphylococcus aureus* or *Streptococcus pyogenes* bacteria. These microbes possess the ability to generate superantigens, which circumvent regular antigen presentation mechanisms. This leads to an excessive expansion of T-cells and an uncontrolled release of inflammatory agents, ultimately causing severe dysfunction of multiple organs. Despite its substantial health risks and potential for fatality, this ailment often goes unrecognized. To mitigate the adverse effects on health and the risk of death, it is crucial to achieve an early diagnosis and promptly initiate treatment involving a combination of beta-lactam antibiotics, and aggressive fluid resuscitation.

Keywords: Toxic shock syndrome, erythema, cellulitis



Pub No: OP-150

The impact of COVID-19 on ischemic stroke in the emergency department

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Introduction and Purpose: Introduction and Purpose: We aimed to compare patients with stroke and transient ischemic attack (TIA) presenting to the emergency department of Dokuz Eylul University (DEU) before and during the pandemic.

Materials and Methods: Material and Methods: This retrospective observational study included patients diagnosed with ischemic stroke and TIA who presented to the emergency department of DEU between March 2018 and March 2022. Patients were divided pre-pandemic and pandemic groups. Their presentation frequency, clinical severity, hours from symptom onset to presentation and treatments were compared.

Results and Conclusion: Results: During the pandemic period, the rate of stroke or TIA was higher than pre-pandemic period ($p < 0.001$). Patients' median NIHSS scores at admission were similar in both groups (pre-P: 4 and pandemic-P: 4, $p = 0.071$). The median hours from symptom onset to presentation to the emergency department were similar (pre-P: 6.5 and pandemic-P: 5, $p = 0.115$). The rates of thrombolytic administration were similar in both groups, whereas the rate of mechanical thrombectomy was higher in the pandemic-P group (pre-P: 49 [5.4%], pandemic-P: 71 [9.9%], $p < 0.001$). The hospitalization rate was lower in the pandemic-P group (pre-P: 822 [89.9%], pandemic P: 547 [76.3%], $p < 0.001$), but no significant difference was observed in 28-day mortality ($p = 0.099$). Conclusion: Despite the increased frequency of stroke and TIA during the pandemic period, the hospitalization rate decreased, but mortality remained unchanged. Although the rate of thrombolytic administration remained unchanged, more patients received mechanical thrombectomy.

Keywords: Ischemic Stroke, COVID-19, Thrombectomy, Emergency Medicine



Pub No: OP-151

A rare case of Bupivacaine-Induced Cardiac Toxicity Presenting as Acute Coronary Syndrome - Non-ST Segment Elevation Myocardial Infarction

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Introduction and Purpose: Bupivacaine is widely used as a local anaesthetic. Central nervous system (CNS) and cardiovascular toxicity are well-known side effects. However, there have been only a few case reports of bupivacaine-induced myocardial injury. The purpose of this case report is to highlight the side effect of Bupivacaine induced Cardiac Toxicity without any CNS toxicity, which can present as Acute Coronary Syndrome. So kind of rare toxicity has to keep in mind while treating any local anesthetic toxicity in ED.

Materials and Methods: we present a case of bupivacaine cardiac toxicity after spinal injection, presenting as an acute coronary syndrome Non-ST segment elevation myocardial infarction in the Emergency Department, which was eventually diagnosed as bupivacaine-induced cardiac toxicity without CNS toxicity.

Results and Conclusion: Bupivacaine can cause a variety of cardiac toxicity symptoms without any neurological symptom. Among those, few may be fatal arrhythmias while in some case it may be reversible myocardial depression. Through history & awareness by the Emergency physician can help in timely diagnosis & prompt management of any cardiotoxicity caused by Local Anaesthetics in ED.

Keywords: Bupivacaine, Cardiac Toxicity

Pub No: OP-152

Transient complete right bundle branch block due to lung contusion: case report

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Introduction and Purpose: Right bundle branch block (RBBB) is associated with an increased risk of all-cause mortality in the general population and in patients with heart disease. RBBB may develop in lung diseases and cardiovascular diseases. In this case report, the relationship between lung injury and ECG changes in a patient who developed pneumothorax and lung contusion as a result of thoracic trauma and temporary complete RBBB was discussed.

Materials and Methods: A 25-year-old male patient was admitted to our emergency department after a motorcycle accident. On physical examination, there was tenderness to palpation and decreased breath sounds in the right chest. ECG revealed sinus rhythm, rate: 103 beats/min, QTc: 447ms, right axis deviation, and complete right bundle branch block. There was T-wave inversion from V3R to V6R in the right-sided ECG. High sensitive TnI: 21.4ng/L (reference range: 0-47ng/L). In contrast-enhanced thorax CT; Contusion was observed in bilateral lungs. Pneumothorax and laceration were detected in the right lung. Cardiac and vascular structures were normal, there was no pericardial fluid. The patient underwent tube thoracostomy to the right hemithorax in the emergency department. The patient was admitted to the intensive care unit. Lung expansion was observed on chest X-ray after tube thoracostomy. At the 6th hour of hospitalization: ECG sinus rhythm, rate: 83 beats/min, QRS axis: 66°, complete right bundle branch block continued. On the 4th day of hospitalization, high sensitive TnI was 17ng/L. Chest X-ray was normal. ECG revealed rate: 74 beats/min, PR interval: 160ms, QTc: 390ms, QRS interval: 94ms, QRS axis: 62°, normal sinus rhythm. The right-sided ECG was normal. The patient was discharged with full recovery.

Figure 1

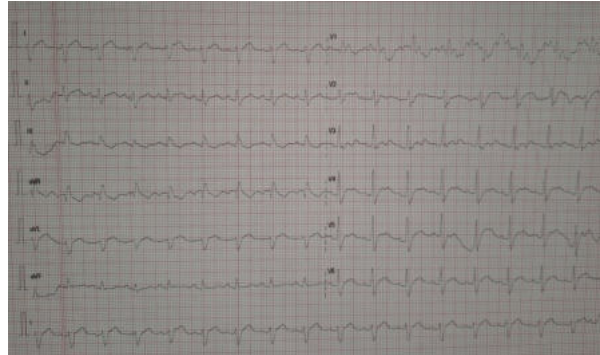


Figure 2

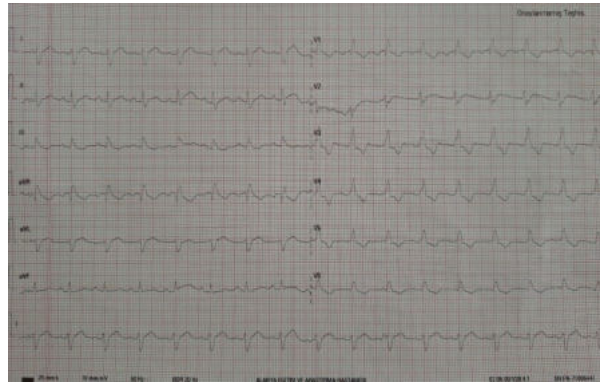


Figure 3

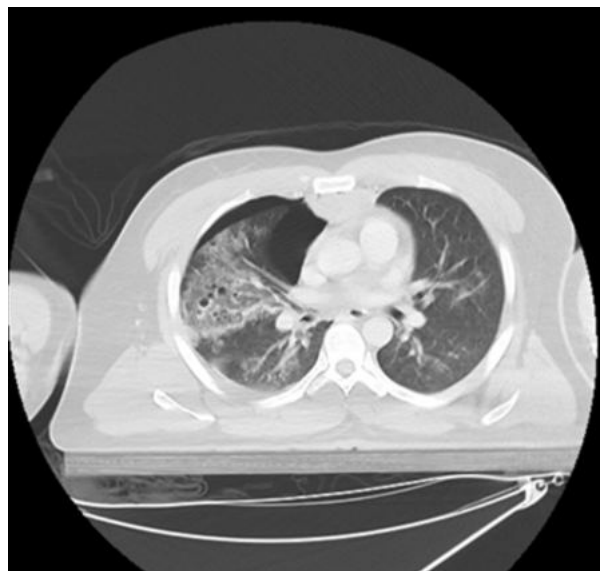


Figure 4

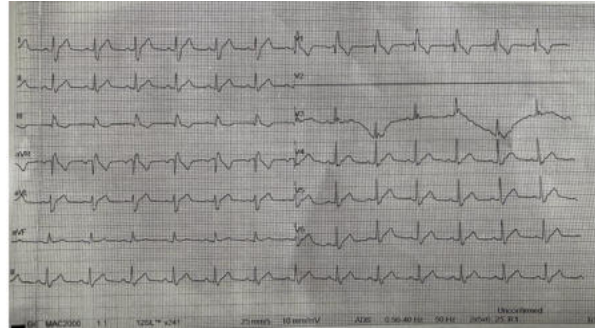
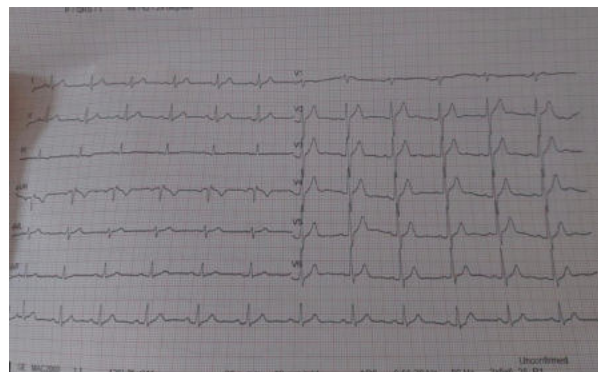


Figure 5



Results and Conclusion: In thoracic trauma, both left and right-sided ECG changes may develop as a result of lung contusion. ECG findings improve with the regression of lung contusion.

Keywords: Lung contusion, Right bundle branch block, RBBB, Thorax trauma



Pub No: OP-153

HALLUX SESAMOID FRACTURE IN A CHILD PATIENT

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Introduction and Purpose: Although the hallux sesamoid bones play an important role in the function of the first metatarsophalangeal (MP) joint complex, they can fracture when exposed to forces greater than body weight. Although more conservative treatments are preferred, it is in cases where surgical intervention is performed. Our aim is to keep in mind that hallux sesamoid fracture may occur in traumas like this case.

Materials and Methods: The pediatric patient, who applied to the emergency service after jumping from a height, had pain and swelling at the level of the 1st MP joint of the right foot. There was tenderness on the plantar side of the first metatarsal head. Medial sesamoid fracture was detected in the 3-way radiograph of the right forefoot. A splint was applied at 15° plantar flexion, restricting thumb dorsiflexion. At the end of the 4th week, the splint was terminated. Gradual activities and partial weight bearing were started from the 6th week.

Results and Conclusion: Fractures of the hallux sesamoid bones can be seen in traumas such as falling and jumping from a height with excessive force applied to the foot. As in our case, fractures of the medial sesamoid bone are more common than the lateral ones. Clinicians should be more careful in imaging so that these fractures are not missed in emergency services.

Keywords: Hallux sesamoid, fracture, pediatric patient



Pub No: OP-154

Co-occurrence of scabies and Guillain-Barré syndrome: A Case Presentation

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Introduction and Purpose: Guillain-Barré Syndrome (GBS) is considered an autoimmune disease, characterized by acute inflammatory polyneuropathy. It is believed to be triggered by previous infections. This case presentation discusses the co-occurrence of GBS and scabies infection in a patient who presented with a GBS diagnosis after experiencing scabies for approximately 1.5 months.

Materials and Methods: A 74-year-old male patient, living abroad and retired, presented to the emergency department with a 5-day history of progressively worsening difficulty in walking and 3 days of difficulty in swallowing. Neurological examination revealed a marked 3/5 bilateral motor weakness in the lower extremities that had developed over the past few days, oropharyngeal muscle weakness leading to swallowing difficulty, mild superficial hypoesthesia in the distal regions, decreased vibration sense, and reduced position sense. Widespread reduction in tendon reflexes was also observed. Electrophysiological evaluation provided findings supportive of a GBS diagnosis. During the general inspection, scars and skin lesions due to itching were noted. Dermatology consultation confirmed the diagnosis of scabies. The patient was admitted to the neurology clinic with a GBS diagnosis and initiated on IVIG treatment. Additionally, due to swallowing difficulties, the patient received parenteral nutrition. The patient received 5% Permethrin cream treatment for scabies according to the dermatology consultation.

Results and Conclusion: This case presents a unique instance of the co-occurrence of GBS and scabies, which has not been reported in the literature. While GBS is considered an autoimmune disease, the possibility of scabies infection playing a triggering role should be considered. The clinical course of GBS improved with IVIG treatment, and a significant reduction in skin lesions and itching was observed following scabies treatment. This case highlights a rare co-occurrence of GBS and scabies. The absence of a history of previous infections in the patient makes this co-occurrence an important feature to consider. This case is presented to contribute to the literature regarding this unusual co-occurrence.

Keywords: Scabies, Guillain-Barré Syndrome, Emergency Department

Pub No: OP-155

Kounis Syndrome due to Oral Paracetamol Allergy

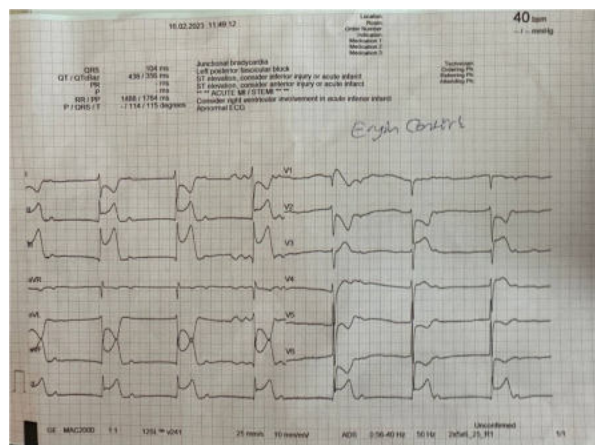
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Introduction and Purpose: Kounis syndrome is defined as the occurrence of acute coronary syndrome in conjunction with hypersensitivity reactions following an allergic event and was first described as allergic angina syndrome by Kounis and Zavras in 1991. Specific mechanisms are not well understood; however, inflammatory mediators released systemically during anaphylaxis and/or by cardiac- or thrombus-related mast cells are believed to be involved in this syndrome. The syndrome is not uncommon; one study reported that 3.4% of allergy patients brought to the emergency department had this syndrome. In this article, we present a case diagnosed with Kounis syndrome due to an allergy to Paracetamol tablets in our emergency department.

Materials and Methods: A 53-year-old male patient presented to the emergency department with complaints of redness and itching that started after taking Paracetamol tablets. Upon arrival, his vital signs were as follows: Blood pressure (BP): 110/60 mmHg, Pulse rate: 50, and Oxygen saturation (SpO₂): 97. While waiting for examination, the patient suddenly developed severe chest pain. An electrocardiogram (ECG) was performed, revealing ST elevation in the inferior leads (Photo). The patient was urgently referred to the cardiology department for angiography, but no pathological findings were observed in the angiography and echocardiography results. Consequently, a diagnosis of Kounis Syndrome attributed to Paracetamol allergy was made.

Photo



ST Elevation in D2-D3-aVF Derivations



Results and Conclusion: Type 1 (non-coronary artery disease) accounts for 72.6%, and it occurs when the release of inflammatory mediators leads to coronary spasm, either with or without an increase in cardiac enzymes. Type 2 (coronary artery disease present) accounts for 22.3% and occurs when the release of inflammatory mediators, along with plaque erosion or dissection, leads to coronary spasm, resulting in myocardial infarction. Type 3 (5.1%) is defined as coronary stent thrombosis occurring after allergic reactions. In our case we diagnosed the patient as type 1 Koinus Syndrome. Patients presenting to the emergency department with allergic symptoms should always be questioned about chest pain, and if there are EKG or laboratory findings consistent with acute ischemia, the patient should be evaluated for Kounis syndrome.

Keywords: Chest Pain, Paracetamol Allergy, Kounis Syndrome



Pub No: OP-156

Clinical Value Of Nt-ProBNP In Emergency Admissions And Reasons For Elevating Nt-ProBNP Other Than Heart Failure

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Introduction and Purpose: Heart failure (HF), a condition characterized by high mortality and morbidity rates, stands as a prominent cause of hospitalization among individuals aged 65 and older. In recent years, clinicians have increasingly relied on N-terminal pro-B-type natriuretic peptide (NT-proBNP) as a biochemical marker, not only for diagnosis but also for treatment management and prognosis assessment. However, it is of particular importance in investigating potential cardiac and non-cardiac factors that may elevate NT-proBNP levels beyond HF. This study thus seeks to elucidate the correlation between NT-proBNP measurements and echocardiographic (ECHO) parameters in patients admitted to the emergency department (ED) and to identify any additional factors responsible for NT-proBNP elevation.

Materials and Methods: A retrospective analysis was conducted on patients admitted to the PAU Emergency Department between January 1 and July 31, 2023, who underwent NT-proBNP testing. The patients who had ECHO measurements performed subsequent to NT-proBNP assessment were included in the study. The correlations between their ejection fraction values and NT-proBNP concentrations were examined, along with an assessment of biochemical parameters and other clinical conditions contributing to NT-proBNP elevation.

Results and Conclusion: In 1009 ED patients, with 95 eligible patients who had ECHO evaluations following NT-proBNP measurements. We factored out their previous ECHO values. In addition, the NT-proBNP values ranged from 127 ng/L to 35000 ng/L, with the majority falling within the normal laboratory range of 0-125 ng/L. The study population's NT-proBNP levels were then categorized as follows: Group 1 (NT-proBNP < 1000 ng/L) included 27 patients, with 33% presenting acute/chronic renal failure (RF), 25% infection, 37% malignancy, 22% pulmonary embolism, 22% elderly fractures or hip fractures, and 10% systolic HF. In Group 2 (NT-proBNP between 1000 and 5000 ng/L), consisting of 35 patients, infection (42%) was the most prevalent cause, followed by RF (25%), malignancy (25%), systolic HF (17%), and elderly fractures or hip fractures (25%). Group 3 (NT-proBNP between 5000 and 10000 ng/L) included 13 patients, with 38% presenting systolic HF, infection, and HF each, and 30% malignancy. Finally, Group 4 (NT-proBNP > 10000 ng/L) encompassed 20 patients, with 70% attributed to RF, 65% infection, 50% systolic HF, and 25% malignancy.

Keywords: NT-proBNP, Heart failure, Renal failure, Malignancy, Infection



Pub No: OP-157

Determination of associated risk factors in the prediction of coronary heart disease with a machine-learning model

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Introduction and Purpose: The aim of this study is to classify coronary heart disease and identify risk factors that may be associated with the disease, using an open-access dataset of coronary heart disease, which can be quite lethal with its results.

Materials and Methods: The coronary heart disease dataset consisted of 10 input variables associated with the disease of 462 individuals. Random Forest, one of the machine learning models employed in the study, was utilized to classify coronary heart disease. The modeling's performance was evaluated using accuracy, balanced accuracy, sensitivity, specificity, positive predictive value, negative predictive value, and F1-score performance measures. In addition, variable importance values were given to determine the risk factors because of the modeling.

Results and Conclusion: From the performance metrics obtained as a result of the modeling; accuracy, balanced accuracy, sensitivity, specificity, positive predictive value, negative predictive value, and F1-score were obtained as 99.1%, 98.8%, 97.5%, 100%, 100%, 98.7%, and 98.7% respectively. Age, tobacco, LDL, adiposity, SBP, type, obesity, and alcohol variables were obtained as the most important factors associated with the disease according to their variable importance values. According to the results obtained from the study, coronary heart disease was successfully classified with the RF model used, and the risk factors associated with the disease were determined in order of importance and presented as factors that could be determinative in the diagnosis of the disease.

Keywords: Coronary heart disease, Classification, Random Forest, modeling



Pub No: OP-158

Carbon Monoxide Poisoning in Children and the Systemic Immune Inflammation Index: Investigating Predictive Potential

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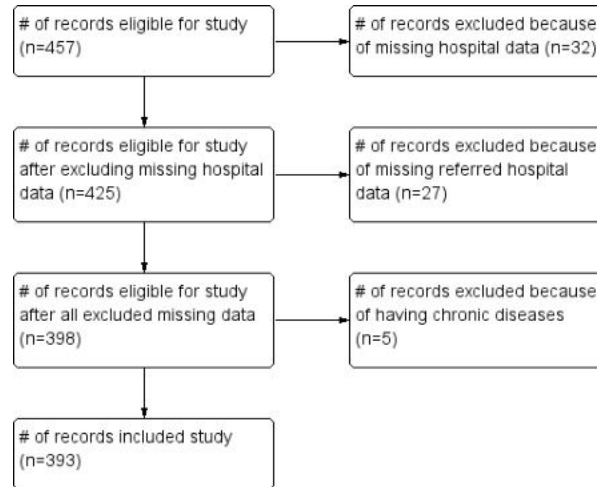
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Introduction and Purpose: Carbon monoxide (CO) is an odorless and colorless gas that forms when organic materials burn incompletely. Children are more susceptible to CO poisoning than adults because their respiratory and immune systems are still developing. The systemic immune inflammation index (SII) is a marker that reflects the balance between inflammation and immunity. In this study, we investigate the relationship between CO poisoning in children and the SII.

Materials and Methods: We conducted a retrospective observational study involving pediatric patients (age <18 years) diagnosed with CO poisoning and treated at Aksaray University Training and Research Hospital, a tertiary medical center, from January 2018 to January 2023. We included consecutive pediatric patients (age <18 years) with CO poisoning who had available clinical and laboratory data and were treated at our hospital.

Results and Conclusion: The study included 393 patients with a mean age of 7.24 (\pm 4.67) years, of whom 184 (46.8%) were male. When comparing COHb groups, significant statistical differences emerged between the groups regarding GCS, pH levels, occurrences of dizziness, confusion, seizures, lethargy, and prognosis ($p < 0.05$). When comparing lactate groups, significant differences were observed between the groups concerning GCS, COHb levels, pH levels, occurrences of confusion, lethargy, prognosis, and LOS ($p < 0.05$). Upon evaluating the SII, no statistically significant difference was found between the groups in terms of gender, COHb levels, lactate levels, LOS, and prognosis. SII cannot be considered a reliable predictor of the severity of carbon monoxide poisoning in children. Despite the evident inflammatory response triggered by exposure to carbon monoxide, the SII did not consistently correlate with the varying degrees of poisoning severity.

Study flow diagram



Comparisons of group data and prognosis based on SII

		SII					p value
		Mean	SD	Median	25%	75%	
Length of Hospital Stay	0-24 Hours	896,91	784,30	712,05	457,49	1082,94	0,563
	24-72 Hours	1179,78	4300,71	638,72	400,75	990,75	
	>72 Hours	923,23	691,76	739,02	362,21	1260,12	
Lactate (mmol/L)	<2.2	1012,91	2693,44	706,90	433,67	1026,24	0,564
	>2.2	839,58	625,77	675,38	401,16	1124,41	
Follow-Up	Discharge after treatment in the E.D.*	883,42	724,11	712,61	478,61	1053,01	0,941
	Pediatric service	1102,01	3606,18	685,41	414,82	1025,02	
	Intensive care unit	862,45	739,04	698,22	446,98	1090,82	
COHb**	Referral	1024,15	1059,14	589,89	391,06	1258,97	0,687
	COgroup-1	985,73	2526,68	704,56	430,86	1071,23	
	COgroup-2	932,44	981,63	589,89	337,19	1041,69	
Gender	Female	835,81	622,53	684,04	430,86	1071,23	0,878
	Male	1149,07	3530,79	708,49	425,77	1074,28	

*Emergency Department **Carboxyhemoglobin

Keywords: Carbon monoxide poisoning, Inflammatory response, Pediatric patients, Severity assessment, Systemic immune inflammation index.



Pub No: OP-159

Giant Stones In The Bladder

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Introduction and Purpose: Urinary system stone disease is usually seen in older men. Bladder stones are often detected incidentally in patients with obstructive urinary system symptoms. Dysuria and microscopic or macroscopic hematuria symptoms may be observed in these patients. Although bladder stones can generally be passed spontaneously, large stones can prevent urine output due to urethral obstruction and cause ureterohydronephrosis and globe vesicale formation

Materials and Methods: An 88-year-old male patient applied to the emergency department with the complaint of not being able to urinate for 1 day. He has cerebrovascular disease and Alzheimer's disease in his medical history 3 years ago. In the physical examination, there is no bladder globe and no additional features. Vital signs; blood pressure 128/73 mmHg, respiratory rate 12/minute, pulse 88 beats/minute, temperature 36.2°C, SPO₂ 98%. In the blood values taken from the patient, creatine was 7.59 mg/dl, potassium was 6.2 mmol/liter, and blood gas pH was 7.38. Extraordinarily large stones in the bladder were observed in the abdominal computed tomography taken to clarify the etiology of the patient's acute renal failure. After the Foley catheter was inserted into the patient, 3000 cc of urine was output. During follow-up, the creatinine level decreased to 1.3 mg/dl. The patient was discharged from the service where he was hospitalized for follow-up and treatment, with an openpycolithotomy planned.

Picture 1: Extraordinarily large stones in the bladder



Results and Conclusion: It is common for bladder stones to occur together with upper urinary tract stones. Since bladder stones are generally mobile and do not obstruct urine flow, they rarely cause bladder outlet obstruction, leading to renal failure. In our case, bladder stones caused bladder outlet obstruction and caused renal failure. Among the treatment options, open cystolithotomy seems to be the best treatment option in patients with high stone burden. In our patient, open cystolithotomy was preferred due to the high stone burden. As a result, bladder stones should also be considered in anuric complaints and supported by laboratory and imaging methods.

Keywords: bladder stones, urethral obstruction, emergency medicine



Pub No: OP-160

62-YEAR-OLD WOMAN WITH EPIGASTRIC PAIN PRESENTS WITH TAKAYASU ARTERITIS AND AORTIC ANEURYSM/DILATATION

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Introduction and Purpose: Takayasu's arteritis (TA) is a chronic large vessel vasculitis characterized mainly by involvement of elastic arteries such as the aorta, main branches of the aorta and pulmonary arteries. The annual incidence of this disease is 2.6/million, predominantly in females between 20-30 years of age. The morbidity of the disease is related to the development of organ ischemia as a result of arterial stenosis. Systemic symptoms occur in the acute phase and depending on the location of affected vessels, different symptoms occur in the chronic phase.

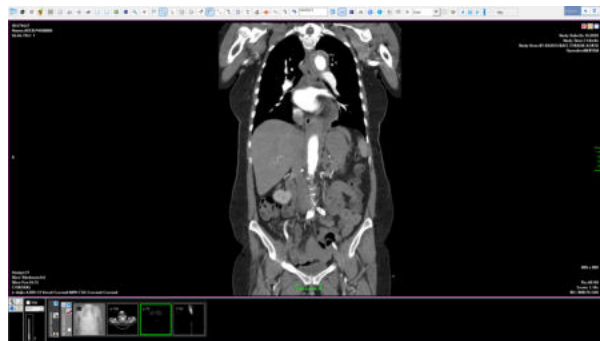
Materials and Methods: A 62-year-old woman presented to the emergency department with pain in the epigastric region. She had known diagnoses of hypertension and hyperlipidemia. Patient had a complaint of epigastric pain that started in the last 1 month, which was gradually intensified and occasionally struck her back. It did not change with eating or movement. Vitals were normal. Upon physical examination, the patient had sensitivity in the epigastric region (no defense and rebound). All external system examinations were normal. Blood tests showed d-dimer:1008, CRP:87, trop: 51.6/ 51.1/ 52.6. No acute pathology was detected on direct radiographs. The contrast CT interpretation was as followed; "Diffuse wall thickness increasing up to 11 mm was observed in the wall of the ascending, arcus and descending aortae (Takayasu arteritis?). The ascending aorta was dilated to 45 mm." The patient was admitted to cardiovascular surgery clinic for aortic aneurysm/dilatation. She underwent resection of the part of the aorta with aneurysm and hematoma on its wall. This was followed by thoracic endovascular aortic repair treatment and patient was discharged with a follow-up recommendation.

takayasu 1



Ascending and descending aorta (axial plane)

takayasu 2



Aortic arch (coronal plane)

takayasu 3



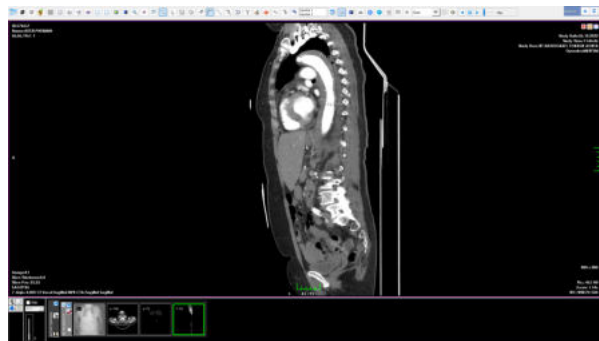
Ascending aorta dilatation

takayasu 4



Descending aorta (coronal cross section)

takayasu 5



Aortic arch and descending aorta (sagittal plane)

Results and Conclusion: Even though gastric pathologies are the first diagnosis epigastric pain is mentioned in emergency department, vascular pathologies should also be considered especially if the pain experienced by the patient is incompatible with examination, as in this case. For instance, mesenteric ischemia might be considered first, but as seen in this case, a pathology of the aorta was detected.

Keywords: takayasu arteritis, epigastric pain, aortic dilatation



Pub No: OP-161

Cough For 1 Month

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Introduction and Purpose: Diseases of the glomerulus can result in two different urinary and clinical patterns: nephritic and nephrotic. The nephrotic sediment is associated with heavy proteinuria and lipiduria, but few cells or casts, and is typically considered bland. The term "nephrotic syndrome" refers to a distinct constellation of clinical and laboratory features of kidney disease. It is specifically defined by the presence of heavy proteinuria (protein excretion greater than 3.5 g/24 hours), hypoalbuminemia (less than 3.5 g/dL), and peripheral edema. Hyperlipidemia and thrombotic disease are also frequently observed. Isolated heavy proteinuria without edema or other features of the nephrotic syndrome is suggestive of a glomerulopathy (with the same etiologies as the nephrotic syndrome) but is not necessarily associated with the multiple clinical and management problems characteristic of the nephrotic syndrome. This is an important clinical distinction because heavy proteinuria in patients without edema or hypoalbuminemia is more likely to be due to secondary focal segmental glomerulosclerosis.

Materials and Methods: An 18-year-old male patient presented to the emergency department with cough. The patient's cough has been present for 1 month. Vital signs spo2:97 TA:110/70 fever:36.5 pulse:78. On physical examination of the patient, respiratory sounds decreased bilaterally, distension in the abdomen pretibial edema :1+/1+. Swelling in the abdomen and legs of the patient had been present for 3 weeks and increased gradually in recent days.x-ray of the patient showed bilateral pleural effusion.abdominal CT report showed diffuse free fluid in the abdomen.laboratory results of the patient showed hypoalbuminemia, 3+proteinuria.the patient was interned to the internal medicine service with a prediagnosis of nephrotic syndrome.

Results and Conclusion: Proteinuria and edema are the principal clinical manifestations of the nephrotic syndrome.Treatment includes the administration of an angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARBs) to lower intraglomerular pressure, and dietary sodium restriction and loop diuretics to slowly reduce edema. The lipid abnormalities induced by the nephrotic syndrome usually reverse with resolution of the disease, but lipid-lowering therapy may be indicated in selected patients. Arterial and venous thromboemboli are typically treated with heparin followed by warfarin for as long as the patient remains nephrotic. Patients with primary (idiopathic) nephrotic syndrome often receive immunosuppressive therapy.

Keywords: nephrotic syndrome, proteinuria



Pub No: OP-162

A RARE CAUSE OF HEADACHE: SPHENOID SINUSITIS AND CAVERNOUS SINUS THROMBOSIS

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Introduction and Purpose: Cavernous sinus thrombosis can occur as a result of an infectious or non-infectious condition. Septic thrombosis of the cavernous sinus most commonly develops as a result of infections developing in the middle 1/3 of the face. Other foci of infection that may cause septic thrombosis of the cavernous sinus are the paranasal sinuses, dental infections, otitis media, more rarely orbital cellulitis. The most common symptom is fever. Headache, nausea, vomiting, tachycardia, confusion may be seen. Periorbital edema, chemosis, proptosis, limitation of movement in extraocular eye muscles (especially outward gaze) are seen in almost every case.

Materials and Methods: 52 years old female patient who applied with the complaints of severe headache and fever for 10 days. On the last day, pain and swelling started in the right eye. Background: Multiple Sclerosis, Hypertension. There is limitation of eye movements and pain in downward gaze in the right eye, binocular diplopia in the distance, and binocular diplopia in the near and left gaze. CRP: 250 (0-5), the patient's Orbita and Brain CT were taken. Orbital and Brain contrast MRI was taken when soft tissue densities were seen in the right sphenoid sinus and ethmoid recess, which entered the image area, in addition to orbital cellulitis in orbital CT. Postseptal-septal cellulitis findings, right complicated sphenoid sinusitis, right cavernous sinus thrombophlebitis. The patient was consulted with the departments related to these diagnoses and hospitalized for surgical drainage and appropriate antibiotic therapy.

Results and Conclusion: Sphenoid sinusitis is an uncommon disease and is usually associated with other paranasal sinus infections. Another important complication of sphenoid sinusitis with high morbidity and mortality is cavernous sinus septic thrombosis. In our patient, sphenoid sinusitis complicatedly caused both orbital cellulitis and cavernous sinus thrombosis. It is important to investigate the etiology in the early period in patients with acute severe headache accompanied by fever. Septic cavernous sinus thrombosis, which is seen as a complication of sphenoid sinusitis, has high mortality and morbidity. Early diagnosis, early drainage of the primary focus and appropriate medical treatment are very important.

Keywords: SPHENOID SINUSITIS, CAVERNOUS SINUS THROMBOSIS, Department of Emergency

Pub No: OP-163

Evaluation of Diagnostic Value of Some Hematologic Parameters and Ratios in SARS-CoV2 VOC-202012/01 Mutant Population

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Introduction and Purpose: In this study we set out to reveal the difference between individuals with and without VOC 202012/01 variant in addition to testing positive for SARS-CoV2 Polymerase Chain Reaction (PCR) tests by using less costly complete blood count analytes quickly analyzing the samples and some ratios derived from these analytes. For this purpose, we assessed neutrophil, lymphocyte, platelet, and Red Blood Cell Distribution Width- Standard Deviation (RDW-SD) levels among complete blood count parameters as well as neutrophil-lymphocyte ratio (NLR) and platelet-lymphocyte ratio (PLR), and eventually their statistical effectiveness was discussed.

Materials and Methods: A retrospective cross-sectional study was performed over the course of two months (from May to June, 2021) on 212 patients who presented to the emergency department (ED) of a tertiary hospital with Covid-19 symptoms and took SARS-CoV2 PCR and complete blood count (CBC) tests, respectively. The PCR-confirmed SARS-CoV2 positive patients and their hospitalization data were also gathered from the system. In addition, their VOC-202012/01 mutation status was confirmed by the public health management system.

Results and Conclusion: In our study, RDW-SD, RDW, NLR and PLR indexes in addition to C-reactive protein (CRP), Lactate dehydrogenase LDH values were high in the patients with VOC-202012/01 mutation ($p < 0.0001$), while hemoglobin and hematocrit counts and ratio as well as eosinophil and lymphocyte counts remained low ($p < 0.0001$). Hematological parameters, NLR and PLR ratios derived from these parameters, and models based on these ratios and RDW-SD are cheaper, more widely-used, and can predict patients' clinical conditions as well as their hospitalization or admission to ICU. The bottomline is that they can serve as reliable predictors in the assessment of patients coming down with the VOC-202012/01 mutation.

Keywords: COVID-19, SARS-CoV-2, VOC-202012/01, NLR, PLR



Pub No: OP-164

A Systematic Review and Meta-Analysis: Acute Migraine Treatment in Pediatric and Adolescent Populations

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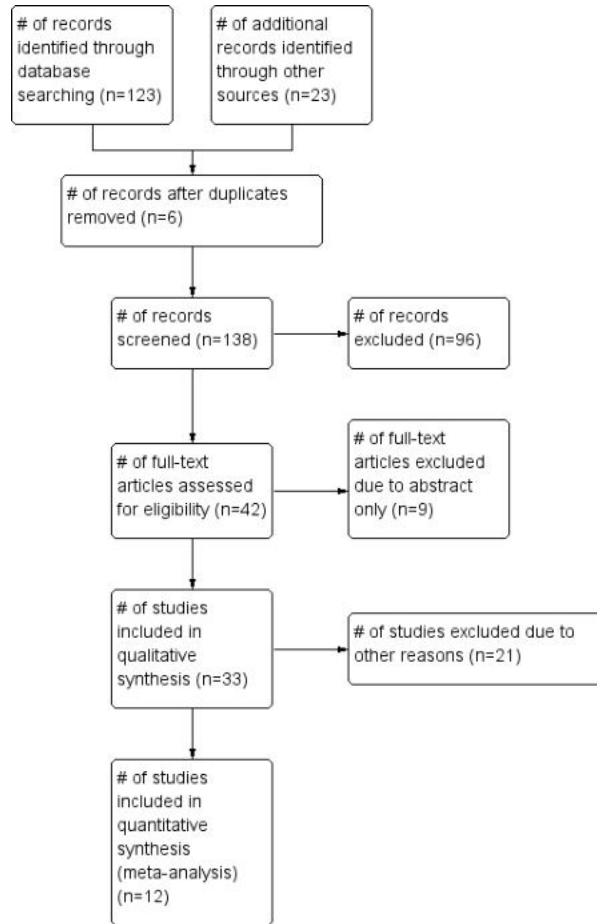
Introduction and Purpose: The array of medications used to treat acute migraine in adults is extensive, with several now authorized for use in children and adolescents in outpatient settings. The aim of this meta-analysis was to evaluate the impact of pharmacological interventions, regardless of the method of delivery, compared to placebo, in treating migraine among individuals aged 18 years or younger.

Materials and Methods: We searched PubMed, EMBASE, and Cochrane Library for comparative RCTs published 30 years before May 2023. We included prospective randomized controlled clinical trials of children and adolescents with migraine, comparing acute symptom-relieving migraine medications with a placebo.

Results and Conclusion: Twelve clinical trials were included in this meta-analysis. The migraine treatment choice and the proportion of patients with complete pain relief at 2 hours post-treatment were analyzed. Ibuprofen (n=2), sumatriptan (n=3), zolmitriptan (n=3), and rizatriptan (n=4) were used for the analysis. Notably, sumatriptan did not exhibit significant differences compared to placebo, despite mixed individual study outcomes (OR:1.35; 95% CI 0.81, 2.27). Rizatriptan displayed varying efficacies across age groups, showing no significant difference in adolescents aged 12-17 years ($p>0.05$). Zolmitriptan showed dose-dependent effectiveness, with higher doses yielding better outcomes (OR:2.18; 95% CI 1.45, 3.28). Ibuprofen emerged as the sole non-triptan medication to demonstrate efficacy in achieving pain-free status at 2 hours, with a favorable safety profile (OR:2.54; 95% CI 1.20, 5.37).



Study flow diagram



Risk of bias summary: review authors' judgements about each risk of bias item for each included study.

	Random sequence generation (selection bias)	Allocation concealment (selection bias)	Blinding of participants and personnel (performance bias)	Blinding of outcome assessment (detection bias)	Incomplete outcome data (attrition bias)	Selective reporting (reporting bias)	Other bias
Ahonen et al., 2004	+	+	+	+	+	+	
Ahonen et al., 2006	+	+	+	+	+	+	
Fujita et al., 2014	+	+	+	+	+	+	
Hämäläinen et al., 1997	+				+	+	+
Ho et al., 2012	+		+	+	+	+	
Lewis et al., 2002	+				+	+	+
Lewis et al., 2007	+	+	+	+	+	+	
Visser et al., 2004	+				+	+	
Winner et al., 2002	+	+			-	+	
Winner et al., 2006	+	+	+	+	+	+	
Winner et al., 2016	+	+		+		+	
Yonker et al., 2022	+	+			+	+	+

Characteristics of included studies, listed according to year of publication.

	STUDY DESIGN	STUDY POPULATION	HEADACHE SEVERITY SCALE	INTERVENTIONS	OUTCOMES	Mean age	% Female
Hämäläinen et al. 1997	Randomized, double-blind, placebo-controlled, 3-way cross-over trial of ibuprofen, paracetamol, and placebo	< 18 years	5-faces pain scale	Each participant treated 1 of 3 migraine attacks with either oral paracetamol (15 mg/kg), oral ibuprofen (10 mg/kg), or placebo.	Headache relief at 2 h	10,7	50
Lewis et al. 2002	Randomized, double-blind, placebo-controlled, parallel-group trial of oral ibuprofen	6-12 years of age	4-point scale	Each participant treated 1 migraine with liquid ibuprofen suspension (7.5 mg/kg) or placebo	Headache relief (defined as a reduction from moderate or severe to mild or no headache) at 2 h	9	ND
Winner et al. 2002	Randomized, double-blind, placebo-controlled, parallel-group trial of oral rizatriptan	12-17 years of age	4-point scale	Each participant was instructed to take the study medication (rizatriptan 5 mg or placebo) within 30 min of onset of a moderate or severe migraine	Pain-free at 2 h	14	54
Ahonen et al. 2004	Randomized, double-blind, placebo-controlled, two-way cross-over	8-17 years of age	5-faces pain scale	Sumatriptan nasal spray 10 mg (weight 20 to 39 kg) or 20 mg (>40 kg) versus placebo.	Headache relief at 2 h (defined as severe or moderate (a grade of ^ 3) to at least 2	12,4	46



		Pine Beach Belek, ANTALYA / TURKIYE					
	trial of sumatriptan nasal spray				grades lower or fell asleep during these 2 h and was pain-free on awakening)		
Visser et al. 2004	Randomized, double-blind, placebo-controlled, parallel-group single-attack trial of oral rizatriptan	12-17 years of age	4-point scale	Each participant treated 1 migraine with oral rizatriptan (5 mg) or placebo within 30 minutes of onset.	Headache relief at 2 h	14,2	55
Ahonen et al. 2006	Randomized, placebo-controlled, double-blind, 3-way cross-over trial of oral rizatriptan	6 - 17 years of age	5-faces pain scale	Rizatriptan 5 mg (weight 20 to 39 kg) or rizatriptan 10 mg (weight >40 kg) and placebo.	Headache relief at 2 h (defined as severe or moderate (a grade of ^ 3) to at least 2 grades lower or fell asleep during these 2 h and was pain-free on awakening)	12	54
Winner et al. 2006	Randomized, double-blind, placebo-controlled, parallel-group, multicenter, single-attack, outpatient study of intranasal sumatriptan	12-17 years of age	4-point scale	Sumatriptan 5 mg nasal spray; sumatriptan 20 mg nasal spray; or placebo	Headache relief at 2 h	14,3	55
Lewis et al. 2007	Multicenter, randomized,	12-17 years of age	4-point scale	Each participant treated 1 migraine	Headache relief	14,2	57



	double-blind, placebo-controlled, 2-way, 2-attack, cross-over study of zolmitriptan nasal spray with a single-blind 'placebo challenge' or 'enrichment' phase	Pine Beach Belek, ANTALYA	TURKIYE	attack with (decrease zolmitriptan 5 mg nasal spray and another with matching placebo within a 12-week period.	from moderate or severe to mild or no headache) at 2 h (1 h was used as the primary outcome in the study)			
Ho et al. 2012	Randomized, double-blind, placebo-controlled, parallel group trial of oral rizatriptan with an enrichment design	6 - 17 years of age		4-point scale	Oral-disintegrating tablet of rizatriptan 5 mg (< 40 kg) or 10 mg (> 40 kg) or placebo.	Pain-free at 2 h	ND	44
Fujita et al. 2014	Randomized, double-blind, placebo-controlled, parallel group trial of oral sumatriptan	10 - 17 years of age		5-grade scale	Oral sumatriptan 25 mg (1 tablet and 1 matching placebo), sumatriptan 50 mg (2 tablets), or placebo (2 tablets) taken as soon as possible (within 30 minutes) after the development of a migraine with grade 3 or more pain	Headache relief (reduction of 2 grades) at 2 h	14,1	58
Winner et al. 2016	Randomized, double-blind, placebo-controlled, parallel group trial of	12-17 years of age		4-point scale	Zolmitriptan 0.5, 2.5, 5 mg nasal spray	Pain-free at 2 h	14	ND



	zolmitriptan nasal spray	Pine Beach Belek, ANTALYA / TURKIYE					
Yonker et al. 2022	Randomized, double-blind, placebo-controlled, crossover trial	6 to 11 years of age	4-point scale	Zolmitriptan nasal spray followed by matching placebo	Headache relief at 2 h	11	57

Keywords: Acute migraine treatment, Adolescent, Meta-analysis, Pediatric, Randomized controlled trials

Pub No: OP-165

Acute Myocardial Infarction After Blunt Trauma in A Traffic Accident

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Introduction and Purpose: Acute myocardial infarction (MI) is a complication of coronary artery disease (CAD), which usually develops in the context of risk factors such as hypertension, diabetes mellitus, smoking, obesity, and poor dietary habits. Blunt chest trauma is known to cause cardiac lesions such as pericardial injury, cardiac contusion, avulsion of heart valves, cardiac ruptures, and cardiac tamponade. However, it may rarely cause acute myocardial infarction. Only a few cases have been reported in the literature. Since chest pain after trauma is usually thought to be due to chest wall injuries, cardiac diagnosis is delayed.

Materials and Methods: A 50-year-old male patient was admitted due to a vehicular traffic accident (passenger). On arrival, Glasgow coma scale (GCS) was 15, vitals were normal, normotensive (110/70 mmHg), general condition was good-moderate, consciousness was clear, oriented, and cooperative. The patient was monetarized. Physical examination revealed a skin abrasion of approximately 3 cm on the forehead. There was tenderness on palpation in the chest wall, lumbar region, right lower quadrant of the abdomen and pelvic region. Laboratory and imaging tests were ordered. ECG showed no obvious acute pathology. CT scan of the thorax showed nondeplaced fracture lines in the anterolateral parts of the 5th and 6th ribs on the right and 6th and 7th ribs on the left. Thoracic surgery consultation was requested. Surgical intervention was not considered and outpatient follow-up with warm application and pain palliation was recommended. During follow-up, a control ECG was performed due to chest pain. ECG d2 d3 and avf. St elevation was seen. In the echo of the patient, a motion defect in the wall was detected. It was interpreted as inferior MI and 300 mg asa, 600 mg plavix 0.6 clexane loading was performed and the patient was consulted to cardiology. He was hospitalized in coronary ICU.

Results and Conclusion: Patients presenting with blunt chest trauma should be evaluated in detail and appropriately for chest pain, cardiac pathologies along with pathologies secondary to trauma, and acute-vital pathologies should not be forgotten. Sequential ECG is important for these patients. Suspicion and early diagnosis may prevent MI-related deaths.

Keywords: Blunt trauma, Myocardial infarction, Acute coronary syndrome

Pub No: OP-166

Role of epinephrine in pediatric cardiopulmonary resuscitation

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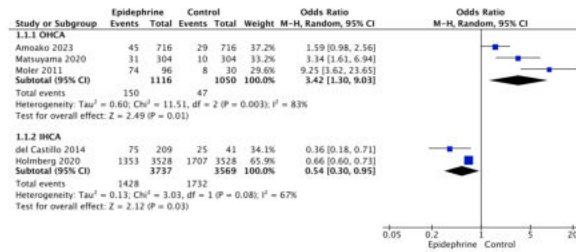
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Introduction and Purpose: During pediatric cardiopulmonary resuscitation, epinephrine is commonly administered at a dose of 0.01mg/kg of a 1:10 000 solution via intravenous and intraosseous routes to restore spontaneous circulation by augmenting coronary artery perfusion through arteriole constriction mediated by α -adrenergic effect and increasing aortic diastolic pressure. However, available data cannot clearly characterize the correlation between epinephrine use in pediatric cardiac arrest and survival outcomes. Thus, we conducted a systematic review and meta-analysis of recent studies to evaluate the association between epinephrine administration and survival outcomes of out-of-hospital cardiac arrest (OHCA) and in-hospital cardiac arrest (IHCA).

Materials and Methods: We performed a systematic literature search in PubMed, SCOPUS, Europe PMC, and Cochrane Central Databases until August 2023. This study was conducted in accordance with Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. The primary endpoint of the study was survival to hospital discharge (SHD). The pooled odds ratios (OR) were estimated by fixed or random effect methods according to heterogeneity statistics.

Results and Conclusion: A total of 5 studies, including 9,472 patients, were analyzed. SHD in OHCA patients among groups who were treated with and without epinephrine varied and amounted to 13.4% vs. 3.5% (OR = 3.42; 1.30 to 9.03; p=0.01). In IHCA resuscitation with and without epinephrine was 38.2% vs. 48.5% (OR = 0.54; 95%CI: 0.30 to 0.95; p=0.03; Figure 1). In conclusion, the results of the meta-analysis showed that the use of epinephrine during OHCA improves SHD, while with IHCA it may adversely affect survival to hospital discharge.

Figure 1



Forest plot of survival to hospital discharge among patients treated with and without adrenaline in OHCA and IHCA groups. The center of each square represents the odds ratio for individual trials, and the corresponding horizontal line stands for a 95% confidence interval. The diamonds represent pooled results. Legend: CI: confidence interval; OR: odds ratio.

Keywords: epinephrine, cardiac arrest, pediatric advanced life support, cardiopulmonary resuscitation, survival ratio

Pub No: OP-167

Retrospective Evaluation of Pelvic Trauma Patients Admitted to the Emergency Department

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Introduction and Purpose: The patients admitted to the emergency department with pelvic injury were retrospectively analyzed, and the trauma mechanisms, classification of pelvic fractures, bleeding rates, treatments, mortality and morbidity of these patients were investigated.

Materials and Methods: It is a cross-sectional and descriptive study. It was carried out between 10.01.2021 and 01.12.2021 in Aydın Adnan Menderes University Application and Research Hospital Emergency Department. Patients who applied to Aydın Adnan Menderes University Application and Research Hospital Emergency Department due to trauma and whose pelvic fracture was detected in their imaging were included in this study. As a data collection tool, a case report form prepared by the researcher, developed in line with the literature, was used.

Results and Conclusion: In the study, 89 pelvic fracture patients admitted to the emergency department between the specified dates were identified and included in the study. When the characteristics of the trauma mechanism were examined, it was seen that 25.8% of the cases fell from a height, 22.5% had an in-vehicle traffic accident, and 19.1% fell from the same level. When the trauma area was evaluated, it was seen that 23.7% of them were injured from the thorax, 18.5% from the vertebral column, and 17.8% from the abdomen. When the accompanying injuries were examined, it was observed that bleeding was accompanied in 84.6% of them. When the trauma mechanism was evaluated according to age groups, it was determined that the motorcycle accident in the group under 30 years old, falling from a height in the group 30-50 years old, falling from the same level in the group over 50 years old was observed at the highest level. When the trauma mechanism was evaluated according to gender, it was found that falling from the same level in women and falling from a height in men was the highest. Pelvic fractures are serious, life-threatening injuries. For this reason, it should be evaluated quickly in emergency services, early diagnosis should be made and hemodynamic stabilization should be provided early. It should be kept in mind that there may be other system injuries in patients with pelvic fracture and additional injuries should be investigated in these patients.

Keywords: pelvic fractures, pelvis trauma



Pub No: OP-168

A Rare Case: Fistulization Of The Liver Hydatid Cyst With The Skin And The Related Subcutaneous Abscess

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Introduction and Purpose: Hydatid cyst disease is a parasitic infection due to the causative agent of *Echinococcus granulosus*. There are differences between regions in the incidence of the disease in our country and it is widely seen in Eastern Anatolia, Southeastern Anatolia and Central Anatolia regions. The most common liver and lungs are affected. Most cysts are asymptomatic and may regress spontaneously. The clinical picture may vary depending on the organ affected by the parasitic infection, the size of the cyst and the interaction of the cyst with neighboring organs. In this case report, a rare condition, fistulization of the cyst in the liver with the skin and the resulting subcutaneous abscess were described.

Materials and Methods: 68 year old male patient was admitted to the emergency department with complaints of pain and redness in the right upper quadrant of the abdomen for 15 days. There was no other disease in his history except benign prostatic hyperplasia and liver hydatid cyst. There was a history of cyst drainage 13 years ago. On examination, there was a palpable mass in the right upper quadrant in the area that fits the liver lodge. Erythema was also seen on the skin. Touching the erythematous area, the patient described pain. At the arrival of the patient; blood pressure 135/86, saturation 95, fever 36.8, pulse 83; was in the form of. In blood tests; CRP: 2.27, WBC: 11.860. The patient underwent liver dynamic contrast CT and abdominal USG. Abdominal ultrasonography findings; supports that the described hydatid cyst extends from the defect in the anterior abdominal wall perforated under the skin. The patient was started intravenously with Meropenem 1 gr 2*1 and Ornidazole 500 mg 3*1. 1.5 cm vertical incision was made in the erythematous area of the right upper quadrant and abscess and cyst drainage was provided. Hypertonic mai and povidone iodine solution were injected into the cyst and washed.

image 1



image 2



image 3

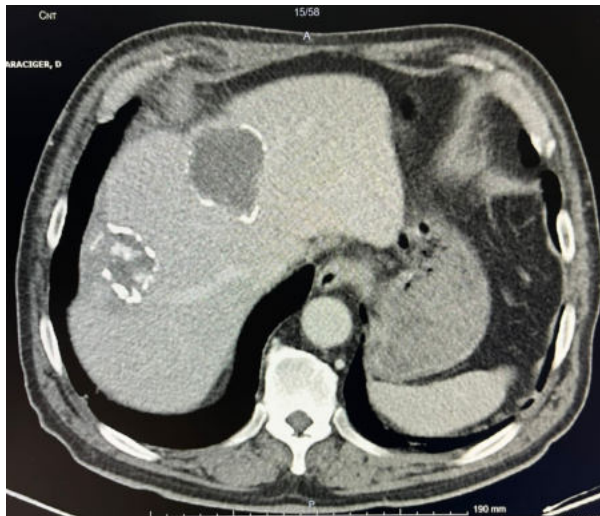
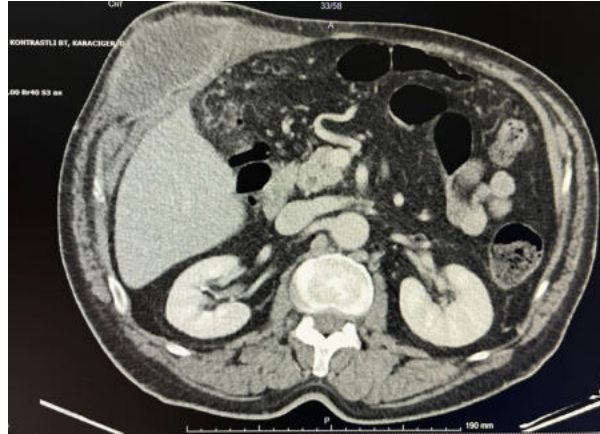


image 4



Results and Conclusion: Hydatid cyst is a common disease in our country that causes different complications. In order to prevent complications, hydatid cyst patients need to be followed up frequently.

Keywords: Hydatid cyst, Erythema, Emergency Department



Pub No: OP-169

Evaluation of Medical Faculty Students Interest in Cardiopulmonary Resuscitation Training in Two Different Training Models During the Pandemic Period

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Introduction and Purpose: Cardiopulmonary resuscitation (CPR) is one of the most important steps of basic and advanced cardiac life support. Simulations are frequently used in CPR trainings. It is thought that students' interest in the lessons decreased due to the interruption of face-to-face and practical lessons during the pandemic period. In our study; It is aimed to compare the interest of medical faculty students who receive CPR training in theoretical or practical education model.

Materials and Methods: Medical faculty students who received CPR training at Ordu University Faculty of Medicine between 01.03.2022-01.07.2022 were included in our study. The students participating in the study were asked two questionnaire evaluating both their approach to the CPR course and post-course CPR training and a course interest scale form.

Results and Conclusion: The study was carried out except for 2 of the 307 participants. 245 (80.3%) of the students stated that they received online training due to the pandemic. Of these, 132 (43.3%) stated that they received practical training after online training, while 113 (37%) stated that they did not receive practical training. While 296 (97%) of the students thought that various educational materials and activities in the CPR course would increase the interest in the course, 2 of them (0.7%) thought that it would not, and 7 students (2.3%) expressed an undecided opinion on this issue. In our study, the mean scores of the course interest scale, cognitive sub-dimension and sensory sub-dimension of the scale were 62.96 ± 15.91 , 27.79 ± 6.48 , 35.17 ± 9.96 , respectively. We think that practical training increases the success in learning CPR applications because it increases the level of student knowledge and interest. Even if it is during the pandemic period, we believe that ensuring the continuity of practical training with precautions will be beneficial for physician candidates.

Keywords: cardiopulmonary resuscitation, education, emergency medicine, medical faculty students



Pub No: OP-170

Efficacy of Neurogranin and Nardilysin as Diagnostic Biomarkers in Patients With Acute Ischemic Cerebrovascular Disease Detected in the Emergency Department

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Introduction and Purpose: The aim of this study was to investigate the efficacy of neurogranin and nardilysin in terms of diagnosis and prognosis in patients with acute ischemic cerebrovascular occlusion diagnosed in the emergency department.

Materials and Methods: This prospective study was conducted in a university tertiary care hospital. Patients above the age of 18 years presenting to the emergency department with any complaint between 15.06.2022 and 15.12.2022 and were diagnosed with acute cerebrovascular occlusion were included in the study. Amount of serum neurogranin and nardilysin was determined in patients with cerebrovascular occlusion and compared with that of healthy volunteers. Receiver operating characteristic analysis was performed with the obtained data, and the area under the curve with 95% confidence interval was determined. Parameters of diagnostic accuracy were determined.

Results and Conclusion: Total of 88 people, 44 from the cerebrovascular occlusion group and 44 from the control group, were included in our study. Neurogranin value of the cerebrovascular occlusion group was 284.61 ± 34.49 , while the control group was 265.71 ± 24.54 . The difference between the two groups was statistically significant ($p:0.004$). The mean nardilysin value of the cerebrovascular occlusion group was 6.28 ± 4.12 , while the mean nardilysin value of the control group was 6.99 ± 4.16 . There was no significant difference between the case and control groups in terms of nardilysin value ($p:0.42$). ROC analysis was performed to determine the optimal neurogranin cut-off and a value of 283.7 pg/ml was determined (odds ratio: 2), on this neurogranin cut-off value, sensitivity of the test was 45% (95% CI; AUC: 0.646) and specificity was 77%. Our results show that neurogranin can be considered as a candidate marker for diagnosis of cerebrovascular occlusion. However, more research is required to verify and support the generalizability of our study results.

Keywords: Cerebrovascular Occlusion, Neurogranin, Nardilysin, Biomarker, Emergency Medicine



Pub No: OP-171

AN INVESTIGATION OF THE VARIABLES AFFECTING THE EVIDENCE OF HOME RELATED-INJURY IN THE ELDERLY; THE CASE OF TURKEY, LOGIT REGRESSION RESULTS

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¹Ataturk University

Introduction and Purpose: Home-related injuries (HRI) constitute a significant public health issue in both developed and developing nations. Especially individuals over the age of 65 constitute a high-risk group for home accidents due to their physical, psychological, and social deficiencies. Similarly, issues related to the musculoskeletal system, loss of sensory and motor functions, increase the risk of accidents for elderly individuals. The objective of this research is to investigate the variables that have an impact on such accidents involving elderly people in Turkey.

Materials and Methods: This study utilizes the microdataset from the 2019 Household Information Technology (IT) Usage Survey conducted by the Turkish Statistical Institute. The data is obtained through the use of a two-stage clustered sampling method. As a result, the data of 3,595 individuals who participated in the Household Information Technologies Survey in 2019 were analyzed. The dependent variable of the study is the number of HRI resulting in injury in the last 12 months. The study examined several independent variables, including age, gender, marital status, general health status, and the presence of chronic conditions such as arthritis, urinary incontinence, depression, and alcohol consumption. SPSS 20 and Stata 15 software were employed to perform data analysis. Frequencies and percentages were calculated. Logistic regression analysis was utilized to examine the relationship between variables in the study when the dependent variable is dichotomous.

Results and Conclusion: In our study, it was determined that 5.8% of women, 6.1% of single people, and 7.6% of people with poor/very poor general health status had a HRI in individuals aged 65 years and over. It was found that 7.3% of individuals with arthrosis, 7.9% of those with urinary incontinence, 8.4% of those with depression, and 3.9% of alcohol users experienced a HRI. In the estimated model, variables such as gender, age, general health status, arthrosis, urinary incontinence, depression, and alcohol use were found to have an effect on the likelihood of experiencing a home accident. Older adults may also be exposed to trauma from home-related accidents. Trauma in older adults is associated with high morbidity and mortality. Therefore, risk factors should be assessed, preventive measures taken, and warnings given by primary care workers and health care providers.

Keywords: Home-related Injury, Geriatric Individuals, Traumatology



Pub No: OP-172

Contralateral SAH

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Introduction and Purpose: Subarachnoid hemorrhage is the bleeding that occurs within the subarachnoid space, the area between the arachnoid membrane and the pia mater that envelops the brain. It can result from trauma or occur spontaneously. Most subarachnoid hemorrhages are caused by head injuries, often in proximity to a skull fracture or intracerebral bleeding. Patients may present with sudden onset of severe headache, nausea, vomiting, decreased level of consciousness, fever, and seizures. Patients often describe the headache as the most intense they have ever experienced. Physical examination might reveal anisocoria, neck stiffness, and motor deficits in the extremities. Risk factors include trauma, hypertension, tobacco and product use, family history, alcohol abuse, and cocaine use. The gold standard for diagnosis is computed tomography (CT), although after 6 hours, magnetic resonance imaging (MRI) becomes more sensitive. Treatment involves neurosurgical or endovascular interventions.

Materials and Methods: Case: An 8-year-old male patient was brought to the emergency department with complaints of severe headache and vomiting following a bicycle accident. Vital signs were stable, and the Glasgow Coma Scale (GCS) score was 15. The patient reported losing balance while riding a bicycle at a moderate speed and hitting the left side of his head. Physical examination revealed tenderness and swelling in the left temporal bone and neck stiffness. The patient was actively vomiting. Considering traumatic subarachnoid hemorrhage, intracerebral bleeding, epidural-subdural hemorrhage, temporal bone fracture, pneumocephalus, and cerebral contusion, a brain CT scan, hemogram, blood type, and bleeding parameters were ordered. Radiological imaging showed a nondisplaced fracture in the left temporal bone, pneumocephalus in the left temporoparietal region, and subarachnoid hemorrhage in the right parietal region. The patient was transferred to the neurosurgery clinic for follow-up and treatment.

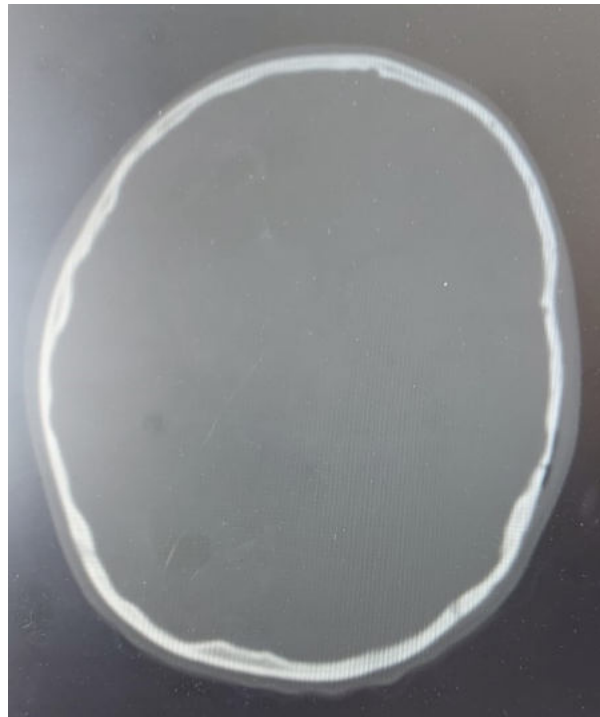
Results and Conclusion: While traumatic subarachnoid hemorrhage is often expected near a skull fracture, the possibility of a contralateral effect on the opposite side of the skull should also be considered



photo

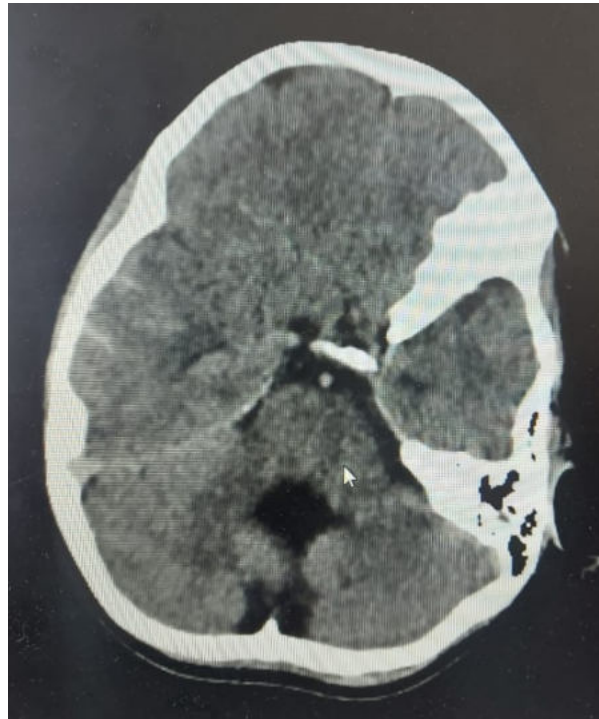


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Keywords: subarachnoid hemorrhage, temporal bone fracture, pneumocephalus, contralateral hematoma



Pub No: OP-173

A Case Of Patient With Delayed Diagnosis of Testicular Rupture Due to Blunt Trauma

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Introduction and Purpose: Testicular rupture is a cause of morbidity that negatively affects fertility and the patient's social life. It is one of the important urological emergencies that may occur as a result of blunt or penetrating scrotal trauma. It is mostly seen in the adolescent and young adult population. As a result of testicular trauma, the testis is painful, ecchymotic and edematous, making it difficult to diagnose testicular rupture from other acute testicular pathologies.

Materials and Methods: A 23-year-old male patient, who had testicular trauma due to a fall late at night, did not apply to the emergency service because he thought that the pain would go away during the night; He presented to our emergency department with sudden swelling, redness and severe pain that started in the morning. Physical examination revealed that the right testis was edematous, painful and ecchymotic. The cremaster reflex of the patient, whose testicular pain was not relieved by elevation, was normal. Vital signs of the patient were blood pressure arterial (TA): 120/80mm/Hg, pulse (pulse):70/m, oxygen saturation (SPO2):98%, fever:36.5°C. Our preliminary diagnoses were orchitis/epididymitis, testicular torsion, hematoma and testicular rupture. No pathological condition was detected in the whole blood, biochemistry and urine tests. Scrotal color Doppler ultrasonography (USG) was planned for our patient for further examination. Compatible with testicular rupture in scrotal color Doppler USG; It was reported that the size of the right testicle had increased, herniated testicular tissue with a diameter of approximately 2 cm was observed in the upper pole of the right testicle, and no blood supply was observed in the herniated testicular tissue. As a result, our patient was consulted to urology and underwent emergency surgery with the diagnosis of testicular rupture.

Results and Conclusion: If the diagnosis and treatment of testicular rupture is delayed, it can cause conditions such as testicular atrophy, infertility and gonadal insufficiency and may result in loss of the testis. For this reason, testicular examination should be done carefully in blunt traumas of the genital area and further examinations should not be avoided when necessary.

Keywords: Testicular Rupture, Testicular Trauma, Urology.

Pub No: OP-174

The Comparison of Pre-COVID-19, COVID-19, and Post-COVID-19 Urinalysis Parameters and Assessment of Their Relationship with Renal Functions

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Introduction and Purpose: This study compared the urinalysis parameters in Pre-COVID-19, COVID-19, and Post-COVID-19 periods and assessed the relationship between these changes and renal functions.

Materials and Methods: Four hundred eighty-two patients who had the data of urinalysis performed a maximum of three months before in the pre-COVID period, during COVID-19 period, and on post-COVID 15th day, moderate and severe COVID-19 patients who were hospitalized and able to be followed in ward; and did not have exclusion data were included in the study. Urine bilirubin, urine erythrocyte, urine protein, urine glucose, urine potential of hydrogen (pH), and urine density parameters were analyzed, and the results were registered.

Figure 1. Correlation analysis of e-GFR with CRP and D-dimer

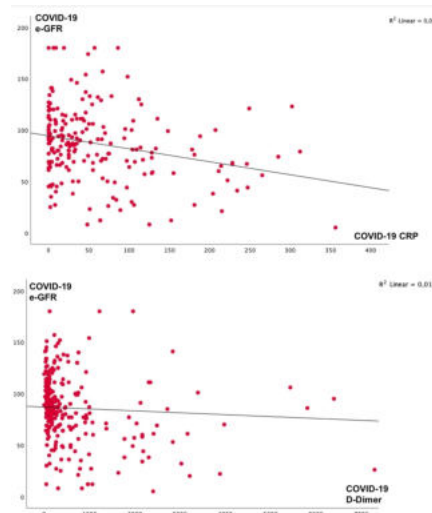


Figure 2. Correlation analysis of urine density with e-GFR and CRP

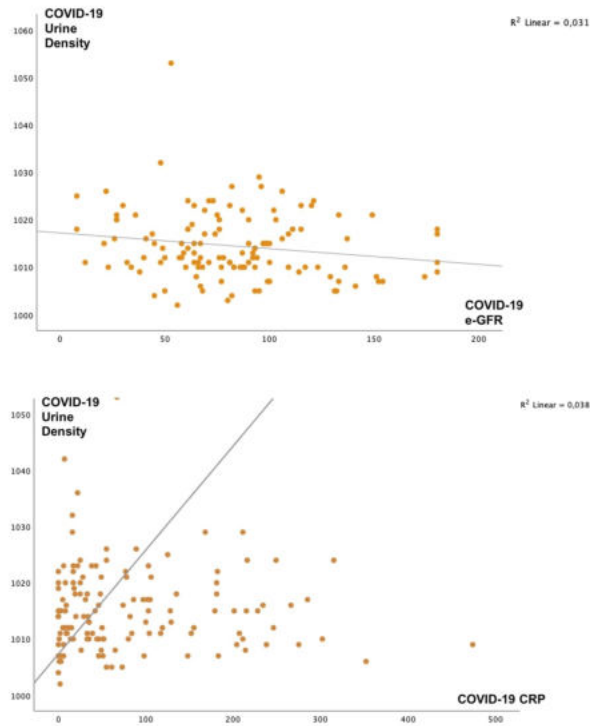


Table 1: Details of Pre-COVID-19, COVID-19, and Post-COVID-19 15th day demographical and hematological parameters



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	Pre-COVID-19	COVID-19	Post-COVID-19 15 th day
	51.1 ± 20		
	54 /46		
	92.1 ±33.2	88.69±33.5	90±37.7
	33.9±21.9	46.9±50	41.08±30.4
	1.17± 0.5	1.36± 1.37	1.1± 0.3
	23± 67	69± 89	35 ± 57
	290± 140	373± 219	335± 151
	287± 600	655± 2180	452± 798
	U	5 ±1.9	5.5±2.7
	138.4± 3.4	138.1± 5.2	138.2± 5.6
	4.4± 0.5	4.32± 0.6	4.2± 0.7
	9.1 ± 1.2	9.01± 0.7	9 ± 1.04
	235 ± 112	259 ± 218	250 ± 196
	88 ± 61	122 ± 195	85 ± 73

Abbreviations: eGFR: estimated glomerular filtration rate, SD: standard deviation, CRP: C-reactive protein, LDH: lactate dehydrogenase, CPK: creatine phosphokinase



Table 2: Details of Pre-COVID-19, COVID-19, and post- COVID-19 15th day Urinalysis parameters

Urinalysis parameters				
	Pre-COVID-19	COVID-19	Post-COVID-19 15th day	P
Urine Density (mean ± SD)	1016.61±8.4	1017.02±48.7	1015.1±6.4	0.15
Urine pH (mean ± SD)	5.88±1.2	6.04±1	6.2±0.7	0.04
Urine Bacterial Microscopy (number of cells) (mean ± SD)	1.97 (0-10)	2.04 (0-25)	2 (0-20)	0.58
Urine Leukocyte Microscopy (number of cells) (mean ± SD)	3.77 (0-5)	9.67 (0-664)	7.67 (0-365)	0.04
Urine Erythrocyte Microscopy (number of cells) (mean ± SD)	3.15(0-5)	29.83 (0-488)	7.75 (0-388)	0.01
Bilirubinuria + %	5.6	1.5	0.5	0.36
Proteinuria + %	2.2	3.3	0.7	0.01
Glucosuria + %	6.8	8.8	5.6	0.44

Abbreviations: SD: Standard deviation



Results and Conclusion: A significant difference was found between e-GFR, CRP, fibrinogen and D-dimer values between the three groups when hematological parameters were assessed (All parameters $p < 0.05$). In the correlation analysis, it was found that e-GFR had a negative correlation with CRP ($p < 0.001$, $r: -0.289$) and D-dimer ($p: 0.02$, $r: -0.129$) during COVID period. Urine pH value, leukocyturia, microscopic hematuria and proteinuria presence were found different among the three groups based on urinalysis parameters evaluation (All parameters $p < 0.05$). These three parameters had a significant increase in COVID period and decreased in post-COVID period. The correlation analysis showed a negative correlation between urine density and e-GFR ($p: 0.04$, $r: -0.175$) and a positive ($p: 0.02$, $r: 0.195$) correlation between urine density and CRP. The significant presence of hematuria and proteinuria in the COVID-19 period supports the opinion that the disease causes kidney involvement and the data in the literature. The tendency of the parameters on the post-COVID 15th day to return to normal ranges shows that the inflammation effects are reversible after the infection period ends.

Keywords: COVID-19, e-GFR, Hematuria, Proteinuria, Urinalysis



Pub No: OP-175

Superior Vena Cava Syndrome

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Introduction and Purpose: Superior vena cava (SVC) syndrome results from any condition that leads to obstruction of blood flow through the SVC. Malignant obstruction can be caused by direct invasion of tumor into the SVC, or by external compression of the SVC by an adjacent pathologic process involving the right lung, lymph nodes, and other mediastinal structures, leading to stagnation of flow and thrombosis. In some cases, both external compression and thrombosis coexist. In addition, patients with malignancy have a higher risk of venous thrombosis related to indwelling venous devices. Patients frequently complain of facial swelling or head fullness, which may be exacerbated by bending forward or lying down, or arm swelling. However, edema can narrow the lumen of the nasal passages and larynx, potentially compromising the function of the larynx or pharynx and causing dyspnea, stridor, cough, hoarseness, and dysphagia. Respiratory distress can also be related to pleural effusion or pulmonary restriction from severe chest or breast swelling.

Materials and Methods: A 63-year-old male patient was admitted to the emergency department with complaints of shortness of breath and fatigue. The patient had a known history of hypertension, DM, lung CA. Vitals TA:110/60 fever:37 pulse:110 spo2:87. Physical examination of the patient showed facial edema, edema in the arms, edema in the neck veins, fullness in the neck veins, decreased lung sounds bilaterally, no contrast filling in the superior vena cava was observed in the tomography of the patient, segmental pulmonary embolism is present, and the patient was interned to the internal medicine clinic.

Results and Conclusion: For patients with life-threatening symptoms (ie, stridor, respiratory compromise, or depressed central nervous system function), we recommend emergency treatment with endovenous intervention rather than initial RT. Options for patients with no life-threatening symptoms depend on the histologic type of the malignancy and the severity of symptoms. Treatment must be individualized. The goals of management for malignant SVC syndrome are to alleviate symptoms and treat the underlying disease. Treatment of the underlying cause depends on the type of cancer, the extent of disease, and the overall prognosis, which is closely linked to histology and whether or not prior therapy has been administered

Keywords: superior vena cava syndrome

Pub No: OP-176

Ekg Save Lives

Berk ORAL¹, Ali GÜR¹

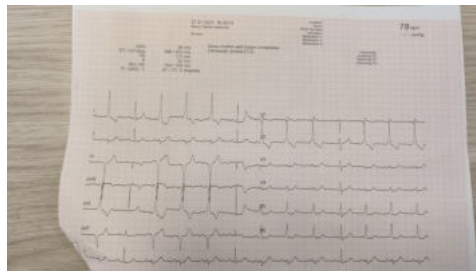
¹Ataturk University, Faculty of Medicine, Department of Emergency Medicine

Introduction and Purpose: Patients with WPW syndrome are usually treated for symptomatic arrhythmias. If certain "high-risk" features are present, treatment can sometimes be extended to asymptomatic patients with a WPW pattern. However, most asymptomatic patients with a WPW electrocardiographic pattern are not treated. Treatment options for people with arrhythmias and WPW syndrome include pharmacological treatments (to slow ventricular heart rates or prevent arrhythmias) as well as non-pharmacological treatments (i.e., catheter ablation of the accessory pathway). The choice of optimal treatment depends on the severity of the arrhythmia and the risk of sudden cardiac death; The preferred treatment for most acute arrhythmias is pharmacological agents.

Materials and Methods: A 43-year-old patient, who had undergone angiography 1 year ago due to coronary artery disease and had 1 stent, is brought to our emergency department with the complaint of stomach pain. In his anamnesis, it was learned that stomach pain was not related to meals, that he had occasional active and ongoing palpitations, and that he had syncope with palpitations during the day. Nausea, vomiting, and anginal symptoms accompanying this are not described. No pathology was detected in the examination. No pathology was detected in the blood of the patient, who was diagnosed with preexcited intermittent wpw in his ECG. The patient, who was consulted with cardiology with a preliminary diagnosis of Wpw, is interned in the same clinic.

Results and Conclusion: WPW is a serious disease that can be detected incidentally, progressing in the accessory pathways, which can cause serious arrhythmias and death as a result. It is extremely important to recognize the symptomatic ones and intervene early.

WPW ECG



Keywords: Ecg, wpw



Pub No: OP-177

CAN THE MANCHESTER TRIAGE SCALE BETTER PREDICT MORTALITY AND OUTCOMES WHEN COMBINED WITH DIFFERENT FRAILTY TESTS IN GERIATRIC POPULATION?

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Introduction and Purpose: We aimed to determine the effect of identifying patients at high risk of frailty by questioning their frailty status during triage in patients aged 65 years and older on the prediction of outcomes.

Materials and Methods: Patients were classified as frail and non-frail according to their score on frailty tests. According to the Manchester Triage System, T2-T3 patients were classified as high priority and T4-T5 patients as low priority. According to the length of stay in the emergency department, patients were divided into two groups as under and over four hours. The endpoint of the patients was hospitalization, treatments and mortality. Patients grouped according to triage priorities and frailty risks with PRISMA-7, ISAR, FRESH tests were statistically analyzed according to separate outcomes and the relationship between them was investigated.

Results and Conclusion: The study was conducted with 331 elderly patients aged between 65 and 99 years with a median age of 75 years. PRISMA-7 test predicts Admission, Mortality, EDLOS in low priority patients ($p < 0.05$), Treatment and mortality is mostly effected by triage scores but admission and EDLOS might be predicted by frailty tools. **CONCLUSION:** It is concluded that the integration of frailty questioning into triage systems will prevent elderly patients presenting with atypical findings and nonspecific complaints from being incorrectly classified as low triage priority.

Keywords: Triage, Geriatric Medicine, Frailty



Pub No: OP-178

The Utility of Biochemical Markers In The Prognosis of Acute Pulmonary Embolism

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Introduction and Purpose: Pulmonary embolism (PE) is a frequently diagnosed disease in the emergency department. The most used method for diagnosis is pulmonary computed tomography angiography (CTA). In patients with positive D-dimer test, pulmonary embolism is the first diagnosis considered in the emergency department. In our study, we aimed to evaluate the effectiveness of other biochemical markers on mortality and hospital stay in patients diagnosed with pulmonary embolism.

Materials and Methods: Our study is a retrospective study. The population of the study was created by patients who were admitted to a tertiary emergency department between 01.01.2023 and 01.06.2023 and underwent pulmonary CTA with suspicion of pulmonary embolism. 30 patients were included in the study. Demographic data were given as mean, standard deviation and median. Mann Whitney U test was used to compare the quantitative data of the parameters that did not fit the normal distribution. Correlation analysis between biochemical markers of patients diagnosed with pulmonary embolism was performed. The mean age of the patients was 71.1±15.8 years. 18 (60%) were female. The mean hospital stay of PE patients was 7.3±3.8 days. High-risk pulmonary embolism was present in 16 (53.3%) of the patients included in the study. The laboratory values of the patients diagnosed with PE included in the study were examined, hemoglobin was 12.5±2.4, hematocrit was 37.8±7.15, Ph was 7.42±0.63, SO₂ was 70.1±24.7, PCO₂ was 37±6, PO₂ was 51.6±26.4, lactate was 2.±0.98, d-dimer was 4622.8±3083.23, and C-reactive protein (CRP) was 43.03±5.7. Chi-Square test was performed between high-risk PE and low-risk PE patient groups and gender, and no significant difference was found (p=0.471). A strong negative correlation was found between pH and lactate (p<0.001). A positive correlation was found between lactate and length of stay (p<0.013). A positive correlation was found between the length of hospital stay and age (p<0.041).

Results and Conclusion: In our study, it was found that advanced age and high lactate value were positively associated with the length of hospital stay in PE patients, and it was shown that clinicians could use lactate value predictively.

Keywords: Pulmonary Embolism, Biochemical Markers, Lactate



Pub No: OP-179

SERUM MAGNESIUM AND INTRA-ERYTHROCYTE MAGNESIUM LEVELS IN PATIENTS WITH ACUTE MYOCARDIAL INFARCTUS

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Introduction and Purpose: In this study, we intended to commentate on whether serum-Magnesium (S-Mg') and intra-erythrocytic-Magnesium (Ie-Mg'*) levels are a risk factor for acute myocardial infarction in patients diagnosed with acute myocardial infarction (AMI).

Materials and Methods: The study included 57 (44 Male, 13 Female) patients with acute myocardial infarction and 35 control cases (23 Male, 12 Female) who did not have any coronary artery disease and did not use any medication affecting Magnesium (Mg) levels. Blood samples were taken from the patients included in the study and the individuals in the control group to measure S-Mg and Ie-Mg levels. In addition, high-density lipoprotein cholesterol (HDL-C), low-density lipoprotein cholesterol (LDL-C), very low-density lipoprotein cholesterol (VLDL-C), and total cholesterol (Total-C) levels of both the patient and control groups were measured. The patient and control groups were compared in terms of serum and intra-erythrocytic Mg levels. Besides, it was also examined whether there was a statistical correlation between the S-Mg' and Ie-Mg'' levels of the patient and control groups and age, gender, and smoking.

Results and Conclusion: While S-Mg* levels were found to be significantly lower in the patient group with acute myocardial infarction, no significant difference was found between the patient and control groups in terms of Ie-Mg levels. This shows us that Mg decreases in the extracellular space in the acute phase of infarction and may be a risk factor for coronary artery disease. Additionally, we did not find any relationship between age and smoking and S-Mg' and Ie-Mg'' levels in the patient group. As a result, we can propound that serum magnesium level is low in patients with AMI. Therefore, we think that using Mg* therapy after infarction may benefit these patients due to the cardioprotective properties of Mg. Within the difficulties of measuring intra-erythrocytic-Magnesium levels and because of the cost-effectivity, also there is no statistical difference between patient and control groups, it would be enough measuring of serum Mg levels to evaluate this subject.

Keywords: Acute myocardial infarction, serum-Magnesium, intra-erythrocyte-Magnesium



Pub No: OP-180

Examination of Patients Over 65 Years Admitted to Emergency Department of University Hospital

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Introduction and Purpose: In this study, retrospective admitted of patients over the age of 65 who applied to the emergency service or those who were admitted to the intensive care unit were examined.

Materials and Methods: The patients over the age of 65 who applied to emergency service between 01 April 2020 - 10 July 2020 were retrospectively examined. Patients' vital signs, physical examination findings, complaints of admission to the emergency department, preliminary and final diagnosis in the emergency department, the service or intensive care unit, the length of stay in the service and intensive care unit, discharge or death status in the service or intensive care unit, additional diseases, number of admitted, desired consultations, radiological examinations and laboratory values were examined.

Results and Conclusion: In this study, it was determined that 31.16% of all patients over 65 years of age who applied to the emergency department were hospitalized. It was observed that 301 (44.9%) of the patients were hospitalized in intensive care units. The mean hospital stay of the patients was 9 days. 16.9% of all patients died in the unit they were admitted to and the rest were discharged. It was determined that the department with the most hospitalizations was cardiology. It was observed that the patients in our study applied to the emergency department most frequently with the complaint of shortness of breath (18.2%). While the department with the highest number of deaths numerically was the covid service, the department with the highest number of deaths proportionally was medical oncology. It was found that the deceased patients were significantly hypotensive and tachycardic compared to the discharged patients. BUN, creatinine, total bilirubin, direct bilirubin, AST, ALT, ALP, GGT, LDH, neutrophil, lymphocyte, INR, APTT, CRP values and neutrophil/lymphocyte ratio of the patients were significantly higher than the patients who were discharged. The protein, albumin, calcium and hemoglobin values of the patients who died in the hospital were significantly lower than the patients who were discharged. It has been determined that blood tests and imaging methods of geriatric patients have been studied intensively and it is very important to evaluate them well.

Keywords: Covid, Emergency, Geriatrics, Intensive care, Mortality



Pub No: OP-181

Evaluation of the effectiveness of the YEARS algorithm added to classical clinical decision-making rules in pulmonary embolism

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Introduction and Purpose: Pulmonary embolism (PE) is often non-specific in terms of symptoms and signs and needs to be confirmed with an objective test. The widespread use of pulmonary computed tomography angiography (PCTA) increases the diagnosis of clinically insignificant subsegmental PE, and may lead to undesirable conditions such as contrast nephropathy by causing unnecessary radiation exposure of patients. Our aim in this study is to evaluate the potential of the YEARS algorithm to reduce the need for PCTA compared to the classical algorithm.

Materials and Methods: The study is a prospective observational study. Between 15.03.2018 and 15.09.2019, patients admitted to the emergency department with suspected PE and who underwent PCTA according to the classical algorithm (Wells) were included. According to the Wells algorithm, patients were evaluated and divided into two groups as "PE probable" and "PE not probable" and accordingly, patients who were determined as "PE probable" by the Wells algorithm and underwent PCTA were included in the study. After this stage, YEARS criteria were reviewed according to the patients' files and general laboratory results without knowing the results of PCTA. The need for PCTA was investigated according to classical clinical decision-making rules and YEARS algorithms.

Results and Conclusion: The study included 300 patients. 58.7% of the patients were female and the median age was 68 years. Pulmonary embolism was detected in 12% of patients. According to the YEARS algorithm, 69% of patients were in the group requiring PCTA, while 31% were in the YEARS pulmonary embolism exclusion group. According to the YEARS algorithm, PE was detected in 16.4% of patients with indication for PCTA, whereas PE was found in only 2.2% of patients in the PCTA exclusion group. In the patient cohort including the "possible PE" group according to the Wells algorithm, the sensitivity according to the YEARS algorithm was 94.4%. In this study, it was found that the YEARS algorithm provides a 31% reduction in the need for PCTA withdrawal compared to the classical algorithm we are currently using. However, we also showed that YEARS has a low risk of missing PE patients. New scoring systems should be developed to reduce these rates.



Table 1. Wells criteria and management algorithm according to Wells

n(%)	
History of thromboembolism	32 (%10.7)
Tachycardia	240 (%80)
Surgical immobilization	57 (%19)
Hemoptysis	8 (%2.7)
Active cancer	19 (%6.3)
DVT ¹ clinic	29 (%9.7)
Possible absence of diagnosis	83 (%27.7)
Management according to ESC ² 2014 algorithm	
High Probability PE ³	88 (%29.3)
Low-moderate PE and high D-dimer	212 (%70.7)

Table 2. YEARS parameters and management algorithm according to YEARS

n(%)	
YEARS criteria	
DVT ¹ clinic	29 (%9.7)
Hemoptysis	8 (%2.7)
Most likely diagnosis	84 (%28)
YEARS algorithm	
Zero criteria, D-dimer<1000	70 (%23.3)
Zero criteria, D-dimer>1000	135 (%45)
Years>1 criterion, D-dimer<500	23 (%7.7)
Years>1 criterion, D-dimer>500	72 (%24)
Management according to the Years algorithm	
Take PBTA ² scan (1 or more criteria)	207 (%69)
Exclude PE ³ (zero criteria)	93 (%31)



Table 3. PCTA results of patients according to algorithms

	PE negative	PE positive
Management according to Wells ESC ¹ 2014 algorithm		
High Probability PE ²	65 (%24.6)	23 (%63.9)
Low-moderate PE and high D-dimer	199 (%75.4)	13 (%6.1)
Management according to the YEARS algorithm		
Take PCTA ³ (1 or more criteria)	173 (%83.6)	34 (%16.4)
Exclude PE (zero criteria)	91 (%97.8)	2 (%2.2)

Keywords: pulmonary, embolism, YEARS, algorithm

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An optimized deep learning approach for predicting multiple sclerosis conditions from an artificial intelligence perspective

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Introduction and Purpose: Multiple sclerosis (MS) stands as the most prevalent non-traumatic incapacitating ailment that affects young adults. The incidence and prevalence of MS are on the rise in both developed and developing nations, though the exact underlying cause of this trend remains uncertain. The current study intends to predict MS conditions based on demographical/clinical characteristics through a proposed optimized deep learning (DL) algorithm.

Materials and Methods: The current study analyzed a public dataset to predict MS status on the strength of different characteristics of individuals. The prospective cohort study from which the dataset was taken was undertaken on individuals of Mexican mestizo heritage who had recently been diagnosed with Clinically Isolated Syndrome (CIS) and had visited the National Institute of Neurology and Neurosurgery (NINN) in Mexico City, Mexico, from 2006 to 2010. A DL algorithm was constructed to predict the absence and presence of MS, and hyper-parameters were optimized by the grid search technique. Model performance was evaluated based on accuracy, kappa, sensitivity, specificity, F measure, and area under the ROC curve (AUC) indices to identify the best-performing result.

Results and Conclusion: The optimized consequences were 3 for cross-validation number, 1 for learning rate, and exponential rectifier linear unit for activation function. Accuracy, kappa, sensitivity, specificity, F measure, and AUC indices from the DL model were calculated as 98.53% +/- 1.68%, 0.971 +/- 0.034, 97.96% +/- 2.04%, 99.21% +/- 1.37%, 98.63% +/- 1.57% and 0.999 +/- 0.001, respectively. In conclusion, the study's meticulous parameter optimization and comprehensive performance assessment underscore the DL model's efficacy in predicting MS status with remarkable accuracy and reliability, offering valuable insights for early detection and clinical decision-making.

Keywords: Artificial intelligence, deep learning, multiple sclerosis, prediction

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Combination of stroke and aortic dissection with presenting seizure

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Introduction and Purpose: Aortic dissection (AD) is a disease with high mortality. It is possible for these patients to apply to the emergency department with typical tearing chest-back pain, as well as with atypical clinical findings. In this article, we aimed to present a patient who came to the emergency room with loss of consciousness after convulsions, had seizures, had acute ischemic stroke and was diagnosed with Debakey Type-1 AD.

Materials and Methods: A 41-year-old female patient was admitted to the emergency department with loss of consciousness after contraction. After clinical and radiological findings, the patient was diagnosed with stroke. It was learned that she had a diagnosis of hypertension and her systolic blood pressure values were generally around 160-170 mmHg. Acute aortic dissection and rupture of aortic aneurysm, which was confused with stroke, were considered because the radiological and clinical findings were inconsistent and the patient was hypotensive (arterial blood pressure: 100/60 mmHg). Afterwards, the patient underwent echocardiography and a dissection flap was seen. Dynamic thorax computed tomography (CT) angiography was performed and we diagnosed the patient as Debakey Type-1 AD. In this patient, we used cranial imaging methods (BBT, brain diffusion MRI), echocardiography and dynamic computed tomography (CT) angiography to rule out the differential diagnoses one by one and make the diagnosis.

Figure-1: Multiple ischemic areas on diffusion MR

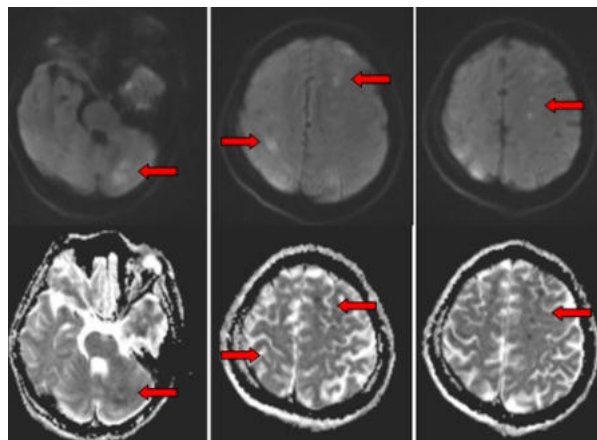


Figure-2: Aneurysm in the ascending aorta, fluid in the right hemithorax and pericardial mai in thorax CT

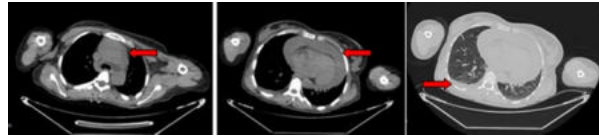
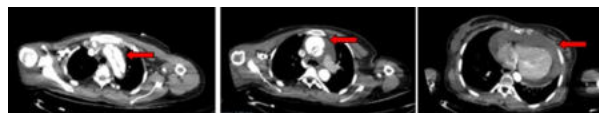


Figure-3: Type-1 AD in dynamic thorax CT angiography



Results and Conclusion: We diagnosed AD in a young female patient with acute ischemic stroke, who came to the emergency department with convulsions and loss of consciousness, had a seizure after physical examination and auxiliary radiological diagnostic methods. These cases may present with very different clinical findings (often stroke, coma or spinal cord ischemia, acute renal failure, myocardial infarction, mesenteric ischemia). In addition, aortography, magnetic resonance imaging, echocardiography and dynamic CT are the auxiliary diagnostic methods to be used in the diagnosis. Aortic dissection cases with a different clinical picture are added every day. In cases presenting to the emergency department, AD should always be considered among the differential diagnoses, even if there are no typical symptoms such as sudden, severe, predatory chest, back, and abdominal pain suggestive of AD.

Keywords: unconsciousness, syncope, stroke, seizure, Aortic dissection



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Guillain-Barré syndrome in the emergency

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Introduction and Purpose: The acute immune-mediated polyneuropathies are classified under the eponym Guillain-Barré syndrome (GBS) after some of the authors of early descriptions of the disease. GBS is one of the most common causes of acute, acquired weakness and is often provoked by a preceding infection. GBS may be complicated in some cases by respiratory failure or autonomic dysfunction. The acute polyneuropathy of GBS is often triggered when an immune response to an antecedent infection or other event cross-reacts with shared epitopes on peripheral nerve. All myelinated nerves (motor, sensory, cranial, sympathetic) can be affected. The range and extent of pathologic changes depend on the clinical forms of GBS. Patients with the common acute inflammatory demyelinating polyneuropathy (AIDP) form have prominent demyelination on electrodiagnostic studies and lymphocytic infiltration on sural nerve biopsies, while those with other forms such as acute motor axonal neuropathy (AMAN) form have prominent axonal loss without lymphocytic infiltration or complement activation and few degenerating nerve fibers.

Materials and Methods: A 58-year-old female patient had no known history of comorbidity. The patient's presenting complaint was weakness in the arms and legs and inability to walk. Her complaints started as weakness and fatigue for 2 days and numbness in her arms and legs. The patient, whose complaints increased today, applied to us. The patient's vitals TA:114/62 fever:36,2 pulse:67 spo2:95. In the neurological examination of the patient, the general condition was moderate, oriented, cooperative, no nuchal rigidity, muscle strength upper extremity right:3/5 left:2/5 lower extremity right:3/5 left:2/5. DTR hypoactive. Cerebellar tests could not be evaluated due to muscle weakness. Diffusion MRI and Brain CT of the patient showed no acute pathology. It was learned that the patient had a history of gastroenteritis 2 weeks ago. EMG was performed. The patient was hospitalized in the neurology service with a prediagnosis of Guillain Barre Syndrome.

Results and Conclusion: Most patients report an antecedent infection or other event in the four weeks prior to GBS. Upper respiratory tract infection and gastroenteritis are the most common infections, Campylobacter jejuni gastroenteritis is the most commonly identified precipitant of GBS. The typical clinical features of GBS include progressive and symmetric muscle weakness with absent or depressed deep tendon reflexes

Keywords: Guillain-Barré syndrome, weakness, Campylobacter jejuni

Pub No: OP-185

Intestinal Perforation After Diarrhea

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Introduction and Purpose: Intestinal Perforation is a serious complication that causes intestinal contents to leak into the abdominal cavity. It is a rare but potentially life-threatening clinical condition, especially in cases of acute diarrhea.

Materials and Methods: A 78-year-old female patient with chronic renal failure was brought to the emergency room with a complaint of diarrhea that had been going on for 1 week. On the day she applied to the emergency room, we learned that she had severe abdominal pain after hemodialysis, and her general condition deteriorated. We thought that the presence of severe leukocytosis and elevated CRP and the presence of defenses in the abdomen could not be due only to diarrhea, and we planned an urgent non-contrast chest and abdomen computed tomography (CT) to rule out an acute organic pathology. We were observed diffuse air appearances in the abdomen with CT scan and this was interpreted as perforation. The patient was urgently consulted by the general surgeon and underwent surgery.

intestinal perforation



image of the intestinal perforation

intestinal perforation



intestinal perofration

intestinal perforation



intestinal perforation

Results and Conclusion: Perforation, especially after diarrhea, is a rare but vital condition. Early diagnosis and treatment are important in protecting the patient's health.

Keywords: Intestinal Perforation, Diarrhea, emergency



Pub No: OP-186

Ocular and Orbital Injuries Secondary To Violence Against Women

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Introduction and Purpose: Violence against women is a pervasive and critical social issue that must be addressed, almost as if it were a pandemic. We investigated the prevalence of ocular and orbital injuries among women presenting to the emergency department of a tertiary hospital as a result of violence against women.

Materials and Methods: This retrospective study investigated 121 medical data of patients experiencing violence against women who attended to a tertiary hospital's emergency department between January 1, 2020 and December 31, 2021. These patients were assessed based on their age and similar demographic characteristics as seen in the forensic reports.

Results and Conclusion: Seven (5.7%) of the 121 patients assessed during a two-year period had ocular and orbital injuries, requiring a referral to an eye disease specialist. Three (42.8%) of the seven patients required surgery for various causes such as orbital fracture, scleral rupture, and canaliculi incision, whereas four (57.2%) merely required medicinal care. Overall, ocular and orbital injuries constitute a substantial social issue in terms of violence against women. The resulting ocular and orbital injuries caused by violence against women appear to warrant surgical treatment, necessitating immediate solution actions at both the community and government levels.

Keywords: Emergency, violence, woman, injury, eye

Pub No: OP-187

Anjina Bülloza Hemorajika

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Introduction and Purpose: Anjina bülloza hemorajika oral mukozada aniden ortaya çıkan içerisinde kanla dolu benign karakterde subepitelyal dokudaki mukozal kabarcıkları ifade eden terimdir.(1). Kabarcıklar koyu kırmızı ve mor renkte gözlemlenmektedir.(2).ABH travmaya sekonder olduğu bazı olgu sunumlarında tanımlansa da etiyojisi net olarak tanımlanamamıştır. (3) Diyabetes mellitus, hipertansiyon, inhale steroid kullananlar hastalarda daha sık gözlemlenmektedir.(4) Orta yaşlı ve yaşlı erişkinlerde görülen, kendini sınırlayan, tekrarlayıcı ve iz bırakmadan kendiliğinden iyileşmektedir.(3,5) ABH, diş hekimleri tarafından tanımlansa da son zamanlarda klinisyenler tarafından raporlanmaktadır. Buradaki amacımız ABH'nın klinisyenler tarafından tanımlanmasını vurgulamaktır.

Materials and Methods: 79 yaşında kadın hasta sağ bukkal bölge iç kısmında 2x1.5 cm, dil anteriorunda ve lateralinde 0.5x0.5 cm boyutlarında aniden ortaya çıkan mor renkte kistik yapılar nedeniyle acil servise başvurdu. Özgeçmişinde Kronik Böbrek Yetmezliği, Hipertansiyon, Parkinson ve Kalp yetmezliği bulunuyordu. Hasta betahistin,epoetin alfa, parikalsitriol,L-karnitin, asetilsalisilik asit, rasajilin, olmesartan,propranolol, pramipeksol ve levodopa ilaçlarını kullanmaktaydı. Hastanın istenen kan tetkiklerinde normal olarak saptandı. Hastaya yapılan yüzeysel usg'de içerisinde en büyüğü 2x1.5 mm'lik kistik yapılar içeren doppler aktivitesi olmayan düzgün sınırlı nodüler lezyon raporlandı. Klorheksidin reçete edildi. Hastanın takiplerinde lezyonun 1 hafta sonra lezyon boyutunun azalarak 2 hafta sonra iz bırakmadan iyileştiği gözlemlendi. Hastanın 1 ay sonra başka bir sebepten dolayı Acil Servis başvurusunda çekilen beyin BT'sinde bukkal mukoza simetrikti ve herhangi bir lezyon görünümü yoktu. Hastanın ilk başvurusundan yaklaşık 40 gün sonra aynı şikayetler ile hastane başvurusu saptandı.

Results and Conclusion: ABH önceki yıllarda diş hekimleri tarafından olgu sunumları ile bildirilse de son yıllarda klinisyenler tarafından raporlanmaktadır. Kendini sınırlayan oral mukozada içi kan ile dolu büllöz benign lezyonlar iz bırakmadan kendiliğinde iyileşmektedir. (1,5) Travma ve oral mukozadaki vasküler yapıların fragilitelerinden neden olarak düşünülse de etiyojisi net olarak bilinmemektedir.(3) Olgumuzda bukkal mukoza ve dil üzerindeki lezyonların yemeğe bağlı travma sonrası oluştuğunu düşündürmektedir. Lezyonların iz bırakmadan kendiliğinden iyileşmesi ve tekrar aynı şikayetler ile hastane başvurusunun olması Anjina Bülloza Hemorajika tanısını desteklemektedir.

Keywords: Oral lezyonlar, travma, hemoraji, anjina bülloza



Pub No: OP-188

The Relationship Between Hemogram Parameters and Mortality in Patients with Covid-19

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Introduction and Purpose: Covid-19 infection aggravates inflammatory response of patients by causing cytokine storms in body fluids. This may even lead to death in some patients. There is a mutual interaction between these cytokines released in the event of inflammation and many of the complete blood count parameters. In appropriate and sufficient conditions, assesment of these cytokine levels can be used to evaluate whether the patient's immune system is over-activated, and to predict the prognosis of COVID-19 patients. However, in environments cytokines cannot be measured, hemogram parameters that interact with cytokines are both cheaper and easier to access. We investigated whether the complete blood count parameters such as leukocyte count, lymphocyte count, eosinophil count, monocyte count, and ratios which are thought to be more useful in showing inflammation in the recent period such as eusinophil / lymphocyte ratio (ELR) and monocyte / lymphocyte ratio (MLR), are effective in predicting the prognosis and mortality of patients suffering from Covid19 infection.

Materials and Methods: A total of 157 patients with pneumonia were included in the study. Three groups were formed in accordance with the severity of their pneumonia. Inflammation cells included in complete blood count and their rates were compared between groups. These parameters were also compared between groups with and without mortality. Logistic regression analysis was performed to determine the most effective parameters. P value < 0.05 was considered statistically significant.

Results and Conclusion: Results: ELR and MLR values were significantly higher in patients with mortality than those without mortality. Lymphocyte count was found to be significantly lower in patients with mortality. Logistic regression analysis was performed to determine the nearest and most independent of these parameters to mortality. As a result of this analysis; Of all parameters, only age, lymphocyte count and platelet lymphocyte ratio values were found to be independently associated with mortality. Conclusion: The severity of the disease is greater in patients with lower lymphocyte count and eosinophil count, and in patients with high ELR and MLR. We think lymphocyte count, eosinophil count, ELR and MLR can be useful parameters to predict prognosis of patients with Covid-19 related pneumonia and, lymphocyte count

Table 1 Comparison of hemogram findings according to study groups

Variable	Group I n=55	Group II n=55	Group III n=57	p
White blood cell (uL)	13.4 ± 1.8	13.0 ± 2.3	12.1 ± 2.0	0.382
Lymphocyte count	2037 ± 1013 α	1992 ± 1134 β	1183 ± 581	<0.001
Monocyte count	725 ± 402	832 ± 491	681 ± 384	0.152
Eosinophil count	187 ± 219 α	168 ± 258 β	91 ± 56	<0.001
Eosinophile lymphocyte ratio	0.08 ± 0.08	0.08 ± 0.10	0.09 ± 0.08	0.695
Monocyte/lymphocyte ratio	0.43 ± 0.28	0.57 ± 0.70	0.65 ± 0.42	0.052

Table 2 The hemogram findings related to mortality

Variable	Mortality (+) n=22	Mortality (-) n=137	p
Eosinophile lymphocyte ratio	0.16 ± 0.15	0.07 ± 0.06	0.012
Monocyte lymphocyte ratio	1.03 ± 0.92	0.44 ± 0.27	0.003

Keywords: Covid-19 infection, eosinophil / lymphocyte ratio, monocyte / lymphocyte ratio, mortality, emergency.



Pub No: OP-189

WELLENS SYNDROME + MESENTERIAL ISCHEMIA

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Introduction and Purpose: Abdominal pain may indicate abdominal pathologies as well as cardiac pathologies; However, as in our case, both pathologies may occur together.

Materials and Methods: In our case, a 58-year-old male patient presented with abdominal pain that started at night and worsened approximately 2 hours later. There was gas and stool output. On admission, he was conscious and his Glasgow coma scale was 15. On abdominal examination, there was right upper quadrant tenderness and there was no external defense or rebound. Wellens syndrome type b was present in his electrocardiography (Ecg). The patient's abdominal pain continued during follow-up, and although paracetamol and fentanyl were used for pain control, The pain did not reduce. In the patient's laboratory tests, creatinine was 1.5 mg/dl, high sensitive Troponin I was found to be 47.5 ng /L, WBC was 12.72 x10³/ uL. The patient's 2nd hour control troponin was 32.4 ng / L. Contrast-enhanced abdominal computed tomography (CT) imaging was performed for acute abdomen in the patient, whose entire abdominal ultrasonography revealed no pathology. CT scan showed "stones, the largest of which was 5 mm in diameter, were observed in the gallbladder." " inferior " subtotal at the origin of the mesenteric artery "There is a mixed plaque that has formed an occlusion ." The patient was admitted to the coronary intensive care unit with the diagnosis of acute coronary syndrome, for which emergency surgical intervention was not considered by the general surgery consultant. In the patient's coronary angiography imaging, there was no pathology in the vascular structures that would require serious vascular intervention, and there were occasional plaques in the LAD. The patient was discharged after his complaints resolved after coronary angiography imaging.

Results and Conclusion: Abdominal pain has an important place in emergency department admissions. Since many diseases can be found in its etiology, its differential diagnosis should be made carefully.

Keywords: wellens syndrome, mesenteric icheemia, abdominal pain, acute abdomen, acute coronary syndrome

Pub No: OP-190

Bilateral Testicular Dislocation After Traffic Accident

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Introduction and Purpose: Traumatic testicular dislocation was first described by Claubry in 1818. It is defined as extra-scrotal migration of one or both testicles secondary to scrotal trauma. Traumatic testicular dislocation is a rare complication of blunt scrotal injury and can easily be overlooked due to the presence of other serious concomitant injuries. In most cases, an operation is needed to prevent malignant change or infertility. Traumatic testicular dislocation is a rare consequence of blunt scrotal trauma.

Materials and Methods: A 21-year-old male patient presented with the complaint of inguinal pain after a motorcycle accident, and his physical examination revealed that both testicles were not in a well-formed scrotal sac and he had bilateral inguinal swelling. General condition is moderately oriented, cooperative patient Gcs score:15. Conscious, neurological examination is normal. There was swelling in both inguinal regions in the abdomen and 2 cm abrasion on the left superior of the gland in the penis. There was tenderness in the left hip. No midline tenderness. Patient's examinations were requested. Tetanus vaccine given. Antibiotherapy was provided. PanCT requested. There is displaced fx in the iliac wing in the pelvis. Orthopedics, urology and general surgery were consulted. Intensive care follow-up was recommended by orthopedics. The testicles were reduced by urology. Urological emergency was not considered in the patient with normal urine output to the Foley catheter. The patient was admitted to the intensive care unit.

bilateral testicular dislocation





bilateral testicular dislocation

Results and Conclusion: Traumatic testicular dislocation is rare and can be difficult to recognize. Passengers of the groin area should be suspected in motorcycles and high-energy accidents and depend on a careful physical examination. Prognosis is expected with appropriate management. To all trauma patients, especially those who have had a scrotal examination if pelvic injuries are suspected or if there is a high risk of motor shock, to avoid missing the diagnosis and avoid serious behavior. With proper management, the prognosis is excellent. To avoid missing the diagnosis and to avoid serious complications, we recommend that all trauma patients undergo a scrotal examination, especially if a pelvic injury is suspected or if there is a high risk of being struck by a motorcycle.

Keywords: emergency room, testicular dislocation, trauma



Pub No: OP-191

The Heavy Metal and Trace Element Alterations in Patients with Migraine Attack

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Introduction and Purpose: Migraine is a universal disease that affects more than 10% of the world's population. However, there are no globally accepted biomarkers for diagnostic, prognostic, or therapeutic monitoring of migraine. There are limited studies that comprehensively investigate the role of heavy metals and trace elements (HMTE) in migraine patients. Considering the pathologic homeostatic effects, we hypothesized that a trace element profile in favor of deficiency and a heavy metal profile in favor of excess are likely in patients with migraine. Therefore, the present study aimed to evaluate the HMTE levels in patients with migraine and compare them to healthy volunteers.

Materials and Methods: A total of 100 participants were included in the prospective matched case-control study. The inductively coupled plasma mass spectrometer system was used for the analyses. The calibration curve was created with 11 points for each trace element [antimony (Sb), chromium (Cr), copper (Cu), iron (Fe), magnesium (Mg), manganese (Mn), molybdenum (Mo), and zinc (Zn)] and heavy metal parameters [arsenic (As), cadmium (Cd), cobalt (Co), lead (Pb), mercury (Hg), nickel (Ni), and tin (Sn)] and a certified reference material (Seronorm Whole Blood Label-2) was used for method validation.

Results and Conclusion: Our study was completed with the participation of 100 volunteers including 50 healthy controls and 50 migraine patients. The median age was 27 (23-37) years, and the female/male ratio was 37/13 for the groups. The mean levels of all tested HMTEs did not exceed the internationally determined biological exposure indices (BEI) which are values used for guidance to assess biological monitoring results. The migraine patients had significantly higher heavy metal levels, significant for As, Co, Pb, and Ni levels ($p < 0.05$). Also, the patient group had significantly lower trace element levels for Cr, Mg, and Zn ($p < 0.05$). However, Mn level was higher in migraine group. Cd, Sn, Sb, Cu, Fe and Mo levels did not differ between the groups. Some heavy metal and trace element parameters alter in patients with migraine which may provide additional insight into the understanding of the migraine etiology. Also, the HMTE parameters may be used as diagnostic biomarkers. However, further epidemiological studies are needed.

Figure 1

Parameters (µg/L)	Groups	Mean	SD	SEM	Min.	Max.	p	
Heavy metals	Arsenic (As)	Control	4.79	1.04	0.15	3.21	7.31	0.033*
		Migraine	5.39	1.69	0.24	2.05	7.91	
	Cadmium (Cd)	Control	2.46	2.93	0.41	0.01	9.70	0.165
		Migraine	1.82	1.45	0.20	0.52	6.00	
	Cobalt (Co)	Control	0.80	0.47	0.07	0.06	2.20	0.017*
		Migraine	1.05	0.54	0.08	0.06	2.09	
	Lead (Pb)	Control	24.27	19.00	2.69	5.55	91.18	0.022*
		Migraine	34.28	23.63	3.34	11.49	95.16	
	Mercury (Hg)	Control	0.00	.00000*	0.00	0.00	0.00	Unavailable
		Migraine	0.00	.00000*	0.00	0.00	0.00	
	Nickel (Ni)	Control	0.94	0.23	0.03	0.52	1.69	0.021*
		Migraine	1.12	0.48	0.07	0.19	2.59	
	Tin (Sn)	Control	1.70	0.80	0.11	0.65	3.83	0.997
		Migraine	1.70	0.77	0.11	0.55	3.26	
Trace elements	Antimony (Sb)	Control	3.45	0.64	0.09	1.94	4.89	0.195
		Migraine	3.13	1.63	0.23	1.82	13.33	
	Chromium (Cr)	Control	8.39	1.45	0.21	3.96	10.78	0.007**
		Migraine	7.64	1.27	0.18	4.13	10.13	
	Copper (Cu)	Control	922.27	263.77	37.30	541.17	1835.07	0.408
		Migraine	970.62	316.18	44.71	584.94	2052.00	
	Iron (Fe)	Control	1901.97	455.36	64.40	1118.44	3134.58	0.440
		Migraine	1984.36	596.74	84.39	1227.91	4039.87	
	Magnesium (Mg)	Control	16.52	4.97	0.70	11.27	32.45	0.024*
		Migraine	14.48	3.84	0.54	11.06	30.33	
	Manganese (Mn)	Control	6.48	2.43	0.34	2.89	12.19	0.001**
		Migraine	9.68	5.37	0.76	1.50	24.79	
	Molybdenum (Mo)	Control	1.21	0.83	0.12	0.56	6.28	0.252
		Migraine	1.05	0.50	0.07	0.65	3.10	
Zinc (Zn)	Control	5133.63	4535.63	641.44	1113.12	17088.76	0.008**	
	Migraine	2984.28	3256.50	460.54	511.73	12733.93		

Statistical significance; *p < 0.05 and **p < 0.01, SD; Standard Deviation, Min; Minimum, Max; Maximum, SEM; Standard Error Mean; *, Undetected levels.

Comparison of heavy metal and trace element blood levels between control and migraine groups.

Figure 2

Control Group Parameters (µg/L) (n = 50)	Cd	Co	Pb	Hg	Ni	Sn	Sb	Cr	Cu	Fe	Mg	Mn	Mo
As	-.185	.054	.007	*	-.574**	-.159	-.160	.071	.273	-.489**	.417**	-.372**	.249
Cd	1	-.245	.304*	*	.155	-.326*	-.078	.171	-.067	.157	-.291*	.506**	.105
Co		1	-.222	*	.119	.191	-.063	-.151	.010	.033	.198	-.455**	.020
Pb			1	*	.167	-.208	-.071	.364**	-.201	.122	-.107	.458**	.092
Hg				1	*	*	*	*	*	*	*	*	*
Ni					1	.077	.240	.096	-.112	-.594**	-.480**	.393**	-.189
Sn						1	.154	-.090	-.037	.124	-.013	-.019	-.057
Sb							1	-.052	-.020	.273	-.144	.034	.097
Cr								1	-.389**	.164	-.019	.405**	.053
Cu									1	-.123	.221	-.345*	-.011
Fe										1	-.381**	.391**	-.230
Mg											1	-.539**	.206
Mn												1	-.235
Mo													1

As; Arsenic, Cd; Cadmium, Co; Cobalt, Pb; Lead, Hg; Mercury, Ni; Nickel, Sn; Tin, Sb; Antimony, Cr; Chromium, Cu; Copper, Fe; Mg; Magnesium, Mn; Manganese, Mo; Molybdenum, and Zn; Zinc.

Statistical significance; *p < 0.05 and **p < 0.01.

Correlations of heavy metal and trace element blood levels in control group.

Figure 3

Migraine Group Parameters (µg/L) (n = 50)	Cd	Co	Pb	Hg	Ni	Sn	Sb	Cr	Cu	Fe	Mg	Mn	Mo
As	.018	-.020	-.071	*	-.037	-.086	.123	.065	-.088	-.032	.224	-.090	-.335*
Cd	1	.125	.025	*	-.175	-.340*	-.003	.612**	.221	-.118	.436**	-.067	.185
Co		1	-.043	*	-.337*	-.020	.052	-.041	.025	.217	-.094	.042	-.232
Pb			1	*	-.112	-.073	-.001	-.107	-.007	-.202	-.150	-.109	-.002
Hg				1	*	*	*	*	*	*	*	*	*
Ni					1	.058	-.067	.109	.044	-.061	-.002	.106	.353*
Sn						1	-.213	.197	-.196	.266	-.217	.098	-.148
Sb							1	.123	.000	-.111	-.072	-.030	.081
Cr								1	-.220	.092	-.287*	.223	-.084
Cu									1	-.153	-.287*	.105	.402**
Fe										1	-.175	-.002	-.336*
Mg											1	-.031	.072
Mn												1	.282*
Mo													1

As; Arsenic, Cd; Cadmium, Co; Cobalt, Pb; Lead, Hg; Mercury, Ni; Nickel, Sn; Tin, Sb; Antimony, Cr; Chromium, Cu; Copper, Fe; Iron, Mg; Magnesium, Mn; Manganese, Mo; Molybdenum, and Zn; Zinc.

Statistical significance; *p <0.05 and **p <0.01.

Correlations of heavy metal and trace element blood levels in migraine group.

Keywords: headache, migraine, heavy metal, trace element, ICP-MS



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The relationship of the Covid-19 pandemic with thrombosis-related diseases (pulmonary embolism, ischemic stroke, myocardial infarction and deep vein thrombosis)

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Introduction and Purpose: A new type of coronavirus that emerged in Wuhan, China in late 2019 has led to the COVID-19 pandemic. Millions of people have been infected, but various complications have arisen. Apart from severe respiratory failure, another important life-threatening complication is venous thromboembolic events. There are various literature studies related to this. In this study, those who had thromboembolic events under the headings of DVT (deep vein thrombosis), PTE (pulmonary thromboembolism), ACS (acute coronary syndrome) and CVD (cerebrovascular diseases) of the patients who applied to our emergency medicine clinic in the one-year periods before and after the pandemic were examined and the statistical differences between the two periods were examined.

Materials and Methods: Age, gender, diagnosis of thromboembolism, laboratory and radiological data, consultation notes of patients who applied to Gaziantep University Emergency Medicine Clinic in the one-year period before and after the pandemic were retrospectively analyzed. Data were collected and statistical analyzes were made with SPSS 22.0 and MedCalc program. The study was conducted with a total of 1733 patients, 853 of whom met the inclusion criteria before the pandemic and 880 after the pandemic. It was determined that thromboembolic events increased in the post-COVID period and the number of patients admitted under each thromboembolic heading increased statistically.

Comparison of thromboembolic patients before and after the pandemic according to all applications

Diagnoses	Group 1	Group 2	*p
	Before Covid	After Covid	
	Total Patient	Total Patient	
	(244,218)	(179,988)	
	N / (Hundred Thousand)	N / (Hundred Thousand)	
CVD	374 / (153)	368 / (204)	0,001
PTE	14 / (5)	42 / (23)	<0,001
ACS	435 / (178)	420 / (233)	0,001
DVT	30 / (12)	50 / (27)	0,003
Total	853	880	

With the results obtained by the rate comparison test ; the total number of applications to the emergency medicine clinic before Covid was 244,218, of which 374 had CVD, 14 with PTE, 435 with ACS and 30 with DVT. The total number of patients admitted to the emergency medicine clinic after Covid was 179,988, of which 368 were CVD, 42 were PTE, 420 were ACS and 50 were DVT. When both periods were compared, a statistically significant difference was found between the applications ($p < 0,05$).

Results and Conclusion: This study shows an increase in thromboembolic events with the COVID pandemic. The findings obtained may help clinicians be more careful about this issue and contribute to the regulation of treatment protocols.

Keywords: Covid 19, Venous Thromboembolism, Emergency Medicine



Pub No: OP-193

Hypokalemic Periodic Paralysis after corticosteroid

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Introduction and Purpose: Hypokalemic periodic paralysis is a rare disease with attacks of muscle weakness caused by hypokalemia and is usually inherited in a familial autosomal dominant manner. It presents with weakness in the lower extremity in the morning. Most common causes are familial periodic paralysis, thyrotoxic periodic paralysis and sporadic periodic paralysis, respectively. Hypokalemic periodic paralysis is an ion-channel disease characterized by paralysis episodes on skeletal muscles as a result of decrease in serum potassium level. Serum potassium level is low during episodes.

Materials and Methods: A 34-year-old male with no known chronic disease or drug use patient presented with complaints of weakness in his legs and difficulty in moving in the emergency department. Methylprednisolone, cefazolin and paracetamol treatments were given with the diagnosis of upper respiratory tract infection in another center. He reports that he has had these complaints after he applied to the emergency department three times in the last five years due to urticular attack. In physical examination, patient was conscious, alert and oriented. There was 4/5 strenght in right lower and 3/5 strenght in left lower extremity sensory and reflex examination were normal. Other systemic examinations were natural and the patient with no family history of a disorder was taken to observation room. Sinus rhythm pulse on ECG: 56, flattened t wave, u wave is present in leads v2-3, no st segment change, pr distance is normal, qt distance is normal. There is no pathology in brain CT and diffusion MRI taken in terms of central nervous system pathologies.. After the K replacement, the patient's symptoms completely resolved. The patient whose K level did not decrease in the follow-up was discharged with recommendations.

Results and Conclusion: There are many reasons of sudden muscle weakness/paralysis in emergency settings and differential diagnosis should be made carefully for an effective terapy because the definite treatment of this condition is based on underlying etiology. Although HPP is rarely seen in the emergency department, it is necessary to consider the etiological factors. For that reason, medicines of patient should be questioned and it should be considered that muscle paralysis can be developed on corticosteroid use mesafesi normal .Keywords:

Keywords: Hypokalemic Periodic Paralysis, Methylprednisolone, Emergency Department, muscle weakness

Pub No: OP-195

A Rare Case: Posttraumatic Renal Infarction

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Introduction and Purpose: Renal infarction is a rare condition that occurs as a result of insufficient blood flow to the renal parenchyma tissue. In this report, we present the case of a male who unfortunately had a trauma and we observed that in the left renal artery was totally occluded due to trauma.

Materials and Methods: A 50-year-old male patient presented to our emergency department due to a fall from a height on his own. In the physical examination of the patient, there was severe tenderness in the left side of the chest and the left upper quadrant of the abdomen. after the patient's vitals were checked and the first emergency evaluation was made, a computer tomography (CT) was taken. We observed that the patient with multitrauma had fractured ribs and a total occlusion in the left renal artery.

1



left renal infarction-posttraumatic

renal infarction



left renal infarction- posttraumatic



WACEM²³

WORLD ACADEMIC CONGRESS OF EMERGENCY MEDICINE

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October, 28 - 31

Results and Conclusion: In conclusion, this case report documents the importance of post-traumatic renal infarction, early recognition and treatment of the disease are of vital importance

Keywords: post-traumatic renal infarction, renal infarction, trauma

Pub No: OP-196

Emergency approach to a case of infective endocarditis caused by *Aspergillus* species

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Introduction and Purpose: *Aspergillus* endocarditis is one of the barely diagnosed diseases with high mortality rates. It accounts for less than 5% of all infective endocarditis cases. We present a case of native mitral valve *Aspergillus* endocarditis treated successfully with emergent surgical and medical treatments.

Materials and Methods: A 38-year-old male patient presented to emergency department with complaints of inability to speak and loss of strength in the right extremity. Acute diffusion restriction was observed in the L-MCA irrigation area. A hypermobile mass of 2.2*1.1cm originating from the atrial appendage was observed with transesophageal echocardiography, consistent with a thrombus extending into the mitral valve. Left ICA and MCA were seen occluded totally CTA. Emergent embolectomy was performed. In patients history, it was reported that fungal hyphae were seen in the pathological examination of the patient who had bilateral femoral embolectomy performed two months ago. On thorax CT, a 63*50mm mass lesion was seen in the left upper lobe of the left lung. With the preliminary diagnosis of fungal endocarditis, voriconazole treatment was started and he was operated emergently. 4*3cm mass invading the mitral-valve and ruptured the mitral-valve chordae was observed (Fig 1). There was thinning of the mitral-valve leaflets and rupture of the chordae due to infection. The lid was resected. In the microbiological examination of the removed mass, fungal hypha-spores were seen (Fig. 2). *Aspergillus* species growth was seen in the culture (Fig 3). The patient followed up in intensive care unit with tracheostomy and MV for 28 days. He was transferred to the service with 3/5 loss of strength on the right after his general condition improved. The patient, whose treatment continued in the infectious diseases clinic for 22 days, was discharged home, and the voriconazole treatment was completed to 6 months.

Fig 1



Fig 2

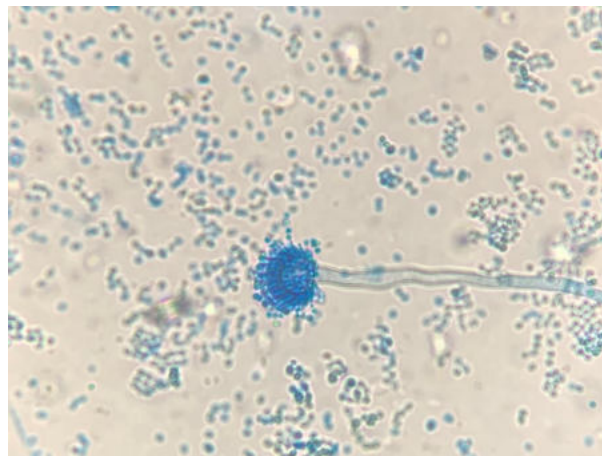


Fig 3



Results and Conclusion: Fungi are rare agents in the etiology of infective endocarditis, and early surgical intervention is mandatory. Delay in diagnosis and treatment causes high mortality [2]. Early application of appropriate antifungal agents and rapid surgical intervention are important steps that determine the prognosis of patients.

Keywords: Aspergillus species, Infective endocarditis, Emergency surgery



Pub No: OP-197

Retrospective Analysis of Facial Bone Fractures in the Emergency Department of Bursa Uludag University Medical Faculty between 2011 and 2021

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Introduction and Purpose: In this study, it was aimed to determine the parameters associated with the clinical features and clinical outcomes of patients who applied to the emergency department (ED) due to facial injury.

Materials and Methods: In this cross-sectional study, the clinical features of the patients who applied to Bursa Uludag University Emergency Department for facial injury and were consulted to the plastic reconstructive and aesthetic surgery department for fractures in the facial bones between 2011 and 2021 were retrospectively scanned from hospital records.

Results and Conclusion: 80.5% of the cases were male, the most common causes of trauma were assault 26.1%, falling 25.7% and in-vehicle traffic accident 14.0%. The most frequent application was in the summer months (34.5%). The most frequently injured facial bones were 43.6% nasal bone, 32.4% maxilla and 31.8% orbita. While 72.6% of the cases were discharged, 14.3% were hospitalized to the clinic, 4.8% to the ICU, 3.7% were referred and 0.3% died. The frequency of hospitalization/exit to the ICU was significantly higher among women who were exposed to traumas caused by gunshot wounds, falling from a height, and traffic accidents ($p < 0.05$). According to the facial bone in which the injury was detected, admission to the ICU/exitus status was as follows, in order of frequency: frontal (19.0%), orbit (9.0%), maxilla (8.3%), zygoma (8.1%), mandible (8.0%) and nasal (3.6%) bone. Detection of any type of facial bone fracture was found to be associated with ICU admission/exitus ($p < 0.05$). The cases with facial injuries are mostly men, and they apply to the ED with nasal fractures caused by beatings or falling during the summer months. The clinical outcome is more unfavorable among women, those exposed to higher-energy trauma, and those with facial bone fractures. Closer follow-up of cases with these features and providing appropriate treatment in the early period can be considered among the interventions that will reduce survival and the frequency of sequelae.

Keywords: facial injury, clinical outcome, emergency department

Pub No: OP-198

An Association between The T Peak-End Interval(Tpe) as a Malign Arrhythmia Marker in Electrocardiogram and Urgent Haemodialysis

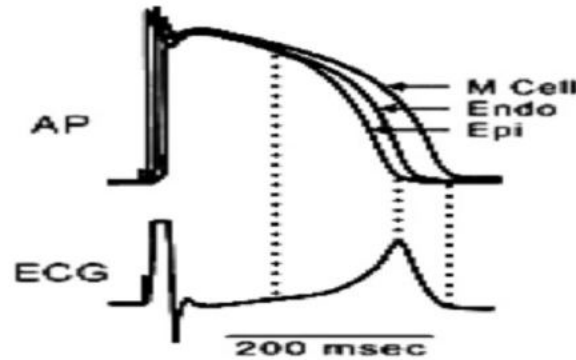
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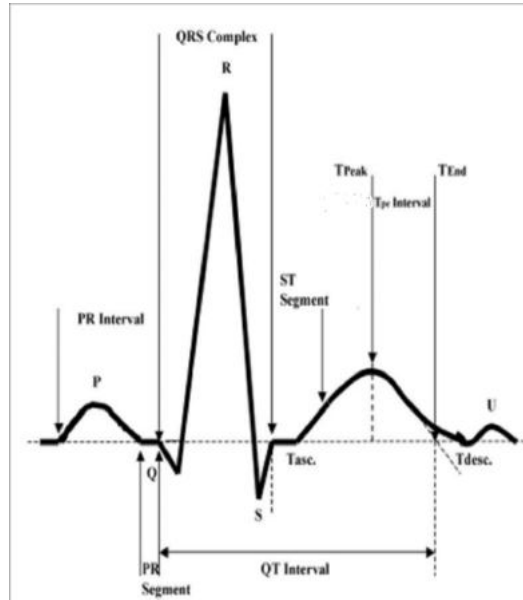
Introduction and Purpose: Renal failure is an important diagnosis worldwide. It can be classified as acute or chronic and renal replacement treatments are game-changer. But, sudden deaths might be observed in hemodialysis (HD) patients and arrhythmias are among the most important causes. We aimed to investigate the role of emergency hemodialysis in preventing malignant arrhythmia by comparing T peak-end (Tpe) intervals on ECGs before and after HD.

Materials and Methods: Patients admitted to the Department of Emergency Medicine, Antalya Training and Research Hospital, a tertiary care hospital, who underwent hemodialysis for acute renal failure were included in the study. ECG and vital signs were recorded before and after emergency dialysis. Demographic and biochemical data were recorded in the data bank and analyzed. Tpe duration was calculated in leads D2 and V5 on the ECGs of the patients. All these data were analyzed and compared with the control group.

Action Potential and ECG Relation



Tpe Interval in ECG



Results and Conclusion: The mean age of the patients who underwent HD was 62.16 ± 15.25 years and 43.5% of the 62 patients were female. The mean Tpe interval in lead V5 was 82.23 ± 19.48 in HD patients and the mean Tpe/QTc ratio was 0.19 ± 0.05 in HD patients, which was significantly higher than in the control group. There was no significant change in Tpe duration in leads V5 and DII before and after HD. Patients requiring hemodialysis for acute renal failure had significantly higher Tpe values than normal individuals. However, it was found that Tpe value did not change significantly before and after hemodialysis in patients undergoing hemodialysis.

Keywords: arrhythmia, emergency department, hemodialysis



Pub No: OP-199

Acute aortic dissection presenting as sore throat

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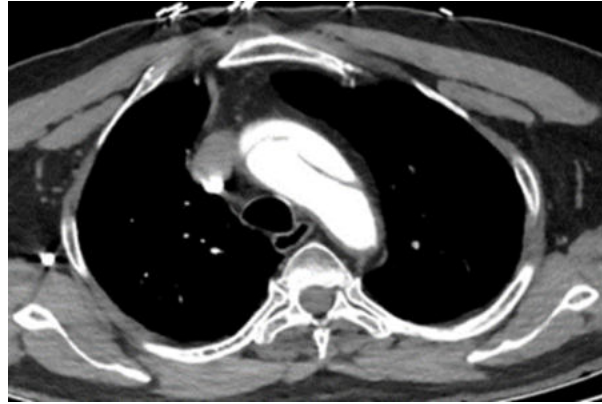
Introduction and Purpose: Aortic dissection is an emergency clinical situation with high mortality; hence, early diagnosis and treatment are essential for a favorable prognosis. Most commonly the classic description of a patient with an aortic dissection is acute-onset chest pain that is sharp and tearing in quality with radiation to the back in the interscapular region. However, not all aortic dissections present with classic symptoms of abrupt chest, back, or abdominal pain, and the diagnosis may be missed. Aortic dissection presenting as a sore throat is quite unusual.

Materials and Methods: A 67-year-old female patient was referred to an external center with complaints of cold sweating, weakness and stabbing pain that started suddenly in her throat and radiated to her chest about 2 hours ago and was referred to our emergency department for further examination. She had a known history of hypertension. Vitals at presentation were temperature 36,5°C, heart rate 112 beats per min, respiratory rate 23 per min, blood pressure 100/70 mm of Hg, and pulse oximetry 98%. On physical examination, respiratory sounds were natural and there was no additional pathology. There was no defense - rebound in the abdominal region. Peripheral pulse beat was natural. The electrocardiogram showed sinus ST depressions in the anterolateral leads. Troponin and other laboratory data were within normal limits. The chest radiography showed widening of mediastinum, deviation of the trachea. According to the symptoms, signs, laboratory data, and chest radiography, aortic dissection was highly suspected. Thoracoabdominal CT angiography showed a Type 1 aortic dissection in the arcus aorta.

Results and Conclusion: Aortic dissection is a life-threatening disease characterized by sudden chest and/or back pain. The disease is twice as common in men as in women, but it should be kept in mind that dissection cases, especially in the arcus aorta, may start with sore throat.



CT angiography showed aortic dissection in the arcus aorta



Keywords: sore throat, aort dissection, weakness

Pub No: OP-200

RECONSTRUCTION EXPERIENCE IN THE POST-EARTHQUAKE DESTROYED EMERGENCY DEPARTMENT

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Introduction and Purpose: On February 6th, 2023, two separate earthquakes measuring 7.7 and 7.6 on the Richter scale occurred in Kahramanmaraş, followed by a third earthquake measuring 6.4 in Hatay on February 20th. These earthquakes caused major destruction in 11 cities in Turkey, leading to the World Health Organization declaring a Level 3 emergency. The city of Gaziantep was affected by all three earthquakes, with 3,755 buildings destroyed and 9,541 people losing their lives. As of the date of this writing, official figures indicate that 50,096 people have lost their lives and 107,204 people have been injured in the country. The earthquakes that occurred in February 2023 in Turkey have affected a total of 13 million people living in 11 provinces. The emergency department of our hospital has suffered significant damage and has been evacuated during the second earthquake. Additionally, the safe transfer of patients and staff during the hospital and emergency department evacuation, as well as the arrangements made for setting up a new emergency department during the disaster, have been evaluated. Aim: our study evaluating triage found practices in emergency departments and understandable, disaster triage algorithms should being develop for hospitals person

Figure-1



Adjustment of emergency department bed number under disaster scope

Table 1

DR. ERSİN ARSLAN EDUCATION AND RESEARCH HOSPITAL BED CAPACITY	
Intensive Care Unit	156
Servise	847
Daycare Dialysis Unit	34
Dialysis Service	35
TOTAL	1072

Dr. Ersin Arslan Education and Research Hospital Bed Capacity

Materials and Methods: The necessary training was given to the hospital staff according to the "Hospital disaster and emergency plan (HAP) preparation guide" published by the Ministry of Health(1). Structural Risk Reduction and Non-Structural Risk Reduction were decided by the trained staff. Job descriptions were determined and workflows were created in case of disasters and emergencies. The data occurred before the earthquake and during the emergency response after the earthquake were used.

Results and Conclusion: The in such earthquake, providing sufficient medical care to patients may be disrupted, and different strategies may need to be developed. Therefore, simple and understandable disaster triage algorithms should be developed for hospitals. A study evaluating triage practices in emergency departments found that 30% of triage personal lacked confidence in their decision-making abilities. According to literature, disaster drills play an important role in improving personnel's knowledge, skills, and attitudes towards being prepared for disasters.

Figure-2



Satellite building emergency department

Table 2

Service	Number
Intensive care	54
Operation room	2
Emergency room	6
Others	107
TOTAL	169

Number of patients transferred

Table 3

Intervention/Outcome	Pre-Earthquake Group (n=8000)	Post-Earthquake Group (n=5000)
- Cerebrovascular hemorrhage, n (%)	240 (3%)	50 (1%)
- Multiple organ failure,sepsis, n (%)	160 (2%)	150 (3%)
- Stroke, n (%)	400 (5%)	400 (9%)
- Myocardial infact,cardiac arrest, n (%)	240 (3%)	400 (8%)
- Pulmonary embolism, deep vein thrombosis, n (%)	160 (2%)	340 (6,8%)
- Kidney failure (needing urgent dialysis), n (%)	200 (2,5%)	550 (11%)
- Gastrointestinal bleeding , n (%)	400 (4%)	300 (%6)
- Crush injury, n (%)	120 (1,5%)	750 (15%)
- Limb amputation, n (%)	4 (0,05%)	200 (4%)
- Traffic accident, n (%)	720 (9%)	150 (3%)
- Falling from high, n (%)	160 (2%)	60 (1,2%)
- Toxicology, n (%)	80 (1%)	50 (1%)
- Other, n (%)	5116(%64,95)	1550 (31%)
- Mechanical ventilation and intensive care hospitalization, n (%)	(11%)	(17%)
- Resuscitation success rate, n (%)	(2%)	(8%)
- Mortality, n (%)	(9%)	(18%)

Analysis of emergency services diseases and mortality data before and after the earthquake



WACEM²³

WORLD ACADEMIC CONGRESS OF EMERGENCY MEDICINE

October 28 - 31

Keywords: Earthquake, Emergency, Renal failure, Thromboembolic events, Crush injuries

Pine Beach Belek, ANTALYA / TÜRKİYE



Pub No: OP-201

The effects of Hyperbaric Oxygen Therapy on Renal Functions and Serum Creatinine Levels in Earthquake Victims Who Were Rescued From the Wreckage.

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Introduction and Purpose: the study is the occurrence of earthquakes, which can result in significant physical injuries, including crush injuries, acute renal failure, and other complications. One of the complications of crush injuries is the development of rhabdomyolysis, which can cause kidney damage due to the release of myoglobin into the bloodstream. Hyperbaric oxygen therapy (HBOT) has been used as a treatment modality for various injuries, including crush injuries, and has been shown to improve tissue oxygenation and reduce the extent of tissue damage. However, there is limited research on the effects of HBOT on renal function and serum creatinine levels in earthquake victims with crush injuries. Therefore, the study aimed to investigate the effects of HBOT on renal functions and serum creatinine levels in this population. The present study aimed to investigate the effectiveness of hyperbaric treatment in improving kidney function, reducing the need for dialysis, and promoting overall healing and recovery in earthquake survivors with high creatinine levels and kidney damage.

Materials and Methods: Participants: The study included 50 earthquake survivors who were rescued after being trapped under rubble for at least 24 hours. All participants had high creatinine levels and showed signs of kidney damage. Procedure: The participants were randomly assigned to either the hyperbaric treatment group or the control group. The hyperbaric treatment group received hyperbaric oxygen therapy for 1 hour, 5 days a week, for a total of 4 weeks.

Results and Conclusion: The findings of the present study suggest that hyperbaric treatment can be an effective therapy for improving kidney function, reducing the need for dialysis, and promoting overall healing and recovery in earthquake survivors with high creatinine levels and kidney damage. Further research is needed to confirm these findings and assess the long-term effects of hyperbaric treatment in this population. The study included 50 earthquake victims who were rescued from the wreckage and had crush injuries with associated kidney damage. Of these, 25 patients received HBOT, while the other 25 patients did not receive HBOT and served as the control group. The patients who received HBOT had a significantly lower need for dialysis (19.4%) compared to those who did not receive HBOT (60.6%).



Table-1

Group	Number of Patients With Improved Kidney-Function	Number of Patients With Worsened Kidney Function	Number of Patients With Worsened Kidney function
Hyperbaric treatment	20/25 (80%)	3/25 (12%)	2/25 (8%)
Control	5/25 (20%)	10/25 (40%)	10/25 (40%)

Furthermore, the study found that serum creatinine levels significantly decreased in the HBOT group, whereas there was no significant change in the control group.

Table:2

Group	Baseline Creatinine Level (mg/dL)	Week 2 Creatinine Level (mg/dL)	Week 4 Creatinine Level (mg/dL)	Change in Creatinine Level (%)
Hyperbaric treatment	3.2 ±0.5	2.1 ±0.3	1.5 ±0.2	53.1 ±5.8
Control	3.1 ±0.4	3.0 ±0.4	2.8 ±0.3	9.7 ±4.1

The table shows the baseline creatinine levels, creatinine levels at weeks 2 and 4, and the percentage change in creatinine levels for the hyperbaric treatment group and the control group. The hyperbaric treatment group had a significant reduction in creatinine levels compared to the control group, indicating improved kidney function.

Table-3

Group	Baseline Creatinine Level (mg/dL)
Hyperbaric treatment	6/25 (24%)
Control	18/25 (72%)

The table shows the baseline creatinine levels, creatinine levels at weeks 2 and 4, and the percentage change in creatinine levels for the hyperbaric treatment group and the control group. The hyperbaric treatment group had a significant reduction in creatinine levels compared to the control group, indicating improved kidney function.

Keywords: Earthquake, Hyperbaric oxygen therapy, Renal function, Rhabdomyolysis, Acute kidney injury



Pub No: OP-202

TO EVALUATE THE RELATIONSHIP BETWEEN NITRIC OXIDE LEVELS AND TROPONIN, CK, CK-MB AND COHb LEVELS IN PATIENTS ADMITTED TO THE EMERGENCY DEPARTMENT WITH CARBON MONOXIDE POISONING.

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Introduction and Purpose: As a result of carbon monoxide poisoning, ischemic changes occur due to hypoxia. This study aimed to evaluate the relationship between the levels of the NO molecule, which may be responsible for cardiac damage, and the levels of troponin, CK, CK-MB and COHb, which are markers of cardiac damage, in patients with cardiac damage who were exposed to CO gas and presented to the emergency department.

Materials and Methods: 103 people were included in this prospective study. Patients with carbon monoxide poisoning and negative troponin were evaluated as Group 1, patients with troponin positive were evaluated as Group 2, and healthy patients were evaluated as Group 3. NO levels of these patients were compared between groups by statistical analysis. At the same time, the correlation between NO levels and Troponin, CK, CK-MB and COHb levels was examined.

Results and Conclusion: While NO value was lowest in the Troponin positive group, it was highest in the control group and was significantly different in all groups ($p=0.000$). When NO level was correlated with Troponin, CK, CK-MB and COHb levels, it was found to be significantly and negatively correlated with all parameters except CK-MB ($p=0.000$). NO levels in patients with carbon dioxide poisoning are reduced compared to healthy patients. NO levels decrease more in patients with high troponin than in those with negative troponin. Therefore, it is predicted that cardiac damage can be prevented by giving inhaler NO therapy together with CO therapy to patients with carbon monoxide intoxication.

Keywords: Carbon Monoxide Poisoning, Nitric Oxide, Troponin, Carboxyhemoglobin, Cardiac Damage.



Pub No: OP-203

A Rare Case Of Decompensated Heart Failure After Pseudoephedrine Usage

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Introduction and Purpose: In our country, drugs containing pseudoephedrine are frequently prescribed by physicians for the symptomatic treatment of colds. Among the expected side effects of pseudoephedrine are systemic conditions such as agitation, nausea, vomiting, dry mouth, etc. As rare side effects, tachycardia, arrhythmia, hypertension and coronary artery disease have been reported. In this case, we wanted to draw attention to decompensated heart failure, which may rarely develop after the use of pseudoephedrine.

Materials and Methods: An 84-year-old female patient was admitted to the emergency department with the complaints of sudden onset of shortness of breath and swelling in the legs. In the patient's anamnesis, it was determined that she had been using pseudoephedrine-containing medication for 3 days with complaints of sore throat and cough, and that she had sudden shortness of breath and swelling in her legs that started today. The patient has had hypertension and heart failure for 10 years. Heart failure has been followed for 3 years as compensated. In the physical examination of the patient bilateral basal rales on auscultation, and bilateral 3 positive pretibial edema in the legs. In the vital taken, oxygen saturation(SPO₂):86, blood pressure arterial(TA):140/90 mm/Hg, pulse (pulse):70/min, fever:36.5°C. No acute ischemic change was detected in the patient's electrocardiography(ECG). After the initial evaluation, the patient was symptomatically started on oxygen and intravenous(IV) infusion of 40 mg Lasix and IV infusion therapy for 4 hours with 20 mg Lasix per hour. No pathological values were detected in C-reactive protein(CRP):6, white blood cell(WBC):10300/uL, Troponin T:9,CK-MB:1 and other tests. Ejection fraction(EF) of 40%, mild mitral and tricuspid regurgitation were detected in the echocardiography(ECHO) of the patient. The patient compensated and felt relieved after 6 hours of follow-up and treatment. After this situation, which was thought to be caused by pseudoephedrine, the drug containing pseudoephedrine was discontinued. The patient, who was planned for antihypertensive and diuretic treatment, was discharged from the emergency department.

Results and Conclusion: Cardiovascular side effects of drugs containing pseudoephedrine can cause serious conditions. Therefore, caution should be exercised in the use of pseudoephedrine in older patients diagnosed with coronary artery disease and hypertension.

Keywords: Pseudoephedrine, Decompensated heart failure, Dyspnea



Pub No: OP-204

Complications of dorsal slit circumcision as one of the reasons for admission to the emergency clinic: A retrospective cross-sectional study

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Introduction and Purpose: Surgical circumcision is one of the most frequently performed surgical procedures dating back to 3000 BC. The most common complication of circumcision is shown as postoperative bleeding. Although rare, it can be seen in important complications such as meatal stenosis, iatrogenic urethral injuries, and glans trauma, and they can be encountered by clinicians as one of the reasons for admission to the emergency department. Our aim in this study is to report the reasons for applying to the emergency department and its management in circumcisions performed with the dorsal slit technique.

Materials and Methods: Patients who applied for circumcision and underwent dorsal slit technique between June 2020 and August 2023 at Ataturk University Research Hospital Urology Clinic were evaluated retrospectively. Preoperative accompanying genital anomalies, comorbidities and postoperative complications were numerically analyzed. It was aimed to evaluate the efficacy and safety of the dorsal slit technique by evaluating the data and determining the genital anomalies at hospital admission, developing complications and their management.

Results and Conclusion: Our study included 961 pediatric patients with a mean age of 8.2 ± 2.3 years. The most common complication after surgical circumcision was found to be wound infection (3.9%). Postoperative bleeding (2.7%) was the second common complication. While 25 of these patients were followed with conservative methods, reoperation was required for bleeding control in 2 patients. The findings are summarized in Table 1. For surgical circumcision gombko clamp, dorsal slit, shang ring etc. various methods have been described. Although there are no randomized controlled studies demonstrating the superiority of either of these methods over the other, the reported series have similar complication rates. However, the high probability of damage to the glans penis in the gombko clamp method and the inability to open the penile ring applications with a disrupted mechanism cause the dorsal slit method to be the most preferred technique because it is a more open surgical view method. This technique, which we adopted clinically, showed very low complication rates in our study and causes lower emergency admissions.



Table 1 Demographic features and Complications

Table 1. Demographic features and complications

Mean age ± SD (year)	8.2 ± 2.3
Genital Anomalies	
Distal Hypospadias, n (%)	34 (2.9%)
Meatal Anomaly, n (%)	23 (2.3%)
Cryptorchidism, n (%)	32 (2.8%)
Comorbidities	
Type 1 DM, n (%)	19 (1.9%)
Coagulation anomalies, n (%)	17 (1.7%)
Asthma, n (%)	22 (2.1%)
Complications	
Wound infection, n (%)	41 (3.9%)
Bleeding, n (%)	27 (2.7%)
Suture dehissence n (%)	5 (0.6%)
Meatal stenosis, n (%)	3 (0.4%)

Keywords: Circumcision, Emergency clinic, Dorsal slit, Complication

Pub No: OP-205

A Rare Case: Acute Kidney Failure Triggered by Pyloric Stenosis

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Introduction and Purpose: Pyloric stenosis is a condition that occurs as a result of narrowing or blockage of the connection between the stomach and the duodenum. This condition can significantly affect the digestive process and lead to various health problems. This case report discusses acute pyloric stenosis presenting with acute electrolyte imbalance in an adult patient.

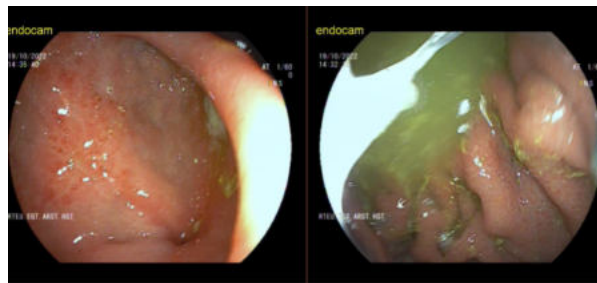
Materials and Methods: A 43-year-old male patient presented to the emergency department with a three-day history of decreased oral intake and projectile vomiting. The patient's medical history included a known history of cardiac ablation and pilonidal sinus surgery. Acute abdomen was not considered in the initial assessment of the patient, and due to the projectile nature of vomiting, a computed tomography (CT) scan of the upper gastrointestinal system was performed, revealing dilation of the stomach. Given the clinical presentation, acute renal failure secondary to pre-renal acute kidney injury due to gastric outlet obstruction was suspected, and an internal medicine consultation was requested. Upper gastrointestinal endoscopy of the patient revealed pyloric stenosis, as passage from the stomach to the duodenum was not possible due to the stricture. Following an antecolic isoperistaltic gastrojejunostomy procedure, the patient, whose problems related to oral intake resolved, was discharged in good health ten days later.

Figure 1



Gastric dilation

Figure 2



Endoscopic images

Results and Conclusion: The diagnosis of gastric outlet obstruction is generally based on clinical examination findings and classic findings on plain abdominal radiographs. Dehydration following vomiting leads to a reduction in extracellular fluid volume, resulting in a decrease in blood pressure, glomerular filtration rate, and the amount of filtered sodium. As a result, aldosterone secretion is stimulated, leading to the reabsorption of sodium and water. Severe metabolic alkalosis poses a potentially life-threatening condition and requires urgent treatment. It primarily affects organ systems such as cardiac arrhythmias and vascular collapse, and can lead to neurological effects, particularly seizures.

Keywords: obstruction, pyloric, stenosis, kidney failure



Pub No: OP-206

Case Report: Rhino-orbital-cerebral Mucormycosis with Recurrent Stroke and Covid-19

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Introduction and Purpose: Mucormycosis is an opportunistic fungal infection and has a high mortality. While mucormycosis is mainly seen in people with weakened immune systems in developed countries, it occurs on the basis of uncontrolled diabetes in developing countries. It causes ischemia, necrosis and thrombus in the tissue by invading blood vessels. (1,2). In this case report; a case of rhino-orbital-cerebral mucormycosis with recurrent strokes during the treatment of covid-19 infection is discussed.

Materials and Methods: A 63-year-old male patient was referred due to pain in the left maxillary region and loss of vision in the left eye on the 12th day of his treatment due to covid 19 infection. Patient has diabetes mellitus and coronary artery disease. Vital signs; blood pressure: 126/87 mmHg, pulse: 98 beats/min, fever: 36.9°C, respiratory rate: 16/minute, oxygen saturation in room air: 96%. In the physical examination; there was tenderness in the left maxillary region and erythematous black necrotic areas in the left nasal cavity. Left eye is total ophthalmoplegic. Facial asymmetry on the left, muscle strength in the right upper extremity -5/5 and other system examinations were normal. Laboratory parameters; Glu: 488 mg/dL, Wbc:17.9 $10^3/mm^3$ Hb:10.4 g/dl PLT:791 $10^3u/L$, CRP:12 mg/L, Cre:1.8 mg/dL, Üre:80 mg/dL, K:5.83 mmol/L, ESH:80 mm/h and other results were normal. Retinal artery occlusion was diagnosed and enoxaparin 0.6 mg 2x1 s.c treatment was started. The patient was operated with a preliminary diagnosis of mucormycosis. Liposomal Amphotericin B 5mg/kg 1x1 iv, posaconazole 300 mg tablet 1x1 p.o, meropenem 1 gr 2x1 iv and vancomycin 1 gr 1x1 iv were started. The patient, whose pathology result was mucormycosis, developed weakness on the right side on the 3rd day of his treatment, and the left ICA was seen as a total occluded in the brain mr angiography. In the follow-up, the patient's general condition deteriorated and died.

Image 1: Patient at admission



Image 1: Left facial asymmetry, left ophthalmoplegia

Results and Conclusion: Mucormycosis incidence has increased in recent years. The most common predisposing factors are diabetes, immunosuppression, haematological malignancies and organ transplantation. (3). Despite early antifungal treatment and surgical debridement in our case, we think that the underlying uncontrolled diabetes and covid infection caused the disease to progress and to be mortal.

Keywords: rhino-orbital-cerebral mucormycosis, recurrent stroke, fungal infections, blood vessel invasion, covid-19



Pub No: OP-207

Basilar artery aneurysms

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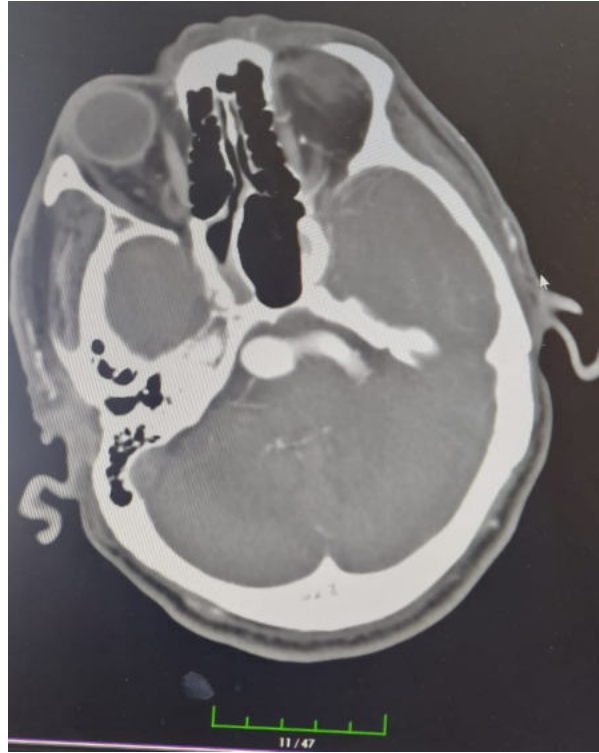
Introduction and Purpose: A cerebral aneurysm is a cerebrovascular disease characterized by localized dilation or ballooning of a blood vessel, often resulting from weakness in the wall of a cerebral artery. Aneurysms located in the posterior circulation of the brain (such as the basilar artery, vertebral arteries, and posterior communicating artery) are associated with a higher risk of rupture. Basilar artery aneurysms constitute only 3-5% of all intracranial aneurysms but are the most common aneurysms in the posterior circulation. Cerebral aneurysms are classified based on size and shape. Aneurysms smaller than 15 mm are considered small, those between 15-25 mm are large, and those larger than 25 mm are referred to as giant aneurysms. They can be classified by shape as saccular, fusiform, or microaneurysms. Aneurysms may remain asymptomatic, but they can manifest as symptoms such as headaches, nausea, visual disturbances, and altered consciousness. They can develop due to both genetic and acquired factors. Hypertension, obesity, smoking, alcohol, cocaine use, intracranial infections, and trauma are some of the etiological factors.

Materials and Methods: Case: A 58-year-old male patient was brought to us with complaints of speech disorder and weakness on the left side. Vital signs at admission showed a Glasgow Coma Scale (GCS) score of 15. The patient had known medical conditions of diabetes, hypertension, and chronic obstructive pulmonary disease (COPD). Neurological examination revealed 2/5 motor strength in the left upper and lower extremities, and a positive Babinski sign in the left lower extremity. There were no abnormalities on external examination. The primary considerations were ischemic stroke, subarachnoid hemorrhage (SAH), cerebral aneurysm, and intracerebral hemorrhage (ICH). Brain CT angiography revealed an aneurysm in the right basilar artery. The patient was transferred to the neurosurgery clinic.

Results and Conclusion: Although basilar artery aneurysms are rare, they are the most common aneurysms in the posterior cerebral region. It's important to remember that cerebral aneurysms can present with neurological deficits similar to other central events.



photo



Keywords: aneurysm, basilar artery aneurysm



Pub No: OP-208

Acute pulmonary embolism mimicking acute myocardial infarction

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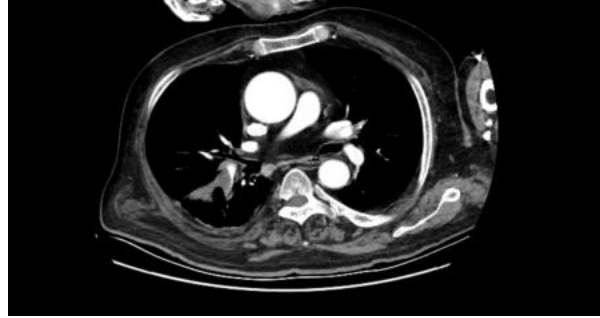
Introduction and Purpose: Pulmonary embolism is a common and potentially fatal disease. Pulmonary embolism can be extremely difficult to diagnose based on clinical presentation. An electrocardiogram (ECG) is commonly used to evaluate patients with suspected pulmonary embolism. Symptoms of pulmonary thromboembolism (PTE) and acute myocardial infarction (AMI) can be similar, including acute dyspnea, chest pain, syncope and palpitations. Physical examination is nonspecific and cannot reliably distinguish these two diagnoses. Electrocardiogram (ECG) may be helpful for the diagnosis of PE but its limited by his sensitivity and specificity.

Materials and Methods: A 66-year-old woman admitted to emergency department with complaints of chest pain, dizziness and nausea. No previous history of coronary artery disease, peripheral vascular disease, stroke, or venous thromboembolism was reported. Vitals at presentation were temperature 36.7°C, heart rate 74 beats per min, respiratory rate 23 per min, blood pressure 120/85 mm of Hg, and pulse oximetry 94%. ECG showed diffuse ST segment elevation in the anterior precordial leads. Initial troponin was 28.1 pg/ml. A bedside echocardiography was performed emergently, and it revealed a dilated right ventricle and hyperdynamic left ventricle. According to the symptoms, signs, laboratory data, and echocardiography, pulmonary embolism was highly suspected. Computed tomography angiogram (CTA) of the chest was performed. A filling defect was detected in the pulmonary arteries as a result of CTA.

Results and Conclusion: We describe a patient who presented to the emergency department with electrocardiographic findings consistent with ST segment elevation myocardial infarction and her subsequent clinical course. The ECG still has a major role in diagnosing and triage of patients presenting with chest pain. The presence of ST elevation is rare and usually suggests massive emboli. Emergency physician must be aware of the importance to differentiate between STEMI and pulmonary embolism.



CTA of the chest identified pulmonary artery filling defect consistent with PE



Keywords: pulmonary embolism, acute myocardial infarction, ST elevation



Pub No: OP-209

Peripartum Cardiomyopathy

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Introduction and Purpose: Peripartum cardiomyopathy (PPCM) is a rare cause of cardiomyopathy that occurs during late pregnancy or in the early postpartum period. It is characterized by significant left ventricular dysfunction and heart failure in the peripartum period occurring in the absence of other identifiable causes of heart failure. Left ventricular ejection fraction is almost always less than 45 percent, and the left ventricle may or may not be dilated. Here we present an unstable case of (PPCM) which applied to the emergency department.

Materials and Methods: A 28-year-old female patient was referred to our emergency department because of severe dyspnea and palpitations after the cesarean section she had undergone. On arrival to the ER her vitals were as follows blood pressure (BP):90/40 mmHg, heart rate (HR) 135 beats/min, respiratory rate (RR) 28/min, temperature: 36.4 oxygen saturation: 74 % on room air. on physical examination There is tachycardia, tachypnea no murmur-rubbing-galloping. Respiratory system examination is Breath sounds decreased in the lower zone of the left lung auscultation.

Results and Conclusion: PPCM is a diagnosis of exclusion, meaning your doctor will rule out other more common conditions before making a diagnosis of PPCM. Early diagnosis and appropriate treatment can show a good prognosis.

Keywords: permpartum, cardiomyopathy, emergency



Pub No: OP-210

Prediction of stroke risk and determination of clinical biomarkers with machine learning methods

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Introduction and Purpose: In this study, it was aimed to predict the risk of stroke and to identify the most clinically important biomarkers with the machine learning-based XGBoost prediction model.

Materials and Methods: In the study, a data set containing the demographic/clinical characteristics of patients with and without stroke was used. XGBoost, a machine learning algorithm, was used for stroke estimation. Model performance was evaluated based on Accuracy, F1-score, Specificity, and Sensitivity.

Results and Conclusion: The values of Accuracy, Specificity, Sensitivity, and F1-score criteria obtained from the XGBoost model were calculated as 0.983, 0.985, 0.981, and 0.983 respectively. It was determined that the first three most important features in the prediction of stroke were age, average glucose level, and hypertension status. When the performance of the XGBoost model was examined, the model showed good performance in stroke prediction. The proposed model may be clinically useful for detecting patients at risk of stroke.

Keywords: Stroke, machine learning, XGBoost, feature importance



Pub No: OP-211

A Rare Case Of Bilateral Leg Amputation as a Result of Being Under Train

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Introduction and Purpose: Due to the socio-economic structure of our country, work accidents are common. Loss of limbs may occur as a result of occupational accidents. Injuries resulting in limb loss have low mortality and high morbidity. Patient stabilization should be provided with the first intervention in the management of limb losses. Through this rare case, attention was drawn to the importance of management and treatment in severe work accident traumas.

Materials and Methods: A 29-year-old male patient was brought to our emergency department by ambulance as a result of the train moving suddenly and both his legs falling under the train while he was working on the rails at the train station. No additional trauma was detected after the general systemic evaluation. It was learned that the patient did not have a chronic disease in his quick anamnesis. In the vital signs taken, oxygen saturation(SPO2):96, blood pressure arterial(TA):80/40mm/Hg, pulse:70/min, fever:36.5°C. After the first evaluation, wound cleaning and debridement were performed. The patient was given tetanus prophylaxis. The patient was immediately started on an IV infusion of 0.9% physiological saline(sf) at 20 cc/kg. The patient was administered IV 1 g of decefim as an antibiotic. In the examinations performed, no pathological values were detected in hemoglobin(Hb):12.6 and other examinations. After bilateral lower extremity radiographic imaging, the patient was consulted to the relevant branch physician, orthopedics. In order to ensure the patient's survival and to continue his life with the least need for support, it was decided to amputate both legs below the knee and the patient was taken into operation.

Results and Conclusion: Since occupational accidents can lead to serious morbidity and mortality, occupational safety must be kept at the highest level in working environments. In amputation cases, attention should be paid to wound cleaning and debridement, tetanus prophylaxis should not be forgotten, fluid therapy should be started, antibiotics should be started if necessary, and blood transfusion should be kept in mind if necessary. In addition, consultation processes should be initiated without wasting time with the relevant branch physician.

Keywords: Amputation, Train accident, Work accident



Pub No: OP-212

Success of Inflammatory Markers in Prediction of The Severity of Acute Cholecystitis

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Introduction and Purpose: This study aimed to reveal the success of the desired inflammatory marker results at the time of admission in predicting the severity of acute cholecystitis in patients who applied to the emergency department with the complaint of abdominal pain and were diagnosed with acute cholecystitis.

Materials and Methods: This retrospective and descriptive study was conducted with 301 patients diagnosed with acute cholecystitis and admitted to Sakarya University Training and Research Hospital Emergency Medicine Clinic with abdominal pain. The data of the patients were recorded. Patients were divided into three groups according to Tokyo Manual 18(TK 18) severity (Grade 1: Mild, Grade 2: Moderate, and Grade 3: Severe). The data were analyzed statistically, and $p < 0.05$ values were considered significant.

Results and Conclusion: 157 (52.2%) of the patients were male; their mean age was 58.41 ± 16.51 . According to Grade 1, in Grade 2, leukocyte ($p < 0.001$), neutrophil ($p < 0.001$), lymphocyte ($p < 0.001$), RDW ($p = 0.043$) and monocyte ($p = 0.036$); according to Grade 1, in Grade 3, leukocyte ($p < 0.001$), neutrophil ($p < 0.001$), Neutrophil Lymphocyte Ratio (NLR) ($p < 0.001$), Platelet Lymphocyte Ratio (PLR) ($p = 0.002$), INR ($p < 0.001$), CRP ($p < 0.001$) and glucose ($p = 0.014$); according to Grade 2, in Grade 3, neutrophil ($p = 0.011$), NLR ($p < 0.003$), PLR ($p = 0.016$), INR ($p < 0.001$) and CRP ($p = 0.006$) was found to be significantly higher. Albumin was significantly lower in Grade 1 and Grade 2 (respectively; $p < 0.001$, $p = 0.006$) compared to Grade 3, inversely proportional to the increasing severity. The neutrophil is the most valuable parameter in predicting the severity of acute cholecystitis. However, elevations in lymphocyte, RDW, and monocyte values can predict the transition from Grade 1 to Grade 2 and increases in NLR, PLR, INR, and CRP values can be used in the transition from Grade 2 to Grade 3. Albumin decline indicates that the severity is Grade 3.

Keywords: Acute cholecystitis, inflammatory markers, abdominal pain, emergency medicine

Pub No: OP-213

Abdominal pain in the emergency department-Renal artery thrombosis

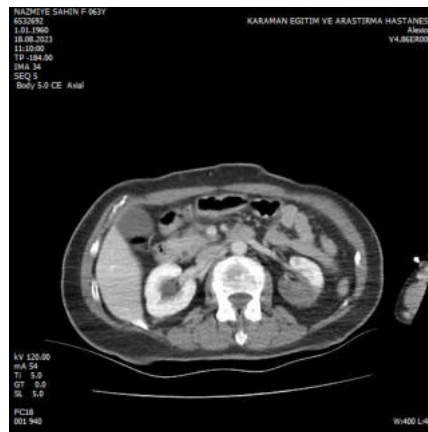
Nuray KILIÇ¹, Fulya KÖSE¹, Dilek ATİK¹, Hatice Şeyma AKCA¹, Ayşe GÜLDİKEN¹

¹Karamanoğlu Mehmetbey Üniversitesi

Introduction and Purpose: One of the common reasons for admission to emergency services is abdominal pain. In this case, we were surprised by the thrombosis in the renal artery in a patient who applied to the emergency department with severe abdominal pain and we wanted to share it with you

Materials and Methods: A 63-year-old female patient with known ischemic stroke and atrial fibrillation came to the emergency room with severe abdominal pain that had been going on for 1-2 hours. On physical examination, there was tenderness in the epigastric area, but there was no rebound defense in the abdomen. The patient was writhing and moaning because the pain was so severe. There were no acute pathological findings in lung sounds. The patient had blood pressure: 170/100 mmHg, pulse: 105/min, temperature 37.2°, saturation: 98% and respiratory rate 24/min, electrocardiography (ECG) showed atrial fibrillation (AF). The patient's abdominal pain was not relieved by symptomatic therapy. Due to the patient's abdominal pain and ECG AF rhythm, angiography-computed tomography (CT) was performed on our patient to rule out intra-abdominal acute pathology. Left renal artery thrombus was observed in the patient's angiography CT. No contrast filling was observed in the branches leading to the upper half of the left kidney. No contrast enhancement was observed in the upper half of the left kidney. Parenchymal contrast enhancement in the lower pole of the left kidney was evaluated as normal.

1



2



Contrast Enhancement in The Left Kidney

3



Contrast Enhancement in The Left Kidney

Results and Conclusion: In this case, we wanted to remind busy emergency physicians that they should also consider renal artery thrombosis in the diagnosis of severe abdominal pain.

Keywords: Renal Arter thrombosis, Abdominal pain, Emergency

Pub No: OP-214

The white cerebellum sign – a misnomer!

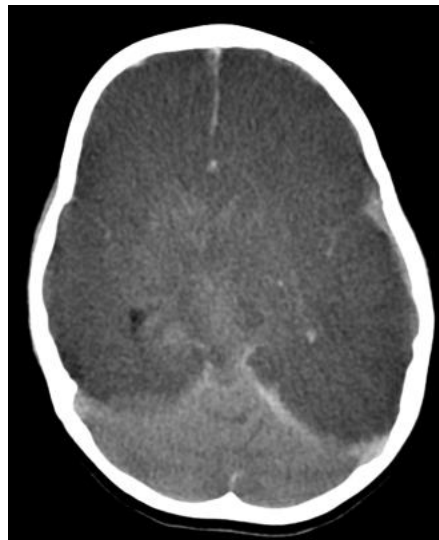
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¹JIPMER, India

Introduction and Purpose: White cerebellum sign is diffuse hypodense attenuation of bilateral hemispheres with normal attenuation of the cerebellum. This is called the white cerebellum sign because of the relative hyperdensity of the cerebellum compared to the supratentorial cerebral hemispheres.

Materials and Methods: Case report: A 24-year-old female met with a road traffic accident involving a head-on collision between a motorbike and a car when traveling as a pillion on the motorbike. She was brought to the emergency department with a Glasgow coma scale (GCS) of 3 and bilateral dilated and non-reactive pupils. The non-contrast computed tomography (CT) scan of the brain showed diffuse hypodense attenuation of bilateral hemispheres with normal attenuation of the cerebellum (figure 1). This is called the white cerebellum sign because of the relative hyperdensity of the cerebellum compared to the supratentorial cerebral hemispheres. In spite of best resuscitative efforts, she succumbed after 8 hours of hospital stay.

Figure 1



Non-contrast CT brain of the patient showing the white cerebellum sign



Results and Conclusion: The white cerebellum sign was initially described in child abuse, and is also seen in hypoxic ischemic injury and trauma. The sign is a misnomer as the cerebellum retains its normal density relative to the supratentorial structures which show generalized decrease in density. Different theories for the white cerebellum sign have been postulated, which include, raised intracranial pressure resulting in florid cerebral edema and distention of deep medullary veins, relatively preserved blood flow in posterior circulation, and hypoxia damaging the sodium-potassium pump with damage to more metabolically active areas.^{1,2} The white cerebellum sign indicates irreversible brain damage and carries a grave prognosis.

Keywords: white cerebellum sign, dense cerebellum sign, reversal sign



Pub No: OP-215

Problems Arising During Consultations in Emergency Departments

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¹Semey Medical University

Introduction and Purpose: Medical professionals in the emergency department must make quick life-saving decisions. Counseling is one of the most important aspects of patient care in a medical emergency. Consultants are called on the basis of a preliminary diagnosis, and they decide on the further management of the patient. Barriers encountered during the consultation process can lead to longer patient wait times and lower patient satisfaction. Purpose of the work to identify and evaluate the barriers that paramedics face during consultations in the emergency department.

Materials and Methods: Paramedics were interviewed using social networks and personal meetings. The questionnaire was created on the basis of a questionnaire developed and approved by Turkish researchers. It included nineteen questions: three questions related to personal data; three questions about the difficulties associated with the time period of work and the most difficult medical specialties for paramedics in the consulting process, the rest of the questions were related to the difficulties of a communicative nature and the organization of the consultative process. The study was carried out of the project “AP14871609 “Optimizing the structure and improving the efficiency of the emergency medical service in Kazakhstan by training people without medical education (medical technicians)”.

Results and Conclusion: Serious barriers to effective counseling were identified during consultations with cardiologists, pediatricians, and traumatologists. Medical workers noted that weekends, as well as at night, are associated with great difficulties in consultations. However, the most common problems for paramedics are non-attendance of the consultant, refusal of the consultant to be hospitalized, referral to other specialists and departments. More than 40% of respondents noted the desire to share responsibility for the patient with medical consultants, which indicates a lack of confidence in their own knowledge due to the limited experience of the majority of respondents. Barriers encountered in the process of consulting patients with emergency conditions can lead to poor outcomes. Strategies to remove these barriers are needed to improve the quality of patient care.

Keywords: Consultation, Emergency Department, Paramedic

Pub No: OP-216

A Case Of Omental Infarction In The Emergency Department

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Introduction and Purpose: Omental infarct is a condition resulting from impaired perfusion of the greater omentum, which can mimic acute abdomen. While often occurring secondary to another pathology, it can also be idiopathic. Omental infarcts are most commonly seen in the fourth and fifth decades of life. The male-to-female ratio is 2:1, with 15% of patients being in the pediatric age group. Many of the affected individuals are obese. Clinical symptoms are non-specific and can vary depending on the area of involvement. Distinguishing omental infarct from other surgical pathologies such as appendicitis or cholecystitis can be challenging. In previous years, the diagnosis was often incidental during surgery for other reasons. Advances in radiological techniques have facilitated easier diagnosis, leading to increased recognition in the literature. Nowadays, the ability to diagnose omental infarct radiologically before surgical intervention has brought about the possibility of non-operative management.

Materials and Methods: The patient presented with oral intake disturbance, abdominal pain, and no passage of gas or stool for 2 days. Vital signs were stable. Physical examination revealed diffuse tenderness in the abdomen with no guarding or rebound tenderness. Symptomatic treatment was administered. Abdominal computed tomography (CT) was ordered with a pre-diagnosis of ileus and colitis. The abdominal CT showed inflammatory linear density increases in the mesenteric fat adjacent to the inferior liver and minimal free fluid in the right lower quadrant of the abdomen. The diagnosis was considered as idiopathic omental infarct, and the patient was admitted to general surgery. There is no consensus on the treatment of infarcted patients. Some authors advocate for surgical treatment, citing potential complications, while others suggest that late complications are not as frequent as believed and that conservative treatment with analgesics alone is sufficient. Conservative treatment continues to be a suitable option for non-operatively managed patients due to comorbidities

image 1

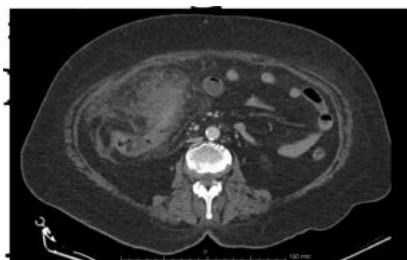
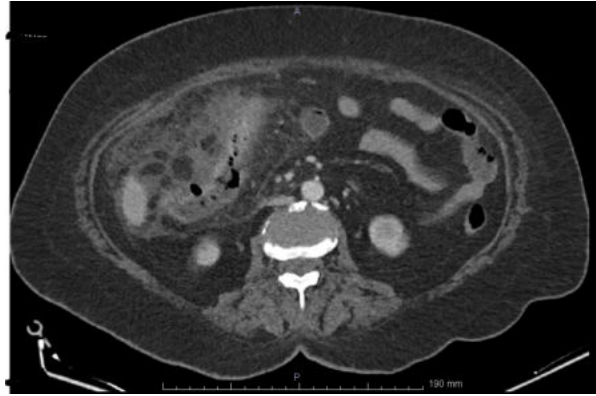


image 2



Results and Conclusion: Omental infarct is a benign condition with a self-limiting course that should be considered in the differential diagnosis of acute abdomen, although it is rare. With the use of ultrasound and CT, accurate and easier diagnoses can now be made. Since most cases can be treated conservatively, a correct diagnosis will help prevent unnecessary surgical interventions

Keywords: Abdominal Pain



Pub No: OP-217

The Impact of High-Frequency Linear Transducers on the Diagnostic Accuracy of Pelvic Ultrasound in Early Pregnancy with Pelvic Pain and Bleeding

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Introduction and Purpose: The primary concern for emergency physicians (EPs) when dealing with symptomatic patients in early pregnancy is to rule out ectopic pregnancy by definitively identifying an intrauterine pregnancy (IUP). Subsequently, assessing the viability of IUPs becomes necessary. While transvaginal ultrasound (TVUS) is considered the gold standard modality for these cases, it is often unavailable in the majority of emergency settings. This study was conducted to investigate the impact of high-frequency linear transducers (HFLT) on the accuracy of point-of-care ultrasound (POCUS) in detecting IUP and to assess the diagnostic agreement between EPs and obstetricians in these patient evaluations

Materials and Methods: A convenience sample of pregnant patients who presented to the emergency department (ED) with vaginal bleeding and abdominopelvic pain was included. The characteristics of diagnostic tests of transabdominal POCUS performed by EPs were compared to TVUS.

Results and Conclusion: The study population consisted of 143 patients. For the definitive identification of IUP, POCUS demonstrated a diagnostic accuracy of 93.0%, with a sensitivity of 89.0% and specificity of 100%. When combined with HFLT, POCUS accuracy improved to 97.9%, with a sensitivity of 96.7% and specificity of 100%. In the detection of fetal cardiac activity (FCA), the addition of HFLT significantly enhanced diagnostic accuracy to 97.9% (up from 94.4%) and sensitivity to 95.5% (up from 88.1%). Furthermore, the agreement between EPs and obstetricians regarding the classification of ED diagnoses was excellent, with an agreement rate of 96.5% (kappa: 0.943). POCUS, especially when augmented with HFLT, performed by EPs in the assessment of symptomatic patients during their first-trimester pregnancy, achieves diagnostic accuracy comparable to that of TVUS performed by obstetricians. This suggests that EPs can confidently rely on POCUS for confirming IUP and FCA. However, it should be noted that while POCUS can serve as a valuable diagnostic tool, caution is necessary when using it as a sole rule-out method. Additionally, the use of HFLT has the potential to enhance the accuracy of POCUS for viability assessment, offering a viable alternative to TVUS. Note: This study has been published in the American Journal of Emergency Medicine (<https://doi.org/10.1016/j.ajem.2022.08.045>).



WACEM²³

WORLD ACADEMIC CONGRESS OF EMERGENCY MEDICINE

Pine Beach Belek, ANTALYA / TURKIYE

October, 28 - 31

Keywords: Point-of-care ultrasound, Pelvic ultrasound, Intrauterine pregnancy, First-trimester ultrasound, High-frequency linear transducers

Pub No: OP-218

GUILLAIN-BARRE SYNDROME IN YOUNG ADULTS

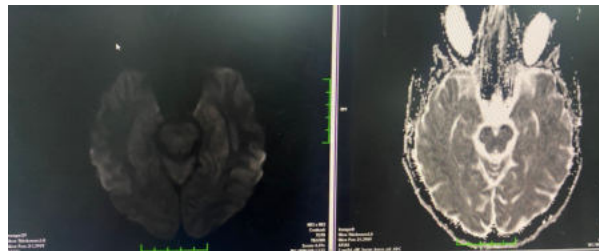
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Introduction and Purpose: 21-year-old female patient with no known medical history was diagnosed with gastroenteritis one week ago. She presented with complaints of muscle weakness and inability to walk for two days. The patient's general condition was moderate, saturation: 98%, pulse rate: 113, arterial blood pressure: 108/69 mmHg, temperature: 36.8 C. On physical examination, cranial nerve examinations were normal and strength examination of both lower extremities was 3/5. There were no significant abnormalities in the blood tests of the patient, who was able to walk with difficulty and robotic gait alone. The imaging studies suggested GBS (Figure 1), and the patient was referred to the neurology department for admission and treatment.

Materials and Methods: MR

Figure 1: MR: Appearance compatible with Guillain-Barre Syndrome



Results and Conclusion: GBS can occur at any age but is most common in childhood. The clinical presentation of GBS is similar in children and adults. There is no single test to diagnose GBS, but progressive motor weakness and areflexia on examination are leading signs.

Keywords: GUILLAIN-BARRE SYNDROME



Pub No: OP-219

In the Early Period (first 1 month) of the Covid 19-SARS-CoV-2 Pandemic, the Guidance of Computerized Tomography in Patient Diagnosis and Its Correlation With PCR Test in Emergency Services

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Introduction and Purpose: The first diagnosis in our country for the COVID-19 (2019-nCoV Disease) disease, which started in Wuhan, China on December 31, 2019 and seriously affected the health system all over the world with the global epidemic/pandemic declaration of the World Health Organization on March 11, 2020 was in March. Rapid and effective diagnostic methods for this disease are important in the management of covid and non-covid patients. With this study, we planned to investigate the compatibility of the use of computed thorax tomography taken in emergency services as a screening and diagnostic tool with PCR tests in the early period (first 1 month) of the Covid 19-SARS-CoV-2 pandemic.

Materials and Methods: Patients over the age of 18 whose chest CT images were taken from possible and positive Covid 19 cases who came to Ankara Etimesgut Şehit Sait Ertürk Hospital Emergency Service in the early period of the Covid 19-SARS-CoV-2 pandemic (first 1 month) were included in the study. The study started on 15.05.2021 and ended on 30.05.2021 and a retrospective analysis was made. After the approval of the management and administration of Ankara Etimesgut Şehit Sait Ertürk Hospital, ethics committee approval was obtained from Ankara Dışkapı Training and Research Hospital with the decision numbered 113/03 dated 14.06.2021. Statistical analysis of the study was performed with SPSS Version 20.0 program (SPSS Inc, Chicago, Illinois, USA).

Results and Conclusion: The number of patients who were admitted to the service with the diagnosis of covid in the emergency service within 1 month after the start of the study was 419, the study was conducted with a total of 393 patients. The mean age of the patients included in the study was 46 (18-91). Of these, 259 were male and 134 were female. PCR result rates were 45.42/ 46.47. Among the radiological findings, the findings with the highest sensitivity were GGO, atelectasis, presence of nodules, fibrosis, nodule formation and interlobular thickening. Thickness of interlobules and pleural effusion were had the highest PPV. In the light of this information, there are radiological findings that can be used in the diagnosis of Covid 19 and they are Thickness of interlobules and pleural effusion.

Figure 1

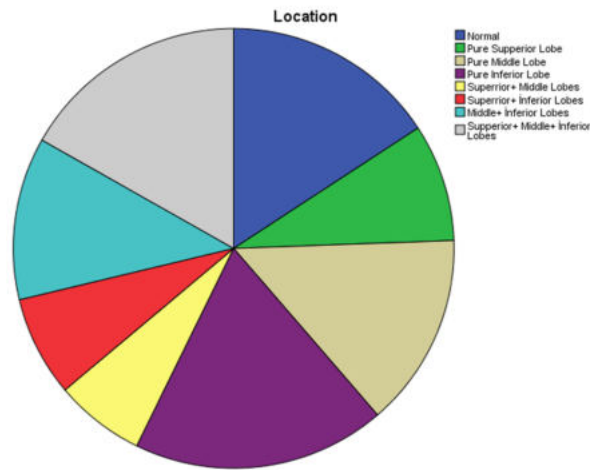


Figure 1: Lung location of infiltrations

Figure 2

		PCR Results		sensitivity	specificity	PPV	NPV
		Positive	Negative				
BCO Results	Multiple	103	66	90,4%	35,3%	60,9%	76,6%
	Single	11	36				
Consolidation	Multiple	56	43	82,4%	47,6%	56,6%	76,5%
	Single	12	39				
Thickness of Interlobules	Multiple	5	1	83,3%	80,0%	83,3%	80,0%
	Single	1	4				
Reticular Pattern	Multiple	3	4	75,0%	75,0%	42,9%	92,3%
	Single	1	12				
CrazyPaving	Multiple	3	1	75,0%	50,0%	75,0%	50,0%
	Single	1	1				
Air bronchograms	Multiple	3	8	60,0%	60,0%	27,3%	85,7%
	Single	2	12				
Thickness of Bronchial Walls	Multiple	6	13	54,5%	45,8%	31,6%	68,8%
	Single	5	11				
Bronchiectasis	Multiple	1	4	33,3%	50,0%	20,0%	66,7%
	Single	2	4				
Thickness of Pleura	Multiple	0	5	0,0%	54,5%	0,0%	66,7%
	Single	3	6				
Pleural Effusion	Multiple	1	0	100,0%	100,0%	100,0%	100,0%
	Single	0	5				
Nodule	Multiple	22	37	88,0%	43,9%	37,3%	90,6%
	Single	3	29				
Pericardial Effusion	exist	1	3	0,6%	98,6%	25,0%	54,8%
	NON	176	213				
Tomurcuklanmis agac manzarasi	Multiple	0	1	0,0%	90,9%	0,0%	71,4%
	Single	4	10				
Fibrozis	Multiple	19	28	86,4%	33,3%	40,4%	82,4%
	Single	3	14				
Atelectasia	Multiple	22	26	95,7%	35,0%	45,8%	93,3%
	Single	1	14				

Sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV) of the radiologic definitions (BCO; Ground Glass Opacity-GGO)

Table 1

Radiological sign	Single involvement (%)	Multiple involvement (%)
Interlobular septal thickening	1,3	1,5
Reticular pattern	3,3	1,8
Crazy paving	0,5	1
Air bronchograms	3,6	2,8
Bronchial wall thickening	4,1	4,8
Bronchiectasis	1,5	1,3
Pleural thickening	2,3	1,3
Pleural effusion	1,3	0,3
Nodule	8,1	15
Pericardial effusion	1	-
Budding tree view	3,1	0,3
Fibrotic changes	4,3	12
Atelectasis	3,8	12,2
Ground glass opacity	12	43

Table 1: Frequency of radiological definitions in cases

Keywords: Covid 19, PCR, Torax CT, ground glass opacity, Thickness of interlobules



Pub No: OP-221

Difficult intubation due to thyroid pressure

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Introduction and Purpose: Thyroid masses are usually detected during routine examination or during radiological examinations to investigate other diseases. However, the extension of the thyroid gland to the retrosternal area as a result of large thyroid masses compresses the trachea, making airway management quite difficult in patients. Difficult ventilation and intubation should always be considered in these patients.

Materials and Methods: A 63-year-old patient who was scheduled for total thyroidectomy, who had no additional disease other than known thyroid medullary cancer, applied to us with the complaint of shortness of breath. On arrival, the patient's blood pressure is 114/64 mmHg, heart rate is 113 beats/min, spo2 is 70% without o2 support, 85% with inhaler therapy and o2 support, body . In the examination, the general condition of the patient was poor, gks 14, there was widespread stridor and wheezing by listening, and external system examinations were evaluated as natural. According to the anamnesis taken from the relatives of the patient, he had recently complained of shortness of breath. The patient's current clinic was attributed to a cause externally narrowing the airway. In the CT of the patient, it was found that it was compatible with a thyroid mass that caused severe stenosis in the trachea. It was evaluated that the patient may have difficult intubation in advanced airway management and may need a tracheostomy. The patient was consulted to the otolaryngology clinic regarding the need for thyroidectomy. During the follow-up, the patient was intubated with a 6.0 endotracheal tube, whose spo2 decreased to 70% and gks to 8 with the support of o2 and inhaler therapy. The patient, who was not found suitable for tracheotomy due to a mass by the ENT clinic, was admitted to the Anesthesia intensive care unit.

THYROID PRESSURE IN THE TRACHEA



Results and Conclusion: In the advanced age group, especially large masses originating from the anterior neck region carry a potential risk of difficult airway due to the pressure they place on the laryngotracheal structures. For this reason, it should be kept in mind that difficult intubation and advanced airway technique may be required in cases that cause external stenosis in the airway, as in our case.

Keywords: Thyroid pressure, Difficult intubation, difficult intubation, thyroid pressure



Pub No: OP-222

DIMENHYDRINATE ALLERGY; CASE REPORT

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Introduction and Purpose: Dimenhydrinate is one of the frequently preferred medical treatments, especially for the complaints of nausea, digestion, vertigo. the possibility of the development of allergy to dimenhydrinate is very rare, and it generally in the form of fixed drug eruptions . In this case, we referred to the allergic reaction against dimenhydrinate, which we think as an innovative drug.

Materials and Methods: A 44-year-old female patient came with a complaint of dizziness. In the physical examination TE:36.5 nb: 98 TA:120/80 SPO2: 96 consciousness, oriented cooperated GCS: 15. Oropharynx In natural appearance, no uvula edema. Neurological examination natural cerebellar tests natural . No lateralizing findings. No neck strength IR:++ dir ++ Heart rhythmic. s1+ s2+ No additional sound/murud. 4 extremity pulse is palpated in the extremities. babinski-/. nistagmus +, skew test +, head impuls test negative. The patient has a history of being on dialysis for about 11 years and has a renal transplant 8 years ago. The patient's allergy status was inquired and it was learned that he did not have a previously known drug allergy. In the treatment of the patient, 2 amp dimenhydrinate in 250cc sf was given as iv infusion. Uvula edema was controlled and did nothing. The patient, whose complaint of cough and burning in the throat regressed in the follow-up, was discharged with the recommendation of neurology and ear nose throat polyclinic control.

Results and Conclusion: Allergic reactions against dimenhydrinate generally in the form of rash(3),(4). In our case, the rash developed. however, the patient can intervention due to the development of a reaction after the hospital treatment. In the long-term reaction, maybe a rash could be seen. After applying drugs with very low allergic reactions, we should be precautive against allergic reactions.

Keywords: Allergic reaction, Dimenhydrinate



Pub No: OP-223

A Case Of Thoracal Vertebra Dislocation, Total Spindle Lesion And Priapism Resulting From Weight Fall

İsmail AYAN¹, Yeşim İŞLER¹, Halil KAYA¹, Melih YÜKSEL¹, Mehmet Oğuzhan AY¹

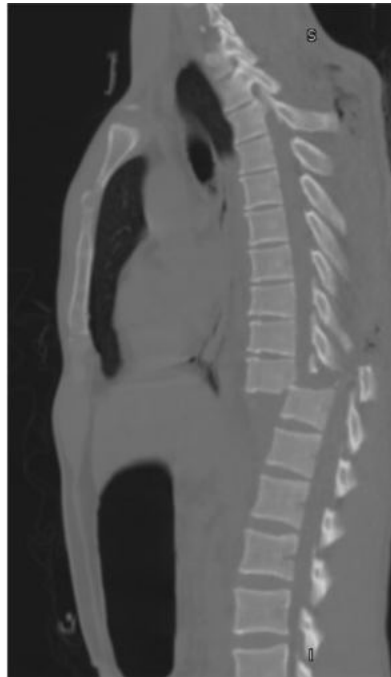
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Introduction and Purpose: Due to the advancement of technology and the widespread use of motor vehicles, the incidence of spinal trauma is increasing. Motor accidents, falls from height, falls from the ground, work accidents, gunshots, sports accidents are the most common causes. The thoracic spine stiffens when attached with the transverse parts of the thoracic ribs and the sternum. Therefore, a large amount of force is required to damage the thoracic spine of a healthy adult. Ninety percent of all thoracolumbar spine injuries occur in the region between T11 and L4.

Materials and Methods: In our case, injury occurred as a result of weight loss as a result of an occupational accident. In the motor sensory examination, which was damaged in the thorax region, it was determined that it was poured from the waist down and that it was anesthetic from the T11 dermatome region. The patient had priapism in the early period. The patient was evaluated with full spinal CT. In the T11 vertebral body, the entire spine was replaced, and there was a fracture extending to the lamina and pedicle, resulting in anterior dislocation of the thoracic vertebra. Its appearance was evaluated as compatible with the sport of the spinal canal.



T11 vertebral fracture



Results and Conclusion: These thoracolumbar injuries rarely cause complete cord lesions because the opening of the spinal canal is thus wide. For this reason, care should be taken in this kind of sports.

Keywords: trauma, emergency medicine, spinal injury, priapism



Pub No: OP-224

The Mortal Consequences of Minor Head Trauma in Glanzman Thrombasthenia: A case report

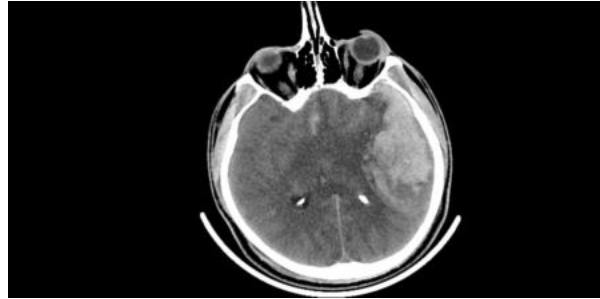
Enes Hamdiođlu¹, Kadir Taşlı¹, Zeynel Emin Altunköprü¹, Gökhan Ersunan¹

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Introduction and Purpose: Glanzmann thrombasthenia is a congenital bleeding disorder caused by a deficiency of the platelet integrin alpha IIb beta3. Symptoms of this disorder usually include abnormal bleeding, which may be severe. Prolonged untreated or unsuccessfully treated hemorrhaging associated with Glanzmann thrombasthenia may be life threatening. Here, we present the mortal case of the minor head trauma patient with GT.

Materials and Methods: A 39 -year-old male with a past medical history of Glanzmann thrombasthenia. He was brought to the emergency department via EMS services for a severe headache associated with nausea and two episodes of vomiting that started 2 hours prior to his arrival to the ER. The patient folded on the beach while fishing .The remainder of his physical exam was normal. In the emergency room follow-up, the patient became unconscious after 6. hour so the brain CT was taken again . The CT showed multiple focal Intracerebral Hemorrhages and Suprachoroidal hemorrhage (SCH) to protect the airways, the patient was intubated . He was hospitalized in intensive care ,but unfortunately after 24 hours, the patient was admitted to extius.

Figure



The CT showed multiple focal Intracerebral Hemorrhages and Suprachoroidal hemorrhage

Results and Conclusion: Even if the examinations of the patients applied for head trauma are normal at the arrive of emergency service ,in emergency room should be following up and re-examination the patient are important in terms of evaluating the complications that may occur later.

Keywords: glanzman, thrombasthenia, head, trauma

Pub No: OP-225

AN EARTHQUAKE STORY: CRUSH SYNDROME

mustafa burak şebci¹, [hüseyin mutlu](#)¹

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Introduction and Purpose: Crush syndrome; in disasters deaths from direct trauma It is the second most common cause after. In crush syndrome, muscle damage initially occurs with the direct effect of trauma (baromyopathy), and later on, it develops with increased intramuscular pressure. Ischemia develops with compartment syndrome .. The main defect is the decrease in Na-K ATPase and Ca ATPase activity in the cell membrane. Extracellular calcium and sodium shift into the cell causing an increased passage of sodium and calcium into the cell. It is the main reason for the hypertonicity and swelling of the cell. The increase in cytosolic calcium activates proteolytic enzymes and further increases ATP consumption. As a result of proteolytic enzyme activation and cell swelling, rhabdomyolysis develops in muscle cells. Skeletal muscle ischemia to edema and lysosome degranulation begins in about 30 min and reaches the maximum level in 4–8 h. It causes irreversible morphological changes that lead to necrosis. In addition, muscle ischemia and ischemic reperfusion injury develop during the recovery of this ischemia (as a result of the formation of reactive oxygen metabolites) and play a role in the pathogenesis of rhabdomyolysis.

Materials and Methods: A 53 years old female patient was admitted to the emergency department after being under the rubble for 10 hours after the earthquake and rubble fell on both feet. When the patient arrived, GKS:15 sat:94 Nbz:83 tan:109/76 Consciousness was clear, both feet were cold but pulses were open, slightly oedematous and compartment syndrome had not developed. As a result of the examinations performed on the patient, it was determined that there was a fracture in the lateral malleolus of the right foot. Blood tests showed ck:48441 kre:6,59 k:6 urea:186 ph:7,36 pco2:30 hco3:17. Our patient who was thought to have CRUSH syndrome was rapidly started on mai support and was hospitalised for urgent dialysis. After 1 session of dialysis, the patient's values improved.

Results and Conclusion: ABH due to CRUSH syndrome resolves without renal damage in the long term. Even when dialysis is not possible, these patients should never be left untreated because the effects of crush syndrome can be prevented with appropriate and aggressive fluid therapy.

Keywords: crush, hyperkalemia, acute tubular necrosis



Pub No: OP-226

Characteristics of Patients Hospitalized from the Emergency Department to the Orthopedic Department

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Introduction and Purpose: Orthopedic cases constitute a significant proportion of emergency department visits. Most of these patients present with traumatic causes and some of them can be treated as outpatients, while others require hospitalization and surgical intervention. In this study, we aimed to investigate the reasons for presentation, diagnoses, and outcomes of this patient group, which has an important place in terms of cost and workforce.

Materials and Methods: Patients from the emergency department of a tertiary care research hospital who were consulted with orthopedics and subsequently hospitalized in the orthopedic service were retrospectively analyzed. Data were obtained using electronic medical records. Age, gender, reasons for admission, diagnoses, additional consultations, surgery, length of hospitalization and outcomes were noted.

Results and Conclusion: The study included 314 patients who were admitted to the orthopedic department from the emergency department within a 6-month period. Of the patients, 54.5% (171) were male and the median age was 54.5 years. The median length of hospital stay was 6 days. Surgery was performed in 77.1% (242) of the patients. While 98.1% (308) patients were discharged, 1.9% (6) patients died during hospitalization. The most common reason for admission was a simple fall with a rate of 70.4% (221). The most common diagnosis was hip fracture with a rate of 27.7% (87). A significant proportion of orthopedic cases admitted to the emergency department require hospitalization and surgery. Simple fall, which is one of the most common trauma mechanisms seen in the emergency department, is one of the most common reasons requiring hospitalization. Although surgical treatment was performed in the majority of patients requiring hospitalization, the proportion of patients who did not undergo surgical treatment cannot be underestimated.



Table 1. Patient characteristics, outcomes, and reasons for presentation

	Total n=314
Age, median (IQR)	54.5 (27-77)
Male gender, n (%)	171 (54.5)
Length of hospitalization, median (IQR)	6 (2-10)
In-hospital mortality, n (%)	6 (1.9)
Surgical treatment, n (%)	242 (77.1)
Patient requiring additional consultation, n (%)	36 (11.5)
Reasons for presentation, n (%)	
• Simple fall	221 (70.4)
• Road accidents	35 (11.1)
• Other	18 (5.7)
• Fall from height	12 (3.8)
• Stab-cut injuries	9 (2.9)
• Gunshot injury	8 (2.5)
• Impact injury	7 (2.2)
• Physical assault	4 (1.3)



Table 2. Patients' diagnosis

Diagnosis	N (%)
• Rib fracture	87 (27.7)
• Ankle fracture	66 (21)
• Tibia/fibula fracture	29 (9.2)
• Humerus fracture	29 (9.2)
• Femur fracture	21 (6.7)
• Wrist/forearm fracture	14 (4.5)
• Pelvis fracture	13 (4.1)
• Cuts/lacerations	13 (4.1)
• Forefoot fracture	12 (3.9)
• Calcaneus fracture	7 (2.2)
• Soft tissue injury	5 (1.6)
• Wound infection	4 (1.3)
• Septic arthritis	4 (1.3)
• Hand fracture	2 (0.6)
• Diabetic foot	2 (0.6)
• Dislocated shoulder	2 (0.6)
• Patella fracture	2 (0.6)
• Dislocated hip	1 (0.3)
• Scapular fracture	1 (0.3)



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Keywords: Emergency department, hospitalization, orthopedics



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THE IMPORTANCE OF EARLY ADMISSION, POLYCLINIC FOLLOW-UP AND THE SUCCESS OF DIRECTION TO THE EMERGENCY DEPARTMENT IN MILD HEAD TRAUMA

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Introduction and Purpose: Our aim in this study was to measure the effect of başvuru times, numbers, importance of the early applications and diagnostic scores of MildTBI patients on prognosis.

Materials and Methods: Applications of 70 patients who were at least at 18 years old during the time of trauma obtained from our center and applications of 6913 patients obtained from CLINERION research center were retrospectively analyzed. The criteria which are examined are number of başvurus, duration, death statistics of the patients and the differences which are created by the early applications of patients. In addition, the IMPACT scores were also calculated for the data of our hospital.

Results and Conclusion: When the data of our hospital were examined, it was seen that patients with high IMPACT scores had higher adverse outcomes even in mild head injuries, and that the IMPACT-1 score was more effective in determining mortality, like the literature for moderate and severe Traumatic Brain İnjuries. In addition, it was seen that the duration and number of follow-ups had a positive effect when the general data were investigated. The importance of arranging the follow-up of patients at the time of initial diagnosis is understood. At the same time, the use of the IMPACT score in mildTBI patients may be considered.

Keywords: Head Trauma, Traumatic Brain Injury, IMPACT Score



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OPENBOOK IN THE PATIENT WHO DEVELOPS WORK ACCIDENTS;CASE REPORT

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Introduction and Purpose: Openbook fractures are the most serious and least common forms of pelvic fractures. Openbook fractures can have abdominal, vascular and nerve damage, the consequences are fatal, and an appropriate and serious resuscitation is very important for fractures. A multidisciplinary approach is required to manage openbook fractures and the treatment is surgery. In this case, we emphasize that appropriate intervention from the moment suspected is important for patients.

Materials and Methods: A 30-year-old male patient was admitted to our emergency service by 112 teams after a rock fell below the waist while working in a quarry. Admission Vitals A: 36.5 CO NB: 88 beats/min TA: 100/60 mmHg SPO2: 97 % GCS: 15 The patient was evaluated. On physical examination, there was tenderness in the pelvic area. There was loss of movement in the hip. The right leg was shorter than the left. Their tests were taken. Imaging was done. pelvis CT: Multiple fracture lines were observed in the bilateral inferior and superior pubic rami and in the right half of the sacrum. Soft tissue increase was observed around the fracture, suggesting hemorrhage due to bleeding. In the scrotal color Doppler ultrasound, it was interpreted that there was a significant edematous-hemorrhagic thickening in the scrotum

Results and Conclusion: Abdominal, neural and vascular complications may develop in openbook fractures. Our patient had vascular injury but no neurological complications. There are publications showing that early pelvic bandage application reduces complications in pelvic fractures. In our case, no fixation was made in the pelvic area when the patient was brought to the hospital. Therefore, we do not know whether the developing complication is directly related to the fracture or transport-related. Openbook fractures are rare and life-threatening cases that require serious and appropriate intervention from the moment they are suspected, followed by a multidisciplinary approach. It is important for patients that our physicians are especially careful about early fixation.

Keywords: Openbook, Openbook fractures, Pelvic ring fractures.

Pub No: OP-229

PULMONARY EMBOLISM: A DIFFERENT PRESENTATION

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Introduction and Purpose: Pulmonary embolism (PE) is a relatively common cardiovascular emergency. It can lead to acute, life-threatening but potentially reversible right ventricular failure due to occlusion of the pulmonary arterial area. PE is difficult to diagnose and may be missed because it does not present with a specific clinical picture. However, early diagnosis is very important as early treatment is highly effective.

Materials and Methods: 64 years old male patient presented with complaints of fever, sore throat, low back pain, chills, dysuria. His complaints started suddenly 3-4 hours ago. Fever: 37.7, SDB: 114/62, Pulse: 114, SpO₂: 92. ECG: Sinus tachycardia+ S1Q3T3 pattern. WELLS score: 1.5 (tachycardia). Background: DM, Lumbar Disc Herniation. Physical Examination: Hypertrophic and hyperemic tonsils in the left oropharynx. Pulmonary CT angiography was performed when the D-Dimer level was measured as >35. On CT angiography, filling defect compatible with embolism was observed in the right pulmonary artery branch to the middle and lower lobes. Heparinization was provided and the patient was hospitalized in the ICU.

Results and Conclusion: PTE is a recurrent, sometimes difficult to diagnose and preventable disease with high mortality and morbidity. Clinical symptoms may be masked and delayed due to comorbidities. Although nonspecific, it is important to suspect Pulmonary Embolism in patients with sudden onset of symptoms and tachycardia. In suspected patients, necessary investigations should be performed in the early period and diagnostic treatment algorithms should be followed. In addition, the importance of right ventricular overload findings on ECG in the suspicion of pulmonary embolism is also seen in our case.

Keywords: PULMONARY EMBOLISM, cardiovascular emergency, early diagnosis



Pub No: OP-230

Comparison of Applications Macintosh Laryngoscope and Gum Elastic Bougie on Advanced Airway Management on a Manikin

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Introduction and Purpose: Endotracheal intubation is the most preferred method to ensure the continuity and safety of the at-risk airway. Intern doctors with no intubation background were compared to Macintosh (MAC) and Gum Elastic Bougie (GEB) on manikin.

Materials and Methods: The study was conducted as a prospective, crossover study. Intern doctors were provided with an hour-long tutorial in both techniques, which they then demonstrated on a manikin. Every intern doctor underwent three repetitions of both techniques. Intubation time, intubation attempt/complications, dental fracture, number of manipulations, ease of use and first attempt success rate, and overall success rate of both methods was evaluated.

Results and Conclusion: 150 (81%) intern doctors were selected. The average age was 24.7 years and 52% were male. The average implementation time was found to be significantly lower in GEB ($p < 0.05$). The rate of successful tracheal intubation with GEB (81.11%; 70.44%; respectively) was statistically significantly higher than MAC ($p: 0.001$). The rates of esophageal intubation (24.89%; 15.78%; respectively), dental fracture (143 (31.78%); 102 (22.67%); respectively) and laryngeal manipulation (45 (10%); 120 (26.67%); respectively) were significantly higher with MAC ($p: 0.001$). GEB demonstrated an exemplary success rate in the initial intubation attempt (78%; 64%; respectively) ($p: 0.001$). There was no statistically significant difference between the overall intubation success rates of both techniques ($p: 0.125$). The GEB method has a high chance of success in the first and short time, the need for external laryngeal manipulation and complications is low; it may be recommended to be added to the training models.

Keywords: Cardiopulmonary resuscitation, Endotracheal intubation, Gum elastic bougie, Macintosh laryngoscope, Simulation training

Pub No: OP-231

ACUTE CORONARY SYNDROME DUE TO USE OF PSEUDOEPHEDRINE WITH NORMAL CORONARY ANGIOGRAPHY

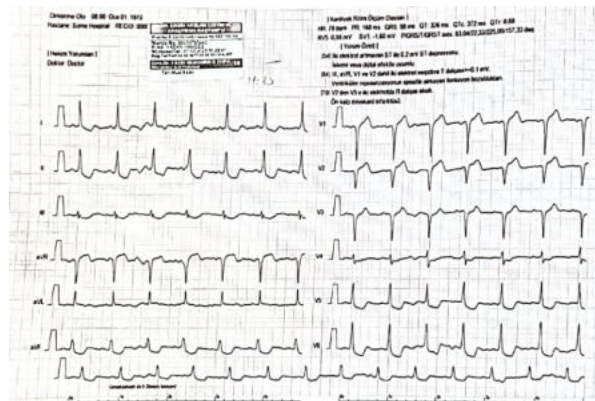
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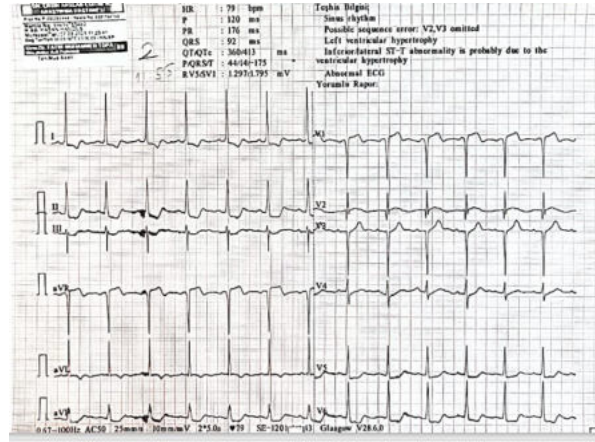
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Introduction and Purpose: In this case, we present a patient with an unusual acute coronary syndrome. Coronary spasm developed after pseudoephedrine ingestion was observed in the case.. A 44-year-old male patient presented to the emergency department with chest pain. He had been using the pseudoephedrine-containing drug 120 mg 3 times a day for a week. He presented to the emergency department with complaints of chest pain and nausea while continuing pseudoephedrine treatment. (ECG) II-III-AVF st elevation and v5-v6 st depression of inferior myocardial infarction were detected in monitoring records and electrocardiography. Troponin and CK-MB were high in Blood Serum. Pseudoephedrine products or metabolites may cause some side effects such as cardiac coronary arterial spasm, chest pain, acute myocardial infarction (AMI) and myocardial damage. The patient, who had retrosternal chest pain and nausea due to the use of drugs containing 3x120 mg pseudoephedrine per day, and whose coronary angiography was normal, was treated conservatively in the intensive care unit. So this is an acute coronary syndrome report of the use of a drug containing 120 mg of pseudoephedrine 3 times a day.

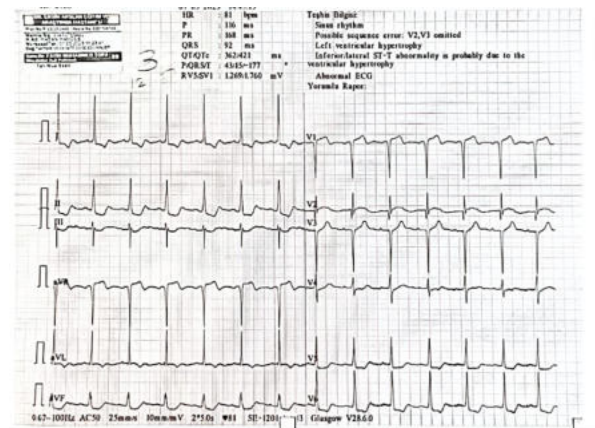
PICTURE-1



PICTURE-2



PICTURE-3



Materials and Methods: A 44-year-old man was admitted to Dr. Ersin ARSLAN education research Hospital Emergency Department(Gaziantep, Turkey) with a compressing-like redrosternal chest pain lasting about 20 mins.

Results and Conclusion: A case of pseudoephedrine-induced AMI with normal angiographic coronary arteries has been reported. Coronary vasospasm, endothelial dysfunction and prothrombotic state associated with drugs containing pseudoephedrine may be possible responsible mechanisms. The possibility of AMI should be seriously considered, even in very young adolescents with acute streptococcal respiratory tract infections. It is very important to take a complete history of all medications used.



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Pub No: OP-232

ISCHEMIC STROKE AFTER BEE STING

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¹Turgut ÖZAL Tıp Merkezi

Introduction and Purpose: Stroke is the second most common cause of death and major cause of disability worldwide(1). An ischemic stroke occurs when a vessel supplying blood to brain is obstructed.It accounts for about % 87 of all strokes(2).Our objective is to present to you our patient who experienced an ischemic stroke following a bee sting, a rare occurrence in the literature.

Materials and Methods: A 67yearold male,known hypertension andactive smoker, presented atexternal medical center.His initial blood test results showed no issues with blood clotting, with a hb level , a leukocyte countand a platelet count normal.His liver and kidney function tests were normal.However, his HbA1c level was noted to be 9.9, and his glucose level was 287, indicating high blood sugar,not yet diagnosed with diabetes.This patient, who had sought medical attention at the external center due to symptoms of anaphylaxis, occurring one day after being stung by numerous bees (image1).He was admitted to the intensive care unit and treatment initiated.The following day, he experienced altered consciousness and motor deficits in his left upper and lower extremities. A computed tomography scan and a diffusion-weighted MRI of the brain were performed. These tests revealed areas of reduced density and regions with restricted diffusion in the territory of the right MCA, leading to a diagnosis of ischemic stroke.As a result, the patient was urgently referred to our university hospital for an emergency procedure known as mechanical thrombectomy.An angiogram, conducted during the emergency procedure, revealed a chronic total occlusion of the left internal carotid artery (image2), as well as a stenosis of over 95% in the right ICA (image3).To access the intracranial region, a balloon dilation procedure was initially performed on the proximal segment of the right ICA. However, this did not provide sufficient clearance, leading to the decision to insert a stent in this segment. Subsequently, after the stent was placed, intracranial access was established through the right internal carotid artery. An angiogram confirmed the total occlusion of the right middle cerebral artery.

Image 2

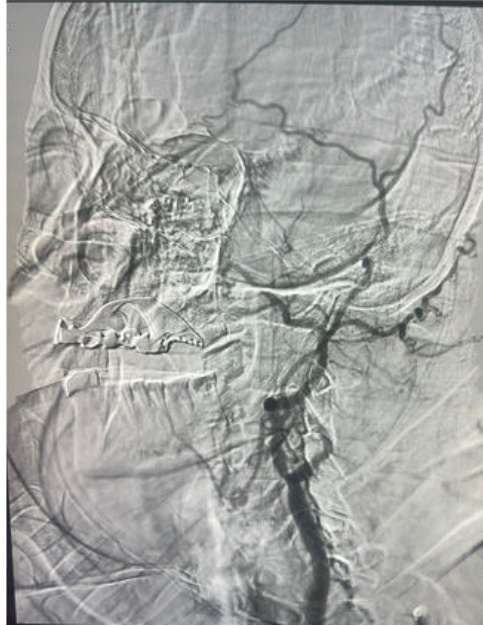


Image 2: occluded left internal carotid artery

Image 3

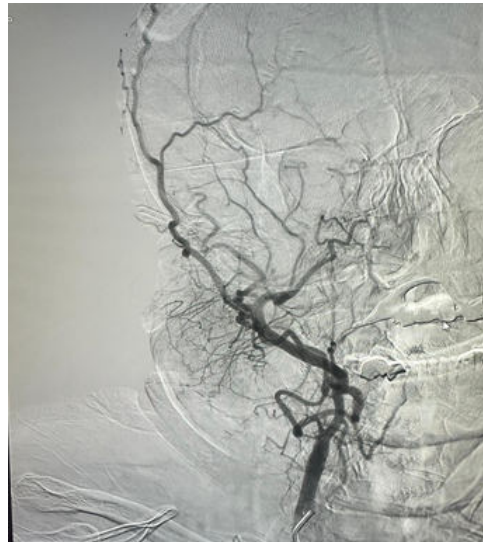


Image 3: Preocclusive right internal carotid artery

IMAGE 1

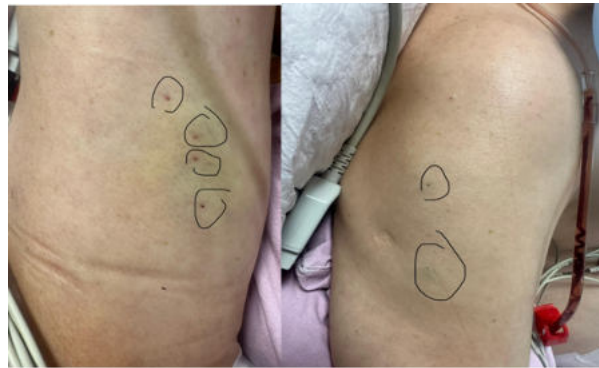


Image 1: Multiple honeybee stings

Results and Conclusion: We came to the realization that following bee stings, patients can exhibit a spectrum of manifestations, ranging from localized skin reactions to potentially serious systemic effects.

Keywords: Stroke, Honeybee sting, angiogram

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Isolated Facial Nerve Injury Due to Bicycle Handlebar Trauma

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Introduction and Purpose: Introduction: Fascial Paralysis refers to the loss of functionality of some or all of the fascial muscles due to loss of neural stimulation. The majority of fascial muscles are stimulated by the facial nerve facial nerve paralysis can occur due to various different causes. Among these reasons are: idiopathic viral infections leading to vascular ischemia and inflammation autoimmune diseases temporal fractures head and neck tumors central nervous system lesions genetic factors Noninfectious causes of facial nerve palsy include head trauma affecting the intracranial intratemporal course of the facial nerve or, less commonly, the infratemporal course, as seen in facial blunt or sharp injury.

Materials and Methods: Case: An 8-year-old male child presented to the emergency department after being struck by a bicycle handle bar on his right posterior ear. Upon examination a approximately 2 cm laceration was observed in the post auricular region, along with fascial paralysis on the right side. The patient was admitted to the hospital and assessed by the ENT(Ear-Nose-Throat) department as having Grade 5 peripheral facial paralysis due to isolated facial nerve trauma.(permission has been obtained from the relevant family for the patient's photo)

facial paralysis



post auricular trauma



Results and Conclusion: Conclusion: In the treatment, options such as botulinum toxin therapy, physical therapy and surgery are available. In this case, surgery was performed due to the hematoma that developed in the right post-auricular region and after the hematoma drained it was observed that the facial nerve and its branches were intact but swollen. The patient has been placed under post-surgical follow-up.

Keywords: facial, paralysis, trauma, bicycle



Pub No: OP-234

Successful application of hemodialysis treatment, a treatment modality whose effectiveness has not been clearly demonstrated, in superior mesenteric vein air embolism, which is a rare hemodialysis complication : A case report

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Introduction and Purpose: Air embolism during hemodialysis is a rare complication. Symptoms typically manifest due to involvement of the pulmonary artery, and presenting with symptoms like abdominal pain is rare. Treatment options such as 100% oxygen and hyperbaric oxygen therapy are commonly recommended, but the effectiveness of hemodialysis in removing air from the venous system remains controversial.

Materials and Methods: A patient with known chronic renal failure undergoing hemodialysis through a catheter in the right iliac vein presented to the emergency department with severe abdominal pain and mild dyspnea, 8 hours after a morning hemodialysis session. The patient had a respiratory rate of 14 breaths per minute and an oxygen saturation of 98%. Abdominal tenderness was widespread. Computed tomography (CT) imaging revealed extensive air emboli in the right iliac vein, inferior vena cava, superior mesenteric vein (SMV), right pulmonary artery lobar and segmental branches, along with a subileus appearance. No air embolism was detected in the pulmonary arteries. The patient was started on 100% oxygen therapy. Abdominal pain and subileus were attributed to distension secondary to SMV embolism. Although hyperbaric oxygen therapy was recommended, the patient declined transfer. Consequently, the patient underwent hemodialysis and was admitted to the intensive care unit. The following day, another hemodialysis session was conducted, resulting in the resolution of the patient's abdominal pain. A subsequent CT scan taken 2 days later revealed no air embolisms in the venous system. The patient was discharged after 5 days.

Photo 1



Appearance of air embolism in the inferior vena cava

Photo 2



Appearance of air embolism in the superior mesenteric vein

Results and Conclusion: Air embolism is a rare complication in hemodialysis patients, with limited reports of abdominal pain associated with SMV embolism in the literature. Notably, this case suggests that hemodialysis can effectively remove air from the venous system and alleviate symptoms. Further research and studies are necessary to validate hemodialysis as a viable first-line treatment for SMV air embolism. Nevertheless, this case contributes significantly to the existing literature and underscores the potential of hemodialysis in treating such cases.

Photo 3



No air embolism was observed in the inferior vena cava on control computed tomography.

Keywords: hemodialysis, air embolism, superior mesenteric vein, abdominal pain



Pub No: OP-235

REVERSE MOVEMENT IS NOT ALWAYS A MENISCUS REAR INTRODUCTION

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Introduction and Purpose: Direct trauma, knee hyperextension injuries, and flexion movements in older adults are among the most common ways proximal tibial fractures occur in osteoporotic individuals. Vehicle-pedestrian collisions in adults, motor vehicle collisions where the knee is stuck to the dashboard, and collisions during contact sports involving knee hyperextension are some of the specific situations that cause injuries in this area.

Materials and Methods: The vitals of a 38-year-old male patient, who was brought to our emergency department by taking a wrong step without seeing the pothole on the road, and stating that he could not step on it and then turned sideways, were within natural limits. In the systemic examination, it was observed that the right knee joint was edematous compared to the left, and the right knee extension was limited to passive and active movements. Neurovascular examination was found naturally. A tibial plateau fracture was detected in his X-ray and he was admitted to the orthopedic service with a splint.

Results and Conclusion: Tibial plate fractures are usually those that require surgical intervention after conservative treatment. Although it is not very common, it may occur as avulsion due to a wide ligament network by indirect mechanisms. In individuals with limited joint movements, after a full physical examination, before considering meniscus, anterior and posterior cruciate ligament injuries, it is important to see a direct X-ray, considering that there may be a fracture.

Keywords: Tibial plate fractures, plate fractures, Direct trauma, knee hyperextension injuries, knee pain



Pub No: OP-236

POPE SCORE IN THE PROGNOSIS OF ACUTE PULMONARY THROMBOEMBOLISM

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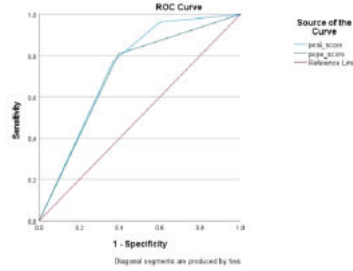
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Introduction and Purpose: Scoring systems created by using certain parameters of patients are used to determine mortality in pulmonary thromboembolism (PTE). The most commonly used scoring system for this purpose is the pulmonary embolism severity index (PESI). However, it is difficult to use in daily practice due to the large number of parameters required to calculate this score. For this reason, clinicians continue to develop new scoring systems based on simple parameters, which are easy to apply and give powerful results. In our study, Prognosis in Pulmonary was developed by Gerardo F. et al. We aimed to evaluate the PoPE score.

Materials and Methods: This study was carried out retrospectively on patients diagnosed with PTE between 14.02.2020 and 30.09.2022 in the Emergency Department of Diskapi Yıldırım Beyazıt Training and Research Hospital of University of Health Sciences of the Ministry of Health of Republic of Türkiye, in a single center. The primary endpoint of the study was 30-day mortality.

Results and Conclusion: 201 patients were included in the study. 26 patients (%12.9) died within 30 days of follow-up due to PTE. In ROC analysis, PSI score AUC was 0.73 (95% CI, 0.66-0.79 p<0.001) and PoPE score AUC was 0.70 (95% CI, 0.63-0.76 p<0.001). PESI score; its sensitivity in predicting mortality was %96 and its specificity was %40. When the PoPE score was ≥ 2 , its sensitivity in predicting all-cause 30-day mortality was %80, and its specificity was %60. **DISCUSSION:** The PoPE score is calculated with 5 parameters (Modified shock index, presence of cancer, serum lactate concentration, altered mental state and age). In the study of Gerardo et al., it was reported that the performance of the PoPE score in showing the 30-day mortality was higher than the PESI. In our study, when the PoPE score was ≥ 2 , its sensitivity in predicting all-cause 30-day mortality was %80, and its specificity was %60. It was concluded that the PoPE score, which is a new risk scoring system, can be used to identify patients with high mortality in PTE. We think that this score, which is based on simple and easily accessible parameters, will be beneficial in emergency services.

PoPE score and PESI score ROC Curve



Prognosis in Pulmonary Embolism score

Hasta yaşı ≥ 80
Kanser varlığı
Serum laktat konsantrasyonu $\geq 2,50$ mmol/L
Modifiye şok indeksi (Kalp hızı/ortalama arter basıncı) $\geq 1,1$
Değişen zihinsel durum
<i>For the presence of each, 1 point is added.</i>

Keywords: PTE, Prognosis, PESI, PoPE Score



Pub No: OP-237

CONTRIBUTION OF NEXUS CHEST CRITERIA TO DIAGNOSTIC PROCESSES IN THE EMERGENCY DEPARTMENT IN PATIENTS WITH THORACIC TRAUMA

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Introduction and Purpose: In this study, it was aimed to examine the contribution of the Nexus Chest Criteria (NCC) to the diagnostic processes in the evaluation of patients who applied to the emergency department with thoracic trauma.

Materials and Methods: This retrospective, case-control study was conducted with a total of 184 patients over the age of 16 who applied to the emergency department with thoracic trauma in the last three days between 01.05.2018 and 01.08.2018. Permission was obtained from the local ethics committee before the study. Demographic data, physical examination findings, analysis and examination results, positive computed tomography findings (rib fracture, sternum fracture, pneumothorax, hemothorax, pulmonary contusion and large vessel injury) and NCC conditions in the patient files and automation system were recorded. SPSS 22.0 program was used to analyze the data. $p < 0.05$ level was considered significant.

Results and Conclusion: The median age of the patients included in the study was 35.5 years (Min: 16, Max: 85) and 72.3% were male. It was determined that 19.9% of the patients had comorbidities, 94% had blunt trauma, and 12% had non-vehicular traffic accidents. While no relationship was found between the presence of lesion on CT and age, gender, comorbidity, trauma mechanism, type of trauma, blood pressure, pulse, fever and admission time, saturation was found to be significantly low. No relationship was found between thoracic pain, additional injury, pain on palpation, intoxication, deceleration, state of consciousness and the presence of lesions on CT. It was determined that rib fracture was the most common disease in the patients, and there was a positive relationship between the number of NCC criteria and rib and scapula fractures. In subgroup analyses; age and presence of pain on palpation in rib fracture; rapid deceleration in contusion and sternum fracture; It was determined that thoracic pain, rapid deceleration and state of consciousness had a statistically significant relationship with pneumothorax. It is understood that age, pain on palpation and rapid deceleration from NCC criteria in patients with thoracic trauma can guide clinicians in the diagnostic processes of the most common rib and scapula fractures. However, this data needs to be supported by large series.

Keywords: Trauma, Emergency, Nexus Chest Criteria, Fracture.



Pub No: OP-238

Thoracic aortic dissection- a case report

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Introduction and Purpose: Thoracic aortic dissection (TAD) is a serious emergency condition. Common presentations are chest and back pain. There are no proven pathways to evaluate patients suspected of TAD as of now. It is important to ensure that patients who present to Emergency Department with symptoms of chest & back pain, TAD is considered, investigated appropriately & treated accordingly.

Materials and Methods: 64 year old female, presented to emergency with severe upper back pain which started 18 hours ago, not relieved with oral and IV analgesics and had become intolerable in the last 4 hours. No other complains. Patient is a known hypertensive and noted to have uncontrolled hypertension despite being on multiple antihypertensives, Diabetes Mellitus and Hypothyroidism. Systemic examination was unremarkable. ECG showed Left axis deviation with Left ventricular hypertrophy. Troponin I was negative. Chest X ray done which showed prominent aortic knuckle, widened mediastinum and double aortic knuckle. Patient was noted to have ongoing pain inspite of aggressive analgesic management. Having considered wide range of differential diagnosis, in view of ongoing pain in the interscapular region and hypertension we considered Aortic dissection. Repeat Blood pressures were noted to be 176/124 mm Hg and with a differential diagnosis of aortic dissection in mind patient was started on Injection Labetalol 20 mg bolus intravenous followed by Infusion of Injection Nitroglycerin at 5 mcg/ minute. We also decided to get CT aortogram for our patient, which showed Thoracic aortic dissection. With the confirmation of diagnosis of Aortic dissection Stanford Type B, patient was referred to cardiothoracic team. Nitroglycerin infusion was changed to Labetalol infusion. Patient shifted to ICU where she was managed conservatively. She responded well to the treatment & was discharged in a stable condition after eleven days.

Results and Conclusion: Aortic aneurysm must be kept in mind as a differential in all acute chest pain and/or back pain presentations. Normal X Ray chest does not rule out aortic dissection. Patients with normal chest X-ray are less likely to have aortic disease. Beta blockers are the drug of choice in Stanford type B acute aortic dissection.

Keywords: Thoracic aortic dissection, CT aortogram, Beta Blockers



Pub No: OP-239

A Rare Case of Ovarian Torsion in A Pregnant Patient

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Introduction and Purpose: Torsion of the ovary is a true gynecological emergency, and a rare surgical emergency. . Ovarian torsion is most common in the first trimester of pregnancy, but can happen well into the third trimester, and torsion early in pregnancy seems to increase the risk for recurrence at a later gestational age.

Materials and Methods: A 28-year-old woman at 12 weeks gestational age presented to the Emergency Department (ED) with 1 h duration of left lower quadrant abdominal pain. She reported that her pain was sudden in onset, constant, sharp, and stabbing in nature. Hemodynamically and respiratorily stable. Vitals at presentation were temperature 36.8°C, heart rate 85 beats per min, respiratory rate 21 per min, blood pressure 120/75 mm of Hg, and pulse oximetry 98%. A bedside ED ultrasound showed an enlarged edematous left ovary with a large cyst. Immediate obstetric consultation was initiated. Gynecological ultrasound (suprapubic and endovaginal) is in favor of an intrauterine embryo sac with positive cardiac activity, the cranio-caudal length corresponding to 12 weeks. With presence in the left latero-uterine of a slightly heterogeneous echogenic image with anechoic areas of 6.8 cm × 4.1 cm without Doppler scan evoking a large twisted ovary. The patient underwent emergent laparoscopic surgery.

Results and Conclusion: The diagnosis of ovarian torsion remains difficult, particularly during pregnancy. The clinical picture is not very specific, and paraclinical examinations are not very reliable for making a positive diagnosis. Emergency physicians should maintain a high clinical suspicion for ovarian torsion in pregnant patients with abdominal pain.

Keywords: ovarian torsion, pregnant patient, diagnosis

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A Case Of Pyoderma Gangrenosum Admitted To The Emergency Department With Orchitis And Scrotal Cellulitis

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Introduction and Purpose: Pyoderma gangrenosum (PG) is a multisystemic disease of unknown etiology in which abnormal neutrophil chemotaxis is primarily responsible for the pathogenesis. (1) PG has rarely been described in the penis and scrotum.

Materials and Methods: A 74-year-old male patient applied to the emergency service with the complaints of a wound that had been present for 20 days in the genital area, and new onset pain and swelling. There was widespread edema, erythema and tenderness in the scrotal region. There were 2 ulcerated lesions on the left lateral aspect of the scrotum, 3x2 cm above and 3x5 cm below, with sharp edges and yellow-green necrotic debris in the middle. (figure 1) Dermatologist consultation is performed in the emergency department.

figure1





Results and Conclusion: Pyoderma gangrenosum is a rapidly progressive neutrophilic dermatosis of unknown cause, characterized by large painful ulcers. (1) Although no accompanying disease was detected as a result of the examinations performed in our patient, a systemic disease associated with pyoderma gangrenosum is detected simultaneously with or after the diagnosis in 50% of patients (4) Rheumatological and hematological diseases, especially inflammatory bowel diseases, monoclonal gammopathies, hidradenitis suppurativa and iatrogenic immunosuppression or malignancies are diseases that may accompany. (5) The patient should be questioned intermittently in terms of conditions that may accompany the disease follow-up.

Keywords: Pyoderma gangrenosum, Orchitis, Scrotal Cellulitis

Pub No: OP-241

A Retrospective Study Of The Role Of Biochemical Parameters Such As Nlr, Plr, Crp/Albumin Ratio In Predicting The Severity Of The Disease In Patients Diagnosed With Acute Pancreatitis

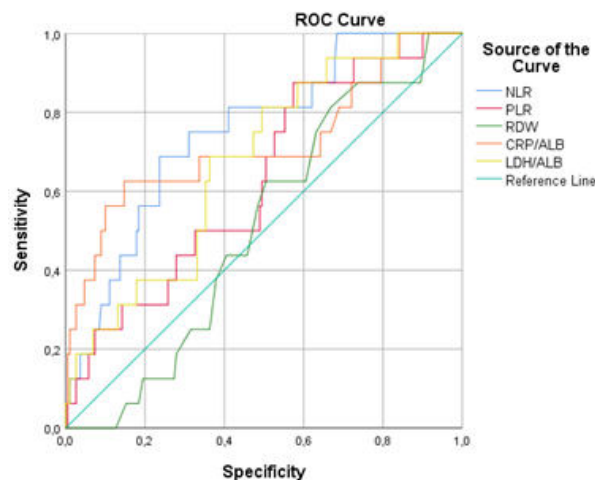
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Introduction and Purpose: The aim of this study was to determine the role of Neutrophil/Lymphocyte Ratio (NLR), Platelet/Lymphocyte Ratio (PLR), CRP/Albumin, LDH/Albumin and RDW markers in predicting the severity of acute pancreatitis.

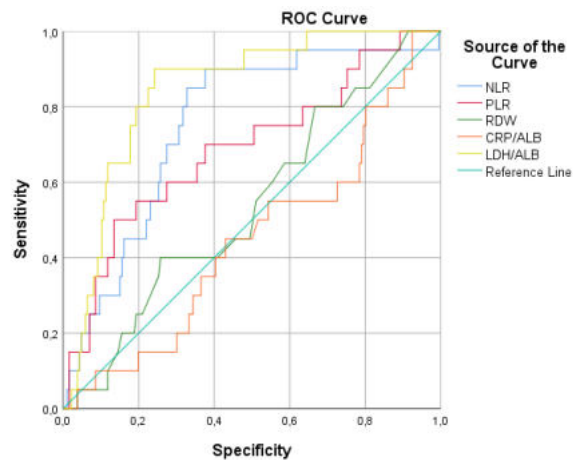
Materials and Methods: The data of 210 patients admitted to Pamukkale University Emergency Department and diagnosed with acute pancreatitis were analysed retrospectively. NLR, PLR, CRP/Albumin, LDH/Albumin and RDW values were determined for each patient and their correlation with Ranson and BISAP scores were evaluated. In addition, sensitivity, specificity and area under the curve (AUC) were determined by ROC analysis of these parameters.

Figure 1



BISAP ROC Analysis

Figure 2



Ranson ROC Analysis

Results and Conclusion: Ranson score and NLR, PLR and LDH/ALB were found statistically significant ($p=0.001$, $p=0.001$, $p=0.002$). BISAP score and NLR, CRP/ALB and LDH/ALB were found to be statistically significant ($p<0.001$, $p<0.001$, $p=0.01$). According to the results of Ranson score ROC analysis, sensitivity was 71.4% and specificity was 68.8% at NLR cut-off ≥ 11.87 (AUC: 0.74, $p<0.001$), sensitivity 66.7% and specificity 62.4% at PLR cut-off ≥ 240.28 (AUC: 0.65, $p=0.01$), sensitivity 81% and specificity 77.2% at LDH/ALB cut-off ≥ 11.13 (AUC: 0.82, $p<0.001$). According to BISAP score ROC analysis results, sensitivity was 75% and specificity was 69.1% (AUC: 0.74, $p=0.001$), CRP/ALB cut-off ≥ 0.34 , sensitivity 68.8% and specificity 65.5% (AUC: 0.71, $p=0.04$), LDH/ALB cut-off ≥ 9.68 , sensitivity 68.1% and specificity 63.9% (AUC: 0.67, $p=0.02$). According to our study, NLR and LDH/ALB are associated with both severity scores. Their use together may give an idea about the severity and prognosis of acute pancreatitis.

Keywords: Acute pancreatitis, Ranson, BISAP, NLR, LDH/ALB



Pub No: OP-242

Clinical Findings and Usage of Brain CT in Pediatric Head Trauma Patients

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Introduction and Purpose: Traumatic brain injury (TBI) is one of the leading causes of death and disability among the children in worldwide. TBI in pediatric population have several differences from adults. While managing a pediatric patient with brain injury, radiation exposure due to CT scan should be a concern for the physicians. In this study we aim to investigate the mechanism of head injuries and CT scan findings in pediatric patients.

Materials and Methods: This study was carried out between 01.01.2022 and 31.03.2022. This is a retrospective study. The 211 pediatric patients older than 2 years old who were admitted to our ED with the complaint of isolated head trauma were evaluated for the study. 147 of them were included in the study.

Results and Conclusion: The mean age was 12.02 ± 5.57 . The 83 (56.5%) of patients were male whereas 64(43,5) female. (table 1)The most common trauma mechanism were respectively: Falling from heigh (29.6%), falling from the same level (24.8%), motor vehicle collisions (21.3%) and sports injury (%13,7). The mean Glasgow Coma Scale (GCS) score was 14.91 ± 0.76 . Most common signs and symptoms after trauma were nausea or vomiting (38.9%), pain in the trauma area (%36,1), skin changes such as edema, ecchymosis, abrasion, laceration etc. in the trauma area (%32,2), prone to sleep (%28,3), discomfort (%26,4), headache (17.2%), and loss of consciousness (9.7%). Head CT were obtained for 132 (%89,7) patients. 122 (%92,4) of the patients have not a pathological finding in CT. The pathological findings in CT scan were linear skull fracture %2,45, epidural hematoma %1,9, contusion %1,7, subdural hematoma %1,4, subarachnoid hemorrhage %1,1 and depressed skull Fracture %0.9 respectively. Only 2 patients required operative intervention.Of the patients who underwent CT scan only a small number had pathological findings. In addition to this, although the most common CT finding was a linear fracture, none of them required surgical intervention. In the light of these findings, clinicians should be cautious for obtaining cranial CT in pediatric head trauma patients. Using of some clinical decision rules such as PECARN and CATCH can prevent unnecessary CT scan and prevent patients from radiation exposure.

Keywords: CT scan, pediatric head trauma, head injury mechanism

Pub No: OP-243

Not Every Renal Colic Is Real Renal Colic

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Introduction and Purpose: Renal colic presents with a transient, writhing, severe pain in the form of intermittent cramps, which is common in emergency services. In our case, we aimed to describe a case of subcapsular renal hematoma incidentally encountered in a young woman without any additional disease or trauma, who applied to the emergency department with the complaint of pain in the form of renal colic.

Materials and Methods: A 32-year-old young woman applied to the emergency service with the complaint of colic-like right flank pain that had been intermittent for 2 days. The patient, whose vital signs were stable, did not have any additional disease. We evaluated the patient with the first USG, who was not relieved by symptomatic treatment. During the examination with USG, we saw that there was a loculated collection area around the right kidney, this seemed suspicious to us in terms of a subcapsular hematoma or a septal cystic structure. Thereupon, we planned to perform a contrast-enhanced computed tomography (CT) scan. In the withdrawn CT; We observed that it is compatible with subcapsular hematoma with limited fluid density in the renal capsules in the perirenal planes on the right, and grade 2 hydronephrosis in the structures of the right kidney pelvicalyxial system. Our patient was hospitalized by the urology clinic for follow-up and treatment.

right renal hematoma



right renal hematoma 2



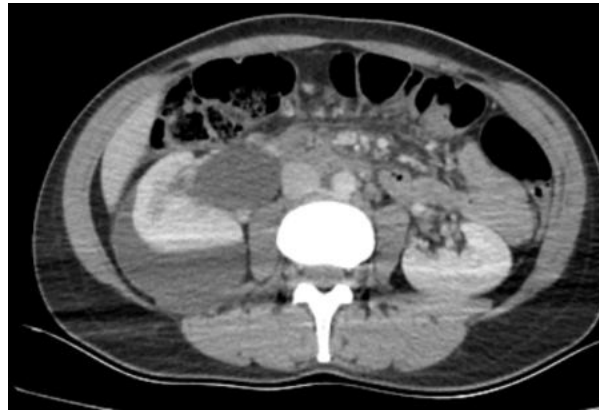
USG image on right renal area

right renal hematoma



CT image of the right renal hematoma

right renal hematoma



CT image of the right renal hematoma

Results and Conclusion: In our case, we wanted to share with you a case that we came across spontaneously, who was not exposed to any trauma, and was diagnosed quickly by USG. Thanks to this imaging that we applied to our patient for the first time, she was of great help in the diagnosis of subcapsular renal hematoma, which is rare. However, computed tomography was needed for definitive diagnosis.

Keywords: renal hematoma, renal colic, emergency



Pub No: OP-244

UNEXPLAINED FEVER AND ALTERED COGNITION: SEROTONIN SYNDROME

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Introduction and Purpose: Serotonin syndrome is a potentially fatal drug reaction resulting from therapeutic doses or excessive amounts of a serotonergic drug or from the pharmacologic interaction of two serotonergic drugs. It is defined as a triad of mental changes, autonomic hyperactivity and neuromuscular abnormalities. Clinical manifestations range from tremor and diarrhea in mild cases to hyperthermia, rigidity and death in severe cases due to excessive serotonin release. It is often overlooked by physicians, especially when the patient's symptoms are mild.

Materials and Methods: 88-year-old woman presented with high fever, chills, sweating and altered state of consciousness. Vitals: Fever 41.6, SDB:132/71 Spo2:89 Pulse:101. On physical examination, the patient was sweaty, feverish, confused consciousness, and had meaningless movements and sounds. No abnormal findings were found in the examinations performed in terms of foci of infection. Paracetamol and iv hydration were administered to the patient and the fever was 42 degrees Celsius in the fever control and no decrease in fever was observed. Diazepam was administered to the patient and applications were made for peripheral cooling. Meanwhile, no abnormal findings were found in the patient who underwent Extensive Biochemistry, CRP, CBC, Procalcitonin, Urine Test, Brain and Thorax CT, Abdomen USG and ECO and LP. In the detailed anamnesis obtained from the patient's relative who came later, it was learned that he had taken Escitalopram 10 mg during the day. The patient was also consulted with Psychiatry and a diagnosis of Serotonin Syndrome was made. In the 8th hour of follow-up, his fever returned to normal and his consciousness improved.

Results and Conclusion: Serotonin syndrome is a rare, usually unrecognized and potentially fatal drug side effect. The risk is increased especially in the combined treatment of antidepressant and antipsychotic drugs and serotonin syndrome should be remembered in the differential diagnosis of seizures in these patients. Studies have shown that the awareness of serotonergic syndrome among physicians is low and it is often not remembered. The diagnosis of the disease is made with the emergence of clinical findings in a patient who is started on a serotonergic drug.

Keywords: FEVER, SEROTONIN SYNDROME, mental changes

Pub No: OP-245

Ascending aortic aneurysm due to idiopathic aortitis

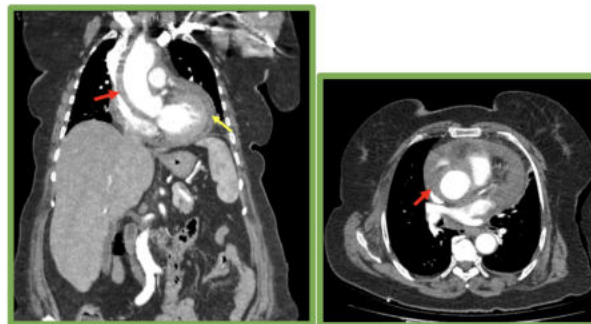
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Introduction and Purpose: One of the most common reasons for admission to emergency services is acute onset chest pain. Although chest pain is the result of simple diseases, it also includes the most mortal etiologies. Idiopathic ascending aortitis is considered among the rare etiologies of chest pain.

Materials and Methods: A 63-year-old female patient presented to the emergency department with chest pain and fever that started two days ago. In thorax CT angiography, the diameter of the ascending aorta is enlarged and there is 10 mm of fluid around it. Considering ascending aortitis, the patient was consulted to infectious diseases, cardiology and cardiovascular surgery departments. Thorax CT angiography was performed for the patient whose chest pain increased during follow-up. An increase in the diameter of the ascending aorta and the amount of fluid around it, and a newly developed pseudoaneurysm in the upper part of the ascending aorta were detected. The patient, who was followed up in the intensive care unit one day after surgery, died.

Figure 1



Increased diameter of the ascending aorta, periaortic 10 mm fluid (red arrow) and pericardial fluid (yellow arrow) are present.

Figure 2



Increased diameter of the ascending aorta, periaortic fluid (red arrow) and pseudoaneurysm (yellow arrow).

Results and Conclusion: In some aortitis, the etiology cannot be found, and it is called idiopathic aortitis. High suspicion is required for diagnosis and advanced imaging methods are needed. Aneurysm complications and sepsis are the most common causes of death. It is substantially mortal after aortic aneurysm, and in case of clinical suspicion, early diagnosis and early surgical treatment saves lives.

Keywords: Aneurysm, aortitis, emergency, idiopathic



Pub No: OP-246

OUTCOME OF GERIATRIC PATIENTS ADMITTED TO THE EMERGENCY DEPARTMENT DUE TO GROUND LEVEL FALL

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Introduction and Purpose: Old age is considered as the age group of 65 years and above, when viewed chronologically. Advanced age alone is a risk factor for increased mortality and morbidity in trauma. We aimed to reveal risk factors, outcomes, mortality and their relationship in geriatric patients who applied to the emergency department with the complaint of ground level fall.

Materials and Methods: Our study is a prospective study conducted in the 3rd level emergency department between November 2022 and February 2023. Patients over 65 years of age who applied with a ground level fall were included in the study, but patients who did not give consent were not included. Demographic characteristics of the patients according to age groups, trauma areas, comorbidities, area of fall, emergency service outcomes 24 hours and 30-day mortality were recorded in the data recording form.

Results and Conclusion: Results: 508 patients who were found to have experienced ground fall were included in the study, out of 33750 applications to Dokuz Eylül University Hospital Emergency Department and 7554 patients aged 65 and over. When the risk factors and 30-day survival were compared, it was seen that those living in nursing homes and those who needed help to move had a shorter survival time. Considering the comorbidities, it was seen that the 30-day survival rate was lower in patients with dementia. It was found that the mortality rate was higher in patients with lower extremity trauma included in the thesis. It was found that patients who fell outside the home were more prone to head and neck trauma. Conclusion: We should be more cautious in patients who live in nursing homes and need help while moving. At the same time, we should approach lower extremity injuries more carefully. We think that further research is needed to better understand the patients who apply to the emergency services with this complaint and to obtain more comprehensive results.

Keywords: Emergency, Trauma, Ground Level Fall, Geriatric, Mortality

Pub No: OP-247

AN EVALUATION OF TRAUMA SCORES (RTS, GAP, EMTRAS) ON MORTALITY IN MULTIPLE TRAUMA PATIENTS

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Introduction and Purpose: The aim of the present study was to evaluate the association between mortality and trauma severity scores [Emergency Trauma Score (EMTRAS), Revize Travma Skoru (RTS) ve Glasgow Age Pressure (GAP)] in multiple trauma patients.

Materials and Methods: Patients who have referred to Emergency Department of Hospital due to multiple trauma within one-year period were evaluated retrospectively. Demographic data, trauma type, nationality, vital parameters [pulse, peripheral oxygen saturation (SO₂), respiratory count, systolic blood pressure (SBP), diastolic blood pressure (DBP)], physiological scoring systems (GCS, RTS, GAP and EMTRAS), and mortality states of the patients were reviewed. Data were analyzed by SPSS 21, and the effect of current parameters on mortality short-term (in the emergency service) and long-term (30 days).

Results and Conclusion: Three hundred and thirty three multi-trauma patients were enrolled into the study. The exitus rate was detected as 7.8% in the emergency service and 26.4% within one month. GCS, RTS and GAP values of the patients who have died in the emergency service and within one month were significantly lower; however, EMTRAS level was significantly higher in these patients ($p < 0.05$). RTS and EMTRAS were detected as short- and long-term independent variables for mortality ($p < 0.05$). After Receiver Operating Characteristic (ROC) analysis, the area under the curve (AUC) of GCS, GAP, RTS and EMTRAS for mortality was detected. Conclusion: EMTRAS values were detected more significant parameters for short-term mortality whereas RTS was more significant for long-term mortality in multiple trauma patients. Such two scores may be useful to predict the patient prognosis along with GCS or solely.

Keywords: Multiple trauma, RTS, GAP, EMTRAS, mortality



Pub No: OP-248

A rare case after radio-contrast injection: non-cardiogenic pulmonary edema

Evren Ekingen¹, Furkan Yılmaz¹

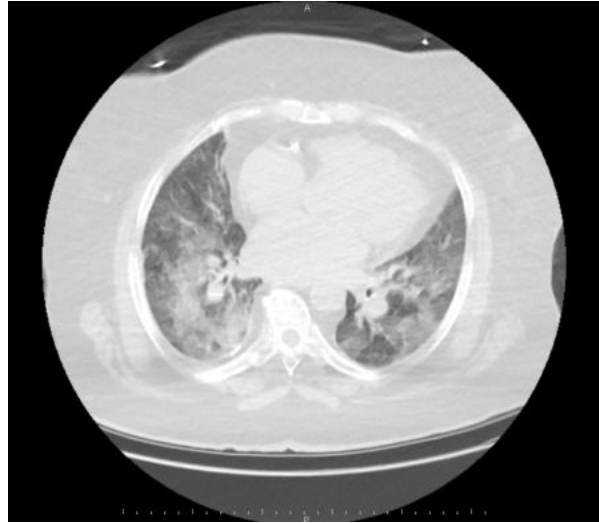
¹Ankara Mamak State Hospital

Introduction and Purpose: Abnormal accumulation of extravascular fluid in the lung parenchyma is defined as pulmonary edema. There are two main types including cardiogenic (CPP) and non-cardiogenic pulmonary edema (NPE). NPE is caused by pathology in which factors other than high pulmonary capillary pressure cause protein and fluid accumulation in the alveoli.

Materials and Methods: In this case report, we wanted to describe a rare case in the literature of NPE following intravenous (iv) injection of low osmolar non-ionic Radiocontrast Material (RCM). A 66-year-old woman was diagnosed with chronic renal failure, hypothyroidism, diabetes mellitus, hyperlipidemia, hypertension, and colon polyps. Contrast-enhanced computed tomography (CT) of the abdomen was performed after iv administration of 300 mg iohexol with suspicion of a space-occupying lesion in the liver. The patient developed symptoms of dyspnea and confusion 10 minutes after the scan and was brought to the emergency room. The patient was hypotensive. Other vital values of the patient on arrival were asphyxia spO₂: 70%, pulse rate: 87/min, and body temperature was normal. Lung auscultation revealed bilateral rough sounds and rales. The control spO₂ of the patient was 88%. Thorax CT of the patient who became stable showed centrally located consolidation areas and ground glass densities in both lungs (Figure 1). After 14 days, the patient was discharged with a cure and her symptoms decreased every day. The pathogenesis of NPE is suggested to consist of mediator release and complement activation resulting in endothelial damage or direct damage to the lungs by RCM. In conclusion, since treatment protocols have changed significantly and there are significant morbidity and mortality rates, NPE developing after RCM injection should be rapidly differentiated from CPP and treatment should be initiated. In this regard, the patient's anamnesis, ECG, BNP, troponin and other laboratory tests, chest radiography, and thorax CT may help the clinician.

Results and Conclusion: In conclusion, since treatment protocols have changed significantly and there are significant morbidity and mortality rates, NPE developing after RCM injection should be rapidly differentiated from CPP and treatment should be initiated. In this regard, the patient's anamnesis, ECG, BNP, troponin and other laboratory tests, chest radiography, and thorax CT may help the clinician.

Figure 1.



Thorax CT of the patient showed centrally located consolidation areas and ground glass densities in both lungs

Keywords: pulmonary edema, radio-contrast, computed tomography



Pub No: OP-249

Exploring Severe Anemia with Unexpectedly Low Hemoglobin Levels: A Case Report

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Introduction and Purpose: Anemia is characterized by hemoglobin levels dropping below established reference ranges, signifying a diminished capacity of the blood to carry oxygen. Of particular concern is severe anemia, a critical medical state defined by a hemoglobin level below 5.0 g/dL, carrying substantial morbidity and mortality implications. This case study delves into a patient who presented an extraordinarily severe form of anemia, accompanied by unexpected clinical indications.

Materials and Methods: A 36-year-old female patient presented to our emergency department with abdominal pain, nausea, vomiting, diarrhea and headache complaints that started the same day of presentation. Physical examination was otherwise notable for findings typical of anemia, including: marked pallor with pale mucous membranes, the patient also presented blue-colored conjunctiva (Fig. 1), lung sounds were normal, both hemithorax participated equally in breathing. Her initial laboratory results were as follows: hemoglobin, 1.7 g/dL. After further diagnostic workup, her profound anemia was likely attributed to a long history of menorrhagia and her remarkably stable presentation was due to impressive, years-long compensation. The patient explained that she had 9-10 days long periods since the age of 13 and the mother and aunt of the patient also has similar prolonged periods. Over the course of her hospital stay, she received blood and fresh frozen plasma transfusions. Her symptoms of abdominal pain and diarrhea resolved by the end of her hospital course, and her hemoglobin value was increased to 5,7 upon discharge.

Fig. 1 blue colored



Results and Conclusion: Beyond its well-known symptoms, severe and prolonged iron deficiency can lead to complications that threaten one's well-being. Hemoglobin levels dropping to such levels become a medical emergency requiring urgent intervention. Identifying the underlying cause of anemia should be done in addition to administering blood transfusions. In cases of severe iron deficiency, the heart may compensate for the reduced oxygen-carrying capacity by pumping larger volumes of blood, leading to a condition known as high-output heart failure . Another effect is weakening the body's defenses, which can make individuals more susceptible to infections. Furthermore, severe iron deficiency can impair cognitive function, leading to poor decision-making, decreased memory, and an increased risk of accidents.

Keywords: Anemia, Hemoglobin, Menorrhagia



Pub No: OP-250

Comparative Analysis of Pre and Post-earthquake Periods for Women's Health

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Introduction and Purpose: Social events, crises and disasters are important factors that deeply affect people's lives. In critical periods, regardless of whether it is an adult or a child, a woman or a man, changes occur in hormonal activities in accordance with the environment and the psychology of the environment in human physiology. The earthquakes that occurred on February 6, 2023 and afterwards in Kahramanmaraş are important natural disasters that deeply affect people's lives. While such events affect all segments of society, they can have different and special effects on women. Times of crisis can often increase physical and psychological health problems. Women may experience health problems due to factors such as trauma, destruction and displacement, especially after major natural disasters such as earthquakes. In the chaos caused by the earthquake, women's health needs may become even more complex.

Materials and Methods: The necessary data for this study were obtained from official health institutions in Gaziantep. Out of 346 female patients, the post-earthquake values and one year pre-earthquake data were examined, excluding the patients who did not have chronic diseases and were crushed and collapsed in the earthquake. Mean values and standard deviations were calculated to compare the same period of the previous year and the post-earthquake period. Analyzes were made using the SPSS statistical package program. The results were evaluated according to the $p < 0.05$ significance level. Paired pair t-test was used to compare the mean of the pre- and post-earthquake conditions, Levene test for homogeneity of variances, and Shapiro-Wilk test to fit normal distribution in the analyzes. The study was carried out in accordance with ethical rules and data confidentiality was ensured. During the collection and analysis of data, attention was paid to confidentiality and protection of personal data.

Results and Conclusion: In this study, the same period of the previous year and the post-earthquake period were compared in order to understand how women's health was affected during crisis periods. The results of the analysis show that women experienced significant changes in their health areas in the post-earthquake period.



Comparative values of pre- and post-earthquake blood pressures, stress levels, cholesterol, mental state and physical activity.

Indicator	Mean	Std. Dev	Mean	Std.Dev.
	(Pre-earthquake)	(Pre-earthquake)	(Post-earthquake)	(Post-earthquake)
Blood pressure (mmHg)	120/80	8/5 (p < 0.038)	130/85	10/6 (p < 0.023)
Stres level (1-10)	6.2	1.5 (p < 0.042)	8.5	1.8 (p < 0.024)
Cholesterol (mg/dL)	190	15 (p < 0.021)	220	20 (p < 0.026)
Mental State	6.5	1.2	4.8	1.5
Physical activity (min/week)	120	25 (p < 0.02)	80	30 (p < 0.045)

Comparative values of pre- and post-earthquake number of births, maternal mortality, newborn mortality, depression score, anxiety score and seeking psychological support.

State	Mean (Pre-earthquake)	Std. Dev (Pre-earthquake)	Mean (Post-earthquake)	Std.Dev. (Post-earthquake)
Number of Births	300	20 (p < 0.03)	220	25(p < 0.043)
Maternal Mortality Rate	15/100,000	3/100,000 (p < 0.038)	25/100,000	5/100,000 (p < 0.048)
Newborn Mortality Rate (‰)	7.5	2.0 (p < 0.023)	10.2	2.5 (p < 0.023)
Depression Score (0-27)	8.2	2.0 (p < 0.043)	12.5	3.5 (p < 0.024)
Anxiety Score (0-21)	6.0	1.8 (p < 0.035)	10.8	2.2 (p < 0.022)
Seeking Psychological Support	Low	-	High	-

Keywords: Earthquake, Disaster, Women's health, Childbirth, Maternal mortality.

Pub No: OP-251

From Diagnosis to Recovery: A Case After a Bicycle Accident

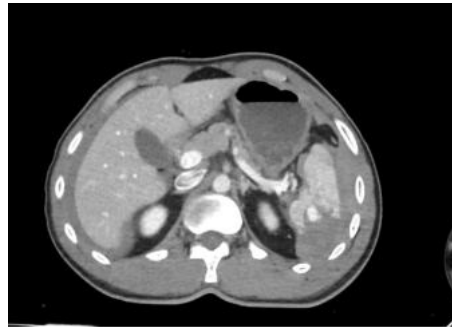
Ümit Yılmaz¹, Zülfi Engindeniz¹

¹University of Health Sciences, Bursa Yuksek Ihtisas Training and Research Hospital

Introduction and Purpose: Cycling accidents are an increasing public health problem as a popular part of sports activities and can often lead to various injuries. In this study, we present a case of stage 4 splenic laceration, a rare consequence of a bicycle accident. The spleen is an important organ containing lymphoid tissue and is not often injured as a result of trauma. This kind of cases, although rare, are challenging situations encountered in emergency departments and may require surgical intervention with a rapid and accurate diagnosis in patient management.

Materials and Methods: This case report presents the clinical findings, diagnostic process, treatment approach and outcomes of a 30-year-old male patient who presented to the emergency department after a fall while riding a bicycle. Initial evaluation of the patient revealed consciousness and normal neurologic examination, but left quadrant tenderness and deficiency.

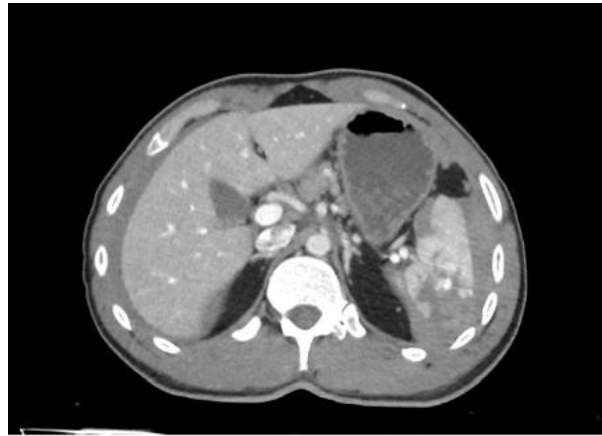
CT-SCAN 1



CT-SCAN 2



CT-SCAN 3



CT-SCAN 4



CT-SCAN 5





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Results and Conclusion: These clinical signs raised the suspicion of splenic injury and imaging studies revealed a stage 4 splenic laceration. The patient was operated on by general surgeons for emergency splenectomy and had a successful postoperative period. This case highlights the rarity of splenic injuries and the importance of the treatment approach. It is also an example of how critical prompt diagnosis and surgical intervention is in emergency departments.

Keywords: Splenic Injury, Bicycle Accident, Urgent Surgical Intervention



Pub No: OP-252

medicine or poison? - Disulfiram-Ethanol Reaction

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Introduction and Purpose: Alcohol addiction is an increasing health problem in our country, as well as in the whole world. Disulfiram (antabus) used in its treatment is the most common pharmacological agent used. Due to its effects, it should be used with caution and in combination with additional treatments such as psychotherapy and group therapy. Disulfiram blocks ethanol metabolism in the body, causing acetaldehyde accumulation. The severity of the disulfiram-ethanol reaction (DER) varies on a patient-by-patient basis. In extreme cases, respiratory failure, myocardial infarction, seizures and death may occur. The main indication for the use of the drug is the withdrawal of addiction by aversion method. Simultaneous use causes a wide range of effects, from itching to death, which means that this substance can also be used as a poison in the right person. Just like the patient who was brought to our emergency department with respiratory distress after drinking alcohol. We aimed to present a patient who drank alcohol and came to our emergency department with respiratory distress after being given antabuse.

Materials and Methods: Our study is a case report.

Results and Conclusion: One of the problems with addiction treatments is not continuing treatment. The desire to help family members about the person leads to consequences such as secretly giving medication to the patient. In this sense, the patient's first-degree relatives and caregivers should be included in the treatments and adequate information and training should be provided.

Keywords: ethanol, disulfiram, addiction

Pub No: OP-253

Spontan bilateral quadriceps tendon rupture: A rare case report

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Introduction and Purpose: Spontaneous bilateral quadriceps tendon rupture (QTR) is a rare and severely debilitating condition. The rate of misdiagnosis varies between 30–50%. A diagnosis based only on findings from a physical examination may result in the misdiagnosis of patients.

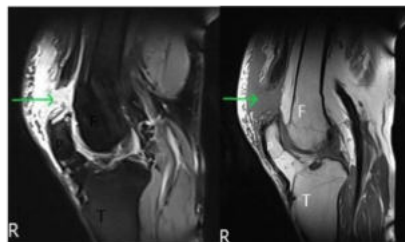
Xray images



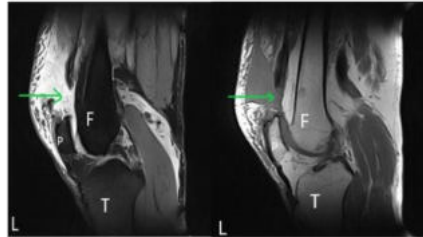
CT images



Right Knee MR images



Left Knee MR images



Materials and Methods: A 64-year-old man presented to the emergency department with bilateral thigh pain. The patient reported that, while walking in a cave and despite not experiencing any trauma, he suddenly felt “cramps” in both of his calves and fell onto his knees. Physical examination revealed swelling and pain in both knees and in both anterior mid-thighs. His neurovascular examination was normal. The patient was unable to perform the knee extension function while sitting on the stretcher. When the patient stood up, he could not take a step or walk, but his patella was in a normal anatomical position. We diagnosed bilateral QTR in the patient and evaluated it with Point-Of-Care Ultrasound (POCUS). The orthopedic surgeon recommended computer tomography (CT) and magnetic resonance imaging (MRI) to differentiate between partial and complete tears and to assist with a plan for surgery. The bilateral QTR was verified with MRI, and the patient was admitted to the orthopedic service for surgery.

Results and Conclusion: Bilateral QTR is extremely rare. If the patient has an active extension limitation after minor trauma, it should be evaluated urgently, and advanced imaging options should be considered.

Keywords: Bilateral quadriceps tendon rupture, Emergency Medicine, POCUS, Thigh pain.

Pub No: OP-254

Do Not Underestimate Muscle Pain In Young Adults!

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Introduction and Purpose: Spinal compression fractures are usually caused by pressure from falling on the hip or from everyday activities and injury to the vertebrae weakened by osteoporosis. The Genant classification of vertebral fractures is based on vertebral shape determined by the loss of vertebral height involving the anterior, posterior, and/or middle vertebral body. Accordingly, the Genant grades indicate the following: Grade 0: normal, Grade 1: minor fracture, <25% height loss, Grade 2: moderate fracture, 25% to 40% height loss, Grade 3: major fracture, >40% height loss.

Materials and Methods: A 33-year-old male patient presented to the emergency service with severe lower back pain. The patient claimed to have heard a sudden cracking noise when lifting the sofa. He has no known disease or drug use history. The patient stated that he applied to the emergency department because the severe back pain that occurred when he lifted the sofa while moving his house due to the emergency medicine residency program he had enrolled in by passing the relevant exam did not go away. The patient's vital signs were stable. His physical examination findings were unremarkable except for pain and tenderness in the lumbar region, which was exacerbated by palpation. The patient was treated with analgesia, but his pain scale score did not improve. For this reason, he underwent lumbar computed tomography (CT). The compression fracture can be seen on the patient's lumbar CT. The magnetic resonance (MR) image of the same region can be seen in Figure 2. The image of the moderate compression fracture (25% to 40% height loss) in the L3 spinal segment can be seen in Figure 2.

Figure-1

Figure-1: L3 compression fracture on computed tomography



Figure-2



Results and Conclusion: In current clinical practice, admissions to emergency services with complaints of low back and back pain are quite common. Such patients are usually treated with analgesia in the green area and then discharged in a short time without hospitalization. In this process, if anamnesis is not taken carefully and a meticulous physical examination is not performed, serious injuries may be overlooked. In this context, with this case report, we wanted to emphasize that there may be serious co-morbidities in patients presenting with just low back pain.

Keywords: Spinal compression fracture, emergency service, Genant grades



Pub No: OP-255

Preseptal Abscess in a child

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Introduction and Purpose: Preseptal cellulitis (sometimes called periorbital cellulitis) is an infection of the anterior portion of the eyelid, not involving the orbit or other ocular structures. In contrast, orbital cellulitis is an infection involving the contents of the orbit (fat and ocular muscles) but not the globe. Although preseptal and orbital cellulitis may be confused with one another because both can cause ocular pain and eyelid swelling and erythema, they have very different clinical implications. Preseptal cellulitis is generally a mild condition that rarely leads to serious complications, whereas orbital cellulitis may cause loss of vision and even loss of life. Orbital cellulitis can usually be distinguished from preseptal cellulitis by its clinical features (ophthalmoplegia, pain with eye movements, impaired visual acuity, and proptosis) and by imaging studies.

Materials and Methods: A 19-year-old male patient presented to the emergency department with complaints of pain, swelling and itching in the right eye for 3 days. Swelling, redness, increased temperature and edema were observed around the right eye. On examination, light reflex +/+, no visual impairment, no systemic fever. In the laboratory tests of the patient, CRP: 148 leukocytosis is present. In the tomography taken, there is a subperiosteal abscess on the right. The patient was consulted with ENT and interned to the ward.

Results and Conclusion: Patients with preseptal cellulitis typically present with unilateral ocular pain, eyelid swelling, and erythema. Chemosis (conjunctival swelling) may occasionally occur in severe cases of preseptal cellulitis but is uncommon. Leukocytosis may also occur in patients with preseptal cellulitis, but is not a sensitive indicator of this infection. The clinical manifestations of preseptal cellulitis should be distinguished from those of orbital cellulitis which are discussed in greater detail separately. Serious complications are rare in preseptal cellulitis. Reported complications include eyelid necrosis and amblyopia associated with delayed resolution of periorbital swelling [8,18]. However, some experts believe that sinusitis-related causes of preseptal and orbital cellulitis represent a continuum and that inappropriately treated preseptal cellulitis can progress to orbital cellulitis. Therefore, clinicians must be vigilant about treatment of preseptal cellulitis. Antibiotherapy and surgical methods are preferred when preseptal cellulitis forms an abscess as a complication.

Keywords: Preseptal cellulitis, Preseptal abscess

Pub No: OP-256

Making a NSTEMI Diagnosis in a Patient Presenting to the Emergency Department with Reflux Complaints

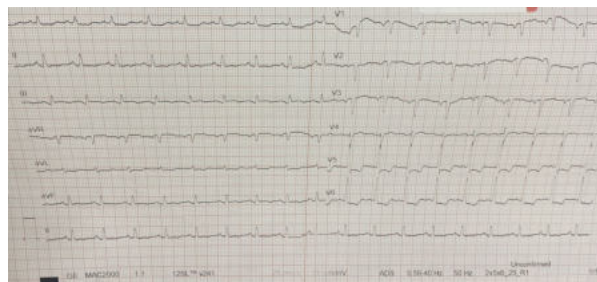
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Introduction and Purpose: The retrograde passage of gastric content into the esophagus is referred to as gastroesophageal reflux disease (GERD). Patients with GERD commonly experience retrosternal burning and pain. Diagnosis typically requires a comprehensive clinical history and physical examination. In GERD patients without alarm symptoms, initial management consists of lifestyle modifications and medical treatment. Proton pump inhibitors (PPIs) are the first-choice drugs for medical treatment in many GERD patients. Atypical presentations of acute myocardial infarction, such as epigastric pain and burning, are well-known. Gastroesophageal reflux, a frequently diagnosed condition, poses a risk of overlooking acute myocardial infarction when patients with a history of gastritis complain of chronic throat burning. The aim of this case report is to highlight the risk of acute myocardial infarction in patients presenting to the emergency department with throat burning.

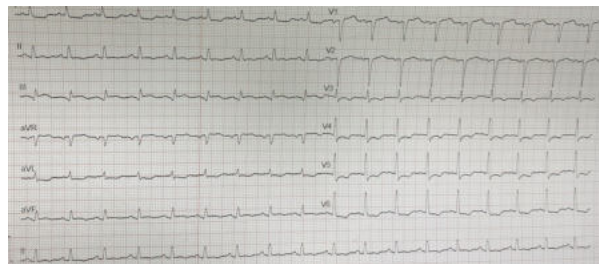
Materials and Methods: A 52-year-old male patient presented to our emergency department at around 4:30 AM with complaints of burning and pain resembling gastroesophageal reflux, which had been ongoing for the past month. He also reported increased coughing and worsening pain on the day of presentation. His medical history included Type 2 Diabetes mellitus, and he had a smoking history of 30 pack-years. He had visited the emergency department multiple times in the past month and had been treated for reflux and gastritis before being discharged. His vital signs were stable. Physical examination is normal. An initial electrocardiogram (ECG) showed ST depression in D1, V5, and V6, with no ST elevation (Image1). A follow-up ECG performed 15 minutes later revealed T-wave inversions in V3 and V4 as dynamic changes (Image2). Troponin I levels were found to be 15 times higher in the patient's test results. Cardiology consultation was obtained, and the patient underwent RCA PCI (percutaneous coronary intervention) following coronary angiography.

Image1



ST depression in D1, V5, and V6, with no ST elevation

Image2



15 minutes later; T-wave inversions in V3 and V4 as dynamic changes

Results and Conclusion: Throat pain and burning, as well as similar symptoms, are common reasons for patients to seek care in the emergency department, often related to gastroesophageal reflux or acute upper respiratory tract infections. Patients may sometimes confuse retrosternal pain with throat pain, leading healthcare professionals towards non-life-threatening initial diagnoses. Careful listening to patients' complaints, asking the right questions, and obtaining detailed medical histories are crucial.

Keywords: gastroesophageal reflux disease, Acute coronary syndrome, emergency medicine



Pub No: OP-257

Acute Ischemic Stroke and Synthetic Cannabis Use

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Introduction and Purpose: The use of synthetic cannabinoids, a subgroup of self-cannabinoids, as drugs, is very common all over the world. Heavy cannabis use is associated with acute ischemic stroke. In toxic patients, reversible cerebral vasoconstriction syndrome may occur, clinically accompanied by severe headache, epileptic seizures, ischemic or hemorrhagic stroke, neurological sequelae, spontaneous recovery within cerebral arteries and vasospasm.

Materials and Methods: 29-year-old male patient was admitted to the emergency room with a loss of consciousness and weakness in the right part of the body. Hemiparesis was present at 3/5 motor power in the upper extremity on the left and 3/5 motor power in the lower extremity, dysarthria, left face and hemibody weakness. Lab tests at ED were normal. Urine toxicology was positive for cannabinoids. Cranial tomography was normal. Diffusion weighted magnetic resonance imaging showed an acute infarction of 2x4 cm in the tempora region on the left.

Results and Conclusion: These cases illustrate a potential association between synthetic cannabis use and ischemia. Synthetic cannabinoid is a substance that can cause serious damage to the cerebrovascular system in chronic use and its use in young stroke cases should be questioned and toxic screening should be performed if necessary.

Keywords: stroke, emergency department, cannabinoid



Pub No: OP-258

Fluctuating ST Segment in A Patient with Chest Pain

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Introduction and Purpose: Close monitoring of chest pain patients in the emergency department, along with regular symptom and vital sign checks, is of vital importance for possible life-threatening cardiac events.

Materials and Methods: A 74-year-old male patient presented to the emergency department with sudden-onset, burning, chest pain radiating to the neck. On arrival, his GCS was 15, SpO₂ was 96%, BP was 105/47 mmHg, HR was 65 bpm, RR was 16/min. Physical examination did not reveal any pathological findings except for bilateral 2+ pretibial edema. Laboratory results showed trop: 20.9 pg/mL, and other blood test results were within normal ranges. The patient had a history of diabetes mellitus, coronary artery disease, hyperlipidemia, and newly diagnosed CLL (chronic lymphocytic leukemia), and he had undergone coronary angiography and coronary bypass surgery 5 years ago. He had collapsed suddenly in the mosque with the same complaints 1.5 months ago. Four months ago, he had a myocardial infarction, and coronary angiography had been performed but the occluded vessel/vessels could not be opened. On arrival, the patient reported that the active chest pain had subsided. The initial ECG did not show any signs of acute ischemia, and the patient was placed under continuous monitoring. About 45 minutes later, the patient reported the recurrence of chest pain, and the second ECG showed elevation in AVR and V1 leads and depression in all other segments. Acute myocardial infarction protocol was initiated, and approximately 20 minutes later, the patient reported relief of chest pain. Subsequently, the third ECG showed no elevation, depression, or ischemic ECG findings in any segment. About 40 minutes later, the patient experienced recurrent chest pain, and the fourth ECG again showed elevation in AVR and V1 leads and depression in all other segments. Coronary angiography revealed vasospasm in the coronary arteries, which was relieved with intra-arterial nitroglycerin.

Results and Conclusion: In patients presenting to the emergency department with typical chest pain, the importance of symptom and serial ECG monitoring has been demonstrated in this case. It is important to remember that ST elevations seen on ECG may not always indicate acute STEMI and that rare diagnoses or secondary causes should also be considered.



ST segment abnormality



Keywords: chest pain, variant angina, electrocardiogram



Pub No: OP-259

Subclavian Steal Syndrome

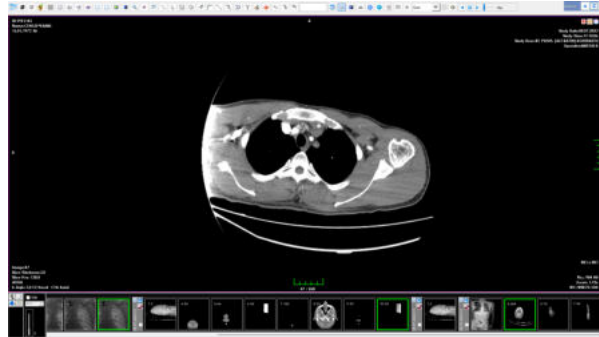
ŞAMİL EMİN YALÇIN¹, ASLI LEYLA TAHİROĞLU¹, ALİ GÜR¹

¹ATATURK UNIVERSTY, FACULTY OF MEDICINE, DEPARMENT OF EMERGENCY MEDICINE

Introduction and Purpose: Subclavian steal syndrome (SCS) is characterized by stenosis or occlusion of the main subclavian artery resulting in reversal of blood flow to the vertebral artery with the same-sided arm movements. Although most of the patients are asymptomatic, the diagnosis is often made incidentally during routine physical examination after a weak radial pulse as well as difference in pulse and blood pressure between the two extremities. Symptomatic patients may have complaints of numbness and pain in the arm during arm movements on the same side, as well as symptoms such as paroxysmal vertigo, presonkop, slurred speech and diplopia due to the involvement of vertebro-basilar system. In this report, we presented a 40-year-old male patient with symptoms of pain, numbness and paroxysmal vertigo in the left arm. He was diagnosed with SCS after investigation and his symptoms were completely resolved following stenting of the left subclavian-artery.

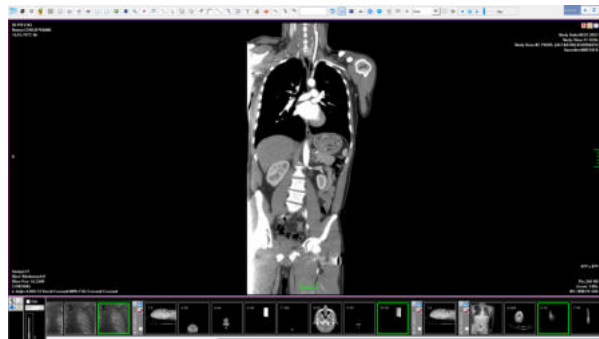
Materials and Methods: A 40-year-old man presented with pain and numbness in the left arm. When the anamnesis was elaborated, paroxysmal vertigo was described. Moreover, he had thyroid cysts in his past and ultrasonography follow-up was performed once a year. On physical examination, radial pulse was found to be weak in the left upper extremity. Right upper extremity blood pressure was 123/76 mmHg whereas left upper extremity blood pressure was 67/33 mmHg. The patient's neurologic and other system examinations were otherwise normal and no acute pathology was found in blood tests, radiographs and central imaging. CT angiography of the upper extremity revealed an 80% occlusion lesion in the left subclavian artery consistent with embolism/thrombosis. Percutaneous balloon dilatation and stenting of the subclavian artery was performed through the right femoral artery. After successful procedure, patient's symptoms improved completely.

SSS 1



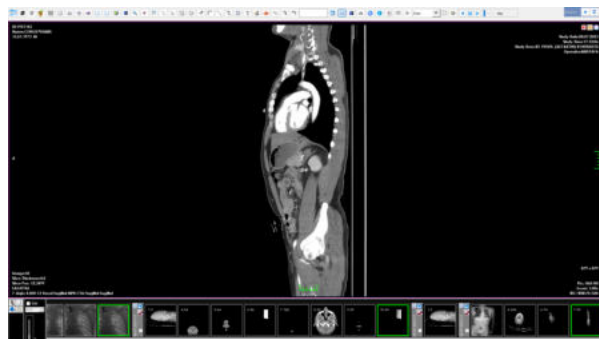
Left subclavian artery transverse plane

SSS 2



Left subclavian artery coronal plane

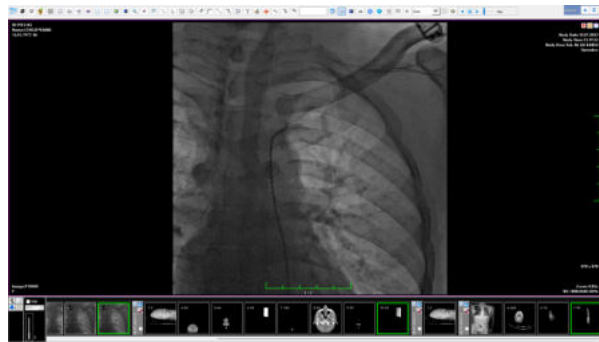
SSS 3



Left subclavian artery sagittal plane

Results and Conclusion: In our case, PTCA/stenting of the left subclavian artery was performed in a patient with no history of left subclavian artery disease, who presented with pain and numbness in the left arm with exercise and was incidentally diagnosed with SCS. Complete patency was achieved. Symptoms improved and the patient was discharged with a follow-up recommendation.

SSS 4



Left subcavian artery PTCA/ stent placement

Keywords: subclavian artery, stent

Pub No: OP-260

Identification of risk factors associated with lung cancer using stochastic gradient boosting model

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Introduction and Purpose: The aim of this study is to determine the risk factors that may be associated with the disease by using an open-access data set of lung cancer, which has an increasing incidence and mortality rate and has become an important public health problem.

Materials and Methods: Stochastic gradient boosting, one of the machine learning models, was utilized in the study to classify coronary heart disease. The modeling's performance was evaluated using accuracy, balanced accuracy, sensitivity, specificity, positive predictive value, negative predictive value, and F1-score performance measures. In addition, variable importance values were given to determine the risk factors as a result of the modeling.

Results and Conclusion: From the performance metrics obtained as a result of the modeling; accuracy, balanced accuracy, sensitivity, specificity, positive predictive value, negative predictive value, and F1-score were obtained as 91.8 %, 70.5 %, 98.1 %, 42.9%, 93.0%, 75.0%, and 95.5 %, respectively. Allergy (presence), age, swallowing difficulty (presence), alcohol consumption (presence), per pressure (presence), coughing (presence), fatigue (presence), yellow fingers (presence), chronic disease (presence), wheezing (presence), anxiety (presence), smoking (presence), chest pain (presence), gender (male), and shortness of breath (presence) variables were obtained as the most important factors associated with the disease according to their variable importance values. According to the results obtained from the study, coronary heart disease was successfully classified with the SGB model used, and the risk factors associated with the disease were determined in order of importance and presented as factors that could be determinative in the diagnosis of lung cancer.

Keywords: Lung Cancer, Classification, risk factors, stochastic gradient boosting model

Pub No: OP-261

A Rare Case In Adults: Pulmonary Hypoplasia

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Introduction and Purpose: Pulmonary hypoplasia, which has 90% mortality in the perinatal period, has an incidence of 0.09-0.11% in all live births. In cases without perinatal diagnosis, no obvious clinical manifestations occur and the diagnosis is usually made in advanced ages and in routine screening. computerized tomography (CT)/magnetic resonance (MR) angiography is sufficient for the diagnosis. It is not present in most patients diagnosed in adulthood, even if the main symptom is frequent lower respiratory tract infection. In adults, symptoms are usually associated with extrapulmonary pathologies accompanying pulmonary hypoplasia.

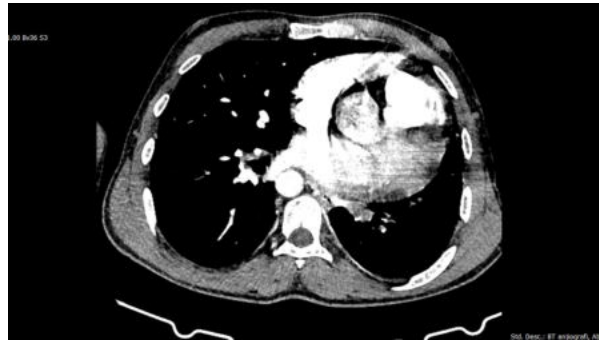
Materials and Methods: A 28-year-old male patient presented our emergency department with the complaint of dyspnea. The patient had no previous dyspnea complaint, chronic disease, history of drug or substance use in the anamnesis. Vitals was SPO₂: 71%, Fever: 36.7oC, Blood pressure: 115/75mm/Hg, pulse: 92/m. Inspection was normal, and left pulmonary sounds were less audible compared to the right on auscultation. Oxygen inhalation was started and the cardiac values and infection biomarkers of the patient were normal (Troponin I: 11ug/L, Creatinine Kinase MB: 2 ng/L, White Blood Cell: 8993/ul, C-Reactive Protein: 0.9mg/L). D-dimer was measured at 674ngFEU/mL and CT angiography was performed to exclude pulmonary embolism. The left main pulmonary artery was not observed in CT and the left lung was hypoplastic. It was determined that the blood flow of the left lung continued through the intercostal arteries. No pulmonary hypertension was detected in the echocardiography performed on the patient. The patient was discharged with the recommendation of outpatient follow-up.

No left main pulmonary arter



Not visualised left pulmonary arter on our patients CT angiography

intercostal feeding



Blood feeding of left hypoplastic lung was provided by a. intercostalis

Results and Conclusion: Extrapulmonary pathologies are not frequently observed in patients with pulmonary hypoplasia diagnosed at an advanced age, and these patients do not have frequent lower respiratory tract infections. The diagnosis is mostly made incidentally. The most important complication in patients with pulmonary hypoplasia diagnosed at an advanced age is pulmonary hypertension and this one of the most important factors in the management of treatment. Surgical treatment may be required in patients who are symptomatic and have additional pathology.

Keywords: Pulmonary hypoplasia, Dyspnea, Computerized tomography angiography



Pub No: OP-262

Future of Scoring Systems of Stroke in Prehospital Care, A Primer

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Introduction and Purpose: Endovascular therapy (EVT) and intravenous tPA (tissue-type plasminogen activator) have become the standard therapy for acute Ischaemic Stroke (AIS). Time constraints of EVT and tPA are a hindrance to applying these approaches to all patients. Delay in surgical or other interventions for intracranial haemorrhage (ICH) is associated with poor prognosis. Therefore, a system of promptly transferring patients with suspected strokes to appropriate centres is even more important. Using prehospital scoring systems to differentiate Strokes to ICH and AIS and differentiate large vessel obstruction (LVO) in AIS can work in favour of increasing utilization of standard treatment.

Materials and Methods: Several prehospital prediction rules exist for AIS and LVO. FAST ED RACE, NIHSS EMS, and JUST are a few scorings system that differentiates LVO. There are two scoring systems that differentiate ICH namely JUST and ph-ICH Scores. The components, advantages, and disadvantages of each scoring system are discussed. The sensitivity and specificity of each scoring system in their derivation and validation cohorts are compared. Using the analysis an algorithm for sorting patients with different types of strokes with the least number of variables will be proposed.

Results and Conclusion: The differentiation between ICH and AIS is important because these patients often require time-critical interventions, only available in certain hospitals. Also, differentiation of LVO is important as not all centers are equipped with EVT. This proposal will require prospective studies to study the impact of such a system.

Keywords: Intracerebral hemorrhage, Ischemic stroke, Emergency medical services, Large Vessel Obstruction



Pub No: OP-263

Investigation Of The Impact Of Fresh Frozen Plasma And Prothrombin Complex Concentrate On Cost, Mortality, And Morbidity In Patients Receiving Warfarin

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Introduction and Purpose: Warfarin, an oral anticoagulant commonly used today, has gained significance in emergency medicine due to the risk of bleeding when the therapeutic range is exceeded or the occurrence of thrombotic complications in subtherapeutic ranges, along with frequent drug interactions (1,2,3). The aim of this study was to evaluate the cost, morbidity, and mortality rates of using FFP or PCC in cases of bleeding due to warfarin overdose.

Materials and Methods: This study was conducted retrospectively among patients who presented to the emergency department of Bezmialem University Faculty of Medicine between January 1, 2015, and December 31, 2017, and met the study criteria. A total of 309 patients who were using warfarin and had an INR value exceeding 1.2 and received treatment with FFP or PCC were included in the study.

Results and Conclusion: Among all patients, 26 (8.4%) were admitted to the intensive care unit and discharged, while 3 (1%) had fatal outcomes in the emergency department. The most frequently observed type of major bleeding was upper gastrointestinal bleeding, accounting for 61.34% of cases. In total, 736 units of FFP were used, with a unit cost of 25 USD. The cost of FFP administered to patients calculated as 12,489 USD. It was determined that a total of 82 units of PCC were used, with a unit cost of 165 USD, resulting in a total cost of 13,530 USD for all patients. There was a statistically significant difference in the final INR averages between major bleeding patients receiving PCC and FFP, as well as a statistically significant difference in the averages of the initial INR - final INR differences (p: 0.039). Conclusion In cases of major bleeding, the decrease in INR values was significantly greater with PCC compared to FFP, suggesting that PCC may be more effective in major bleeding cases. From a cost perspective, although the number of patients receiving FFP was approximately 9 times higher than those receiving PCC, the amount spent was only 1.37 times higher. This indicates that FFP is more cost-effective; however, when evaluating the benefit-to-harm ratio, the recommendation for using PCC in major bleeding cases may remain unchanged.



Table.1

Major Bleeding Patients	N	Initial INR Mean	INR	Mean Rank	Sum Rank	of	Z	U	p
PCC	27	8,67±5,51		69,22	1869,00		-1,580	993,000	,114
FFP	92	6,56±4,39		57,29	5271,00				
		Final INR Mean							
PCC	27	2,03±,78		44,44	1200,00		-2,665	822,000	,008**
FFP	92	2,40±,77		64,57	5940,00				
		Initial-Final INR Difference							
PCC	27	6,64±5,62		72,06	1945,50		-2,065	916,500	,039*
FFP	92	4,16±4,29		56,46	5194,50				

*p<0.05, **p<0.01, ***p<0.001

Difference Tests of Initial INR, Final INR, and Initial-Final INR Difference Values in Patients with Major Bleeding Receiving FFP and PCC

Keywords: warfarin, FFP, PCC, over dose, bleeding



Pub No: OP-264

An Unusual Cause of Acute Abdomen: Epiploic Appendagitis

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Introduction and Purpose: Epiploic appendages are peritoneum-lined protrusions of subserosal fat that arise from the surface of the large bowel. Primary epiploic appendicitis is inflammation caused by spontaneous thrombosis or torsion of the vein draining the epiploic appendix. It is important to diagnose primary epiploic appendicitis because it causes acute abdomen and does not require surgical treatment.

Materials and Methods: A 33-year-old male patient was admitted to the emergency department with complaints of sudden onset of abdominal pain, nausea and vomiting, evident for the last two days. Her pain was located in the lower left abdominal quadrant. He had rebound tenderness on the lower left quadrant. Vitals at presentation were temperature 36.6 OC, heart rate 89 beats per min, respiratory rate 23 per min, blood pressure 118/76mm of Hg, and pulse oximetry 98%. Laboratory investigations revealed total leukocyte count $13.5 \times 10^9/\mu\text{L}$, hemoglobin: 15.4 g/dL, hematocrit: 44.7%, and platelet: $294 \times 10^9/\text{L}$. The abdominal CT scan (with contrast) revealed presence of inflammatory adipose tissue consistent with epiploic appendicitis located in the descending colon. The patient was admitted to the hospital for observation with a computed tomography-based diagnosis of epiploic appendicitis. The patient received medical treatment.

Results and Conclusion: Primary epiploic appendicitis is a disease that should be kept in mind especially in patients presenting with left and right lower quadrant abdominal pain and acute abdomen in which physical examination and laboratory findings are suspicious. Use of contrast-enhanced abdominal CT on patients presenting with acute abdomen may prevent unnecessary surgery.

Keywords: acute abdomen, medical treatment, epiploic appendagitis, emergency department



Pub No: OP-265

Analysis of the Accuracy and Quality of Information in YouTube Videos on Shoulder Dislocations and Reduction

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Introduction and Purpose: Shoulder instability is common in the emergency department. Shoulder dislocations are classified according to their etiology, direction of instability, or combinations of such factors. 97% of shoulder dislocations are anterior while 2-4% are posterior, and 0.5% are downward dislocations. When glenohumeral instability occurs, the shoulder can be reduced using a variety of closed reduction techniques whereby the main reduction movements include traction, leverage, scapular manipulation, or combined maneuvers. There is no agreement on which reduction method is superior regarding successful reduction rates and risk of complications. With the expansion of smartphones and internet use, it is a fact that regardless of the method that would be applied in the emergency department, patients search for information on procedures online. Many social media platforms offer health-related information on the Internet. It is to investigate the accuracy and quality of shoulder dislocations/reduction-related YouTube videos with validated tools within our knowledge in the literature.

Materials and Methods: On February 1, 2023, a search was conducted on <https://www.youtube.com/> using shoulder dislocations and shoulder reductions keywords and listed videos uploaded in the last year. Video features, video source, and target audience were recorded (Figure1). The quality, reliability, and accuracy of the information were evaluated independently by emergency medicine specialists and academic emergency medicine specialists using the Journal of American Medical Association (JAMA) score, DISCERNscore, and the Global Quality Score (GQS). The correlation analysis was performed between video features, GQS, JAMA, and DISCERN scores.

Figure 1. Flowchart of the video selection and study design

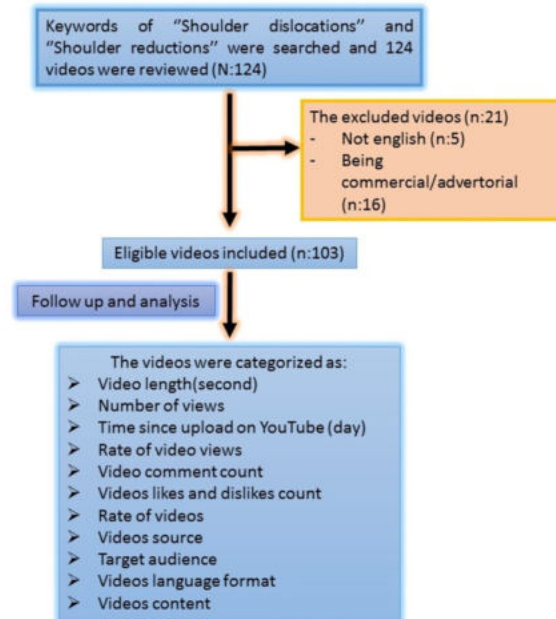


Figure 1. Flowchart of the video selection and study design

Results and Conclusion: A total of 103 videos were included in the study. The total video length of the videos included in the study was 37,298 seconds and the number of total views was 519,685. While the videos uploaded by academic institutions or associations constituted 6.8% of all videos, the rate of videos for physicians was 55.3% (Table 1). It was determined that DISCERN scores of videos towards physicians were higher compared to videos toward patients but there was no difference in terms of VPI, GQS, and JAMA scores ($p=0.007$, $p=0.491$, $p=0.440$, and $p=0.455$ respectively) (Table 2). Although YouTube is the most frequently preferred platform to search and convey information, it does not provide very reliable information on shoulder dislocations/reductions.

Table 1. Classification and descriptive statistics of videos

Video length (second) [median, (min.-max.)]		273 (21-3389)
Time since upload on YouTube (day) [median, (min.-max.)]		261 (41-365)
Number of views [median, (min.-max.)]		227 (1-71093)
Videos likes count [median, (min.-max.)]		7 (0-2300)
Videos dislikes count [median, (min.-max.)]		0
Videos comment count [median, (min.-max.)]		1 (0-250)
Videos source	Academic institutions or societies (n; %)	7 (6.8)
	Personal (n; %)	96 (93.2)
Videos content	Only theoretical information (n; %)	53 (51.5)
	Only practical information (n; %)	21 (20.4)
	Theoretical + practical information (n; %)	29 (28.2)
Language format	English audio (n; %)	92 (89.3)
	English subtitles (n; %)	11 (10.7)
Target audience	Physicians (n; %)	57 (55.3)
	Patients (n; %)	46 (44.7)
VPI [median, (min.-max.)]		1.20 (0-277.71)
DISCERN Score [median, (min.-max.)]		30 (15-50)
GQS [median, (min.-max.)]		2 (1-5)
JAMA Score [median, (min.-max.)]		1 (0-4)

VPI; Video power index, GQS; Global Quality Score JAMA; Journal of American Medical Association

VPI; Video power index, GQS; Global Quality Score JAMA; Journal of American Medical Association

Table 2. Analysis of videos in terms of evaluator scores and video parameters in target audience, video source, video content and language format classification

	Target audience		p	Video source		p	Video content			p	Language format		p
	Physicians	Patients		Academic institutions or societies	Personal		Only theoretical information	Only practical information	Theoretical + practical information		English audio	English subtitles	
Video	351	201	0.0	585	252.5	0.0	297 (21-	127 (38-	351 (71-	0.01	300	207	0.0



	(21-1527)	(44-3389)	11	(176-1517)	(21-3389)	3	(3389)	(787)	(1517)	5	(26-3389)	(21-960)	57
length (second)#													
Time since upload on YouTube (day) #	261 (52-375)	261.5 (41-361)	0.405	299 (80-375)	258.5 (41-374)	0.428	261 (49-374)	271 (52-361)	204 (41-375)	0.814	255.5 (41-375)	365 (82-363)	0.650
Number of views #	273 (2-71093)	195 (1-71017)	0.278	229 (2-62104)	226.5 (1-71093)	0.995	316 (1-71017)	137 (12-3862)	229 (2-71093)	0.429	228 (1-71093)	219 (42-3862)	0.765
Rate of video views #	1.24 (0.01-277.71)	0.90 (0-272.10)	0.325	0.73 (0.01-165.61)	1.22 (0.01-277.71)	0.906	1.46 (0.01-272.10)	0.81 (0.04-13.65)	2.08 (0.01-277.71)	0.364	1.30 (0.01-277.71)	0.82 (0.16-13.65)	0.957
Videos comment count #	1 (0-250)	1 (0-250)	0.789	0 (0-5)	1 (0-250)	0.302	1 (0-250)	1 (0-10)	1 (0-250)	0.521	1 (0-250)	1 (0-4)	0.758
VPI #	1.24 (0-271.71)	0.90 (0-272.10)	0.491	0.73 (0-165.61)	1.22 (0-277.71)	0.885	1.46 (0-272.10)	0.81 (0-13.65)	2.08 (0-277.71)	0.223	1.30 (0-277.71)	0.82 (0-13.65)	0.700
DISCERN Score #	30 (15-50)	27 (15-46)	0.007	42 (30-50)	29.5 (15-46)	0.001	27 (15-45)	27 (15-35)	34 (24-50)	<0.001	30 (15-50)	25 (17-50)	0.041
GQS #	2 (1-4)	2 (1-5)	0.440	4 (2-4)	2 (1-5)	0.006	2 (1-4)	2 (1-4)	3 (1-5)	<0.001	2 (1-5)	1 (1-4)	0.028
JAMA score #	1 (0-4)	1 (0-4)	0.455	1 (0-3)	1 (0-4)	0.631	1 (0-4)	0 (0-2)	1 (0-4)	0.021	1 (0-4)	0 (0-2)	0.051

[median, (min.-max.)], VPI; Video power index, GQS; Global Quality Score JAMA; Journal of American Medical Association

[median, (min.-max.)], VPI; Video power index, GQS; Global Quality Score JAMA; Journal of American Medical Association

Keywords: Emergency medicine, Shoulder dislocations, Shoulder reduction, Social media, YouTube

Pub No: OP-266

Orbital Emphysema with Two Different Etiologies: Case Report

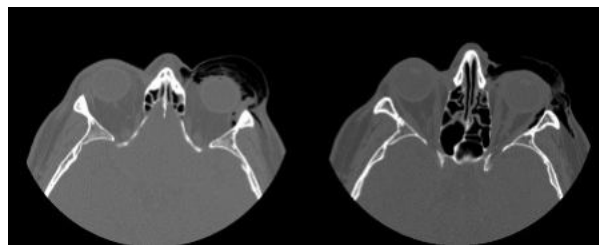
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Introduction and Purpose: Orbital emphysema is a rare condition characterized by air accumulation around the orbit or eyelids. It is usually associated with maxillofacial fractures. It may also occur due to infection, pulmonary barotrauma, or iatrogenically. Spontaneous development due to sneezing and blowing of the nose has also been reported. It is usually self-limiting and resolves spontaneously. However, there are cases in which it progresses to the point where it can cause vision loss. Needle decompression and surgical treatments may be planned depending on the severity of the air collection. Prophylactic antibiotics may be used for sinus infections and fractures. We would like to highlight the diagnosis and management of orbital emphysema with two cases presenting to the Emergency Department (ED).

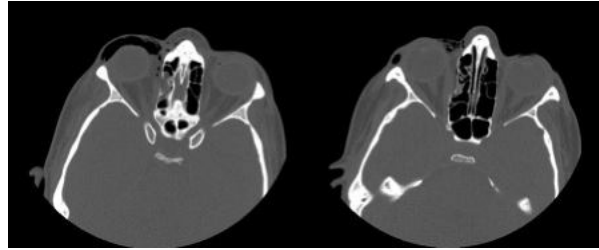
Materials and Methods: Case 1: A 49-year-old male patient visited the ED with swelling of the left eye. No history of trauma. There was swelling around the left orbit. Pain and visual disturbances were not described. Imaging showed subcutaneous air densities in the left orbit. No pathology was observed in bone structures. The patient was referred to ophthalmology. Ophthalmic examination was normal. Emergencies such as visual impairment were explained. Discharged with recommendation for outpatient follow-up. Case 2: A 29-year-old woman presented to ED with swelling of her right eye. The patient's history revealed that a toy had hit her eye earlier in the day, but there was no swelling at that time, and swelling developed suddenly after blowing her nose. The right eyelid and surrounding area were edematous. Imaging showed a deplase fracture in the right lamina papyracea and air densities in the orbit. The patient was referred to ophthalmology. Ophthalmic examination was normal. Antibiotic treatment was started and the patient was asked to be admitted to the hospital for follow-up.

Figure 1.



Case 1, air densities in the left orbital anterior and surrounding structures

Figure 2.



Case 2, air densities in and around the anterior right orbit and accompanying fracture line in the lamina papyracea

Results and Conclusion: Spontaneous orbital emphysema is a diagnosis that should be considered in patients presenting to ED with ocular swelling. In patients with a history of trauma, emphysema may accompany fractures and the patient may experience increased intraocular pressure and visual disturbances. Treatment should be planned based on evaluation of the visual exam and severity of swelling, and the patient should be referred for ophthalmologic follow-up.

Keywords: Orbital emphysema, Ophthalmology, Emergency medicine



Pub No: OP-267

A Case Of Code Blue: Guillain-Barre Syndrome

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Introduction and Purpose: Although neurological-based diseases constitute a small part of emergency service admissions, we can say that our approach to these cases, including them among our preliminary diagnoses, leads to early, effective and correct treatment, followed by a mostly successful outcome. In our article, we will share our case, which was brought to the emergency department of a training and research hospital by code blue teams and diagnosed with Guillain-Barre Syndrome.

Materials and Methods: A 30-year-old male patient applied to an external center with complaints of weakness in the feet and hands that started 2 days ago. In her neurological examination, there was no motor and sensory deficit in the upper extremity muscle strength examination. In the lower extremity examination, the motor strength was evaluated as 2/5 and deep tendon reflexes could not be obtained. The patient, who underwent neurology consultation with a preliminary diagnosis of GBS, was interned to the neurology service. Intravenous immunoglobulin (IVIG) treatment was started for the patient on admission to the ward. Electromyography was repeated intermittently during the service follow-ups, and the test result was interpreted as acute motor axonal polyneuropathy.

Results and Conclusion: The main complaint in GBS is weakness in the bilateral extremities, starting from the distal and progressing to the proximal. Although weakness starting from the distal lower extremity and progressing to the proximal is detected in most of the cases, isolated cases starting from the distal upper extremity distal ends have also been reported. It has been determined that patients diagnosed with GBS had an infective process shortly before. GBS is a very rare pathology in the emergency department. When we look at the causative pathogens in general, it is noteworthy that there are pathogens that cause gastroenteritis and upper respiratory tract infections. In this case, questioning whether such infectious processes have been experienced in cases with GBS will help us in terms of preliminary diagnosis.

Keywords: Guillain, Barre, Syndrome, emergency, neurological



Pub No: OP-268

Prognostic Evaluation of C-Reactive Protein/Albumin Ratio, Neutrophil/Lymphocyte Ratio, and Platelet/Lymphocyte Ratio in Aortic Dissection Patients: A Retrospective Analysis

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Introduction and Purpose: Acute aortic dissection (AAD) is a rare yet life-threatening condition characterized by the separation of layers within the aortic wall. Without prompt surgical intervention, patients may often confront severe complications such as aortic rupture. Unfortunately, even with surgical intervention, mortality rates can remain high. This study aims to assess the prognostic significance of the C-Reactive Protein/Albumin Ratio (CAR), Neutrophil/Lymphocyte Ratio (NLR), and Platelet/Lymphocyte Ratio (PLR) in predicting hospitalization duration and mortality in emergency patients diagnosed with aortic dissection.

Materials and Methods: The study was carried out retrospectively at tertiary care hospital's emergency department between August 1, 2018, and August 1, 2023. The set of the patients diagnosed with aortic dissection were determined via the hospital database system (KARMED) using the diagnostic code "ICD-10 I71". These patients were confirmed to have aortic dissection through thoracoabdominal computed tomography angiography (CTA). The study analyzed many factors, including patient mortality rates, hospital stay durations, laboratory parameters, ratios including CAR (C-reactive protein/albumin ratio), NLR (neutrophil/lymphocyte ratio), PLR (platelet/lymphocyte ratio), and demographic data. Statistical comparisons were made between discharged patients and those who did not survive. In the statistical analysis, appropriate tests were utilized. Statistical significance was defined as a p value less than 0.05.



Results and Conclusion: The retrospective analysis included 32 patients diagnosed with aortic dissection in our emergency department, with 24 of them (75%) being male. The mean age of the patients was 67.25 ± 10.18 years. The median length of hospitalization was 4 days (1–10). Gender-based comparisons of NLR, PLR, and CAR values revealed no statistically significant differences (NLR: $t=0.581$, $p=0.566$; PLR: $t=0.445$, $p=0.653$; CAR: $t=-1.204$, $p=0.265$). However, when age was considered, significant variations were observed in CAR values ($p=0.024$). There was a positive correlation between hospitalization duration and CAR ($r=0.472$, $p=0.006$), while no statistically significant relationship was found between NLR, PLR, and hospitalization duration (NLR: $r=-0.20$, $p=0.914$). Among the three ratios, PLR demonstrated a statistically significant predictive value for mortality ($t=-4.01$, $p<0.001$). In conclusion, this study shows clear and significant relationships between platelet/lymphocyte ratio and mortality, as well as between CRP/albumin ratio and length of hospital stay in individuals diagnosed with aortic dissection.

Keywords: Aortic dissection, C-reactive protein/albumin ratio, neutrophil/lymphocyte ratio, platelet/lymphocyte ratio, prognosis



Pub No: OP-269

The Values of Rate of Oxygenation, Shock and Diastolic Shock Indices in Covid-19 Patients

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Introduction and Purpose: One of the most important problems in the management of Coronavirus Disease (COVID-19) pandemic is the increased rate of emergency department visits overwhelming the capacity of the healthcare system. Early triage of critically ill COVID-19 patients on first emergency department visits is important for decreasing the crowding in the emergency department and thus improving the patient management. The aim of this study is to determine the predictive value of Rate of Oxygenation (ROX), Shock Index (SI), Diastolic Shock Index (DSI) for mortality in COVID-19 patients.

Materials and Methods: Patients who visited the Ankara Training and Research Hospital Emergency Department between 11 March 2020 - 11 March 2021 and met the inclusion criteria and had COVID-19 diagnosis were included in the study. Patient's vital signs and co-morbidities (chronic pulmonary disease, hypertension, diabetes mellitus, heart failure, coronary artery disease, chronic kidney disease, cerebrovascular disease) were recorded. The ROX, Shock and Diastolic Shock indices were calculated and recorded. Patients were divided into three groups; 1) who were discharged from the hospital, 2) who were admitted to the hospital and 3) who were admitted to the intensive care unit(ICU). Logistic regression analyses were conducted to identify the factors associated with mortality. Cut-off values were identified by ROC analysis. Findings were analyzed with SPSS ver. 23.0

Results and Conclusion: The number of patients who were included in this study was 552 (292 (52.9%) male, 260 (47.1%) female). The median age was 63. Advanced age, heart failure, coronary-artery disease, chronic renal failure, increased diastolic shock index and decreased ROX index were found to be independent risk factors for mortality. In the prediction of mortality in COVID-19 patients, the sensitivity and specificity of the diastolic shock index (cut-off value: 1.29) were 61.2% and 60.8%, respectively. However, the sensitivity and specificity of ROX index (cut-off value: 15.6) was 73.1% and 71.5%, respectively. We examined the role of diastolic shock index, shock index and ROX index in predicting first-month mortality at admission to emergency services. In our study, we found that the ROX index had higher sensitivity and specificity than other indexes in predicting mortality in the evaluation of COVID-19 patients.

Keywords: COVID-19, Rate of Oxygenation Index, Shock Index, Diastolic Shock Index

Pub No: OP-270

FAHR'S SYNDROME

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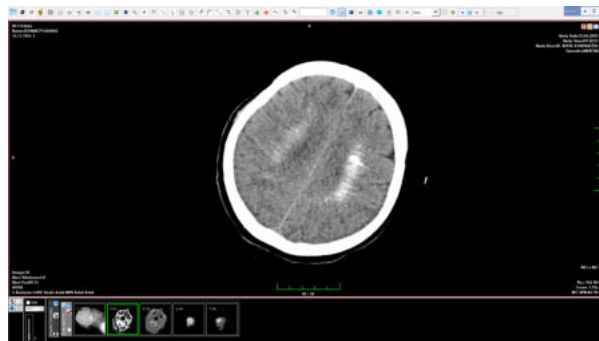
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Introduction and Purpose: Fahr's syndrome is characterized by bilateral and symmetrical deposition of calcium and various minerals in the basal ganglia, cerebellum and centrum semiovale. Its most common clinical presentation may include parkinsonism, chorea, tremor, dystonia and cognitive disorders.

Materials and Methods: A 57-year-old woman presented with headache complaint. The patient described a headache that had been present for 2-3 years, gradually worsening. In particular, it worsened over the course of a week following a trauma and did not go away. She has a history of hypothyroidism and hypoparathyroidism. Due to this, patient has been taking calcium orally. Vitals, neurologic and other system examinations were normal. Blood tests revealed hypocalcemia. Imaging showed mineral deposition in the brain consistent with Fahr's syndrome.¹ The patient was discharged with the recommendation of neurology and endocrinology polyclinic control.

Results and Conclusion: Further imaging should be considered in patients presenting with headache whose clinical examination and pain intensity are not compatible. Caution should also be exercised in drug use due to hypocalcemia as in this patient.

FAHR'S SYNDROME



TYPICAL MINERAL DEPOSITION IN THE BRAIN

Keywords: FAHR'S SYNDROME, calcium metabolism



Pub No: OP-271

An unusual combination in a patient with Behçet's disease: varicose veins and vasculitis

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Introduction and Purpose: In this article, a rare case of vasculitis and esophageal varicose coexistence of a 45-year-old patient with a diagnosis of Behçet's disease for 20 years and liver cirrhosis for 15 years is presented as a case after admission to the emergency department.

Materials and Methods: A 45-year-old male patient had Behçet's Disease for 20 years, Liver Cirrhosis (idiopathic) for 15 years. He applied to the emergency department because of confusion and drowsiness. Brain imaging results were found to be normal, GCS 11, the patient with diffuse ascites in the abdomen was admitted to the ICU with a preliminary diagnosis of hepatic encephalopathy. According to Child Pugh scoring , the total score was 9, consistent with Child Class B. Liver parenchymal disease and diffuse ascites in the abdomen were detected in the whole abdominal USG. Autoimmune hepatitis markers and viral hepatitis markers were negative. The patient, whose vitals were stable and GCS 15, had bloody vomiting and black stools on the 6th day of hospitalization. The patient's TA was 100/60 mmHg, pulse was 78/beat, and hemoglobin values decreased from 10.6 g/dL to 9 g/dL. With the prediagnosis of GI bleeding, his oral cavity was stopped, and he was taken to endoscopy under pantaprazole infusion. In the endoscopy, varicose veins on grade 2 without bleeding signs were observed. A CT pulmonary artery angiography was requested, considering that the bleeding focus of the patient, whose bleeding continued, might be the lung. While extensive fibroatelectatic lung parenchyma was observed in the lower lobe of the right lung, no signs of embolism were found. Medical treatment was started with a preliminary diagnosis of pulmonary infarction. The bleeding has subsided. The patient, whose vitals were stable, was discharged with the planned bronchoscopy under elective conditions.

Results and Conclusion: Liver involvement in Behçet's Disease is extremely rare. As a result, it would be useful to keep in mind that Behçet's disease may cause liver parenchymal disease, although it is rare, and that pulmonary bleeding may be the result of lung parenchymal infarction, not the most common cause of pulmonary artery aneurysm rupture in Behçet's Disease.

Keywords: behçet's disease, liver cirrhosis



Pub No: OP-272

Large-scale BLS training through a blended learning mode

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Introduction and Purpose: As a part of Connaissance 2023, we conducted the AHA Basic Life Support (BLS) course through the blended learning program, the HeartCode® BLS. It consists of an online portion and an offline hands-on session. The online course portion consists of the cognitive portion of BLS. On successful completion of this online portion, they will receive an e-certificate, after which they can appear for the offline hands-on session, in which the students will learn and practice the psychomotor skills facilitated by certified AHA instructors. A BLS skills assessment and evaluation will be done at the end of the course. Students who successfully complete the HeartCode® BLS will receive an AHA BLS Provider course completion card.

Materials and Methods: As a part of Connaissance 2023, we trained 187 students in 2 days (8 sessions) in AHA Basic Life Support (BLS) course through the blended learning program, the HeartCode® BLS. Each session lasted 2 hours and consisted of around 20-25 participants. The student: instructor ratio was 5:1, and the student: manikin ratio was 2:1. All students attended a pre-test before commencing the online course and a post-test after completing the offline session. The pre-test and the post-test contained 50 single-best-answer multiple-choice questions. The pre-test and post-test questions were the same to eliminate bias, and the maximum score was 50. The mean score in the pre-test and the post-test was 26.3 ± 6.4 and 37.1 ± 4.1 , respectively, and the difference was statistically significant (p-value of <0.001 by paired t-test). The minimum score in the pre-test and the post-test was 7 and 29, respectively. The maximum score in the pre-test and the post-test was 41 and 45, respectively. From the feedback received from the participants, 80.7% prefer the blended learning mode, and 19.3% prefer the traditional complete offline mode. The reason stated by those who prefer the blended learning mode is that they could go through the cognitive portion at their own pace, revise and come well-prepared before practicing the psychomotor skills.

Figure 1



Snapshot of an offline hands-on session of HeartCode® BLS

Results and Conclusion: Based on this successful training, we conclude that conducting BLS training for a large number of participants using a blended learning mode is feasible and effective.

Keywords: Mass BLS training, HeartCode® BLS, Basic Life Support, Large-scale BLS training, Mass education training



Pub No: OP-273

Saturation – Nail Polish and Two Different Devices

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Introduction and Purpose: Oxygen saturation (SPO₂) is an important guiding parameter in the diagnosis and treatment of critically ill patients and patients admitted to the emergency department with respiratory distress. Although fingertip probes (pulse oximetry) are effective clinical tools used to display patients' oxygen status, they are affected by a variety of conditions such as movement, tremor, vasoconstriction, septic shock, hypothermia, hemoglobinopathy, nail polish, and false nails. Peripheral perfusion index (PI), which shows tissue oxygenation, has gained popularity because it is a non-invasive, easy, reproducible and rapid method used to demonstrate tissue perfusion in critically ill patients [3]. Studies have shown that PI is a more accurate, faster and more reliable saturation indicator than pulse oximeters in routine use. This study was carried out to measure the oxygen saturation with a finger probe and perfusion index device that shows non-invasively, to evaluate the effect of nail polish on oxygen saturation and tissue perfusion, and to evaluate the possible advantages of the two devices over each other.

Materials and Methods: This study was conducted prospectively on 80 non-smoking healthy volunteers, aged 18 years and over in the 3rd Level University Hospital Emergency Department. Oxygen saturation value and perfusion index value in finger probe and perfusion index device were measured and recorded by applying dark blue nail polish, which affects oxygen saturation the most and shows the greatest difference in spectrophotometer absorbance.

Results and Conclusion: The mean SPO₂ level of the nail polish-free group with the probe was 1.48 units higher than the nail polish group. SPO₂ level measured with PI was 1.18 units higher. The mean PI level of the nail polish-free group was 0.51 units lower than the group with nail polish. (p<0.01). In saturation measurements made with finger probe and perfusion index devices, the two devices were not superior to each other; however, it is seen that statistically significant results were obtained in saturation measurements made without nail polish. It has been determined that nail polish causes the saturation rate to be lower.

Keywords: Emergency service, Nail polish, Oxygen saturation, Perfusion Index, Probe



Pub No: OP-274

Determination of Clinical Characteristics of Adult Patients Admitted to the Emergency Department With Acute Drug Intoxication

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Introduction and Purpose: Adult poisonings are among the major causes of emergency department (ED) admissions worldwide. Although poisonings can be with toxic gases, wild plants, synthetic toxic substances, the majority of poisoning cases applying to ED are poisoning with pharmaceutical drugs. This study aimed to determine the clinical characteristics of adult patients presenting to ED with drug intoxication in order to guide poisoning prevention programs.

Materials and Methods: In this study, patients admitted to ED due to acute drug intoxication between January 1, 2021 and December 31, 2022 were retrospectively analyzed according to their demographic and clinical characteristics.

Results and Conclusion: A total of 1081 patients aged 18 years and over, including 368 (34.1%) men and 713 (65.9%) women, were included in the study. While the majority of the patients in both genders within the age groups were 30-40 years old, the mean age of male and female patients was 38.1 ± 16.4 and 34.8 ± 17.6 , respectively. The majority of ED visits ($n=574$, 53.1%) occurred between 16:00 and midnight. When seasonal changes in admissions to ED were compared according to gender, no difference was observed. The reason for taking too much medication in 86% of men and 89% of women was suicidal intent. However, very few of the patients had a history of previous suicide attempts. Mortality and intensive care unit admission rates of male patients were higher than female patients. When the types of drugs taken were compared according to gender; It was determined that anti-inflammatory and analgesic poisoning was much more common in female patients than in males. On the other hand, we found that poisoning with psychiatric and cardiovascular drugs was more common in male patients. More research is needed on why drug intoxication is proportionally higher in women than in men and why men are poisoned with more deadly drugs (such as cardiovascular drugs). In addition, more multidisciplinary and multicenter prospective studies should be conducted in order to reduce the number of patients poisoned by drugs.

Keywords: Poisoning, Poisoning Prevention Programs, Drug

Pub No: OP-275

Not every fever is caused by infection: a rare cause of fever

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Introduction and Purpose: Introduction: Neuroleptic malignant syndrome (NMS) is a rare but a life-threatening neurological emergency associated with the use of antipsychotic agents and characterized by a clinical syndrome consisting of altered mental status, rigidity, fever, and dysautonomia. In this report, the authors present a case of a 19-year-old male patient developed NMS after his antipsychotic drug dosage was increased.

Materials and Methods: Case Presentation: A 19-year-old male who diagnosed with cerebral palsy and using Risperidone is presented to the Emergency Department with high fever and confusion. It was learned that Risperidone dosage was increased five days ago. The initial laboratory tests revealed elevated white blood cell count, CRP, creatine kinase (CK), and LDH. Computed tomography (CT) scan and magnetic resonance imaging (MRI) of the brain was normal. In order to exclude structural and infectious diseases of the brain, lumbar puncture (LP) was performed and found to be normal. In the light of history and examination the preliminary diagnosis of NMS was set. The patient, who still febrile and tachycardic despite hydration and antipyretic treatment, was admitted to the intensive care unit (ICU). After 3 weeks, he gradually improved and discharged.

Results and Conclusion: Conclusion: NMS is diagnosed in a patient taking a related medication and developing a typical clinical syndrome. Although there is no diagnostic test for NMS, tests have an important role in the evaluation of patients with potential NMS. Patients diagnosed with NMS generally use polypharmacy. In our case, the patient was using only one medication. As a result, not every fever is caused by infection. In case of unexplained fever, the anamnesis should be deepened and NMS should be kept in mind in the differential diagnosis.

Keywords: Antipsychotic drug, fever, neuroleptic malignant syndrome, rigidity

Pub No: OP-276

Inguinoscrotal Bladder Herniation : A Rare Case

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Introduction and Purpose: Inguinal herniation is a condition that occurs as a result of intra-abdominal organs being pushed out through weak areas in the groin area. The inguinoscrotal canal is a structure located in the groin area where inguinal hernias are common. Bladder herniation is a rare condition, seen in 1-3% of cases, and large inguinoscrotal bladder herniation is very rare.

Materials and Methods: A 58-year-old male patient presented to the emergency department with complaints of pain in the groin area while walking and swelling in the right scrotum. The patient stated that the swelling increased especially when standing, but decreased when lying down. The patient stated that by pressing on the scrotum while urinating, he completed his urination and relaxed. As a result of physical examination, fullness and tenderness were detected in the groin area and scrotum. Radiographic examination of the patient revealed a large herniation of the bladder in the inguinoscrotal canal (Figure 1). The patient's blood test results showed only mild elevation of white blood cells (WBC) and C-reactive protein (CRP). Urinalysis also showed no abnormal results. The patient was evaluated with surgical consultation. Surgical intervention was planned and the patient underwent inguinoscrotal hernia repair. No complications were observed in the postoperative period and the patient was discharged.

Figure 1 : Radiological examination before and after surgery



Figure 1 : Radiological examination before and after surgery

Results and Conclusion: Bladder herniation is a rare but potentially serious condition. Some of these conditions are serious complications such as bladder necrosis and obstructive uropathy. Early diagnosis and appropriate surgical management are vital in maintaining the patient's health. Complaints of swelling and pain in the inguinal region, especially in men, should be evaluated seriously.

Keywords: Inguinoscrotal, Herniation



Pub No: OP-278

Bilateral Fracture of the Superior Horn of the Larynx Due to Blunt Trauma

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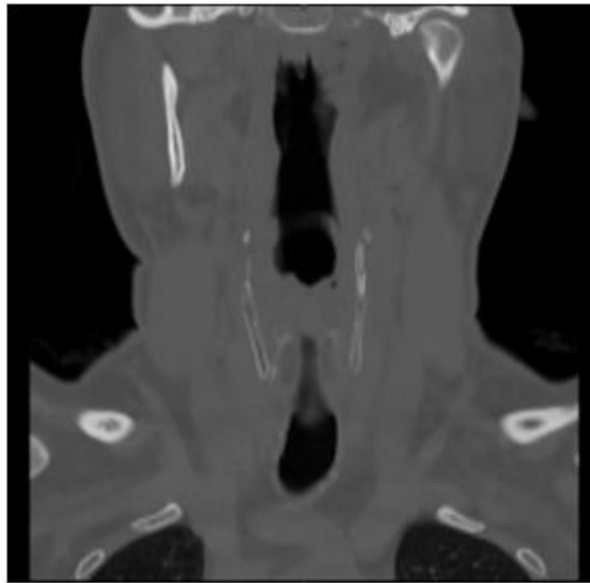
Introduction and Purpose: Laryngeal traumas are rare due to the preservation of the mandible, sternum, and bursts of the sternocleidomastoid muscle, but can result in serious and potentially injury. The rates, type, and divisions of trauma can range from simple fractures to cartilage detachments, endolaryngeal mucosal tears or enlargements, hematoma, and laryngotracheal separations with loss of airway segments.

Materials and Methods: A 41-year-old male patient was admitted to our emergency service with the complaint of difficulty in swallowing at night when he received an elbow blow to his neck during a football match. Any difficulty in breathing, loudness or hearing a change in voice. The patient had no significant medical or family history. His vitals were stable. Physical examination revealed normal oropharynx and a positive gag reflex. There was no crepitation on palpation of the neck, but there was tenderness. Neurological examination was unremarkable. Further investigations were requested, and neck CT scan revealed two laryngeal superior horn fractures (fig. 1-2). The patient was referred to the Ear Nose and Throat (ENT) clinic for further treatment. Emergency surgical intervention was considered and advanced treatment was applied to the patient.

picture 1: two laryngeal superior horn fractures



picture 2:two laryngeal superior horn fractures



Results and Conclusion: In this rare case, clinicians should be very careful about minimal voice changes, mild pain, difficulty in swallowing, and shortness of breath.

Keywords: blunt neck trauma, emergency department, bilateral laryngeal superior horn fracture



Pub No: OP-279

Evaluation of risk factors for diabetes mellitus using random forest method

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Introduction and Purpose: The goal of this study is to categorize the patient's diagnostic measurements based on specific diagnostic measures of diabetes, which has emerged as the biggest health issue in the modern world, and to identify the related risk factors via the random forest.

Materials and Methods: An open-access dataset based on specific diagnostic measures of diabetes were employed for the prediction. Using the five-step cross-validation approach from the resampling method and the Random Forest model method, the study's components impacting diabetes were investigated, and all of the training information set was included in the classification. Accuracy, balanced accuracy, sensitivity, specificity, positive predictive value, negative predictive value, and F1 score metric are the available model performance metrics. Also, a comparison scale called the ROC curve (Area Under Curve) was implemented.

Results and Conclusion: When the results of the Random Forest analysis are reviewed, the accuracy, balanced accuracy, sensitivity, specificity, positive predictive value, negative predictive value, and F1 scores of the model are, respectively, 99.3%, 99.1%, 98.1%, 100%, 100%, 99%, and 99.1%. The Glucose curve was found to have the most impact on the model's performance out of the variables Diabetes, Skin Thickness, Insulin, Glucose, Blood pressure, and Pregnancy. body mass index (BMI) curve with the second-best performance. Metric measurements were obtained as 100, 51,258, 35.476, 31.161, 12.559, 8.778, 3.682, and 0 (zero), respectively. Performance metrics and the ROC curve produce significantly successful outcomes as a result of the study of the open-access data set that contains measurements for diabetes diagnosis.

Keywords: Classification, Diabetes disease, Random Forest



Pub No: OP-280

Demographic Analysis of Patients Presenting to the Emergency Department with Hemoptysis

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Introduction and Purpose: Hemoptysis, the act of coughing up blood or blood-tinged sputum, is a worrisome symptom that frequently leads individuals to seek emergency department care. It can originate from the respiratory tract, posing a severe and potentially life-threatening complication tied to underlying conditions. Rapid diagnosis and treatment are essential. Common causes of hemoptysis include bronchitis, bronchiectasis, pneumonia, lung abscess, tuberculosis, lung cancer, and congestive heart failure... Etiology and severity of hemoptysis can vary by population and geographic region. This study aimed to explore various aspects of hemoptysis, including its etiologies, patient characteristics, underlying factors, severity, causes, diagnostic methods, and outcomes, given limited data on these aspects in our country.

Materials and Methods: This is a single-center, retrospective, observational study of the last 100 consecutive patients who presented to a tertiary hospital's emergency department with hemoptysis complaints. Data included age, gender, medical history, smoking, vital signs, symptoms, symptom duration, diagnostic tests, and outcomes. Hemoptysis was categorized as mild (<100 mL) or massive (>100 mL) based on blood expectorated within 24 hours.

Results and Conclusion: This study involved 100 patients, with 69% being male, and the mean age was 46.34 ± 19.6 years. Six patients presented with massive hemoptysis, and they were generally older than those without massive hemoptysis ($p < 0.05$). Patients with lung cancer had a significantly higher incidence of massive hemoptysis compared to mild hemoptysis ($p < 0.01$). Initial vital signs, such as heart rate and respiratory rate, were significantly higher in the group with massive hemoptysis. Chest pain was the most common accompanying symptom. Hemoglobin levels were lower, while C-Reactive Protein (CRP) values were higher in patients with massive hemoptysis ($p < 0.01$). Common causes of hemoptysis include lung cancer, bronchiectasis, bronchitis, pneumonia, and tuberculosis, but their frequencies vary geographically. Our series primarily identified bronchiectasis and bronchitis as the leading causes. Pulmonary embolism was uncommon as an underlying cause. Distinguishing massive from mild hemoptysis is crucial, and low hemoglobin, elevated heart and respiratory rates were associated with massive cases.

Keywords: Demographic Analysis, Hemoptysis, Massive Hemoptysis, Mild Hemoptysis



Pub No: OP-281

PNOMONITIS INTESTINALIS AFTER LONG-TERM MALNUTRITION

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Introduction and Purpose: Pneumotisis intestinalis is the presence of free air or gas in any part of the gastrointestinal system. Primary pneumotisis intestinaliste has air pockets in cystic appearance under chronic, benign idiopathic etiology. There are linear and microvesicular radiological findings and intramural gas under various predisposing factors of the secondary type. We thought it is an important case because it is a low incident pathology and it has characteristic appearance.

Materials and Methods: 77 years old female patient applied with complaints of abdominal pain and newly started diarrhea. according to the information received from his relatives, there was a general status decrease for the last few days and the patient was confused. He had known dm and ht diseases. It was reported by her relatives that she had an eating disorder for a long time. he was using an antihypertensive containing diltiazem hydrochloride, perindopril-ındapamide and amlodipine, clopidogrel, haloperidol, insulin. in physical examination, there was an abdominal distendue and widespread sensitivity. It was assessed as pneumotisis intestinalis on monitoring air density appearances in hepatic system and portal system in tomographic imaging. The patient was evaluated by general surgery and was installed in the 3rd stage intensive care by considering the general status.

Results and Conclusion: Pneumotisis intestinalis is observed to be most common in the large bottom and the second most common in the small intestin with radiological developments(2). In our case, there was a characteristic image in the liver. gas in hepatic portal vein is a symptom of mesenteric icheemia(3). Our patient has liver imaging only on thoracic imaging. Imaging was not performed. Portal venous gas can be seen in gastrointestinal system stenosis, obstructive lung diseases, after abdominal surgery, immunesupression, systemic chemotherapy and malnutrition(4),(5). Only malnutrition was present in our case. Pneumotisis intestinalis is a low incident pathology, especially diagnosed radiologically, requesting a multidisciplinary approach.

Keywords: Pnomonitis intestinalis, long-term malnutrition, gastrointestinal system

Pub No: OP-282

Post Myocardial Infarction Is A Rare Complication: Ventricular Septal Rupture

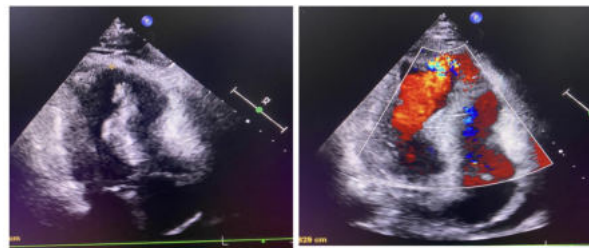
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Introduction and Purpose: Ventricular septal rupture (VSR) that develops during the course of acute MI is a rare but fatal complication. The most common clinical findings are chest pain, hypotension, pulmonary edema and shock, which develop within hours to days after VSR formation. We will present this case because of its low incidence.

Materials and Methods: An 85-year-old female patient was transferred to our emergency department after ST elevation was detected in the anterior and inferior leads in the ECG taken at the center where she applied with complaints of typical chest and back pain. In the ECG taken in our emergency department, there was ST elevation in the anterior and inferior leads, and bedside ECHO revealed EF: 40% anterior and inferior hypokinetic. Angiography performed due to the patient's current clinical picture revealed 100% LAD D2 level, 60% CX ostial obstruction, occlusion in the distal thin ends, and plaque in the RCA. The patient, who was hypotensive (BP 70/40 mmHg) and unstable, was consulted by the KVS clinic and was taken to the ICU after ventricular septal rupture was observed in the repeated echocardiography. The patient was taken to the intraaortic balloon pump and inotropic agent was started. The patient arrested in the 3rd hour of the follow-up and was accepted as exitus as he did not respond to the interventions.

Figure 1



Ventricular septal defect on transthoracic echocardiography



Results and Conclusion: Transthoracic echocardiography (TTE) is used to determine mechanical complications caused by acute MI and has a sensitivity and specificity of nearly 100%. Especially with TTE, the location and size of the rupture, ventricular functions and shunt degree can be determined. In this case, post-MI hypotension was detected and VSR was supported by bedside ECHO in terms of possible complications. Cardiac catheterization is also effective in confirming the diagnosis and measuring the shunt. Rupture localization can also be detected by left ventriculography.

Keywords: ventricular septal rupture, post-MI, emergency

Pub No: OP-283

Ekstremitte Yaralanması İle Acil Servise Başvuran Hastalarda Direkt Grafide Görülmeyip Bilgisayarlı Tomografide Fark Edilen Kırıkların Değerlendirilmesi

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Introduction and Purpose: Travma sonrası ekstremitte yaralanmaları acil serviste sık rastalanan başvuru sebeplerindedir. Hastalarda travmaya bağlı oluşabilecek kırık veya dislokasyonun tespiti hasta sağlığı ve olası malpraktis riski açısından önemlidir. Acil servislerde en sık atlanan tanılar kas iskelet sistemi ile alakalı kırık ve çıkıklardır. Olgu 1: 30 yaşında erkek hasta acil servise sol ayak bileği üzerine düşme sonrası ayak bileğinde ağrı ve şişlik şikayeti ile başvurdu. Fizik muayenede sol medial malleol üzeri bölgede palpasyonla ağrı ve ödem tespit edildi. Hastadan istenen DR' de kırık görülmemesi üzerine ekstremitte BT istendi. BT' de sol tibia lateral kondilde tibiotalar eklem aralığının uzanan nondeplase komplet kırık görüldü (Resim 1). Olgu 2: 3 yaşında kız çocuk sol ayağına 2 metre yüksekten odun düşmesi sonrası getirildi. Fizik muayenede sol fibula distalinde palpasyonla ağrı ve ödem görüldü. DR' de kırık gözlenmeyen hastadan alınan ekstremitte BT' de sol fibula epifizinde komplet lineer fraktür tespit edildi (Resim 2). Olgu 3: 22 yaş erkek hasta sol ayak üzerine düşme sonrası acil servise başvurdu. Fizik muayenede sol ayak dorsumunda proksimal bölge lateralinde palpasyonla ağrı vardı. DR' de sol ayak 5. metakarp proksimalinde nondeplase kırık şüphesi gözlenmesi üzerine ekstremitte BT istendi. Tomografide sol 4 ve 5. metakarp proksimal kesiminde lineer ve nondeplase kırıklar tespit edildi (Resim 3). Olgu 4: 24 yaşında erkek hasta sağ dirsek üzerine aynı seviyeden düşme üzerine acil servise başvurdu. Fizik muayenede sağ dirsekte palpasyonla ağrı ve hareket kısıtlılığı vardı. Hastadan alınan DR' de kırık görülmemesi ve klinik şüphenin devam etmesi üzerine ekstremitte BT alındı. BT' de sağ radius proksimal epifizer-metafizler kesiminde eklem aralığı ile ilişkili deplase kırık görüldü (Resim 4).

Resim 1



Resim 1. Olgu 1' in direkt radyografi ve tomografi görüntüleri

Resim 2



Resim 2. Hastadan alınan radyografi ve ekstremitte BT görüntüleri

Resim 3



Resim 3. Hastanın DR ve ekstremitte BT görüntüleri

Resim 4



Resim 4. Hastadan alınan DR ve ekstremitte BT görüntüleri



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Materials and Methods: Hastane otomasyon sistemi kullanıldı.

Results and Conclusion: TartışmaKas iskelet sistemi travmaları sonrası DR öncelikli tercih edilen yöntemdir. Doğru açıyla grafi alınması, kırık şüpheli bölgede radyografide süperpozisyonlar, multitravma hastası olması ve klinik tecrübe eksikliği gibi durumlarda tanı atlanabilmektedir. El bileğinde; skafolunat, perilunat ve lunat çıkıklar, skafoïd ve trikuetrum kırıkları, Galeazzi kırığı ve distal radius kırığı atlanma olasılığı en yüksek durumlardır. Dirsek kırıkları içinde radius başı kırığı ve çıkığı, gözden kaçabilir. SonuçTravma acil servislere sık başvuru sebeplerindedir. Bazı kırıklar DR’ de görülemeyebilir. Olası kırığın DR’ de fark edilmemesi durumunda hasta sağlığının etkilenmemesi ve malpraktis riskinden korunma amaçlı BT akla gelmelidir.

Keywords: atlanabilir kırık, ekstremitte kırıkları, direkt radyografi, bilgisayarlı tomografi, görüntüleme



Pub No: OP-284

I Have Appendicitis But My Stomach Is Like Cotton

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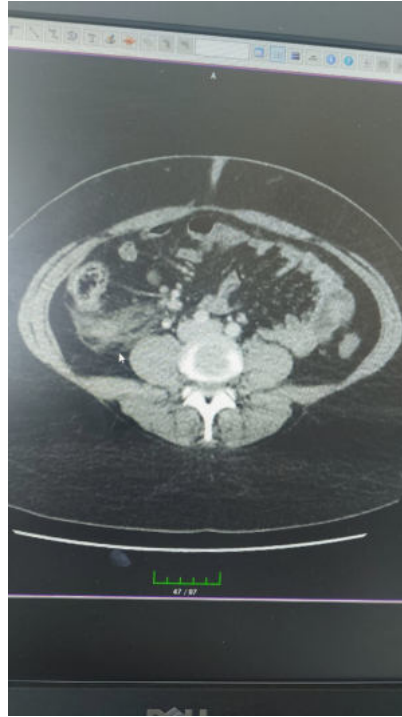
Introduction and Purpose: Appendicitis is the inflammation of the appendix, an approximately 9-10 cm blind-ended structure located following the cecum in the abdomen. It can become inflamed due to blockage by fecal matter, gallstones, tumors, intestinal parasites, or foreign bodies. Patients may present with abdominal pain, nausea, vomiting, loss of appetite, and a need for bowel movements. The symptoms of appendicitis include diffuse abdominal pain that cannot be localized precisely, loss of appetite, and an urge for bowel movements. Typically, the pain starts around the periumbilical region and later localizes to the lower right quadrant. In addition to abdominal pain, the patient might experience pain in the groin, back, and genital area. While its exact function is not fully understood, the appendix is a rich lymphatic tissue organ. In cases of acute or delayed appendiceal perforation, serious problems such as systemic spread and septicemia can occur. Definitive treatment is surgery.

Materials and Methods: Case: A 31-year-old female patient presented to us with complaints of abdominal pain. Vital signs were stable, and the patient had no known systemic illnesses. Physical examination did not reveal rebound tenderness or defense. The patient reported loss of appetite before the onset of pain, along with the emergence of nausea. The pain initially started as a severe pain in the middle of the abdomen and suddenly stopped before she came to the hospital. Appendicitis was primarily suspected. Hemogram, biochemistry, CRP tests, and abdominal computed tomography (CT) were ordered for the patient. The patient's lab results showed a white blood cell count (WBC) of $15.57 \times 10^3/uL$ with 84% neutrophils (left shift). The abdominal CT scan revealed the widest portion of the appendix to be 16 mm with dirty surroundings and presence of fluid (perforated appendicitis). The patient's Alvarado score was 8. The patient was diagnosed with acute perforated appendicitis and admitted to the general surgery clinic.

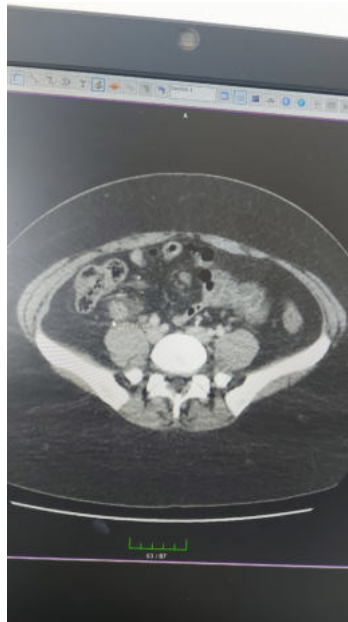
Results and Conclusion: Even in cases of intra-abdominal organ perforation, a patient presenting with abdominal pain might not exhibit signs of acute abdomen upon physical examination. Therefore, patients need to be evaluated comprehensively through detailed medical history, laboratory tests, and radiological imaging.



photo

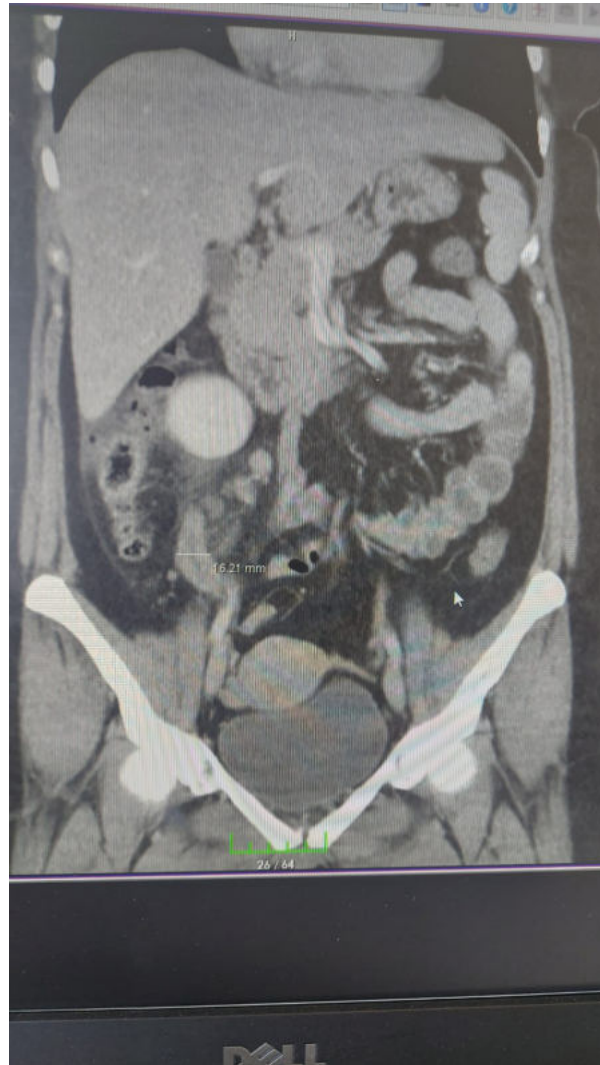


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Keywords: appendicitis, perforated appendicitis

Pub No: OP-285

USG USE IN THE DIAGNOSIS OF PNEUMOTHORAX IN EMERGENCY DEPARTMENT: A CASE REPORT

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Introduction and Purpose: Introduction: In this case report, we aimed to demonstrate the effectiveness of ultrasound in diagnosing pneumothorax in a patient with penetrating injury who was brought to the emergency department by ambulance.

Materials and Methods: Case: A 21-year-old male patient was referred to our emergency department by ambulance with a complaint of penetrating-cutting injury. The patient had a sharp limited incision of approximately 2 cm on the left supraclavicle that did not extend to the muscle tissue, a sharp limited subcutaneous penetrating stab wound of approximately 2 cm on the left side posterior to the 6th intercostal space in the dorsal region, and a sharp limited stab wound of approximately 10x3 cm in the periumbilical region with prolapsed intestine. When the patient came to the emergency room, he was oriented, coherent and vitals were stable. Although the patient had irregular breathing, there was no evidence of skin or subcutaneous emphysema and auscultation revealed normal lung sounds and both hemithorax participated equally in breathing. After admission to the emergency department, the patient was intubated as his general condition deteriorated. As a result of the FAST procedure, the patient had diffuse free fluid in the abdomen (perihepatic, morrison pouch, perisplenic and perivesical). In eFAST, which was performed due to the poor image quality of the portable chest radiograph, the barcode sign was seen when the range in which pleural motion was not seen was evaluated in motion mode (motion mode/M-mode) and the patient was evaluated in favor of pneumothorax. The pneumothorax picture was established in the second chest radiograph of the patient. Postop thoracic tube was inserted and the patient was discharged with healing in the follow-up.

Figure-1: Images of the Lesions of the Case



Figure-2: Chest X-ray Images of the Case

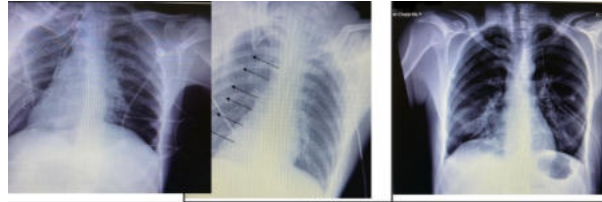
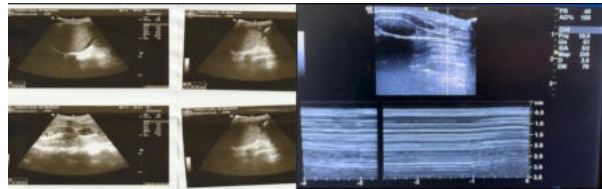


Figure-3: Fast and e-Fast Images



Results and Conclusion: Conclusion: In the absence of CT, hemothorax and pneumothorax can be diagnosed with US. In conclusion, lung US is a good alternative to conventional chest radiography in the follow-up of patients.

Keywords: Chest Pain, Pneumothorax, Thoracic Surgery, Ultrasonography CASE



Pub No: OP-286

Hoigne Syndrome After Penicillin Injection

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Introduction and Purpose: Agitation, hallucinations, and delirium may occur following intramuscular administration of penicillin. This picture is called Hoigne Syndrome (HS). The pathogenesis of HS is still unclear. Allergic and non-allergic effects occur after injection. Here we present a case of Hoigné syndrome caused by penicillin administration.

Materials and Methods: 20-year-old female patient, no known additional disease. He applied to the emergency department for intramuscular deposit injection due to headache, dizziness and sore throat symptoms. Extrapyramidal movements, agitation, fear of death and shortness of breath symptoms appeared in the patient 2-3 minutes after the injection. Anaphylaxis was considered at the forefront, and 0.5 mg adrenaline was administered intramuscularly. Sedation was applied to the patient with normotensive tachycardia. The patient's medical history was unremarkable except for the complaint of sore throat and fever for 3 days. He did not use drugs/cigarettes/alcohol. His blood pressure in the emergency room was 120/75 mmHg; his heart rate was 90 beats/minute; body temperature was 36.6°C. His general condition was moderate, his Glasgow coma score was 15. Other physical examination was normal. Lab tests were normal. The patient's tomography, MR diffusion and cranial MR were found to be normal. All of the patient's symptoms resolved completely within 1 day.

Results and Conclusion: HS usually occurs due to intramuscular penicillin, ceftriaxone, cefoxitin, and clarithromycin. HS; It is characterized by psychomotor agitation and confusion, a sense of dispersion, depersonalization and derealization, changes in perceived body shape, visual and auditory hallucinations, panic-like anxiety including fear of death, as well as different neurotic symptoms such as altered consciousness and seizures. In our case, neuropsychiatric symptoms such as panic-like anxiety and conversion neurosis were present. It is stated that HS may occur with recurrent procaine penicillin injections, since there is no other diagnosis to explain the patient's condition. In one clinical study, HS occurred after an average of the sixth injection. A positive correlation was found between age and the severity of symptoms. In conclusion, emergency physicians should always keep HS in mind in order to manage the disease appropriately and avoid unnecessary imaging in patients with a history of penicillin use.

Keywords: Hoigne Syndrome, Penicillin, Emergency Medicine



Pub No: OP-287

INVESTIGATION OF INJURY PATTERNS, MORTALITY-MORBIDITIES AND DIAGNOSIS-TREATMENT COSTS OF PATIENTS INVOLVED IN ELECTRIC SCOOTER ACCIDENT

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¹Istanbul Medeniyet University

Introduction and Purpose: It was aimed to investigate the injury patterns, mortality-morbidity, and diagnosis-treatment costs of patients who applied to the emergency department after an electric scooter accident.

Materials and Methods: This study was carried out with 265 patients who applied to the Emergency Medicine Clinic of Istanbul Medeniyet University Göztepe Prof. Süleyman Yalçın City Hospital and were involved in an electric scooter accident. Patient's name, surname, age, gender, diagnosis, forensic case, number of areas displayed, body area affected by trauma, examination finding of body area affected by trauma, accident mechanism, patient outcome (admission/refer/ex), number of days to report, cost hospital automation system records were taken as basis in this investigation.

Results and Conclusion: The study was conducted by retrospectively examining 265 cases, 69.4% male, 30.6% female. The ages of the patients vary between 4-72 years. Average age is 8.36-3.55 years. 95.5% of the patients applied as an outpatient, and all patients were evaluated as a bicycle accident. 81.5% (n=216) of all cases were asked for radiography, 51.3%(n=136) for computed tomography, 9.4% (n=25) for laboratory examination, and 53.6% for consultation. Soft tissue disorders were diagnosed in 67.2% of all patients, and fractures (lower-upper extremity, head) were made in 30.1% of them. 11.3%(n=30) of the patients were hospitalized, 88.3% (n=234) were discharged and 0.4% (n=1) died. The highest number of consultations was requested from the orthopedics clinic with a rate of 83.8%, but the units with the highest hospitalization rate were neurosurgery and eye clinics with 33.3%. It was observed that the cost was higher in patients who requested computerized tomography, laboratory tests and consultation other than radiography. The costs of all patients ranged between 17-11680 and the average was found to be 340.33-1151.80. It has been observed that most of the applications due to e-scooter accidents are between 17.00-00.00 on weekdays. It is suggested that a safer transportation can be provided by preventing serious injuries by reviewing the legal regulations regarding the use of electric scooters and developing inspection systems, determining the roads for electric scooter users and making personal protective equipment mandatory.

Keywords: Electric Scooter, Trauma, Death



Pub No: OP-288

Analysis of Epistaxis Cases Referred to the Emergency Department from Family Health Centres

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Introduction and Purpose: Despite recent advances in the diagnosis and treatment of otorhinolaryngological diseases, epistaxis is still one of the most common causes of emergency department visits worldwide. The lifetime incidence has been reported to be 60%. It may be seen due to systemic diseases such as anatomical defects, coagulation disorders and hypertension. Epistaxis-related haemorrhages can be classified as anterior or posterior haemorrhages and most of them are anterior haemorrhages. Anterior bleeding is often stopped by tamponade, cold application and compression and cauterisation is rarely required. We analysed cases with epistaxis referred from family health centres (FHC) to the emergency department (ED). In this study, the clinical characteristics of patients with epistaxis treated in the ED were analysed retrospectively and our results were compared with the literature.

Materials and Methods: Between January 2019 and December 2022, patients referred to the emergency department from family health centres due to epistaxis were retrospectively evaluated in terms of age, gender, length of stay in the emergency department, anterior/posterior nasal tamponade application, surgical intervention, bleeding diathesis, presence of comorbid diseases, use of anticoagulant drug therapy, need for blood transfusion, laboratory values and readmission status.

Results and Conclusion: The mean age of the patients admitted during the study period was 36.08±32.05years. Of the study population, 109(39%) were male and 167(51%) were female. Epistaxis was most common in patients over 70 years of age, and the comorbidities were hypertension and coronary artery disease. All patients were treated medically with oxymetazoline spray and antibiotic creams and cold application. Bleeding control was achieved with medical treatment in 13%(36) of the patients. Anterior nasal tampon was applied to 83.3%(230) of the patients. 13 patients underwent surgery and further medical treatment due to bleeding disorder, hypertension and uncontrolled bleeding. In our study, hypertension was the most common systemic disease causing epistaxis. Most of the patients presenting with epistaxis benefit from anterior tamponade and simple medical treatment. Most of the patients can be treated by applying these treatments in primary health care institutions. By performing these treatments in primary health care institutions, family health centres can be used more efficiently and contribute to reducing the intensity of the emergency department.

Keywords: Epistaxis, Nasal Tampon, Emergency Department, Hypertension

Pub No: OP-289

A Case Of Descending Mediastinitis Secondary To Tooth Abscess

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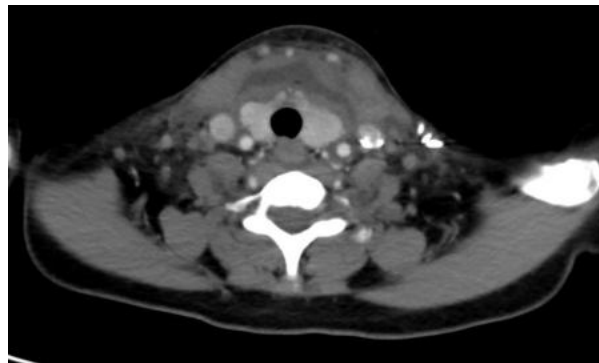
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Introduction and Purpose: Descending necrotizing mediastinitis (DNM) is an uncommon form of mediastinitis with a high mortality rate. In etiology, it mostly develops as a complication of oropharyngeal orodontogenic infections. In our case, mediastinitis developed secondary to dental abscess.

Materials and Methods: A 36-year-old female patient was admitted to the emergency department with swelling in the neck following a dental abscess. An abscess was detected in the patient's neck tomography. He was hospitalized by an ear, nose and throat specialist (ENT) due to neck abscess. The general condition of the patient, whose abscess was drained, deteriorated on the second day of treatment and an emergency neck and thorax CT was performed. (Picture 1,2). Considering that descending necrotizing fasciitis and mediastinitis developed in the patient with deep neck infection, the patient was operated under emergency conditions. The patient underwent deep neck dissection. After the PA chest radiograph taken on the 26th day after the surgery (Picture 3) and the improvement of the laboratory parameters, the opinion of infectious diseases was taken and the decision was made to discharge him.

Picture1: Fluid collection extending into the mediastinum



Picture 2: Fluid collected in the pleura



Picture 3: postpo 26.day PA chest x-ray



Results and Conclusion: Acute necrotizing mediastinitis (ANM) is a rare and potentially fatal clinical condition that develops mostly as a complication of oropharyngeal infections. Early diagnosis of mediastinitis is difficult due to the uncertainty in its symptoms. Because of its benefit in providing early diagnosis and treatment, CT is indicated for all patients with deep cervical infections

Keywords: Descending necrotizing mediastinitis, toracotomy, dental abscess

Pub No: OP-290

Vasospastic Angina is One of the Rare Causes of Acute Coronary Syndrome in Pregnancy

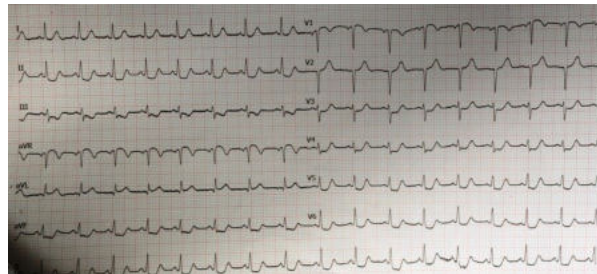
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Introduction and Purpose: Coronary artery disease (CAH) is the leading cause of death in the world and in our country. The most common pathophysiology of acute coronary syndrome is the record of atherosclerosis, which is severed from the artery wall. Vasospastic angina is a syndrome which presents with typical chest pain and ECG changes clinically it is difficult to distinguish this syndrome from atherosclerotic coronary artery disease.

Materials and Methods: Twenty-two years old female patient applied to the emergency room with chest pain reflected in the back, which is two hours old. There are no features on your resume. The patient is 37 weeks pregnant. There's no pathology in the physical exam. Vital signs were found to be consistent with blood pressure of 123/84 mmHg, pulse 74 shot/minute respiration of 14/minute, fever of 36.2 °C, sPO2: 98.5% patient anterior EKG and anterolateral MI. Blood readings indicate troponin at 354 ng/l, ck-mb at 10.8 ng/dl. The patient was consulted to the cardiology department with simultaneous female diseases and maternity. She was admitted to the coronary intensive care unit for emergency angiography. Coronary angiography: Vasospasm detected in LMCA CX RCA. These cond troponin received on the same day was 83142 ng/l, 30015 ng/l, 19081 ng/l, 13623 ng/l, 4108 ng/l, 528 ng/l, 298 ng/l, 201 ng/l, 201 ng/l, 72 ng/l respectively. On the 10th day of his hospitalization, he was given a C-section, and his patient and baby were subsequently discharged with healing.

EKG: Anterolateral MI





Results and Conclusion: Prinzmetal/variant or vasospastic angina is a type of angina pectoris that is responsible for vasospasm that usually occurs in the early morning hours and in the relaxation of transient ST segment elevation during angina. Acute coronary syndrome occurs rarely during pregnancy. Pregnancy-related axis can occur at any stage of pregnancy. However, studies have shown that most events occur during the third trimester and six weeks after birth. We wanted to emphasize that this case is vasospastic angiography, which is rare in pregnancy.

Keywords: Acute coronary syndrome, chest pain, pregnancy, vasospastic angina



Pub No: OP-291

Carbon monoxide poisoning is a rare cause of frontal lobe edema and midline shift: a case report

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Introduction and Purpose: Carbon monoxide (CO) poisoning is the primary cause of poisoning-related deaths. The central nervous and cardiovascular systems are most susceptible to hypoxia associated with CO poisoning, and neurological sequelae are among the most common problems to occur after CO poisoning. The most serious brain injury consists of cerebral ischemia and hypoxia, edema, nerve cell degeneration, and necrosis.

Materials and Methods: A 23-year-old male patient who was exposed to stove smoke was admitted to the emergency department with headache and nausea. The carboxyhemoglobin level (COHb) of the patient in blood gas analysis was 26.4%. The patient was evaluated as carbon monoxide intoxication and 100% normobaric oxygen therapy was started. The patient's headache persisted despite the decrease in carboxyhemoglobin level and intravenous analgesic treatment, so a brain computed tomography (CT) was performed. On the patient's brain CT, effacement of the gyri in the bilateral frontal lobes and a 6 mm displacement to the right in the midline (figure 1) were observed, which was interpreted as evidence of brain edema. The patient was consulted to neurosurgery and antiedema treatment (150 cc 20% mannitol intravenously) was given to the patient. Since the patient had neurological involvement, it was determined that hyperbaric oxygen (HBO₂) therapy was necessary. The patient was referred to the upper center for hyperbaric oxygen therapy.

Figure 1. Brain edema in the frontal lobe and six mm shift to the right in the midline



Results and Conclusion: Cerebral edema and midline shift are a rare manifestation of CO poisoning. In patients with CO poisoning, central imaging should be performed in headaches that persist despite treatment and regression in CO levels. In these patients, the source of headache may be cerebral edema and midline shift. In this case, patients should be provided with HBO2 therapy.

Keywords: Carbon monoxide poisoning, brain edema, midline shift, emergency medicine



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Comparison of classification performances of different artificial intelligence models on the analysis of heart failure disease

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Introduction and Purpose: The aim of this study is to evaluate the classification performances of different artificial intelligence models on the open-access dataset of heart disease, which has become an important health problem in the world and in our country.

Materials and Methods: This research applies machine-learning techniques to predict heart failure based on a publicly available dataset. Two machine-learning models, namely support vector machines (SVM) and classification and regression tree (CART) algorithms, were employed to classify the cases of heart failure. The performance of the models was assessed using various performance metrics, such as accuracy, balanced accuracy, sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV), and F1 score.

Results and Conclusion: The results showed that both models achieved high performance, with SVM slightly outperforming CART. The accuracy, balanced accuracy, sensitivity, specificity, PPV, NPV, and F1 scores for SVM were 99.7%, 99.5%, 100%, 99%, 99.5%, 100%, and 99.8%, respectively. The corresponding values for CART were 99.7%, 99.8%, 99.5%, 100%, 100%, 99%, and 99.8%. In summary, the open-access data set that was used for the analysis of heart failure allowed the use of two classification models that achieved high levels of accuracy according to the performance metrics. These models can assist medical professionals in diagnosing patients by categorizing their risk factors based on the data. Therefore, it is important to discuss and expand on the implications and limitations of these models, as well as the potential for further research and improvement.

Keywords: Heart failure, classification, classification and regression tree, support vector machines.



Pub No: OP-293

Utility of POCUS in the diagnosis of drowning-related noncardiogenic pulmonary edema: case report

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Introduction and Purpose: Drowning is the third leading cause of accidental death in all age groups worldwide. Respiratory complications such as noncardiogenic pulmonary edema, acute respiratory distress syndrome (ARDS) and pneumonia are frequently seen in drowning. Pulmonary diseases such as pulmonary edema, ARDS, pneumonia were visualized with point-of-care ultrasonography (POCUS). In this case report, noncardiogenic pulmonary edema detected by bedside POCUS, who was brought to the emergency department after drowning, is presented.

Materials and Methods: There was no additional disease in the history of the 37-year-old male patient who was brought to the emergency department as cardiopulmonary arrest after drowning at sea. There were diffuse rales in bilateral lungs. Clear fluids were constantly coming from the aspiration of the endotracheal tube. Spontaneous circulation returned (ROSC) at 12 minutes of CPR. The patient was started on positive inotropic therapy and positive pressure mechanical ventilator support. Bedside POCUS was performed to examine the lungs. POCUS revealed multiple and confluent B lines, irregularity in the pleural line, disappearance in the A lines, subpleural hypoechoic area, predominantly in the 2nd, 3rd, 4th, 6th zones of the right lung and the 3rd, 4th, and 6th zones of the left lung. Ventilator mode and settings were adjusted according to POCUS findings. Pressure control mode is selected and high PEEP is started. The patient, who was stabilized in the emergency department, was transferred to the intensive care unit.

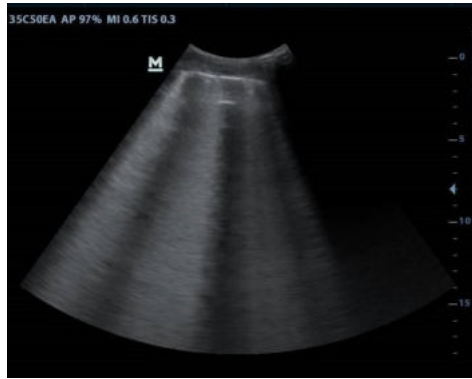


Figure 1

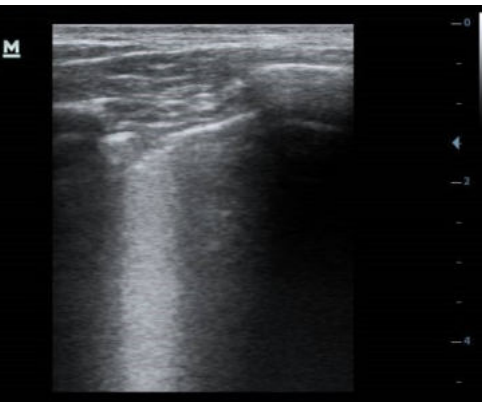


Figure 2

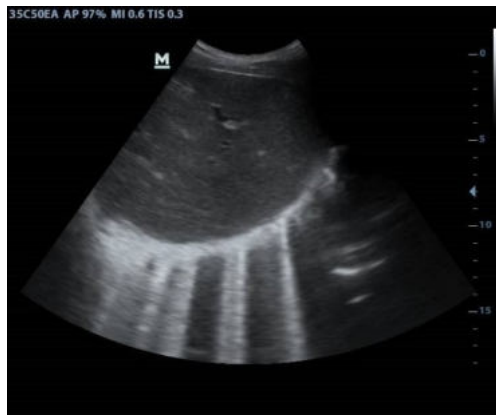


Figure 4

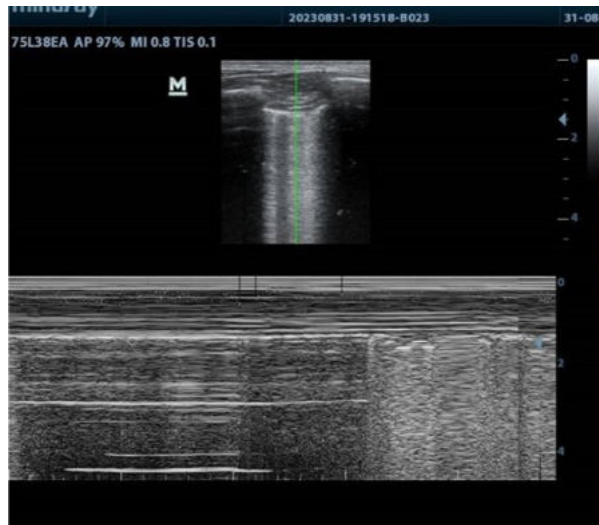


Table 1

Thorax Zones	R3			R2			R1			L1			L2			L3		
	R6	R5	R4	R3	R2	R1	R6	R5	R4	L6	L5	L4	L3	L2	L1	L6	L5	L4
Normal lung signs																		
A Line																		
lung sliding																		
Beachball																		
lung pulse																		
Pathological lung signs																		
Multiple or Confluent B Line	+	+	+	+	+	+												
Plural line abnormalities	+	+	+	+	+	+												
Alveolar syndrome and consolidation findings																		
Subpleural hypoechoic zone	+	+		+														
Hepatization																		
Air bronchograms																		
Shred sign																		
Pneumothorax signs																		
Wingsphere (borealis) sign																		
lung point																		
Plural syndrome signs																		
Coast sign																		
Severidat sign																		

Results and Conclusion: Pulmonary edema may occur due to cardiogenic and noncardiogenic causes. POCUS images of our case who developed cardiopulmonary arrest due to drowning were evaluated systemically for each zone. Studies have reported that the number of B lines on POCUS correlates well with the degree of pulmonary edema. Confluent B lines are when the B lines appear very close to each other and combined (≤ 3 mm). It corresponds to ground glass opacities on CT scan. Because of this feature, the number and appearance of B lines are used in the diagnosis of pulmonary edema and in monitoring the response to treatment. POCUS can be used safely in emergency departments in the diagnosis of noncardiogenic pulmonary edema due to drowning and in the management of these patients.



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Keywords: Drowning, Point-of-care ultrasonography, POCUS, Pulmonary edema

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Pub No: OP-294

A rare genetic disorder presenting to pediatric emergency department: Dyggve-Melchior-Clausen syndrome

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Introduction and Purpose: Clinically, Dyggve-Melchior-Clausen disease (DMC) is a rare autosomal recessive genetic disorder characterized by progressive dwarfism with short trunk, protruding sternum, rhizomelic limb shortening, postnatal microcephaly with facial dysmorphism, coarse face and moderate to severe intellectual disability. The disease is caused by mutations in the DYM gene (18q21.1).

Materials and Methods: Children with typically normal physical measurements at birth present with short stature in the first two years of life and progressive appearance of skeletal deformities, particularly of the thorax and spine, and radiologic features become more prominent around the age of 3-4 years. An 11-year-old girl presented to the pediatric emergency outpatient clinic with diarrhoea. Physical examination of an 11-year-old girl who presented to the pediatric emergency outpatient clinic with diarrhea revealed kyphosis, microcephaly, scoliosis, short neck and mental retardation. In the detailed history of the patient, it was learned that the diagnosis of DMC syndrome was received from an external center in the late period. The family said that they visited the emergency room frequently in their previous follow-ups and were not referred to the pediatric genetics department

Results and Conclusion: DMC syndrome may be seen more frequently in Turkey, especially considering the early diagnosis. The high kinship rate in our society supports autosomal recessive disorders. Accurate diagnosis is a prerequisite for appropriate genetic counseling and management. Knowledge of the characteristic features of the syndrome will prevent misdiagnosis and enable early diagnosis. Patients with skeletal deformity and mental retardation presenting to the emergency department should be referred to pediatric genetics, keeping in mind rare genetic syndromes such as DMC.

Keywords: Dyggve-Melchior-Clausen disease, skeletal deformity, emergency department, mental retardation

Pub No: OP-295

Contrecoup Intracranial Hemorrhages

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Introduction and Purpose: Contrecoup intracranial hemorrhages are rare injury conditions. Head injuries can be grouped as focal parenchymal damage and deep penetrating injuries. (one). Contusion, laceration and bleeding may occur under the heading of focal parenchymal damage. Damages on the same side of the trauma area are called coup, and damage on the opposite side of the trauma is called contrecoup. As a result of trauma, epidural hematoma, subdural hematoma, subarachnoidal hemorrhage and intracerebral hematoma may be seen. The type of injury should be determined depending on the trauma factor

Materials and Methods: A 73-year-old man was admitted to the emergency room with a head injury after falling from the same distance. The general condition was good, consciousness was clear, bilateral light reflexes were equal. On physical examination, there was a 4 cm incision in the midline in the occipital region with irregular wound lips and a depth of 0.5 cm. Cranial computed tomography (CT) was performed on the patient. An 8 mm subdural hematoma in the left frontoparietal region and subarachnoidal bleeding areas in the bilateral frontal lobe were observed. In the control cranial CT taken after the patient developed dysarthria in the 2nd hour of the emergency room follow-up, it was seen that the subdural bleeding area increased to 9 mm. The patient was consulted to the neurosurgery department and no urgent surgical intervention was considered. He was admitted to the intensive care unit for follow-up.

Figure 1 . Cranial non - contrast CT

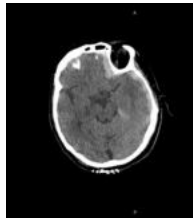
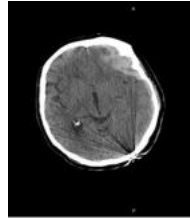


Figure 2 . Cranial non - contrast CT



Results and Conclusion: During imaging performed on patients, it is necessary to pay attention to the region opposite the trauma area as well as the trauma area. Contrecoup lesions in intracranial hemorrhages, which are life-threatening injuries, should be kept in mind by emergency physician.

Keywords: Emergency department, head trauma, intracranial hemorrhage, contracoup injury



Pub No: OP-296

Clinical correlation of factor V Leiden G1691A and MTHFR A1298C gene polymorphism in cases of Covid-19 pneumonia infection admitted to emergency department

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Introduction and Purpose: Factor V Leiden mutation is recognised as the most common cause of thrombophilia. Factor V Leiden mutation increases the risk of venous thrombosis.

Materials and Methods: The results of the study in which we investigated the clinical relevance of Factor V Leiden G1691A and MTHFR A1298C gene polymorphism, the distribution of polymorphism in these genes in patients with viral pneumonia, their effect on prediction of clinical course and mortality are given below. The mean age of our patients was 53.4 years and 58% of them were male. There was no statistically significant difference between adult patients in terms of age and gene polymorphisms in our study. The rate of FVL G1691A GA in the case group (22.7%) was statistically significantly higher than in the control group ($p < 0.05$). Treatment of 108 (72%) of 150 patients was continued in the hospital, 81 of these patients (72%) were treated in the ward and 27 of them treated in the ICU. No statistically significant difference was found between the groups in terms of leukocyte count, haemoglobin, neutrophil count, lymphocyte count, platelet, monocyte, CRP, urea, creatinine, D-dimer, ferritin, thromponin, fibrinogen, INR value ($p > 0.05$). There was no statistically significant difference between FVL G1691A-GA and FVL G1691A-GG groups in terms of hospitalisation site, hospitalisation duration and survival ($p > 0.05$). There was no statistically significant difference between the MTHFR A1298C-AA and MTHFR A1298C-AC groups in terms of hospitalisation/discharge rate, hospitalisation site and survival ($p > 0.05$), while the length of hospitalisation in the MTHFR A1298C-AC group was significantly higher than in the MTHFR A1298C-AA group ($p < 0.05$). There was a statistically significant difference between FVL G1691A and MTHFR A1298C heterozygous and non-heterozygous groups in terms of D-dimer values ($p = 0.022$).

Results and Conclusion: We investigated FVL G1691A and MTHFR A1298C gene polymorphism in patients with Covid pneumonia admitted to the emergency department of Pamukkale University, Department of Emergency Medicine and discussed the relationship between this situation and the clinic by making use of our findings and current literature data. In our study, D-dimer was quite high in patients who were heterozygous in both genes and the duration of hospitalisation was prolonged in these patients.

Keywords: Covid-19, Thromboembolism, Factor V Leiden, MTHFR, Gene Polymorphism



Pub No: OP-297

BRAVEHEART

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¹ATATÜRK ÜNİVERSİTESİ ARAŞTIRMA HASTANESİ ACİL TIP ABD

Introduction and Purpose: The normal pericardium is a fibroelastic sac surrounding the heart containing a thin layer of fluid. A pericardial effusion is considered to be present when the fluid accumulating in the sac exceeds the small amount normally present. Pericardial effusion can develop in patients with almost any condition affecting the pericardium, including acute pericarditis and various systemic disorders. The development of pericardial effusion can have important implications for prognosis (as in patients with intrathoracic neoplasms), diagnosis (as in myopericarditis or acute pericarditis), or both (as in dissection of the ascending aorta).

Materials and Methods: A 35-year-old male patient was brought by his relatives with complaints of abdominal pain and syncope. The patient had no comorbidities except for a known diagnosis of lung adenocarcinoma. It was learned that he did not receive radiotherapy and chemotherapy. His general condition was moderate, consciousness was clear, cooperative oriented and vitals were as follows: ta:96/53 mmhg pulse:110 beats/min fever:36,1 fingertip oxygen saturation:87. On examination, the abdomen was comfortable, there was no defense rebound, there was diffuse tenderness, lung sounds were coarsened by listening and rales and rhonchi were heard in bilateral lung basals. Pretibial edema :+/. There was no temperature diameter difference in the legs and homans was negative. There was no significant feature in blood tests. Computed tomography performed for acute abdomen and pulmonary embolism showed pericardial effusion around the heart. The patient was evaluated by cardiology and cardiovascular surgery clinics. He was hospitalized in the cardiovascular surgery clinic.

FIGURE1



Results and Conclusion: Especially in cancer patients, since vascular structures are affected and cardiac perfusion is impaired, care should be taken in terms of cardiac pathologies in these patient groups.

Keywords: Cancer, Cardiac Tamponade, Pericardial effusion

Pub No: OP-298

Importance of emergency department waiting period in Fournier's Gangrene; 10 years of experience

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Introduction and Purpose: Background: Fournier's gangrene (FG) is a disease with high mortality rate. The fact that FG is a rare condition causes limited experience in diagnosis before necrosis and gangrene appear. Its rapid progression after the emergence of necrosis and gangrene also causes mortality. FG mortality is observed between 10-40% despite modern medical developments. Many scoring systems have been developed and used to predict mortality. The diagnostic approach and time in the ED are likely to affect mortality, but there is limited information in the literature on this subject. In this study, we investigated the importance of the time period for diagnosis in the ED.

Materials and Methods: The data of patients who were treated for FG between 1 January 2010 and 2020 were retrospectively analysed (Figure 1). Waiting period of the patients in ED was calculated. Risk factor score calculations were calculated to predict FG mortality and prognosis. The effects of the ED waiting period on the duration of admission to the hospital, the number of debridements and mortality status and relationship with FG mortality risk factor scores were investigated.

Figure 1. Flow diagram of eligible patients for the study

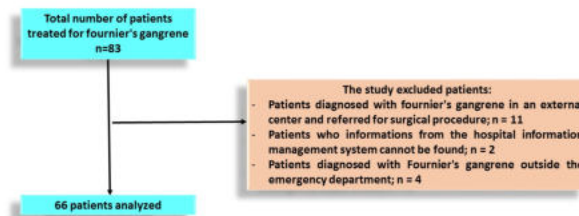


Figure 1. Flow diagram of eligible patients for the study

Results and Conclusion: In a 10-year period, a total of 66 patients were included in the study. It was found that the median age of the patients was 56 years. ED waiting period median (IQR) was 105 (115) minutes (Table 1). It was observed that there was a significant positive correlation between the ED waiting period, duration of admission to hospital ($r_s: 0.537, P < .001$) and patients mortality status ($r_s: 0.482, P < .001$) (Table 2). The ED waiting period was higher in patients with FG mortality. It was observed that the ED waiting period holds a diagnostic value in predicting mortality ($P < .001$) (Table 3). The cut-off limit predicted for this value was determined as 136 minutes (Figure2). In conclusion, FG is a urological emergency. ED waiting period affects mortality rate and length of hospital stay. The earlier the diagnosis and treatment is conducted in the ED, the lower the mortality rate and length of stay in the hospital will be.

Figure 2. In the ROC analysis performed between the emergency department waiting period and Patients Mortality Status

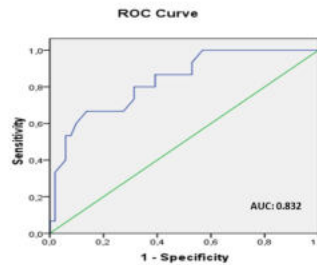


Figure 2. In the ROC analysis performed between the emergency department waiting period and Patients Mortality Status

Table 1. Demographic characteristics and clinical course of patients

Variable		All subjects n=66
Age [years, median (IQR)]		56 (23.25)
Sex	Male n (%)	58 (87.88)
	Female n (%)	8 (12.12)
Pre -existing comorbidities	Diabetes n (%)	39 (59.10)
	Hypertension n (%)	5 (7.57)
	Cerebral vascular disease n (%)	5 (7.57)
	Malignancy (rectum, colon ect.) n (%)	3 (4.55)
	Neurogenic bladder n (%)	2 (3.03)
	Known coronary artery disease n (%)	1 (1.51)
	Others (Asthma, hypo/hyperthyroidism ect.) n (%)	4 (6.06)
Charlson comorbidity index score [median (IQR)]		2 (5)
FGSI [median (IQR)]		5 (6.1)
LRINEC [median (IQR)]		4 (5)
Emergency department waiting period [minute, median (IQR)]		105 (115)
Duration of admission to hospital [days, median (IQR)]		16.5 (26)
Number of debridements [median (IQR)]		1.5 (1)
Number of applied flap [median (IQR)]		1 (0.25)
Colostomy	Yes n (%)	6 (9.10)
	No n (%)	60 (90.90)
Cystostomy	Yes n (%)	3 (4.55)
	No n (%)	63 (95.45)
Patients Mortality Status	Nonsurvivor Patients n (%)	15 (22.72)
	Discharged Patients n (%)	51 (77.28)

Table 1. Demographic characteristics and clinical course of patients



Table 2. Correlation analysis of emergency department waiting time with other parameters

	Emergency department	waiting period
	Spearman correlation coefficient	p
Duration of admission to hospital	0.537	<0.001
Number of debridements	0.361	0.003
Number of applied flap	-0.269	0.029
Charlson comorbidity index score	0.082	0.510
FGSI (Fournier's Gangrene Severity Index score)	0.189	0.128
LRINEC (The Laboratory Risk Indicator for Necrotizing Fasciitis score)	0.299	0.015
Colostomy	0.039	0.757
Cystostomy	0.310	0.011
Patients Mortality Status	0.482	<0.001

Table 2. Correlation analysis of emergency department waiting time with other parameters

Table 3. Comparison of demographic features and laboratory data among patients mortality status

	Discharged Patients n=51	Nonsurvivor Patients n=15	p
Age [years, median (IQR)]	54 (20)	67 (26)	0.002
Sex	Male n (%)	47 (81.03)	0.071
	Female n (%)	4 (50.00)	
Charlson comorbidity index score [median (IQR)]	2 (4)	6 (3)	<0.001
FGSI [median (IQR)]	3 (3)	10 (4)	<0.001
LRINEC [median (IQR)]	2 (4)	7 (4)	<0.001
Emergency department waiting period [minute, median (IQR)]	90 (100)	200 (115)	<0.001
Duration of admission to hospital [days, median (IQR)]	14 (18)	30 (50)	0.399
Number of debridements [median (IQR)]	2 (1)	1 (1)	0.960
Number of applied flap [median (IQR)]	1 (0)	0 (0)	<0.001



Table 3. Comparison of demographic features and laboratory data among patients mortality status

Keywords: Emergency department waiting period, Emergency medicine, Fournier's gangrene, Mortality, Urological emergency



Pub No: OP-299

THE EFFECTIVENESS OF KETAMINE ON NON-INVASIVE VENTILATION COMPLIANCE IN ACUTE RESPIRATORY FAILURE

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Introduction and Purpose: To investigate the relationship between ketamine administration in a group of patients with acute respiratory failure who are non-compliant with non-invasive mechanical ventilation (NIMV) due to agitation and the outcome of their intubation.

Materials and Methods: This retrospective study included patients with acute respiratory failure who were admitted to the Emergency Medicine Clinic and were found to have 2 or more on the Richmond Agitation Sedation Scale for non-invasive compliance. The relationship between ketamine administration in this patient group and NIMV compliance and intubation outcome was evaluated. The relationship between gender, age, clinical status upon arrival, known chronic illnesses, oxygen saturation, minute ventilation rates and intubation outcome were also studied.

Results and Conclusion: A total of 81 patients, including 35 (43.2%) men and 46 (56.8%) women, with acute respiratory failure and agitation as the reason for non-compliance with NIMV were included in the study. Of these patients, 46 (56.8%) were intubated despite ketamine administration, while 35 (43.2%) were compliant with NIMV and were not intubated. Adverse effects of ketamine were detected in 8 (9.8%) of the 81 patients included in the study the agitation levels of the patients in the non-intubated group was found to be higher in the intubation group ($p = 0.003$). Table 1,2,3 summarizes our findings. This study showed that agitation can impair NIMV compliance in patients with acute respiratory failure, but a significant proportion of this patient group can be avoided from invasive mechanical ventilation with proper sedative agents. Given its known effects, ketamine can be considered a suitable agent in this regard.

Keywords: Psychomotor agitation, ketamine, non-invasive mechanical ventilation, Critical Care

Pub No: OP-300

Superior Mesenteric Artery Dissection

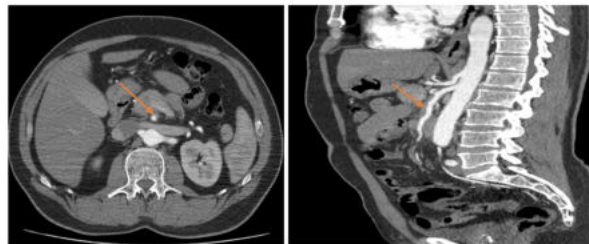
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Introduction and Purpose: Abdominal pain is one of the symptoms that make up the majority of the causes of acute and chronic admission to the emergency department. Abdominal pain, which occurs especially due to vascular pathologies of the intestines, is one of the rare conditions that come to the minds of clinicians less frequently and that significantly increases mortality and morbidity if it is not diagnosed in the early period. Spontaneous isolated superior mesenteric artery dissection is an extremely rare condition without an underlying iatrogenic and traumatic cause.

Materials and Methods: A 47-year-old male patient who presented to the emergency department with sudden abdominal pain that started four hours ago. Describing the sudden onset of pain and increasing severity, the patient had an agitated appearance. On physical examination, the abdomen was diffusely tender, and there was defense and rebound in all quadrants. Preoperative blood tests and standing direct abdominal X-ray were requested from the patient, who was evaluated as acute abdomen based on the patient's history and physical examination findings. Intravenous contrast-enhanced computed tomography imaging was performed as an advanced imaging method for the patient, whose sensitivity increased in the follow-up abdominal examination and was defensive and rebound positive. On advanced imaging, a thrombosed dissection line was detected along the long segment of the superior mesenteric artery causing partial obstruction.

Figure



Flap narrowing the lumen along the long segment in the superior mesenteric artery and thrombosis around it



Results and Conclusion: Spontaneous dissection of the isolated superior mesenteric artery is a rare condition. While risk factors such as hypertension and diabetes, which cause atherosclerosis, are less related, connective tissue disorders may be the underlying cause in this disease, which is usually more common in young men in the 4th and 5th decades, conclusive evidence about the disease is still lacking. Unfortunately, the time allocated per patient is not sufficient in the intensity of the emergency services. The possibility of missing such cases, as in our case, can be minimized by appropriate imaging to be performed with the preliminary diagnosis of surgical abdomen, based on the patient's anamnesis and a well-performed physical examination.

Keywords: dissection, mesenteric, artery

Pub No: OP-301

Extracorporeal Membrane Oxygenation Used to Maintain Tissue Perfusion Until Harvesting in a Patient After Brain Death

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Introduction and Purpose: ECMO is a therapy approach that gives both time and circulatory and respiratory support during the treatment of an underlying acute, reversible condition that causes cardiopulmonary insufficiency. ECMO serves as a bridge between life and organ transplantation, organ harvesting, or death. Although ECMO is usually used to keep patients alive, a recently developed concept known as Extracorporeal Organ Support (ECOS) is used to keep organs alive in patients suffering from sepsis, trauma, or medical problems affecting the heart, lungs, kidneys, or liver. In our case, ECOS is used in a patient to extend harvesting time.

Materials and Methods: A previously healthy 48-year-old male with syncope was diagnosed with subarachnoid hemorrhage and referred from another institution for a traditional cerebral angiography. He was intubated upon arrival with a FOUR Score of 0 and his pupils were dilated without a pupil reflex. The vital signs were as follows: blood pressure of 87/61 mmHg, heart rate of 98/min, body temperature of 36°C, and oxygen saturation of 98%. A brain CT angiography found no contrast in intracranial arteries, strongly implying brain death. The patient was ruled brain dead after meeting with our institutional board for brain death, and his family was informed. After a brief discussion, the family agreed to organ harvesting. During a critical care unit follow-up, the patient experienced hypotension despite the use of inotropes and vasopressors. The patient was placed on a VA ECMO to ensure organ survival until the harvesting team assembled and prepared for the surgery. The patient's liver, right kidney, heart, aorta, and iliac arteries were successfully extracted after about 24 hours of ECMO use.

Institution of VA ECMO



Patient transport with ECMO



Results and Conclusion: We demonstrated how ECOS can be utilized to buy time for harvesting in a brain-dead patient. Acute metabolic and hemodynamic disturbances are extremely typical after brain death. Obtaining "homeostasis" in a patient who is thought to be a possible candidate for organ harvesting may be difficult. When pharmacological methods like vasopressors and inotropes fail to maintain adequate organ perfusion until surgery, ECOS may provide some benefits and should be considered.

Organ harvesting under ECMO support



Keywords: extracorporeal membrane oxygenation, extracorporeal organ support, organ harvesting, brain death



Pub No: OP-302

A Case Thought to be Conjunctivitis: External Ophthalmomyiasis

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Introduction and Purpose: Myiasis is Infestation of fly larvae or worms. Even if these larvae can affect the skin, eyes, nose, paranasal sinuses and urogenital tract, Ocular involvement is seen in less than 5%. Ophthalmomyiasis can be external, orbital or internal. In external ophthalmomyiasis, larvae can locate in the cornea, conjunctiva or eyelids, and the most common agent is *Oestrus ovis* flies. In these cases, eye redness, itching, tearing, stinging sensation and light sensitivity may develop. This clinic can easily be confused with conjunctivitis. In orbital and internal ophthalmomyiasis, progression may malign and lead to blindness.

Materials and Methods: A 33-year-old male patient presented with complaints of tearing, redness, stinging and foreign body sensation in the eye. It was learned from his anamnesis that the patient had been camping in the countryside two days ago, a prescription for conjunctivitis had been prescribed by his family physician yesterday, and his complaints had increased despite using the prescription. During the eye examination, the conjunctiva was hyperemic and the eyelids were edematous in the left eye. Vision examination was normal bilaterally. The patient was consulted with an ophthalmologist. During the microscopic examination, moving larvae were observed in the lower left eyelid. After application of topical anesthetic, 7 motile larvae were removed from the patient's left eye. The patient was informed about the case and discharged with topical antibiotics. The larvae were investigated by the ophthalmologist and were determined to be *Oestrus Ovis* larvae.

Results and Conclusion: In patients with a history of living in the countryside, farming, poor hygiene, eye contact with flies, and sudden onset of foreign body sensation in the eye, external ophthalmomyiasis should be considered. Larvae are difficult to recognize due to their small size and may be missed without ophthalmologic examination and the case may be confused with conjunctivitis. This may lead to progression of the case to orbital or internal ophthalmomyiasis and blindness. External ophthalmomyiasis is an important ophthalmological emergency as the larva must be removed immediately. The primary aim of treatment is complete removal of the larvae.

Keywords: External Ophthalmomyiasis, *Oestrus Ovis*, Infestation.



Pub No: OP-303

A Case of Aortic Dissection Presenting with Influenza-Like Symptoms

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Introduction and Purpose: Aortic dissection is defined as a life-threatening condition caused by a tear in the intima layer of the aorta or bleeding into the aortic wall, causing the separation of different layers of the aortic wall. Influenza is an acute viral respiratory infection that can cause worldwide pandemics, is highly contagious and can cause significant morbidity and mortality. In this case report, we would like to emphasize that aortic dissection should not be ignored in patients presenting with influenza-like symptoms, even if they do not meet the classical diagnostic criteria for aortic dissection.

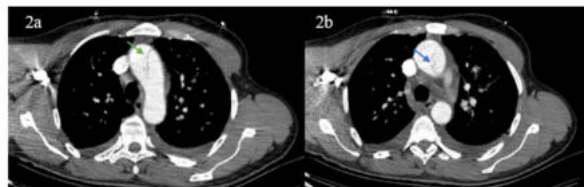
Materials and Methods: Case: A 45-year-old male patient was admitted to the emergency department as an outpatient with complaints of fatigue, cough and stabbing chest pain in the anterior chest for two days. He had no known medical history. Patient's general condition was poor and his vitals were stable and normal; except his blood pressure was mildly high (160/56) and he was slightly tachycardic (112/minute). The X-ray and ECG showed no pathologies. Troponin level was 6050 ng/L in bloodwork, other tests were normal. The patient was consulted to the Cardiology Department due to high troponin levels and echocardiography (ECHO) was performed on the patient. ECHO findings included left ventricular ejection fraction (EF) is 50%, left ventricular dilatation and grade 3 aortic regurgitation, as well as the appearance of a flap starting from the ascending aorta. Contrast Enhanced Thorax CT showed dissection flap on the ascending and arcus aorta. The patient was consulted to the Cardiovascular Surgery Department with a diagnosis of acute Type 2 aortic dissection. After evaluation, the patient was transferred to an external center by ambulance for surgery.

Case Report - Image 1



Diffuse infiltrative areas on patient's chest X-ray

Case Report - Image 2



(a) The area indicated by the green arrow shows a dissection flap in the arcus aorta. (b) The area indicated by the blue arrow shows a dissection flap in the descending aorta.

Results and Conclusion: Before making definitive diagnoses with atypical symptoms, the patient should be evaluated once more and it should be considered whether there is an underlying critical disease that can explain the current clinic. The fact that influenza-like symptoms presented on a patient may indicate to an underlying condition that can lead to mortality within hours. The condition of the patients at this stage should not cause serious diseases to be overlooked by physicians.

Keywords: aortic dissection, influenza, thorax CT



Pub No: OP-304

KOUNIS SYNDROME AFTER BEE STING

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Introduction and Purpose: Kounis syndrome is an acute coronary syndrome associated with allergy, hypersensitivity, anaphylaxis or anaphylactoid conditions. Syndrome occurs simultaneously. The pathophysiology involves degranulation of mast cells, the main inflammatory cells, and the release of various mediators, particularly histamine. Clinical symptoms and signs are associated with cardiac symptoms accompanied by allergic reactions. Three different variants of the syndrome have been described and the most important point in the diagnosis is to suspect this syndrome with the combination of history, clinical and laboratory findings. Treatment protocol requires simultaneous treatment of cardiac and allergic symptoms.

Materials and Methods: A 59-year-old male patient was brought by 112 as a referral from an external center due to bee sting. Initial SPO₂ was 60 at 112. In the external center, 1 mg adrenaline im, 40 mg prednol iv, 1 ampoule avil iv, 1 ampoule decort iv were administered. SpO₂ increased to 80. Gcs 15. General condition is moderate to good. Blood pressure 130/70 mmHg, pulse 80/min, respiration 28/min, temperature 36. C. Minimal uvula edema is present. Minimal wheezing was heard in respiratory sounds. She was allergic to bee stings. Heart compression and shortness of breath decreased after treatment. St segment change on first ECG and cardiology was consulted. Cardiology was consulted. The patient's first troponin was 254, the second measured troponin was 794 and the last measured troponin was 2868.

Results and Conclusion: Kounis syndrome is a complex acute coronary syndrome requiring prompt treatment and decision making. After elimination of the acute event, a complete cardiologic workup including 12-lead ECG, echocardiogram and cardiac risk factor modification is necessary. An allergy investigation, including evaluation of other allergies to food, insect stings, medications and other environmental substances should be performed. Skin tests and food tests may be useful in identifying the culprit agent.

Keywords: bee, chest pain, kounis



Pub No: OP-305

Hospital admissions in Adıyaman, Turkiye after the earthquake, the disaster of the century

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Introduction and Purpose: Earthquakes are disasters with sudden onset and widespread damage that can cause serious injuries and mortality. The aim of this study was to evaluate the patients admitted to the hospital after the large-scale earthquakes that occurred in Turkiye on 06 February 2023 at 04:17 in the morning at 7.7 and 13:24 at 7.6 on the Richter scale.

Materials and Methods: Materials and Methods: All patients admitted to the Emergency Department of Adıyaman Training and Research Hospital after earthquake injuries were included in the study. Patients with missing data were excluded from the study.

Results and Conclusion: A total of 476 patients were included in the study. 72.1% of the patients had crush injuries of soft tissue. The mean creatinine kinase (CK) value was 652.8 ± 724.1 u/l at the time of presentation. Urea was elevated in 25%, creatinine in 21.3%, CK in 56.5% and aspartate aminotransferase (AST) in 13.6%. Hyperkalemia was detected in 8.4%, and hypernatremia in 16.6%. Acute kidney failure developed on admission in 0.4% of the patients. In conclusion, crush syndrome may develop in injuries such as earthquakes where there is a high incidence of collapse. The majority of our patients had crush syndrome and we found elevated urea, creatinine, CK, ALT, and AST on admission. Hypernatremia was the most common electrolyte disturbance. Emergency patient management after an earthquake is the most challenging and distressing process. In the first days after a large-scale disaster, there is a large influx of injured patients. The most important difficulties are the patient applications exceeding the capacity in the first 24 hours after the earthquake, the inability to obtain radiographic imaging, and the fact that the personnel who are also affected by the earthquake have to carry out health services. As a solution to the problems, infrastructure support, health personnel and medical equipment should be provided to the earthquake zone from other regions. One of the differences of this earthquake that occurred in our region in Turkiye from other earthquakes is that a total of 11 cities in the neighbouring close region were affected. In such cases, rapid air transport of earthquake-injured patients to other healthcare centers should be carried out.



Laboratory parameters of all patients

Mean \pm SD
Min to max
Urea, mg/dl
45.2 \pm 46.2
(4 to 279)
Creatinine, mg/dl
1.3 \pm 1.6
(0.3 to 11.1)
Na, mmol/l
139.9 \pm 7.1
(115 to 173)
K, mmol/l
4.4 \pm 0.9
(1 to 9.2)
CK, u/l
652.8 \pm 724.1
(16 to 2000)
ALT, u/l
107.5 \pm 261.9
(37 to 4202)
AST, u/l



25 to 4055

Hb, g/dl

12.7± 2.3

(4.85 to 19.86)

Wbc, 103 u/l

12.5± 7.3

(2.9 to 53.7)

Platelet u/l

237625 ± 1.1

(9900 to 713900)

Na: sodium, K: potassium, CK: creatinine kinase, ALT: alanine aminotransferase, AST: aspartate aminotransferase, WBC: White Blood Cell

Keywords: earthquake, disaster, crush injuries, Crush syndrome



Pub No: OP-306

Are scoring systems superior to each other in clinical follow-up planning and mortality assessment of Covid-19 patients?

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Introduction and Purpose: Initiating intensive medical treatments at an early stage requires a new urgency for the effectiveness of scoring systems to prevent the dysfunction of other affected organ systems other than the respiratory system. The purpose of the present study was to investigate the superiority of scoring systems over each other in mortality evaluation in SARS-Cov2(Covid-19) patients. Especially, from the first admission to the hospital to the critical period, early interventions can improve clinical outcomes in COVID-19.

Materials and Methods: When the scores that were evaluated in the study with mortality and spearman correlation were evaluated, the MEWS score showed a weak positive correlation, and the qSOFA, NEWS, and C-Mortality scores showed a moderate and positive correlation. In this context, when the scores between the survivors and the deceased were evaluated, statistically significant differences were detected between the groups in MEWS, NEWS, 4C Mortality, and qSOFA scores. all the scorings evaluated here were useful in predicting mortality, we think that qSOFA, NEWS, and 4C Mortality Scores were superior to MEWS.

Results and Conclusion: Especially, from the first admission to the hospital to the critical period, early interventions can improve clinical outcomes in COVID-19.

Keywords: Covid 19, NEWS, qSOFA, MEWS, 4C Mortality Score

Pub No: OP-307

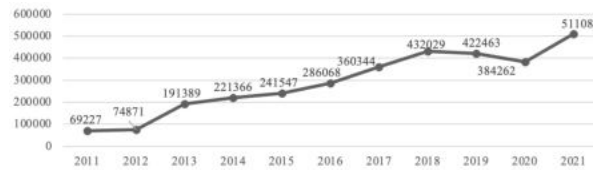
Demographic characteristics of occupational accidents admitted to the Emergency Department of Tekirdağ Namık Kemal University Hospital

Batuhan İlbey Başol¹, Serhat Örün¹, Hüseyin Şahin¹, Sercan Bıçakçı¹, Elif Yeniay Topkaç¹, Mehmet Burak Peköz¹, Egemen Keser¹, Elif Çamcı¹, Merve Yaylagül¹, Muhammed Talha Aygün¹, Alperen Ermiş¹, Dilara Apaydın¹

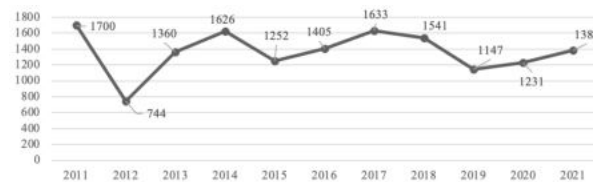
¹Tekirdağ Namık Kemal University Faculty of Medicine, Department of Emergency Medicine

Introduction and Purpose: We wrote this study to evaluate the demographic characteristics of patients admitted to the emergency department due to occupational accidents and to examine the results of forensic reports kept for these patients.

Distribution of the number of occupational accidents in Turkey by years



Distribution of fatal occupational accidents in Turkey by years

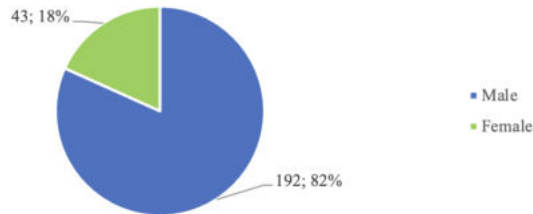


Materials and Methods: The electronic records and forensic reports of work-related patients admitted to our emergency department between 01/01/2020 and 12/31/2020 were retrospectively analyzed.

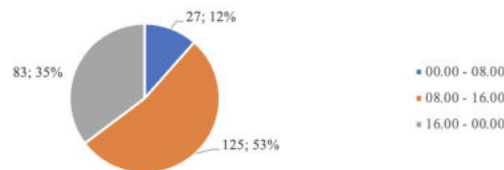
Results and Conclusion: The mean age of the 235 cases included in our study was 33.9±10.9 years. There were 192 males (81.7%) and 43 females (18.3%). The shift with the highest number of occupational accidents was the day shift with 125 cases (53.2%). The most common mechanisms of occupational accidents were injuries caused by work machines/tools with 47.2% (n=111). Simple soft tissue trauma was the most common diagnosis in 82 (34.9%) cases. 213 (90.6%) of the cases were non-life threatening, while 3 (1.2%) were life threatening. It was found that 145 (61.7%) of the cases could be treated with simple medical intervention and 42 (17.9%) could not be treated with simple medical intervention. Of the 235 patients admitted to the emergency department with occupational injuries, 92.3% (n=217) were discharged,

4.3% (n=10) were admitted to related services, and 0.4% (n=1) died. The number of occupational accidents can be reduced with periodic training of workers about the risks of their work and the importance of protective equipment, employers providing safe working environments and appropriate inspections. Physicians are more likely to consult the relevant specialties in cases that cannot be resolved by simple medical intervention. For forensic processes, the life threatening situation in the current situation, the current status of resolution with simple medical intervention, and the report outcome are very important. It is necessary to establish a forensic report writing standard with the trainings that emergency physicians and forensic medicine specialists will do together.

Gender distribution of occupational accidents admitted to the emergency department



Distribution of occupational accidents admitted to the emergency department according to time intervals





Diagnoses of patients admitted to the emergency department due to occupational accidents

Diagnosis	Number(n)	Percentage(%)
Simple soft tissue trauma	82	34,9
Foreign body in the eye	53	22,6
Incisions, whether superficial or deep	52	22,1
Fracture of the limb or phalanx	12	5,1
First degree burn	9	3,8
Covid-19 infection	5	2,1
Cranial bone fracture	3	1,3
Shoulder dislocation	3	1,3
Second degree burn	2	0,9
Foreign body in soft tissue	2	0,9
Lumbar vertebral fracture	2	0,9
Bone fractures involving multiple sites	2	0,9
Respiratory status due to uncomplicated smoke inhalation	2	0,9
Single finger (complete) traumatic	1	0,4



The Beach Belek, ANTALYA / TURKIYE

amputation		
Open injury of the penis	1	0,4
Intracranial hemorrhage	1	0,4
Exposure to electric current	1	0,4
Syncope	1	0,4
Covid-19 pneumonia	1	0,4
Total	235	100

Clinical outcomes of patients admitted to the emergency department due to occupational accidents

Clinical Outcome	Number(n)	Percentage (%)
Discharged	217	92,3
Admission to clinical ward	10	4,3
Medical treatment refusal	4	1,7
Referral to another center	2	0,9
Leaving the emergency room without permission	1	0,4
Excitus	1	0,4
Total	235	100



Consultation rates of patients admitted to the emergency department with occupational accidents according to simple medical intervention status

Consultation Status	Resolvability Status with Simple Medical Intervention			Total
	Resolvable	Irresolvable	Not Specified	
Consulted	32	23	15	70
Not Consulted	113	19	33	165
Total	145	42	48	235

Comparison of the number of discharged patients and the closure statuses of reports among patients who applied to the emergency department due to work-related accidents

Discharge Status	Forensic Report Closure Status				Total
	Condition/ Opinion Report	Temporary	Permanent	Not Specified	
Discharged	175	39	2	1	217
Not Discharged	14	2	0	2	18
Total	189	41	2	3	235

Keywords: Emergency Medicine, Occupational Injuries, Occupational Health and Safety, Work Accidents, Forensic Medicine



Pub No: OP-308

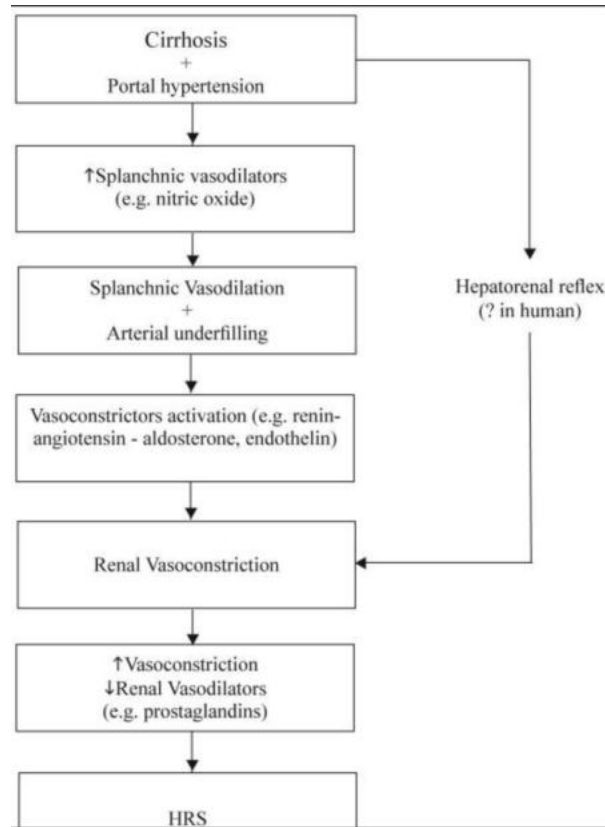
Hepatorenal Syndrome

nazim onur can¹

¹Erzurum şehir hastanesi acil tıp

Introduction and Purpose: INTRODUCTION: Hepatorenal syndrome (HRS) usually occurs in patients with advanced liver disease and portal hypertension. It is characterized by the coexistence of disorders in circulation and kidney functions. Blood pressure in the systemic circulation decreased due to the decrease in total systemic vascular resistance. Renal dysfunction is due to a decrease in renal blood flow. There is significant evidence that renal failure that develops in patients with cirrhosis is caused by a decrease in systemic vascular resistance as a result of primary arterial vasodilatation in the splanchnic circulation triggered by portal hypertension associated with deterioration in circulatory function. The cause of this arterial vasodilation is mainly the increased production or activity of vasodilator factors in the splanchnic circulation, especially nitric carbon monoxide and endogenous cannabinoids. While renal failure is rarely seen in non-ascitic cirrhosis patients, it is common in advanced cirrhosis with ascites and edema. In summary, while renal perfusion is preserved in the early stage of decompensated cirrhosis due to increased synthesis of renal vasodilator factors (mainly prostaglandins), hepatorenal syndrome develops in the late stage as a result of maximal activation of vasoconstrictor systems, decreased production of renal vasodilator factors, or both.

HRS



Materials and Methods: To prepare and present a case that comes to our hospital and will attract attention

Results and Conclusion: With this case, we aimed to remind hepatorenal syndrome, which is a late complication of patients diagnosed with chronic liver disease.

Keywords: HEPATORENAL, ACUTE RENAL FAILURE, ACUTE LIVER FAILURE

Pub No: OP-309

Hepatic Injury Following Impact to a Bicycle Handlebar.

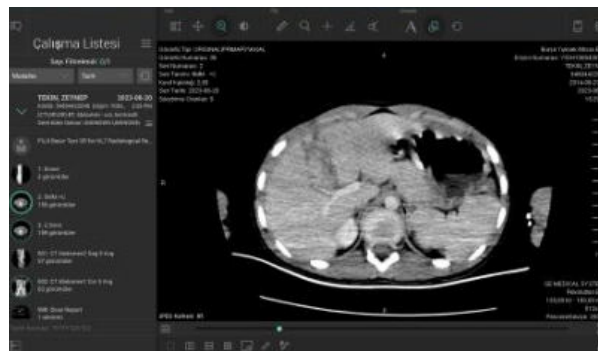
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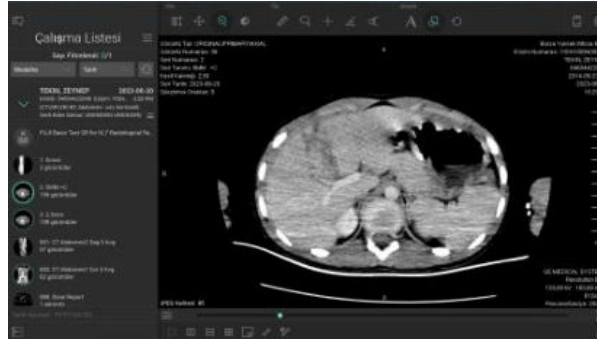
Introduction and Purpose: In cases of abdominal trauma in children, multiple organ injuries often occur. While severe head trauma is the most common cause of mortality and morbidity in pediatric trauma, abdominal organ injury accounts for approximately 10-15% of mortality in this population.

Materials and Methods: Our case involves a 9-year-old girl who presented to the emergency department after falling while riding her bicycle and sustaining a blunt trauma to her right lower ribs. She complained of shortness of breath and had vomited twice. The patient's vital signs and laboratory findings remained stable. Abdominal computed tomography (CT) showed a Grade 2-3 laceration in segment 4 of the liver. The child was admitted to the pediatric surgery ward for monitoring and treatment.

CT: Grade 2-3 laceration in segment 4 of the liver.



CT: Grade 2-3 laceration in segment 4 of the liver.



CT: Grade 2-3 laceration in segment 4 of the liver.



Results and Conclusion: In bicycle accidents involving children, abdominal organ injuries are the second most common injuries after head injuries. In abdominal traumas, injuries to the spleen, liver, and kidneys often present immediately after the accident, while injuries to the intestines and pancreas often have delayed manifestations and result in significant morbidity. In conclusion, in children presenting to the emergency department with blunt abdominal trauma, liver injuries should be considered.

Keywords: emergency department, bicycle accident, liver injury.



Pub No: OP-310

SUCCESSFUL RESUSCITATION IN PATIENT WITH SPONTANEOUS CORONARY ARTERY DISSECTION

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Introduction and Purpose: Spontaneous coronary artery dissections (SCADs) are unique pathologies that can arise secondarily from coronary artery interventions, blunt chest traumas, enlargement of the existing aortic dissections or even spontaneously with no obvious cause and progress to acute coronary syndrome and sudden cardiac death. In this article, we present a case report of SCAD which resulted in early recognition and successful treatment.

Materials and Methods: 42 year-old female patient presented to the A&E with an episode of pre-syncope while accompanying her relative at the hospital without active complaint. Her personal history was not significant for known medical illnesses, smoking or trauma. While the ECG was routinely being taken, she developed ventricular fibrillation and collapsed. Cardiopulmonary resuscitation was initiated with the guidance of AHA 2020 VF algorithm. The spontaneous circulation had returned after a shockable rhythm of pulseless electrical activity after 30 minutes from the initiation of resuscitation and following ECG was consistent with anterior myocardial infarction. Hereafter, the patient was taken to the percutaneous coronary angiography where intra-aortic balloon pump and ECMO procedures were done. After the consultation between cardiology and cardiovascular surgery teams, a decision of urgent Aorta-LAD bypass surgery was taken. The patient was discharged after a successful operation with regression of her symptoms and no complications. There had been no complaints within the 12-month of follow-up period after the operation. Control angiography was recommended to the patient but refused, however; his control effort test was negative.

Results and Conclusion: SCADs are oftenly resulted in a sudden cardiac death, the 75-70% cases of which were confirmed at post-mortem examinations. Cases of young women in their late pregnancy or early postpartum period are also remarkable in SCADs. In our case, for instance, the patient was a woman with a late pregnancy history and had a child of 4 years of age. Therefore, complaints should not be ignored especially in women still at childbearing age and presenting with chest pain. We wanted to point out the importance of recognition of SCAD especially in women with sudden cardiac death and the lifesaving possibility of rapid and effective CPR.

Keywords: Spontaneous Coronary Artery Dissections, Sudden Cardiac Death, Acute Coronary Syndrome, Cardiopulmonary Resuscitation



Pub No: OP-311

A CASE REPORT OF PATIENT WITH ELEVATED TROPONIN I AFTER SCORPION STING

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Introduction and Purpose: Scorpion stings are common in hot climates, especially in summer. Although they are mostly harmless, cases with local or systemic poisoning findings have also been reported. Locally pain, increased temperature, paresthesia, systemic circulatory disorders, myocarditis, pulmonary oedema and neurological complications can be seen. The toxin causes the most serious damage to the heart muscle.

Materials and Methods: A 51-year-old male patient with no known medical history applied to a regional emergency department with the complaint of numbness in the right foot and shortness of breath approximately 1 hour after a yellow coloured scorpion sting . The patient due to dyspnoea and hypertension was diagnosed as stage 3 scorpion sting. After application of antiserum in emergency of the external hospital, he has referred to our emergency department. Respiratory rate on arrival was 28-30/min, blood pressure 172/128 mmHg, peripheral saturation was 88% with nasal oxygen 4 l/min. ECG showed sinüs rhythm with freuquence of 90/min and no change of ST- level and T waves. On physical examination, general condition was moderate, the patient was conscious, glaskow coma scale: 15, hyperhidrosis, tachypnoeic, bilateral basal respiratory sounds in oscultation of lungs were decreased and rales were present. In the laboratory was Troponin I: 18900 ng/ml, myoglobin: 813ng/ml, Mass CK-MB: 57 ng/ml detected.

Results and Conclusion: In cases of scorpion sting, which is quite common in our country, the patients should be monitorised regarding to assumption of all the cases are caused by toxic scorpions.

Keywords: scorpion sting, myocarditis, pulmonary edema



Pub No: OP-312

THE EVALUATION OF THE OTTAWA ANKLE CRITERIA IN PATIENTS RECOMMENDED TO THE EMERGENCY DEPARTMENT FOR ANKLE SPRING

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Introduction and Purpose: Acute ankle injuries have an important place among the patients admitted to the Emergency Service (AS) in our country as well as all over the world.

Materials and Methods: Our study was conducted prospectively in the emergency department of Ankara Training and Research Hospital, between 17 October 2016 and 17 January 2017, with the approval of the ethics committee. All patients included in the study who presented with isolated ankle trauma during the study period had four tender point examinations (last 6 cm of the lower end of the tibia, 6 cm of the lower end of the fibula, base of the 5th metatarsal, above the navicular bone) and A 4-step walking test was performed. Likewise, ankle radiographs were taken for all patients who presented with isolated ankle trauma during the study period. The effectiveness of OAK in the emergency department of our hospital was investigated.

Results and Conclusion: the patients are examined, the cases applied; While 2 (1%) patients did not meet OAC, 206 (99%) patients did. 2 patients who did not meet the OAC were discharged with prescription and/or recommendations without consultation. Of the 206 patients who met OAC, 87 were discharged with prescription and/or advice without consultation, 34 were consulted, 52 were placed on a resting splint, and fractures were found in 33. In total, 89 cases were discharged without consultation, and 119 patients were consulted. In our study on patients, no fracture was found in 2 patients who did not have a direct radiography indication according to OAC. In our study, the negative predictive value of the test was 100%, but because the number is quite low, different results may be obtained in larger studies. OAK appears to be usable until a more sensitive test is found. In our study, there is no control group that shows whether the cost is reduced or not. We think that OAC is beneficial in terms of cost, but a controlled randomized study is needed to determine this scientifically. This was not taken into account in the planning of our study. Only a study has been carried out in terms of the applicability of OAK in our society.

Keywords: Emergency, Ottawa Ankle Rules, Trauma

Pub No: OP-313

A Retrospective Study Of The Role Of Biochemical Parameters Such As Nlr, Plr, Crp/Albumin Ratio In Predicting The Severity Of The Disease In Patients Diagnosed With Acute Pancreatitis

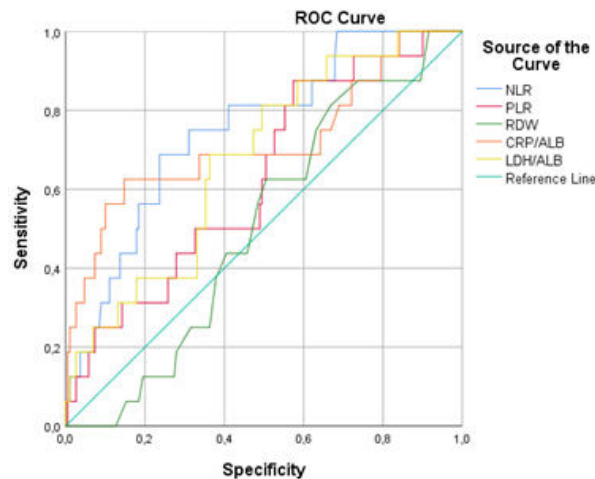
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Introduction and Purpose: The aim of this study was to determine the role of Neutrophil/Lymphocyte Ratio (NLR), Platelet/Lymphocyte Ratio (PLR), CRP/Albumin, LDH/Albumin and RDW markers in predicting the severity of acute pancreatitis.

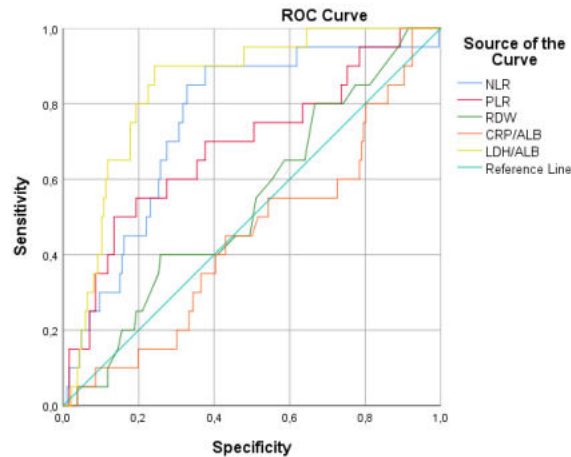
Materials and Methods: The data of 210 patients admitted to Pamukkale University Emergency Department and diagnosed with acute pancreatitis were analysed retrospectively. NLR, PLR, CRP/Albumin, LDH/Albumin and RDW values were determined for each patient and their correlation with Ranson and BISAP scores were evaluated. In addition, sensitivity, specificity and area under the curve (AUC) were determined by ROC analysis of these parameters.

Figure 1



BISAP ROC Analysis

Figure 2



Ranson ROC Analysis

Results and Conclusion: Ranson score and NLR, PLR and LDH/ALB were found statistically significant ($p=0.001$, $p=0.001$, $p=0.002$). BISAP score and NLR, CRP/ALB and LDH/ALB were found to be statistically significant ($p<0.001$, $p<0.001$, $p=0.01$). According to the results of Ranson score ROC analysis, sensitivity was 71.4% and specificity was 68.8% at NLR cut-off ≥ 11.87 (AUC: 0.74, $p<0.001$), sensitivity 66.7% and specificity 62.4% at PLR cut-off ≥ 240.28 (AUC: 0.65, $p=0.01$), sensitivity 81% and specificity 77.2% at LDH/ALB cut-off ≥ 11.13 (AUC: 0.82, $p<0.001$). According to BISAP score ROC analysis results, sensitivity was 75% and specificity was 69.1% (AUC: 0.74, $p=0.001$), CRP/ALB cut-off ≥ 0.34 , sensitivity 68.8% and specificity 65.5% (AUC: 0.71, $p=0.04$), LDH/ALB cut-off ≥ 9.68 , sensitivity 68.1% and specificity 63.9% (AUC: 0.67, $p=0.02$). According to our study, NLR and LDH/ALB are associated with both severity scores. Their use together may give an idea about the severity and prognosis of acute pancreatitis.

Keywords: Acute pancreatitis, Ranson, BISAP, NLR, LDH/ALB



Pub No: OP-314

Compartment Syndrome

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Introduction and Purpose: Acute compartment syndrome(CS) is a surgical emergency. Since the risk of exposure to high-energy trauma is high, fascia structures are strong, and muscle mass is relatively higher, the risk of acute compartment syndrome is higher in the group under 35 years of age. In fact, when compared to women, men are 10 times more likely to encounter CS. Even though traumas that result in fractures, especially involving long bones, are at the top of the etiology, they may be due to minor traumas and even non-traumatic causes.

Materials and Methods: A 47-year-old male patient presented to the emergency department with pain and swelling in the finger. While repairing the car yesterday, the air piston broke, he pressed his finger on the air piston while trying to turn it off. A few hours later, swelling and pain started in his finger. Despite using painkillers, her pain gradually increased. The patient has no known disease. On examination, there was abrasion and ecchymosis on the distal 1st finger of the left hand. The finger was edematous and swollen. There was no pathology in the direct X-ray. The patient was consulted to the orthopedic clinic. When the compartment pressure was high, the patient was admitted to the orthopedic clinic. In the follow-ups, fasciotomy was opened because the compartment pressure increased.



figure 1



figure 2





Results and Conclusion: Compartment syndrome is a competitive surgical emergency that should be consulted as soon as it is suspected. Although it is most commonly associated with trauma, it can develop for any reason that will increase the compartment pressure. Usually the earliest symptom is pain. Pain that increases despite analgesia should be among the diagnoses that come to mind.

Keywords: compartment syndrome, trauma, pressure



Pub No: OP-315

Posterior Reversible Encephalopathy Syndrome: Case Report

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Introduction and Purpose: Posterior reversible encephalopathy syndrome (PRES) is a syndrome caused by sudden onset of hypertension with symptoms such as headache, visual disturbance, mental disorder, nausea, vomiting and convulsions. In this article, we report a 62-year-old male patient with no known disease or history of hypertension who developed sudden blindness due to elevated blood pressure and was diagnosed with PRES neuroradiologically.

Materials and Methods: Case: A 62-year-old male patient was admitted to the emergency department with the complaint of headache that started in the morning while he was working and then blindness. Blood pressure was 220/110 mm/Hg, pulse rate 105/min, respiratory rate 20/min, temperature 36.7 °C and ECG was sinus tachycardia. Consciousness was confused and GCS was 14. On physical examination, four extremity muscle strength was normal, pupil reflexes were normal, and no abnormal findings were observed on external examination of the eye. No urgent pathological findings were observed on brain CT. Diffusion MR FLAIR sections showed bilateral signal enhancement in the subcortical areas of the occipital region. Ophthalmological examination of the patient, in whom ophthalmological consultation was requested, revealed no urgent pathology related to the eye. PRES was diagnosed with the current clinical and imaging findings and an antihypertensive treatment was started and the patient was hospitalised in the neurological ward.

Results and Conclusion: Discussion: PRES, which is more common in women than men, is a reversible syndrome when diagnosed early. Risk factors include preeclampsia, eclampsia, renal failure and cytotoxic agents. Although its pathogenesis has not been properly explained, it is thought to be due to impaired cerebral autoregulation and endothelial dysfunction due to sudden hypertension. Symptoms are characterised by headache, disturbance of consciousness, visual disturbance and seizures. Headache is typically of sudden onset, persistent, diffuse, moderate to high intensity. Visual impairment is seen as hemianopsia, visual neglect, auras, hallucinations or cortical blindness. Seizures are usually generalised tonic-clonic. The diagnosis is made clinically and with subcortical white matter oedema in the posterior cerebral hemisphere on brain MR scan. In the differential diagnosis, intracranial haemorrhages, hypertensive encephalopathy, ischaemic stroke, transient ischaemic attack, meningitis, encephalitis and migraine should be considered. Blood pressure management and seizure management should be performed in treatment.

Conclusion: It is important to consider the diagnosis of PRES in patients presenting with headache, visual disturbance, altered consciousness and seizures because it is a reversible syndrome with early diagnosis and rapid treatment.

Keywords: Hypertension, PRES, Headache, Visual impairment



Pub No: OP-316

HAZING AND FOREIGN OBJECTS IN THE ITS HAZARD

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Introduction and Purpose: Most of the ingested foreign bodies (80%-90) pass spontaneously through the gastrointestinal passage. Approximately 10%-20% of foreign body ingestion cases require endoscopic removal, while less than 1% require foreign body removal or surgery to treat complications.

Materials and Methods: In our case, a 22-year-old male patient presented with abdominal pain. The patient had bleeding once while urinating 3 days ago, but there is no such complaint at the moment. The patient does not have nausea and vomiting. An opacity with a bright reflection was detected in the abdomen (figure 1) in the standing straight abdominal X-ray. Nonsense, intra-abdominal foreign body? It was evaluated as Thereupon, the patient was questioned again, it was asked whether he had been injured by any firearm before, it was questioned whether the patient swallowed any foreign body, and the answer to both questions was taken as no.

Results and Conclusion: When the patient was asked if he had eaten game recently, it was learned that the patient had eaten a rabbit hunted with a firearm 1 day ago. patients' applications and anamnesis may not always be correct, so it is necessary to deepen the anamnesis of the patients, and it should be considered that different interventions may be required according to the patient's clinic.

Keywords: Duodenum, hunting, foreign body, metal intoxication

Pub No: OP-317

TPN pleural effusion in the era of bedside radiodiagnosis

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Introduction and Purpose: The insertion and use of a central venous catheter (CVC) exposes the patient to a wide range of potential complications from discomfort and anxiety to life threatening events such as vessel perforation, sepsis or embolism. It is vital that those who insert CVCs and those responsible for patients' subsequent care are aware of how to prevent and recognize complications, and how to respond appropriately when they occur. Both ultrasound guidance and radio-imaging have reduced the incidence of complications but have their own limitations in aiding correct catheter placement. The incidence of TPN (total parenteral nutrition) related pleural effusion in adults is unavailable, however it is reported to be 0.4% in the pediatric and neonatal population.

Materials and Methods: A 60 year old male operated case of Whipple's procedure required parenteral nutrition and thus central venous catheterization using a triple lumen catheter was planned. Right internal jugular vein was cannulated, under ECG monitoring and USG guidance. All the three ports were checked for backflow of blood and flushed. Follow up chest X-ray revealed a seemingly accurate position, leading to the commencement of parenteral nutrition. However, in the next 12 hours, the patient became progressively dyspneic with worsening respiratory distress. Chest X Ray showed a large right sided pleural effusion. Needle thoracocentesis and biochemical analysis of the pleural tap confirmed the diagnosis of TPN pleural effusion. 2.5 litres of chylous fluid was drained via an ICD.

milky fluid in Intercostal drain





pleural effusion



Results and Conclusion: This poster delves into the fallacies associated with the methods currently available for ensuring and confirming the correct central venous catheter placement.

Keywords: ultrasound, pleural effusion, TPN, central venous catheter



Pub No: OP-318

Lower Left Quadrant Is Not Always Innocent

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Introduction and Purpose: The appendix is a remnant organ located in the cecum at the base of the cecum, near the ileocecal valve, where taenia coli joins the cecum. When occluded, the lumen fills with mucus and expands, increasing lumen and intramural pressure. This situation; causes thrombosis and occlusion of small vessels and cessation of lymphatic flow. As lymphatic and vascular compromise progresses, the wall of the appendix becomes ischemic and then necrotic. If not detected early, significant inflammation and necrosis can occur, leading to localized abscess formation or perforation leading to extensive peritonitis.

Materials and Methods: A 19-year-old male patient is admitted to our emergency department with the complaint of abdominal pain lasting for 2 days. Abdominal pain of the patient, continued as colic in the periumbilical region on the first day and localized to the left lower quadrant for 1 day. He applied to the emergency room as his pain increased in the last few hours and nausea and vomiting were added to it. In vitals taken, TA: 125/75 HR: 89/min, SAT: 98% , fever: 36.8 C. In the abdominal examination, tenderness and rebound were found to be positive with palpation in the left lower quadrant, and other systemic examinations were found naturally. In the examinations taken, wbc: 19.160No pathology was detected except $\mu\text{L/L}$ (80.9% neu). The appendix could not be visualized in the entire abdominal USG performed on the patient for whom advanced imaging was decided. When the patient had an acute abdomen examination, the cecum and ascending colon were located in the left lower quadrant in the lower/upper abdomen contrast-enhanced tomography, and the thickness of the appendix protruding from the cecum in the left lower quadrant was 10 mm, and findings consistent with appendicitis were detected. Our patient was interned by general surgery,

Results and Conclusion: Symptoms of appendicitis vary depending on the location of the tip of the appendix, but are most likely localized to the right lower quadrant. In our case, since the ascending colon and cecum had a patient-specific rotational anomaly, rebound finding in our physical examination was observed in the left lower quadrant, contrary to the most common localization.



CT image



Keywords: appendicitis, lowerleftquadrant



Pub No: OP-319

GALBLADDER TORSION

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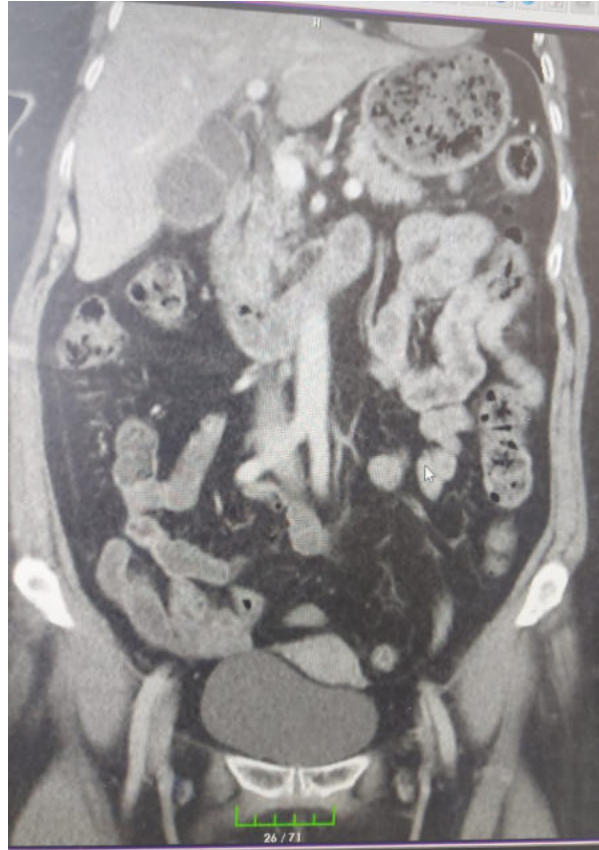
Introduction and Purpose: The first case of gallbladder torsion, which is not a very common clinical condition and the etiology is not fully understood, was reported by Wendel in 1898. To date, more than 300 cases have been reported in the literature. However, the recent increase in case reports suggests that the incidence is actually higher than expected. The patient may come to the emergency department with complaints of abdominal pain, fever, nausea and vomiting. The treatment of gallbladder torsion is surgery and the treatment choice is cholecystectomy. Today, most cases are diagnosed at the time of surgery. However, the clinical pattern of the disease should raise suspicion and should be kept in mind in the differential diagnosis with radiological examinations.

Materials and Methods: A 53-year-old female patient applied to the emergency department with complaints of abdominal pain, nausea and vomiting. The patient has no systemic disease other than known hypertension. From the patient's admission, arterial blood pressure: 150/95 mmHg, fever: 37.6, other vitals were stable. In the physical examination of the patient, there was defense in the right upper quadrant and epigastric region. Acute cholecystitis, choledocholithiasis, and acute pancreatitis were considered in the foreground of the patient. Hemogram, biochemistry, crp, lipase analyzes, ECG, PA Teleradiography and abdominal direct graphy as radiological imaging was requested from the patient. In their blood test results, wbc: $15.57 \cdot 10^3/\text{ul}$ 84% neutrophil dominance and crp: 5.7 bft were seen as normal. No acute pathology was detected in the patient's radiological imaging. Abdomen CT with contrast was taken. As a result of imaging, the gallbladder was 36 mm distended, the wall of the bladder was thickened asymmetrically, and wall irregularities and suspicious separation in the wall were observed. In this state, the patient was diagnosed with torsioned gallbladder and was admitted to the general surgery clinic.

Results and Conclusion: Although rare, torsioned gallbladder should be kept in mind in patients with hepatobiliary pathology.



photo



Keywords: gallbladder torsion, cholecystitis, torsion



Pub No: OP-320

Diabetes detection by adaptive boosting prediction model from a machine learning perspective

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Introduction and Purpose: Diabetes is a chronic condition that affects the metabolism of glucose in the body. The AdaBoost algorithm is a machine-learning technique that combines multiple weak classifiers to form a strong one. In this study, we aim to apply the AdaBoost algorithm to a dataset of diabetes patients and evaluate its performance in classifying and detecting the disease.

Materials and Methods: In the study, an open-source data set containing demographic/clinical characteristics of patients with and without Diabetes was used. The Synthetic Minority Oversampling (SMOTE) technique was used to reduce the negative effect of class imbalance problems on classification. A prediction model was developed with the AdaBoost algorithm for the detection of Diabetes. Accuracy, sensitivity, specificity, and F1-score values were calculated to evaluate the performance of the created model.

Results and Conclusion: The AdaBoost model was evaluated using four criteria: accuracy, sensitivity, specificity, and F1-score. These criteria measure how well the model can classify the data correctly. The results showed that the AdaBoost model performed well, with an accuracy of 0.92, a sensitivity of 0.938, a specificity of 0.904, and an F1-score of 0.918. These values indicate that the model has a high ability to distinguish between the classes and minimize errors. The classification performance of the predictive AdaBoost model in diabetes detection was quite high. It is thought that the proposed model can help clinicians with pre-diagnosis and follow-up in the detection of Diabetes patients.

Keywords: Diabetes, SMOTE, machine learning, AdaBoost



Pub No: OP-321

He came with a seizure, had a pacemaker put in his heart

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Introduction and Purpose: Complete atrioventricular (AV) block is a rhythm disorder that can occur due to various reasons. Syncope is the sudden loss of consciousness and postural tone, which develops rapidly due to temporary deterioration of cerebral perfusion and ends spontaneously. It is a broad definition that includes conditions such as epileptic seizure and concussion in syncope.

Materials and Methods: A 72-year-old male patient applied to our emergency department with the complaint of more than 5 consecutive seizures at home and then fainting. In the patient's anamnesis, there is no diagnosed disease other than known epilepsy and hypertension. He regularly uses the drugs kepra and tegretol for epilepsy and has not had any seizures for the past month. The patient's vitals at the time of admission were 94%, pulse oxygen saturation at room air, respiratory rate 16/min, heart rate 70 beats/min, temperature 37.0°C, arterial blood pressure 130/78 mmHg, and the patient's ECG was in sinus rhythm. There was no abnormal condition in the physical examination. The neurology clinic was consulted with the preliminary diagnosis of status epilepticus, since the patient had a prolonged seizure during the routine blood tests, and the intensive care unit was deemed appropriate by the same clinic. The patient was started to perform CPR and was intubated simultaneously. After 2 minutes of CPR, a pulse was taken from the patient. An ECG was taken immediately and complete AV block was detected in the ECG. Thereupon, a transcutaneous pacemaker was implanted in the patient and the cardiology clinic was consulted, and he was hospitalized in the coronary intensive care unit for temporary pacemaker implantation by the same clinic.

Results and Conclusion: Syncope is a serious clinical problem that occurs due to various reasons. In the spectrum of syncope, we can encounter many conditions ranging from benign problems to life-threatening arrhythmias. Patients who present to the emergency department with the complaint of syncope are often discharged without explaining the underlying etiology. In patients presenting with syncope, it should not be forgotten that ECG should be taken and ECO should be performed as a further examination.

Keywords: Syncope, AV block, Status Epilepticus



Pub No: OP-322

Value of ST2 Level for Risk Stratification and Prognosis of Pulmonary Embolism

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Introduction and Purpose: Background/aim: The clinical spectrum of pulmonary embolism (PE) ranges from asymptomatic to massive forms with hemodynamic collapse. Current guidelines for the management of PE recommend stratifying and treating patients according to their risk of early deterioration or death. This clinical study aimed to evaluate the relationship among disease severity, outcomes, and plasma ST2 concentrations in patients presenting to the emergency department (ED) with PE.

Materials and Methods: Materials and methods: In this prospective observational study, 31 consecutive patients (17 female; mean age:75.5±12.7 years) with a diagnosis of PE were included. In the non-PE group, there were a total of 35 patients (14 female; mean age:69.8±14.3 years), including 18 (17.6%) patients with congestive heart failure, 9 (8.8%) with Chronic obstructive pulmonary disease/emphysema, 8 (7.8%) with pneumonia. In addition, 36 healthy volunteers (14 female; mean age:33.4±14.2 years) were included as a control group. Mortality was observed in 13 (13,2%) participants.

Results and Conclusion: Results: Comparison of ST2 levels revealed a statistically significant difference between the groups in proportion to clinical stratification ($P = 0.001$). ROC analysis to evaluate whether ST2 levels were a good prognostic biomarker showed that their diagnostic performance was adequate for determining the need for admission to intensive care at a cutoff point of 42 ng/mL, ST2 had a sensitivity of 84% and specificity of 86% (area under the curve of 0.92; $p < 0.001$). The optimal ST2 cutoff point for predicting 3-month mortality at the time of admission was 51.5 ng/mL, which had 85% sensitivity and 85% specificity (area under the curve: 0.92; $p < 0.001$). Conclusions: Testing ST2 concentrations provides important prognostic information in patients presenting to the ED with acute dyspnea, including patients with PE, regardless of the cause.

Distribution of age, sex, patient outcome, and ST2 levels according to diagnoses

Table 1. Distribution of age, sex, patient outcome, and ST2 levels according to diagnoses

	PE group (n=31)	Non-PE group (n=35)	Healthy controls (n=36)	Total (n=102)	p-value
Age (ort+ss)	75.5±12.7	69.8±14.3	33.4±14.2	58.7±23.3	<0.001
Male sex (%)	14 (45.2)	21 (60.0)	22 (61.1)	57 (55.9)	0.353
ST2 (median (IQR) ng/mL)	51.0 (31.0-94.0)	36.0 (28.0-50.0)	10.5 (3.2-26.0)	31.0 (18.8-50.3)	<0.001
Outcome					
Death	11	2			
Intensive care unit	10	2			
General ward care	8	17			
Discharged	2	14			

Statistics are shown as mean ±standard deviation.

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Performance evaluation of ST2 levels for patient outcome status

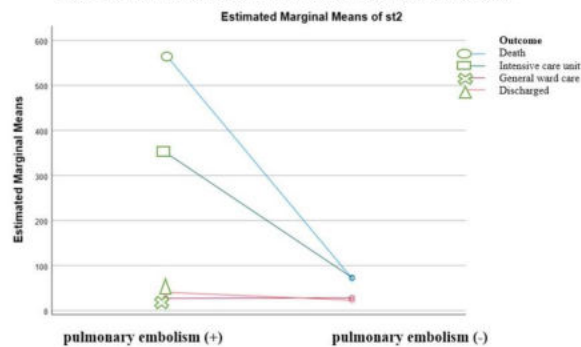
Table 2. Performance evaluation of ST2 levels for patient outcome status

ST2	Cut-Off Value	AUC	SE of AUC	CI for AUC	p-value
Intensive care unit	>42	0.928	0.027	0.875-0.981	0.000
Death	>51,5	0.922	0.034	0.855-0.989	0.000

AUC: Area Under ROC Curve, SE: Standard Error, CI: Confidence Interval.

Outcome association between ST2 levels and the PE group and other participants

Figure 1: Distribution of sST2 values according to patient outcomes



ROC curve for ST2 as a predictor of intensive care

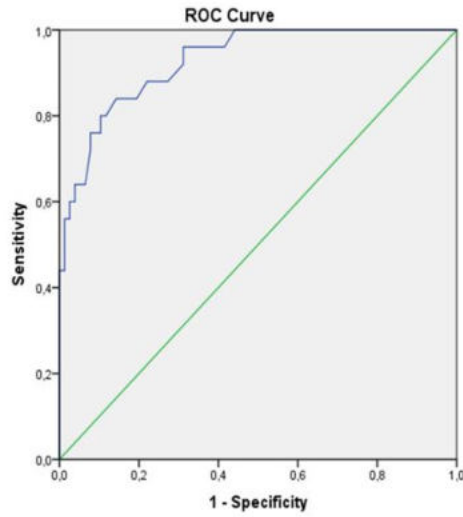


Figure 2: ROC curve for requirement of intensive care

ROC curve for ST2 as a predictor of mortality

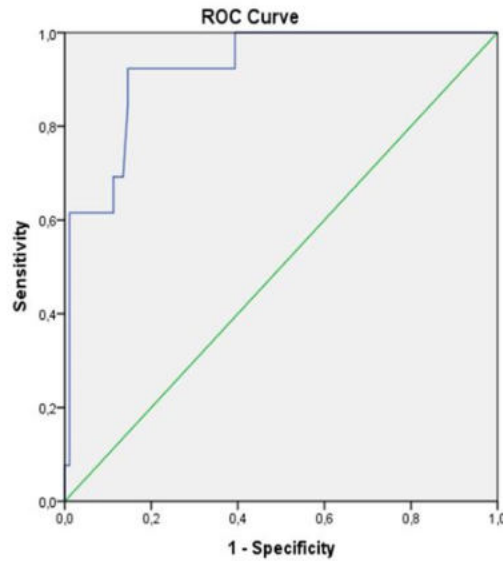


Figure 3: shows the ROC curve for prediction of 90-day

Keywords: Pulmonary Embolism, prognosis, biomarkers, ST2



Pub No: OP-323

A Rare Case Application To The Emergency Department: New Diagnosis Brain Tumor

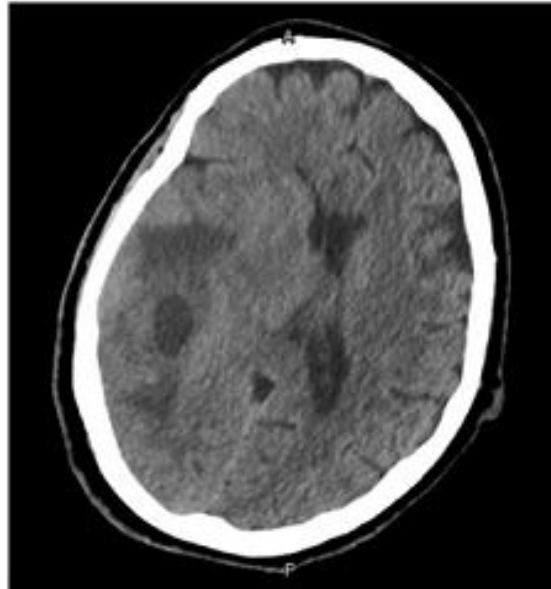
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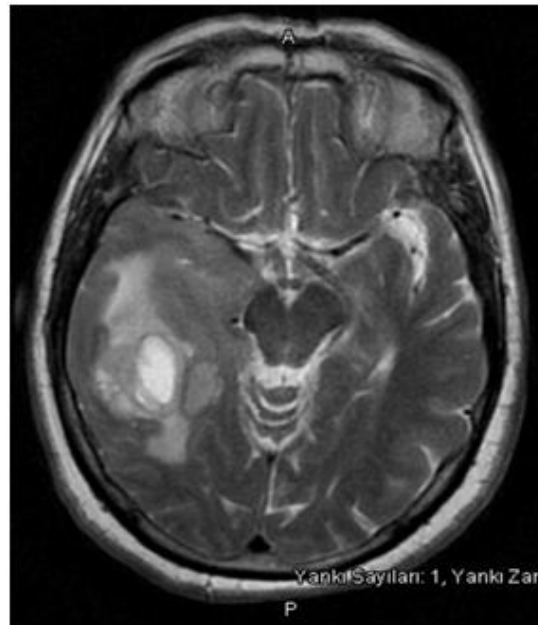
Introduction and Purpose: Brain tumors are a significant cause of human suffering and reduced quality of life. While the diagnosis can be incidental, it may also become evident clinically. Brain masses can present with various symptoms depending on their location and their effect on surrounding tissues. Symptoms such as seizures, altered consciousness, sensory and motor deficits in the extremities, among others, can be observed.

Materials and Methods: A 67-year-old female patient presented with a history of two-person conflict and fatigue, which she had had for a while. General condition was good, vitals were stable. Neurological examination was normal. The patient had a known history and a history of neck hernia surgery one year ago. Non-contrast head CT and MR imaging with diffusion of the patient were planned. In the imaging, a cystic presentation with peripheral swelling and minimal slippage was observed in a mass measuring approximately 46 x 30 mm in the widest area of the right parietal lobe (Picture 1). On contrast-enhanced cranial MR, "Mass lesion in the right parietal lobe with the widest distribution, approximately 46 x 30 mm in size, surrounded by hyperintense edema, showing heterogeneous enhancement in the series after contrast. (GBM?)" (pictures 2). The patient was admitted to the neurosurgery service for further examination and treatment.

Picture 1: Mass in the widest area of the right parietal lobe



Pictures 2: Mass lesion heterogeneous



Results and Conclusion: This case aims to highlight that these tumors, which can manifest with various symptoms of varying severity and have not been previously diagnosed, can also be detected in patients who present to the emergency department with an ambulatory status.

Keywords: Emergency department, brain tumor, glioblastoma multiforme, shift, edema



Pub No: OP-324

Seeing Air in the Mediastinum

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Introduction and Purpose: Tracheal diverticula (TD) are medical conditions that, although not common, are not extremely rare either. They can present challenges in diagnosis, particularly in patients with chest and neck trauma, as they may be mistaken for pneumomediastinum. Therefore, it is essential for clinicians to be aware of this condition to prevent misdiagnosis. We aimed to provide an overview of TD using the presentation of a 70-year-old patient with blunt chest trauma.

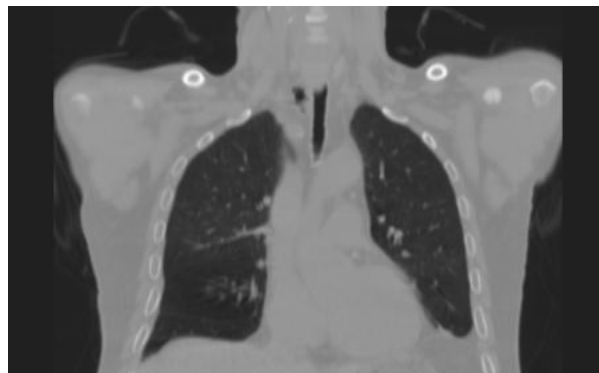
Materials and Methods: A 70-year-old male patient presented to the emergency department after a blunt chest trauma. The patient reported being trapped between a tractor and a trailer, with compression to the chest in the anterior-posterior direction. His medical history revealed diagnoses of COPD and BPH. The patient's blood pressure was 130/90 mmHg, heart rate was 72 bpm, and oxygen saturation was 96%. The ECG showed normal sinus rhythm. Upon inspection, no lacerations, abrasions, or bruising were observed on the chest wall and back. Palpation revealed tenderness in the upper zones of the right hemithorax and right clavicle. Auscultation revealed normal breath sounds in both lungs, with no rales or rhonchi. Abdominal examination was unremarkable. Ultrasound and e-FAST examination showed no pathology. Other system examinations did not reveal any trauma-related abnormalities. A non-contrast thoracic CT scan revealed a lesion of 8.5x18x19 mm in size with air density adjacent to the trachea on the right side at the level of the T1 vertebra (Figure 1-2). Pneumomediastinum was considered as the initial diagnosis due to the patient's history of trauma. However, the radiological report indicated tracheal diverticulum, given the appearance of a mildly lobulated cavity. Since similar findings were present in the patient's previous thoracic CT scans, the diagnosis of tracheal diverticulum was considered instead of pneumomediastinum. The patient remained stable during follow-up in the emergency department. After 6 hours of observation, the patient was discharged with a recommendation for a chest surgical clinic evaluation.

Figure 1



Axial CT image of the chest showing air-filled tracheal diverticulum located at the right paratracheal area in the lung window.

Figure 2



Coronal CT image of the chest showing air-filled tracheal diverticulum located at the right paratracheal area.

Results and Conclusion: Especially in patients with thoracic traumas, distinguishing between pneumomediastinum and tracheal diverticulum is crucial. Awareness of the possibility of diverticula in the thoracic region can help avoid unnecessary tests, reduce radiation-related mortality and morbidity, and prevent unnecessary healthcare expenditures.

Keywords: Pneumomediastinum, Tracheal Diverticulum, Trauma



Pub No: OP-325

Patients in the green zone of emergency service

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Introduction and Purpose: The emergency room is an easily accessible department that is working 24/7. Because of this, to organize this immense workload, a triage system is used. We sought to examine the demographics and clinical characteristics of patients admitted to Kayseri City Hospital, Emergency Service.

Materials and Methods: We examined the facts retrospectively for 89.261 consecutive patients in terms of age, gender, diagnosis, and arrival hours who were admitted to Kayseri City Hospital's emergency service green area between January 1 and April 30, 2023. The green area of Kayseri City Hospital Emergency Service operates 24/7, for patient admission. Obstetric and gynaecological patients and pediatric patients were excluded from the total admissions.

Results and Conclusion: Totally, 158.411 patients were admitted to the emergency service of Kayseri City Hospital. 89.261 of all patients were examined in the green area. The ratio of the number of patients enrolled in the green zone to the number of patients admitted to emergency services was 56.34%. The mean age of the cohort was 46.2 ± 13.8 with a standard deviation of 13.8, and 41.069 patients were male, whose age was between 1 and 99. The number of females was 48.191, in the case having a range of ages between 11 and 107. The most frequent admission hour was between 20:00 and 24:00 o'clock. During this period of time, 26.158 patients were examined, and this count corresponds to 29.30% of all patients. The most common diagnosis in the green zone was pain, not elsewhere classified, and this corresponded to a total count of 14.199 patients with a percentage of 15.91. It is acute respiratory tract infections that can be said about the second admission reason and total patients were 14.322 (16.05%). The emergency room is at the forefront of hospitals. Service in the ER should be efficient, quick, and complete. There are so many admissions to our hospital's ER. Using the triage system, most of the patients are given green tags. The majority of green-tagged patients are in good condition and can be discharged with a prescription. Examining patients in the green zone of the ER reduces crowdedness and waiting time in the other departments.

Keywords: Green zone, triage system, common diagnosis



Pub No: OP-326

EVALUATION OF THE PHTLS (PREHOSPITAL TRAUMA LIFE SUPPORT) EDUCATION MODEL IN TRAINERS WHO QUALIFIED THE PHTLS CERTIFICATE

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Introduction and Purpose: The PHTLS course program in trauma education aimed at reducing the rate of death due to trauma, is a comprehensive program that provides education through interactive and case-based learning methods. We aimed to compare the knowledge levels of the trainees who attended the PHTLS certification course and successfully obtained verification with those of health professionals who did not receive PHTLS training before.

Materials and Methods: This cross-sectional, descriptive study was approved by the Istanbul Medeniyet University Ethics Committee on 17.08.2022. It was conducted at the Department of Emergency Medicine of Süleyman Yalcin City Hospital between August 2022 and October 2022. A study group of 48 people who had previously received PHTLS certification and a control group of 50 people who had not received any training were voluntarily included in the study. Both groups were asked to complete a 10-question sociodemographic questionnaire along with 50 multiple-choice PHTLS proficiency questions. In addition to descriptive statistical values, the data were analyzed using Kolmogorov-Smirnov test, Mann-Whitney-U test, Chi-square test and Fischer test, with the SPSS 28.0.

Results and Conclusion: In the study, 54 (55.1%) were male, and the mean age was 31.9 ± 6.7 years. The rate of feeling competent in approaching trauma patients was significantly lower in the group that received training compared to the group that did not receive training. While the rate of feeling competent in the trained group was 25%, the rate in the non-trained group was 62%. Of the 98 volunteers participating in the study, 23 (23.47%) achieved a passing grade of 76 or above to receive certification. Among them, 21 (43.75%) were from the trained group, while only 2 (4%) were from the non-trained group. The mean score of the non-trained group was 55.28 ± 11.44 (min: 28, max: 84), whereas the mean score of the trained group was 70.46 ± 14.68 (min: 26, max: 94). The trained group expressed their belief that their interventions for trauma patients were inadequate up to that point. Both the trained and non-trained groups required individual and team-based trauma patient management training.

Keywords: Education, Multitrauma, PHTLS



Pub No: OP-327

Clinical Decision Tools: How Reliable Are They in Predicting Pulmonary Embolism Risk in Behçet's Syndrome Patients - Case Report.

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Introduction and Purpose: Behçet's syndrome (BS) is a rare, multisystemic inflammatory disease that often presents with vasculitis, and its exact cause is not fully understood. WPulmonary artery aneurysms, arterial or venous thrombosis, pulmonary emboli (PE), pneumonia, and pleurisy constitute the main pulmonary symptoms in Behçet's disease.

Materials and Methods: Clinical decision tools (CDT) are commonly used during the initial evaluation of a patient suspected of having PE to calculate the pre-test probability of PE. According to these scoring systems, PE can be ruled out . In this case presentation, we aim to present a patient classified as low-risk according to CDT but with massive PE and discuss the effectiveness of CDTs in BS patients

Results and Conclusion: In conclusion, PE can occur in BS patients without any risk factors. PE should always be considered in BS patients presenting with chest pain. The use of CDTs that predict the risk factor for PE in this patient group can mislead the clinician.

Keywords: Pulmonary Embolisim, Behçet's syndrome, Wells's score



Pub No: OP-328

Evaluation of Consultation Processes for Patients Aged 65 and Over Presenting to the Emergency Department

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Introduction and Purpose: Geriatric patients frequently seek care at emergency departments, and the management of these patients often involves crucial consultation processes. It is imperative to design emergency department work conditions considering the specific needs of elderly patients.

Materials and Methods: In 2021 and 2022, a total of 13,371 patients who presented to Uşak Training and Research Hospital's emergency department and required consultation were included in the study. Patient records were retrospectively reviewed. Patient data, including their time of presentation, age, gender, the department to which they were referred for consultation, and their admission status, were recorded and documented for analysis. Data were analyzed using the SPSS software package version 20.0. Descriptive statistics, including counts, percentages, means, standard deviations, medians, minimums, and maximums, were employed in presenting the descriptive data. The Chi-Square Test was utilized for comparing categorical data. A significance level of $p < 0.05$ was considered for statistical significance.

Results and Conclusion: Geriatric patients who required consultation presenting to the emergency department, 49 % were female and 51 % were male. The most frequently requested consultation specialty was internal medicine, followed by respiratory diseases. When the distribution of consultations was assessed based on gender, internal medicine and respiratory diseases were the most frequently consulted departments for both elderly men and women. Regarding the timing of consultation requests, during the day internal medicine had the highest rate of consultation requests. Between 08:00 and 16:00, 58.6% of the patients who were consulted were admitted to the respective specialties. Among these, the admission rate for males was 59.5%, while for females, it was 57.8%. From 16:00 to 24:00, 65% of the consulted patients were admitted, with an admission rate of 65.7% for males and 64.4% for females. From 24:00 to 08:00, 64.3% of the consulted patients were hospitalized, with an admission rate of 65% for males and 63.6% for females. The specialty with the highest admission rate was internal medicine at 16.2%, followed by cardiology at 12.4%. Consultation processes should be well-managed, especially for geriatric patients. Having specific specialties on-call in the hospital will expedite the consultation process and patient admissions. The benefits of these specialties to the operation of emergency departments are undeniable.

Table 1

Admission time	not hospitalized (n=5150)	hospitalized (n=8221)	p
08:00 – 15:59	2988 (41,4)	4237 (58,6)	0,0001
16:00 – 23:59	1580 (35,0)	2935 (65,0)	0,0001
00:00 – 07:59	582 (35,7)	1049 (64,3)	0,0001

Hospitalization status of patients according to admission time

Table 2

Admission time	not hospitalized (n=5150)	hospitalized (n=8221)	p
Male	2467 (37,7)	4079 (62,3)	0,054
Female	2683 (39,3)	4142 (60,7)	0,054

Hospitalization status of patients by gender

Table 3

Consultation	Male	Female	Total
Internal medicine	1108	1479	2587
Respiratory Diseases	1014	713	1727
Neurology	749	784	1533
Cardiology	746	739	1485
General surgery	749	598	1347
Orthopedics	350	657	1007

Total Consultation Numbers



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October 28 - 31

Keywords: elderly patients, emergency medicine, consultation, geriatric hospitalization.

Pine Beach Belek, ANTALYA / TURKIYE

Pub No: OP-329

Comparison of maternal inflammation scores NLR, PLR, SII and SIRI in abortion imminens cases admitted to the emergency department and in normal pregnant women

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Introduction and Purpose: One of the most prevalent causes of first-trimester vaginal bleeding in the emergency room is abortus imminens. The pathogenesis is related to multifactorial factors such as genetic disorders, chromosomal anomalies, endocrine and immunological causes. Inflammation is also implicated in the pathophysiology of abortion. There are also studies showing a relationship between inflammation and uterine contractions. In recent years, studies have shown that neutrophil to lymphocyte ratio (NLR) and platelet to lymphocyte ratio (PLR) values, the systemic immune-inflammation index (SII), and the SIRI derived from blood cell counts are novel and comprehensive predictors of inflammation. In this study, we aimed to compare inflammatory markers including NLR, PLR, MLR, SII and SIRI between the groups of abortus imminens and healthy pregnant women.

Materials and Methods: Materials and Methods: The research included 60 emergency clinic abortus imminens patients hospitalized between 7-12 weeks and 59 pregnant women in the control group who were followed up in the obstetrics outpatient clinic between 1.12.2022 and 1.6.2023. The research included 60 emergency clinic abortus imminens patients hospitalized between 7-12 weeks and 59 pregnant women in the control group who were followed up in the obstetrics outpatient clinic between 1.12.2022 and 1.6.2023. Demographic, obstetric and laboratory data of all hospitalized pregnant with abortus imminens diagnosis and results of outpatient control group were obtained retrospectively from the hospital data. Statistical analysis was done with SPSS (Statistical package for Social Sciences-SPSS Inc., version 20.0; Chicago, IL) program. Normal distribution variables were tested using Kalmogorov Smirrov.

Results and Conclusion: Results-Conclusion : There was no statistically significant difference between the groups in terms of mothers age, parity, body mass index (BMI) and elective curettage numbers ($p>0,05$). No significant difference was observed in lymphocyte and platelet counts ($p>0,05$). When we compared the NLR and PLR values, we also did not see any difference ($p>0,05$). SII index was significantly higher in the Group 1, but no difference was observed in SIRI values ($p<0,05$ and $p>0,05$; respectively). ROC curve, AUC, cut-off, sensitivity, and specificity were studied to differentiate abortion imminens patients' leukocyte, neutrophil, and SII parameters to help clinicians in patient follow-up.

Keywords: Abortus imminens, systemic immune-inflammation index, systemic inflammation response index



Pub No: OP-330

A case of pneumococcal meningitis demonstrating an unusual clinical presentation

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Introduction and Purpose: Meningitis is one of the major lethal infectious diseases, early diagnosis and treatment decrease the mortality and morbidity. Pneumococcal meningitis continues to be associated with high rates of mortality and long-term neurological sequelae. Meningitis is observed around 1/100,000 in developed countries, while in Turkey, it is around 3/100,000. This is a delayed diagnosis of pneumococcal meningitis due to the incorrect assessment of symptoms, that are present for 10 days. Its clinical presentation primarily suggests viral encephalitis, with additional symptoms such as diplopia, facial twitching, tremors, and difficulty in urination, which stand out in contrast to the typical meningitis clinical picture.

Materials and Methods: A 23-year-old male patient has history of working in farms and drinking well-water one week before admission. The patient arrived at the emergency with complaints of fever, chills, nausea, and vomiting (started 1-day after exposure). The patient was discharged with oral antibiotic therapy. However, the patient's fever persisted. New symptoms emerged, including difficulty in urination, constipation, loss of appetite, imbalance, difficulty in walking, and double vision. Upon re-admission to the emergency department due to symptoms of backward head jerking, facial twitching, hand tremors, and urinary incontinence, the patient had generalized tonic-clonic seizures during the follow-up. The patient has no significant medical history. Blood pressure:137/77;Pulse rate:64;Fever:37.8;Oxygen saturation:88. Neurological examination was normal. No indications in the blood count suggestive of a bacterial infection. Notably, central imaging showed a hypodense area in the posterior corpus callosum on brain CT, while brain MRI revealed T2 hyperintensity and diffusion restriction in the splenium of the corpus callosum. Upon the detection of *Streptococcus pneumoniae* in the meningitis panel, the patient was admitted to the neurology ICU and started on intravenous antibiotic therapy

image 1

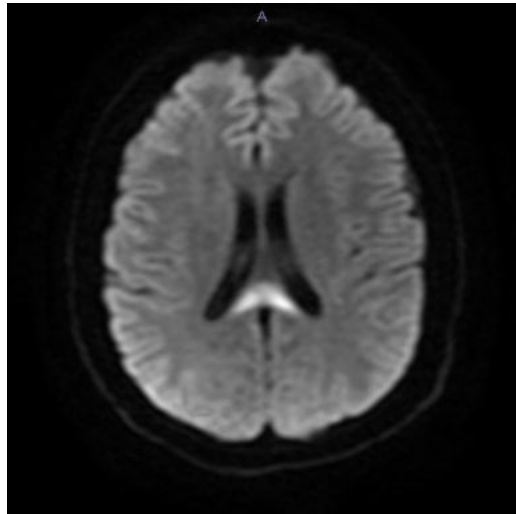
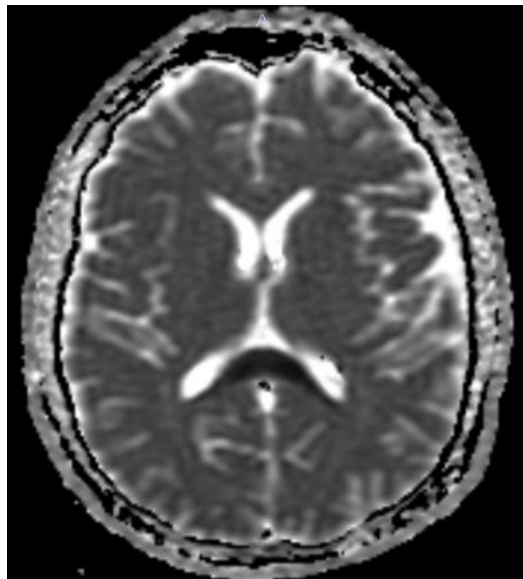


image 2



Results and Conclusion: The case is noteworthy clinically due to not strong indication of meningitis/encephalitis in initial presentation, inconsistency with physical examination findings, emerged additional neurological symptoms, and the direction towards viral encephalitis based on central imaging results. Ultimately, the diagnosis of pneumococcal meningitis through lumbar puncture is intriguing. This case emphasizes that patients can exhibit diverse clinical courses and underscores the significance of maintaining a broad perspective and not losing sight of this aspect

Keywords: corpus callosum, emergency department, fever, meningitidis, tremor

Pub No: OP-331

Eucalyptus oil poisoning- another deadly presentation of accidental ingestion

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Introduction and Purpose: Eucalyptus oil is one of the commonly used over the counter essential oils for various reasons from common cold to cough in various parts of the world. It is not uncommon to find a bottle of eucalyptus oil in many households across the country. Hence the potential for it to be ingested accidentally, and at times it can be fatal as it unfortunately is in our case today.

eucalyptus oil



Materials and Methods: We had an ambulance call for elderly male who was having a fit. On arrival at scene, we noted an elderly gentleman unresponsive on the bed. We were given the history that he had accidentally consumed eucalyptus oil of about 15 ml. About 20 minutes later he was noted to have two episodes of fits in span of 15 minutes. On initial assessment at scene, patient was not responding, he was tachycardic with heart rate 110/minute, tachypneic with respiratory rate 28/minute, SpO₂- 88% room air. He was started on supplemental oxygen and transferred to emergency department. While in department, patient continued to be unresponsive, tachycardic and tachypneic. Patient was given 1gm of Levetiracetam IV. His blood gas was noted to have severe metabolic acidosis with pH 6.87; HCO₃ = 5.2; lactate of 26.63. ECG showed ST elevation in avR, V1, III and avF and ST depression in I, avL, V2-6. Patient was also noted to have an elevated troponin. Patient had a further episode of seizure as decision was being made for angiogram. 4 mg of lorazepam was given. Within couple of minutes of seizure patient was noted to be going into bradycardia which rapidly deteriorated into asystole. Patient had a ROSC after two cycles of CPR. Post ROSC patient was in complete heart block, unresponsive to atropine.



He was started on percutaneous pacemaker. In ICU he was further started on adrenaline and noradrenaline infusion with no response. Patient had further cardiac arrest few hours being in ICU and was declared dead.

Results and Conclusion: patient presented with known neurological complication of eucalyptus oil but he also had cardiac complication which led onto have bradycardia, complete heart block and asystole.

Keywords: Eucalyptus oil, neurological complication, cardiac complication



Pub No: OP-332

An Uncommon Cause of Chest Pain: Spontaneous Pneumomediastinum

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Introduction and Purpose: Spontaneous pneumomediastinum is a rare but generally benign condition which is seen especially in young men and often responds well to conservative treatment. With this case report, we aimed to describe spontaneous pneumomediastinum, a rare cause of chest pain.

Materials and Methods: A 26-year-old male patient was admitted to the emergency department (ED) with the complaint of stabbing chest pain radiating from the back to the chest that started about 4 hours ago from ED admission. The patient's medical history revealed that he had only diagnosed with type 3 spinal muscular atrophy (SMA). The patient, who used a wheelchair, had no trauma in his history. On admission he had no fever, had normal hemodynamic parameters and showed no signs of respiratory distress. The electrocardiogram was in sinus rhythm with a rate of 100/min. Blood pressure was 122/84 mmHg and oxygen saturation was 97% in room air. Laboratory tests (complete blood count, renal function tests and electrolytes) and arterial blood gas analysis were unremarkable but cardiac enzyme values were higher than their cut-off values. Since there was no significant increase in cardiac enzyme values and no cardiac wall motion abnormalities were detected in bed side echocardiogram, acute coronary syndrome was excluded. Thoracic imaging was performed in terms of other differential diagnoses of chest pain. A slight line of air surrounding the cardiac silhouette was seen in postero-anterior chest X-ray and chest CT was performed that revealed pneumomediastinum. There was no signs of pneumothorax, tracheobronchial tree disruption or esophageal rupture. The patient was hospitalised and treated by inhaled bronchodilators, antibiotics and analgesics. After clinical and radiological improvement; the patient was discharged on the third day of hospitalization and was recommended of outpatient follow-up.

Chest x ray on admission



A slight line of air surrounding the cardiac silhouette was seen

CT image of pneumomediastinum



CT scan showing pneumomediastinum

Results and Conclusion: Spontan pneumomediastinum should be kept in mind in the differential diagnosis of chest pain, especially in young male patients. In addition, in patients presenting to the emergency department with chest pain, thoracic imaging should be performed.

Keywords: chest pain, spontaneous pneumomediastinum, thoracic imaging



Pub No: OP-333

Association between triage levels and length of Emergency Department stay among patients admitted to an academic hospital

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Introduction and Purpose: An Emergency Department (ED) is a medical treatment facility specializing in hospital or other primary care center. Triage is the procedure of detecting the priority of patients' treatments according to the intensity of their condition. We aimed to compare the demographic factors and length of ED stay between different triage levels.

Materials and Methods: This observational study was performed in an academic ED in 2022. We reviewed the ED documents of the whole one month. 1423 patients were evaluated. Approval was obtained from Iran University of Medical Sciences.

Results and Conclusion: Results: The ED stay was significantly higher in level I and II in comparison to level III and IV ($p < 0.001$). Also elder patients remained longer in ED ($p < 0.001$). The length of stay did not differ regards to time of admission and shift work ($p > 0.5$). In conclusion: Based on our outcomes length of ED stay is a factor can be dependent on age and triage levels. Future studies with greater sample size and in other hospitals can produce a more reliable results to improve and continue this investigation.

Keywords: Triage, Emergency Department, length of Stay

Pub No: OP-334

a Rare Complication Of The Graft

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Introduction and Purpose: Aortoenteric fistula (AEF) is a rare but potentially fatal disease. AEF is defined as abnormal communication between the aorta (or aortoiliac tree) and the gastrointestinal tract. It is most commonly caused by primary aortic compression (eg, abdominal aortic aneurysm) or erosion of the aortic prosthetic graft against adjacent gastrointestinal organs. Bacterial and fungal infections secondary to post-fistula complications and associated sepsis are also not uncommon.

Materials and Methods: A 65-year-old male patient was brought to our emergency department with complaints of abdominal and back pain, fever, and cold sweats. In his anamnesis, it was learned that these complaints had been present for a week, but his abdominal pain had increased for a few days due to fever and fatigue. In his history, it was learned that he had undergone aortic graft operation 10 years ago due to an aortic aneurysm. His vitals were unremarkable except for fever: 38.4 degrees, TA: 90/60. In the examination, no pathology was detected except for widespread tenderness in the abdomen. In the advanced imaging of the patient, whose blood was unremarkable, intra-aortic free air and intramural thrombus were detected, and he was admitted to cardiovascular surgery with the preliminary diagnosis of mycotic aneurysmal infection secondary to the stent.

Results and Conclusion: Although many years have passed in patients who have undergone aortic grafting, the possibility of a very mortal fistula and synchronous infection to the fistula that may occur in the chronic period should not be ignored in the emergency department and should be among the preliminary diagnoses.

CT image



Keywords: Aortoenteric fistula, graft



Pub No: OP-335

Diagnostic Accuracy of Ultrasound by Emergency Physicians in Patients with Suspected Small Bowel Obstruction (SBO): A Multi-center Study

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Introduction and Purpose: Small bowel obstruction (SBO) is a common presentation in emergency departments and its rapid and accurate diagnosis may be life-saving for unstable patients. In this regard, the accuracy of diagnosing SBO through ultrasonography by emergency physicians is investigated in the current study.

Materials and Methods: We designed a multi-center cross-sectional study, including hundred clinically suspicious SBO patients. Subjects undergone ultrasonography by emergency medicine physician, and recommended for surgeon consultation. Surgeons were asked to check for signs and symptoms regarding SBO through imaging and examinations, and report the final diagnosis.

Results and Conclusion: Results: Among our 100 clinically suspicious SBO patients, 62 patients were finally diagnosed as obstruction. The most prevalent diagnoses were SBO (42 patients), which was completely obstructed in 20 patients and partially obstructed in 22 patients. Conclusion: Our study showed that, the accuracy of diagnosing SBO through ultrasonography by emergency physicians at the bed-side of patients is quite acceptable.

Keywords: Emergency Department, Small Bowel Obstruction, Ultrasound



Pub No: OP-336

Bullous Pemphigoid with Esophageal Involvement Leading to Upper Gastrointestinal Bleeding in a Pediatric Patient: A Case Report

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Introduction and Purpose: Bullous pemphigoid is a rare autoimmune blistering skin disease, primarily seen in adulthood. It is even rarer in children, and there is limited information in the literature regarding esophageal involvement leading to upper gastrointestinal bleeding in cases of bullous pemphigoid. In this case report, we aim to present a case of bullous pemphigoid with esophageal involvement that resulted in upper gastrointestinal bleeding in a pediatric patient under follow-up.

Materials and Methods: A 12-year-old female patient, diagnosed with bullous pemphigoid one year ago and with no other known chronic illnesses, presented to our Emergency Department (ED) with episodes of bright red vomiting. Bullous skin lesions were observed in the remission phase. The patient's vital signs were stable, a nasogastric tube was inserted, and no active bleeding signs were noted. Hemoglobin levels were monitored, and as they remained stable over 6 hours in the ED, the patient was scheduled for follow-up and discharged. However, the patient returned to the ED with the same complaint five hours after discharge. During the second visit, the patient was found to be tachycardic, and her hemoglobin levels had decreased. She was taken for an endoscopy, which revealed bullous lesions and erosions in the esophagus. Hemostasis was achieved through endoscopy, and after ensuring that her symptoms did not recur during the follow-up period, the patient was discharged with a regulated bullous pemphigoid treatment plan.

Results and Conclusion: Bullous pemphigoid can be a cause of upper gastrointestinal bleeding in children. It should be kept in mind that gastrointestinal mucosal involvement may occur in patients already diagnosed with bullous pemphigoid. Especially in patients with both skin lesions and signs of gastrointestinal bleeding, esophageal involvement of bullous pemphigoid should be considered in the differential diagnosis.

Keywords: Bullous Pemphigoid, Esophageal Involvement, Upper Gastrointestinal Bleeding



Pub No: OP-337

EVALUATION OF COMPUTERIZED TOMOGRAPHY OF PATIENTS WITH THORACIC INJURY ATTENDING THE EMERGENCY DEPARTMENT USING ARTIFICIAL INTELLIGENCE

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Introduction and Purpose: Hemopneumothorax is the pathology having serious morbidity and mortality. True medical diagnosis of these in emergency services and other health units at the right time is closely associated with patients' mortality. The aim of this study is to indicate how to save time and labor force whilst diagnosing the patients with thorax hemorrhage. In this study, the tomograms with/out hemopneumothorax are tried to be interpreted with artificial intelligence programmes. That tomograms are interpreted with artificial intelligence programmes will help both decreasing the work load of radiologist and saving time while interpreting the tomogram and minimize human errors.

Materials and Methods: In this study; tomograms having been scanned and recorded in the system at Turgut Özal health center in between 2012-2022 have been evaluated retrospectively regardless of exclusion criteria such as; age, sex. Tomograms have been reached at the center of emission-computed tomography(SECTRA) in the hospital, and so as to affirm, available tomography reports of the patients in the system, which had been written by radiologist were predicated on. Besides, radiologist's opinion was received for the tomograms the report of which had not been written yet.

Results and Conclusion: In this study, 213 arbitrary thorax tomograms were chosen, ostracizing the ones with intense mobile artefact. At the same time, selected tomograms were categorized according to the hemothorax, contusion and pneumothorax. 67 normal BTT, 44 hemothorax BTT, 35 contusion hemorrhage BTT, 67 pneumothorax BTT were included in this study. With the existing data, the ability of artificial intelligence to detect thorax hemorrhage in thorax tomography has been determined positively, and we expect it to be used in practice in the near future. Existing programs will help the responsible physician make rapid and correct diagnosis, minimize the margin of error, and reduce the workload of the radiologist. These results are strongly supported by the data obtained in this study. Near future, we will see so much ability of artificial intelligence because of like this study.

Keywords: thorax tomography, artificial intelligence, hemopneumothorax



Pub No: OP-338

Diagnostic accuracy of adropin as a preliminary test to exclude acute pulmonary embolism: a prospective study

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Introduction and Purpose: This study aims to investigate the diagnostic accuracy of adropin as a biomarker to exclude the diagnosis of acute pulmonary embolism (PE).

Materials and Methods: Patients admitted to the emergency department of tertiary health centre between August 2019 and August 2020 and diagnosed with PE were included in this prospective cohort study. The amount of serum adropin was determined in patients with (PE) and compared with that of healthy volunteers. Receiver operating characteristic analysis was performed with the obtained data, and the area under the curve (AUC) with 95% confidence interval was determined. The parameters of diagnostic accuracy for PE were determined.

Results and Conclusion: Total of 57 participants were included in the study (28 controls and 29 PE patients). The mean adropin level in the PE group was 187.33 ± 62.40 pg/ml, which was significantly lower than that in the control group (524.06 ± 421.68 pg/ml) ($p < 0.001$). When the optimal adropin cut-of value was 213.78 pg/ml, the likelihood ratio of the adropin test was 3.4, and the sensitivity of the adropin test at this value was 82% with specificity of 75% (95% CI; AUC: 0.821). Our results suggest that adropin may be considered for further study as a candidate marker for the exclusion of the diagnosis of PE. However, more research is required to verify and support the generalizability of our study results.

Keywords: Acute pulmonary embolism, Adropin, Biomarker, Emergency medicine

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Cytotoxic Lesions of The Corpus Callosum In A Patient With Respiratory System Infection

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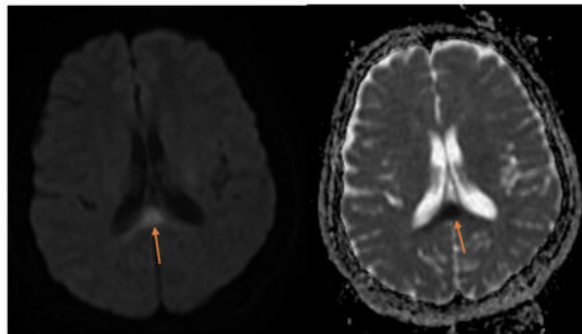
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Introduction and Purpose: While headache, dizziness, nausea and vomiting may be the common symptoms of many pathologies at the beginning, such symptoms that do not relieve despite treatment and persist for hours or days may be the harbinger of central pathologies. Cytotoxic lesions of the corpus callosum (CLOCCS) have a wide etiology including infection, trauma, drug-related, malignancy, metabolic disorders, toxins, and subarachnoid hemorrhage.

Materials and Methods: A 38-year-old female patient was admitted to our emergency department with complaints of persistent headache, dizziness and vomiting for two days. When the patient's anamnesis was detailed, she had complaints of sore throat, occasional cough and runny nose for 1 week. In her physical examination, there was no additional examination finding except right ataxia. While the complaints did not regress and the patient had right ataxia in the neurological examination, no features were found in the cranial computed tomography in the central imaging, but diffuse restriction in the corpus callosum splenium was observed in the cerebral diffusion magnetic resonance imaging. With the preliminary diagnosis of CLOCCs, he was hospitalized by the neurology clinic and anticoagulant treatment was started. After the service follow-ups, the patient was discharged with recovery.

Figure 1





Diffuse restriction area in the corpus callosum on diffusion MRI imaging and its counterpart in the ADC sequence

Results and Conclusion: Cytotoxic lesions of the corpus callosum are an extremely rare clinical and radiological syndrome associated with many infectious etiologies. In the pathogenesis of CLOCCS, an inflammatory process involving cytokines such as IL-6 triggers glutamate accumulation in the extracellular space, resulting in cytotoxic edema, especially in astrocytes. In our case, there were symptoms affecting the respiratory system such as sore throat, cough and nasal discharge for a while, and the clinical process was associated with this picture. Dizziness, headache, nausea and vomiting complaints usually regress with symptomatic treatment in the emergency department, depending on the underlying etiology. If these complaints persist, it should be kept in mind that there may be symptoms related to central pathologies.

Keywords: CLOCCs, infection, emergency medicine



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Association between indices of inflammation and mortality in patients with severe COVID-19

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Introduction and Purpose: Coronavirus disease (COVID-19) is known to be associated with an increased inflammatory response. Therefore, inflammatory indices can be used to predict prognosis in COVID-19 patients. In our study, the relationship of systemic inflammation index (SII), systemic inflammation response index (SIRI), aggregate index of systemic inflammation (AISI) and prognostic nutrition index (PNI) with prognosis in patients with severe COVID-19 was investigated.

Materials and Methods: A retrospective analysis was conducted on 788 patients diagnosed with severe COVID-19 in the emergency department between 01/06/2019 and 01/06/2022. $SII = \frac{\text{platelet} \times \text{neutrophil}}{\text{lymphocyte}}$, $SIRI = \frac{\text{neutrophil} \times \text{monocyte}}{\text{lymphocyte}}$, $AISI = \frac{\text{neutrophil} \times \text{platelet} \times \text{monocyte}}{\text{lymphocyte}}$ and $PNI = \frac{10 \times \text{serum albumin [g/dL]} + (0.005 \times \text{lymphocyte} / \mu\text{L})}{100}$. SII, SIRI, AISI, and PNI levels were compared statistically between patient groups, including survivors and non-survivors as well as those receiving and not receiving MV support. Additionally, ROC analysis was conducted to assess the impact of these indices on mortality prediction, and sensitivity and specificity were calculated.

Results and Conclusion: SII, SIRI, and AISI levels were notably elevated in critically ill patients who received MV support and died, as compared to those who did not receive MV support and lived. Conversely, PNI levels were comparatively lower in the former group ($p < 0.001$ for all) (Table 1,2). According to ROC analysis, the PNI had the highest predictive value when the cut-off value exceeded 309, with a sensitivity of 86.76%, specificity of 87.43%, and AUC of 0.937. But the AISI had the lowest predictive value when the cut-off value is less than 2368.8, with a sensitivity of 81.05 %, specificity of 45.43 %, and AUC of 0.680 ($p < 0.001$ for all) (Table 3). SII, SIRI, AISI and PNI levels calculated on admission are inexpensive, easily accessible and reliable inflammatory indices associated with mortality in patients with severe COVID-19.

Table 1

Table 1. Comparison of surviving and non-surviving patient groups

Parameters	Unit	Survivors (n=438)	Non-survivors (n=350)	P value
Age	year	66.71 ± 15.66	72.2 ± 13.23	<0.001
Gender	Male	226 (%53.8)	194 (%46.2)	0.284
	Female	212 (%57.6)	156 (%42.4)	
WBC	10 ⁹ /mL	8.4 (6.2 – 11.21)	12 (8.16 – 16)	<0.001
Neutrophil	10 ⁹ /mL	6.95 (4.71 – 9.23)	10.9 (6.9 – 15)	<0.001
Monocyte		0.5 (0.25 – 0.77)	0.6 (0.3 – 1)	0.002
Lymphocyte	10 ⁹ /mL	0.8 (0.5 – 1.14)	0.6 (0.3 – 0.8)	<0.001
Platelet		205 (153 – 275)	195 (145 – 261)	0.011
Albumin		38.25 (34.2 – 45)	26 (25 – 28.7)	<0.001
SI		1796.41 (933.75 – 3410.427)	3598.2 (2037.9 – 6673.3)	<0.001
SIRI		3.6 (1.59 – 8.21)	10.78 (4.13 – 26.13)	<0.001
AISI		736.5 (312 – 1950)	1969.6 (703.5 – 5175)	<0.001
PNI		382.51 (342 – 450.01)	260 (248 – 287)	<0.001
MV support	Yes	109 (%25.6)	316 (%74.4)	<0.001
	No	329 (%80.6)	34 (%9.4)	
Length of hospital stay	day	11 (8 – 18)	10 (6 – 17)	0.052

WBC: white blood cells, SI: systemic inflammation index, SIRI: systemic inflammation response index, AISI: aggregate index of systemic inflammation, PNI: prognostic nutrition index, MV: mechanical ventilation

Comparison of surviving and non-surviving patient groups

Table 2

Table 2. Comparison of mechanical ventilation requirements and parameters

Parameters	receiving MV support (n=427)	Not receiving MV support (n=361)	p value
WBC	11.5 (7.79 – 15.4)	8 (6.13 – 11)	<0.001
Neutrophil	9.7 (6.61 – 14)	6.6 (4.7 – 9.08)	<0.001
Monocyte	0.6 (0.3 – 1)	0.5 (0.27 – 0.77)	<0.001
Lymphocyte	0.6 (0.4 – 0.8)	0.8 (0.5 – 1.16)	<0.001
Platelet	200 (149.75 – 272)	200 (132.25 – 266.75)	0.367
Albumin	27.3 (25 – 32.4)	38 (34 – 45)	<0.001
SI	3401.1 (1915.6 – 6340.3)	1727.14 (922.5 – 3210)	<0.001
SIRI	9.2 (3.67 – 23.2)	3.44 (1.36 – 7.8)	<0.001
AISI	1717.5 (617.6 – 4837.6)	688 (286.95 – 1737)	<0.001
PNI	273 (230 – 324)	380.02 (340 – 450.01)	<0.001

WBC: white blood cells, SI: systemic inflammation index, SIRI: systemic inflammation response index, AISI: aggregate index of systemic inflammation, PNI: prognostic nutrition index, MV: mechanical ventilation

Comparison of mechanical ventilation requirements and parameters

Table 3

Table 3. ROC analysis of mortality prediction parameters

	AUC (%95 CI)	Cut-off	p	Sensitivity (%)	Specificity (%)
WBC	0.692	≤10	<0.001	69.63	62.57
Neutrophil	0.709	≤9	<0.001	74.2	60.29
Monocyte	0.565	≥0.93	0.002	87.44	28.86
Lymphocyte	0.672	>0.76	<0.001	52.97	73.14
Platelet	0.553	>174	0.011	67.12	44
Albumin	0.936	>30.9	<0.001	86.76	87.43
SII	0.697	≤2475	<0.001	64.84	69.43
SIRI	0.716	≤10.27	<0.001	81.74	51.71
AISI	0.680	≤2368.8	<0.001	81.05	45.43
PNI	0.937	>309	<0.001	86.76	87.43

WBC: white blood cells, SII: systemic inflammation index, SIRI: systemic inflammation response index, AISI: aggregate index of systemic inflammation, PNI: prognostic nutrition index, ROC: receiver operating characteristic, AUC: area under the curve

ROC analysis of mortality prediction parameters

Keywords: SII, SIRI, AISI, PNI, mortality



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Spontaneous intracerebral hematoma, which is common in the elderly and surgical indication

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Introduction and Purpose: Spontaneous intracerebral hemorrhage (SICH) is the type of bleeding that accounts for 10-15% of non-traumatic bleedings and strokes. The incidence of SICH is approximately 25/100.000 people and the 12-month mortality is approximately 40-60%, which most of it occurs within the first 1 month. It is mostly seen in the basal ganglia; the frequency increases with age and is associated with uncontrolled arterial hypertension (HT). Many factors are involved in its prognosis; such as age, Glasgow coma score (GCS), concomitant diseases and localization.

Materials and Methods: Our study consists of 27 adult patients, 21 male and 6 female, who were admitted to the emergency department in the last 5 years and diagnosed with SICH. In addition to the demographic data of the patients like age, gender, systemic diseases, GCS and neurological examination findings at the time of first admission is also evaluated. We separated the patients into 3 groups GCS 5-8, GCS 9-12 and GCS 13-15.

Results and Conclusion: In this retrospective study, we evaluated 27 patients, 21 male and 6 female, which all had supratentorial location. The mean age of these patients was 62.87 (19-92) years. While 16 of the patients were ex (59.3%), 16 of these patients were in the GCS group of 3-8. GCS was 5.41 ± 1.68 in the ex group, which was lower than in the survived group. The main goal of the surgery is to decrease the intracranial pressure. In our study, 16 patients (%59,3) had hypertension. In our study, the most common site of hematomas was the deep region with 19 (70.3%) patients. SICHs may open to ventricles sometimes and as a result, obstruction in the cerebrospinal fluid (CSF) passageways may occur. In this case, hydrocephalus may also develop, which adversely affects the prognosis. In our study, hematoma was opened to the ventricle in 22 patients (81.5%). So, a CT scan should be performed immediately, for the patients who have admitted to the emergency department with impaired consciousness. It should not be forgotten that early intervention of bleeding, if any, may contribute to a better prognosis.

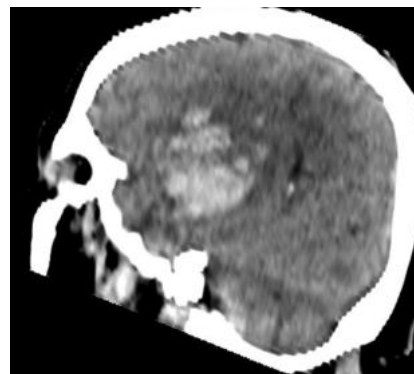
Qualitative variables distribution

variable		n	%
GCS	3-8	37	69,8
	9-12	16	30,2
gender	Female	6	22,3
	Male	21	77,7
localization	Lobar	8	29,7
	Deep	19	70,3
bleeding side	Right	13	49
	Left	14	51
opening to the ventricle	Yes	5	18,5
	No	22	81,5
treatment result	discharged home	11	40,7
	Ex	16	59,3
diabetes mellitus	No	15	55
	Yes	11	45
asthma	No	25	92,5
	Yes	2	7,5
coronary artery disease	No	18	66,6
	Yes	9	33,4
hypertension	No	11	40,7
	Yes	16	59,3

Quantitative variables distribution

Variable	Mean	Minimum	Maximum
Age (year)	62,87	19,00	92,00
intensive care hospitalization (day)	22,53	1,00	174,00
GCS	6,85	3,00	12,00

Computed tomography of the brain, Sagittal section deep-seated hematoma



Keywords: Spontaneous intracerebral hemorrhage, Hemorrhagic cerebrovascular disease, Localization of the bleeding, Emergency department

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A Case Report: Pulmonary Artery Dissection In A Young Patient with Pulmonary Hypertension

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Introduction and Purpose: Pulmonary artery dissection is an extremely rare and highly fatal condition. It is usually paired with a pulmonary arterial aneurysm due to pulmonary hypertension. Most diagnosis are made from autopsies due to high fatality. It is aimed to raise awareness about this life-threatening condition, besides other emerging chest pain and back pain related pathologies.

Enlarged Pulmonary Artery



Materials and Methods: A 37 year old woman suffering from 'cold' and back pain lasting for 2 days was admitted to ED. Her past history includes pulmonary arterial hypertension for 8 years. She and her husband stated that they're both having similar symptoms due to 'common cold'. She had a sore throat, chest pain and back pain. Physical examination revealed decreased lung sounds in left base, ecchymoses due to cupping therapy in her back (for her 'cold') and normal oropharynx. Her blood pressure was 85/50 mmHg which responded well to a normal saline infusion. Heart rate was 101/min and oxygen saturation was 92%. In ECG, T wave inversions were seen in leads v1-v4, D3 and aVF. Laboratory findings revealed cardiac troponins were within normal limits and CRP level was 76.

Arterial blood gas was consistent with respiratory alkalosis (pH:7,5; pO₂:52, pCO₂:25). For further evaluation, pulmonary artery CT angiography is performed. The CT scan showed an enlarged main pulmonary artery; 100mm in diameter and a 17mm length dissection site. Emergent cardiovascular surgery and cardiology consultations were made. Unfortunately, this patient suffered a sudden cardiac arrest while under observation in the emergency room and died.

Pulmonary Artery Dissection



Enlarged pulmonary artery and dissection site

Pulmonary Artery Dissection



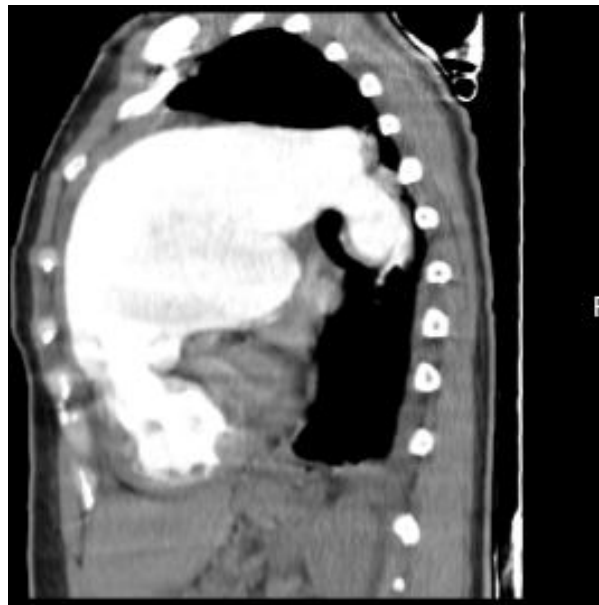
Enlarged right pulmonary artery

ECG



Results and Conclusion: A review of the literature shows that only a few dozen of patients with pulmonary artery dissection survived since it was first described in 1842. This case reminded us that we should keep in mind pulmonary artery pathologies besides other life-threatening diagnosis (acute coronary symptoms, aortic dissection, etc) when we evaluate a patient complaining of chest pain or back pain. Also, when we consider that our patient waited for 2 long days before coming to the ED, it would be appropriate to work on raising awareness in these high-risk patients with pulmonary hypertension disease. An early surgical intervention can be life-saving in these patients.

Pulmonary Artery Dissection



Enlarged Pulmonary Trunk (sagittal view)

Keywords: pulmonary artery dissection, pulmonary hypertension



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Neuroleptic Malignant Syndrome (NMS)

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Introduction and Purpose: NMS is a rare, life-threatening and unpredictable (idiosyncratic) complication that occurs with the use of drugs that affect the central dopaminergic system (most commonly antipsychotics). Due to the rarity of this syndrome and difficulties in its differential diagnosis, this case will be described.

Materials and Methods: A 55-year-old female patient with a known diagnosis of bipolar disorder was brought to the emergency department with complaints of irregular medication use, impaired consciousness, inability to speak, and body spasms that had been present for two days. The patient is receiving lithium 900 mg/day, olanzapine 20 mg/day, duloxetine 30 mg/day, chlorpromazine 100 mg/day, and quetiapine 200 mg/day. She was admitted to the intensive care unit with a prediagnosis of NMS. She was intubated on the third day of his hospitalization. In the examination, no extrapyramidal symptoms such as cogwheel sign and tongue fasciculation were detected, GCS: 15, oriented-cooperative patient was transported to the service on the 21st day in the intensive care unit.

Results and Conclusion: According to the diagnostic criteria established by the American Psychiatric Association (DSM-IV), tremor, altered consciousness, high variable blood pressure, tachycardia, leukocytosis, elevated serum creatinine in our case suggested the diagnosis of NMS and were evaluated as the inability to explain the current situation with the presence of another disease. Mortality rate is high in Neuroleptic Malignant Syndrome. The most accurate approach to reduce mortality is the effective application of intensive care therapy in the presence of abnormal autonomic dysfunction, respiratory distress due to rigidity and hemodynamic instability. NMS is a rare but life-threatening syndrome due to its high mortality. Keeping the diagnosis of NMS in mind and questioning the use of neuroleptic/antipsychotic drugs persistently in the anamnesis are very important in preventing the mortal course of the disease.

Keywords: Neuroleptic malignant syndrome, emergency, fever, rigidity.

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FENTANYL INTOXICATION DUE TO UNCONSCIOUS DRUG USE

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Introduction and Purpose: Opioid high doses and intoxications are associated with high rates of mortality and morbidity. It is reported that an average of 69,000 people die every year worldwide due to opioid intoxications. In recent years, there has been an increase in opioid overdose cases due to the increase in the use of opioid analgesics in patients with non-cancer chronic pain.

Materials and Methods: The 82-year-old female patient, with a known diagnosis of atrial fibrillation and hypertension, was brought to us by 112 teams due to confusion and respiratory distress. On arrival, the patient's general condition was moderate, she was conscious, GCS was 14, blood pressure was 145/68, spO₂ was 82% without O₂ support, pulse was 78 beats/min, The patient's ECG was in AF rhythm. In the examinations of the patient, arterial blood gas showed PCO₂: 58 mmHg and other tests were completely within the normal range. The central imaging of the patient was observed naturally. The patient was consulted to the chest diseases clinic for hypercarbic respiratory failure and to the neurology clinic for central pathologies. During their consultation, the patient, whose consciousness increased and his GCS decreased to 6, was taken to the resuscitation room and intubated. When the patient was examined in detail at this time, 3 fentanyl 50 mcg/h transdermal patches were seen behind the patient's right knee. When the anamnesis taken from the patient's relatives was detailed, it was stated by the relatives that this medicine did not belong to the patient and that she probably took it unconsciously. The patient's current clinical picture was evaluated as opioid intoxication, the patient's fentanyl patches were removed, and 0.4 mg naloxone was administered to the patient. The patient was admitted to anesthesia intensive care unit.

Results and Conclusion: Side effects resulting from transdermal fentanyl application are typical opioid side effects. Naloxone effectively reverses respiratory depression and supports the diagnosis. In our patient, breathing was restored by administering Naloxone. As a result, we think that there may be an increase in such cases due to the excessive use of transdermal fentanyl in recent years and its unconscious off-label use.

Keywords: Fentanyl intoxication, Unconscious drug use



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Results of a 12 Years of Clinical Experience in Cases with Fournier's Gangrene

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Introduction and Purpose: Fournier's Gangrene is a necrotizing fasciitis caused by aerobic and anaerobic bacteria in the genitalia. This is an important urological emergency which needs urgent intervention. In this study we evaluated the clinical data on emergency records on Fournier's Gangrene.

Materials and Methods: Data of twenty-six Fournier's Gangrene patients between April 2010 and April 2022 were evaluated. The evaluation criteria were age, co-morbidities, morbidity and mortality rates, isolated microorganism species, complaints and duration, diagnostic tool, the method of treatment and duration of hospital stay.

Results and Conclusion: All patients were male, mean age was 59.5 years and mean duration of the complaints was recorded as 7.8 days. Mean hospital stay was 10.6 days. Most common comorbidity was diabetes mellitus (16, % 61.5) and coronary artery disease (6, % 23) While by 15 scrotum was affected (% 57.7), affected area was scrotal and inguinal in 9 (34.6 %) and scrotal and perineal in 2 (7.7 %). Diagnosis was made by scrotal and superficial tissue ultrasound by 21 (80.8%) and with lower abdomen MRI in 5 (19.2 %). Treatment was debridement and daily wound dressing by 22 and additional orchiectomy in 4 patients. 4 of the patients died in the ICU (12.5%) and 22 (87.5%) patients were discharged in good health after secondary suturisation. Fournier's Gangrene is a rapidly progressing urgent urological disease which can result in high morbidity and mortality in absence of early diagnosis. Standart treatment modality is urgent surgical debridement and medical treatment with broad spectrum antibiotics in order to prevent serious complications.

Keywords: Fournier's Gangrene, Surgical debridement, Fasciitis

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Mucormycosis is a mortal enemy

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Introduction and Purpose: Mucormycosis infections are a condition with acute onset and high mortality, especially in immunosuppressive patients. We herein present a case of mucormycosis.

Materials and Methods: A 65-year-old woman admitted to emergency department (ED) with the complaints of ptosis of left eyelid for 3 days. It was mentioned that she was diagnosed with covid-19 one month ago. She was hospitalised for 4 days due to persistent cough and ongoing pcr positivity despite treatment and received piperacillin-tazobactam and 40 mg methylprednisolone treatment for 5 days. The patient had a history of ischaemic stroke, liver cirrhosis and diabetes mellitus. It was learned that her glucose levels were irregular and she had been treated with 32 mg methylprednisolone after discharge. Physical examination revealed ptosis of the left eyelid, total limitation of left eyeball movements and mydriasis. The patient was tachypneic (24/min) but other vital signs were normal. Blood tests showed leukocytosis (19.13 K/uL), thrombocytopenia (42 K/uL), hyperglycaemia (264 mg/dL), hypernatraemia (125 mmol/L), high C-reactive protein (32 mg/L), hyperbilirubinaemia (12.3 mg/dL). Head and orbita CT imaging revealed preptosis and inflammatory appearances around left preseptal region, left orbita and left maxillary sinus. In the nasal endoscopy, necrosis and hyphal structures were observed in the lateral wall of the left nasal passage and conchae. Fungal sinusitis was considered. Orbital MRI showed signal intensity increases in the left nasal dorsum, lateral and superior walls of left orbita and left optic nerve which were compatible with infectious and inflammatory processes. The patient was hospitalised with the diagnosis of rinoorbital mucormycosis and amphotericin-b 5 mg/kg was started. The patient was operated for debridement on the next day of admission. After the operation, fever, severe hypotension, decreased urine output and metabolic acidosis developed in intubated patient. Methicillin-resistant staphylococcus aerus and Enterococcus faecium were identified in blood and catheter cultures. Although haemodialysis, antibiotics and inotropic drugs were applied, the patient died on the 6th day of hospitalisation due to septic shock and multiple organ failure.

Results and Conclusion: Rhinoorbital mycormucosis is a high mortality infection that usually occurs in diabetic, corticosteroid using or immunosuppressive individuals. Debridement, antifungal treatment and treatment of other co-morbid conditions are important.

Keywords: mucormycosis, ptosis, covid, immunosuppression

Pub No: OP-347

Non-ketotic hyperglycemic hemichorea in an elderly male

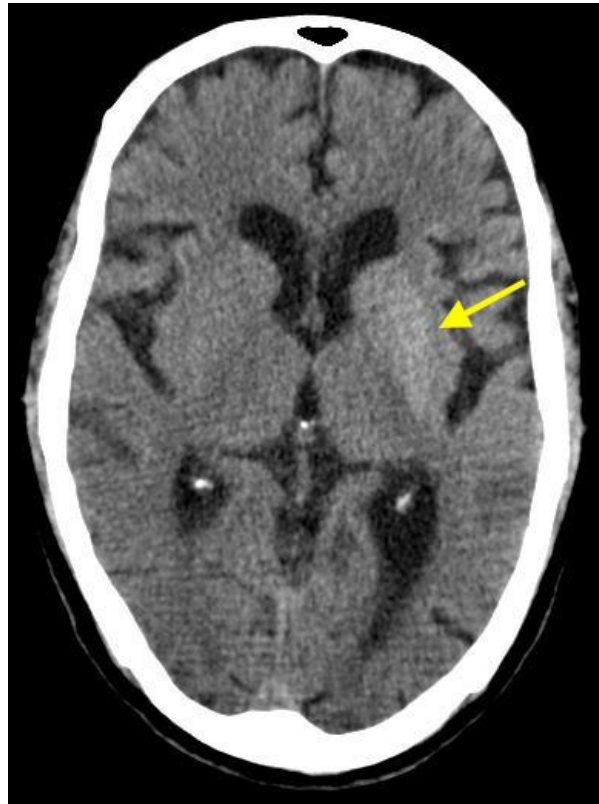
Ezhilkugan Ganessane¹, Balamurugan Nathan¹, Amaravathi Uthayakumar¹

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Introduction and Purpose: Non-ketotic hyperglycemic hemichorea is a rare complication of diabetes mellitus seen in the emergency department. It is most commonly reported in elderly females, predominantly of Asian race, with poorly controlled diabetes mellitus. Patients present with a triad of non-ketotic hyperglycemia, hemichorea, and contralateral basal ganglia abnormality on imaging. Its exact pathophysiology is still not known. However, it has a very good prognosis with early diagnosis and treatment.

Materials and Methods: A 61-year-old Asian male with uncontrolled diabetes mellitus due to medication noncompliance presented to our emergency department with a history of involuntary choreiform movements involving his right upper and lower limbs for three days and altered mental status for one day. There was no history of fever, neck stiffness, head trauma, poisoning, or a family history of movement disorder. He was not taking neuroleptic medications that could cause chorea. By the time of his presentation to our emergency department, he was unresponsive with agonal respirations, a thready pulse, and an unmeasurable blood pressure. He was intubated and mechanically ventilated. Point-of-care blood glucose read "HI" and the laboratory value was >500mg/dl, the upper limit of the test. His urine ketones were negative by dipstick method. The calculated serum osmolality was 328 mOsm/L. His blood pressure improved with fluid resuscitation, and insulin infusion was started. Non-contrast computed tomography (CT) brain revealed hyperdensity in the left striatum (caudate nucleus and putamen) with sparing of the internal capsule and no hemorrhage (figure 1). After ruling out ischemic/hemorrhagic stroke and hyponatremia, a diagnosis of non-ketotic hyperglycemic hemichorea was made. The patient's sensorium improved with blood glucose control in the next 24 to 36 hours, and the chorea also resolved.

Figure 1



Non-contrast CT brain of our patient demonstrating left striatal hyperdensity (yellow arrow)

Results and Conclusion: Non-ketotic hyperglycemic hemichorea should be included in the differential of a patient presenting with chorea and high blood glucose levels. Non-ketotic hyperglycemic hemichorea is typically seen in elderly Asian females, though cases in males have lately been reported as well. It is characterized by a triad of non-ketotic hyperglycemia, hemichorea, and contralateral basal ganglia imaging abnormality. The condition is reversible on restoration of normoglycemia with an excellent prognosis.

Keywords: Non-ketotic hyperglycemic hemichorea, diabetic striatopathy, hyperglycemic hemichorea



Pub No: OP-348

Olive Is Good Only Without Seeds

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Introduction and Purpose: Intestinal obstruction may be functional or mechanical and may be partial or complete. Mechanical large bowel obstruction may be caused by malignant or benign etiologies. Patients with large bowel obstruction may present acutely with abdominal pain due to sudden onset of abdominal distension and sudden lumen obstruction, or with a subacute or chronic change in bowel habits over a period of time due to progressive lumen narrowing. Longer duration of symptoms and associated symptoms such as unintentional weight loss or rectal bleeding may suggest a malignant rather than benign etiology.

Materials and Methods: A 65-year-old patient who applied to our emergency department with complaints of abdominal pain, abdominal bloating, nausea and vomiting that has been going on for a week, is brought by 112 teams. His vitals are within natural limits. In the systemic examination, bowel sounds were decreased on abdominal auscultation, and there was no tenderness on palpation except for diffuse distension. The history of the patient, whose broad-based air-fluid levels were detected in the direct X-ray imaging, is deepened. It is learned that he has swallowed olive seeds for the last 1 month. In contrast-enhanced abdominal CT, olive pits are observed, except for the appearance compatible with large intestine type ileus. After NGS is inserted, he is interned in the general surgery service.

Results and Conclusion: In patients who come to the ileus clinic with no additional disease, no history of previous surgery, and electrolyte disturbances that can cause paralytic ileus, malignancies such as hair, swallowing hair, mass that can cause mechanical compression from the outside, colon or rectum ca, lifestyle changes and dietary habits should be questioned, and hard objects that can cause ileus should be questioned. It should be taken into account that similar pictures may occur with oral ingestion.



CT image



Keywords: ileus, oliveseeds



Pub No: OP-349

A Case Report: Approach to Leptospirosis/Hantavirus in The Emergency Department

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Introduction and Purpose: Leptospirosis is a zoonotic infection caused by spirochetes, which has started to appear in emergency departments in recent years due to the increasing trend of keeping pets in our country and the increasingly evident climate changes. Transmission occurs through water contaminated with rodent urine. Liver and kidney dysfunction should be considered in the differential diagnosis in febrile patients who present to the emergency department with non-specific complaints. While clinical suspicion, anamnesis and laboratory approach lead to diagnosis; Delayed diagnosis and treatment can result in multiple organ failure leading to death.

Materials and Methods: A 59-year-old male patient was admitted to our emergency department as an outpatient after he was found to have elevated liver function tests at the health institution where he applied due to nonspecific complaints. Following the physical examination and laboratory tests, the patient was admitted to the infectious diseases clinic for follow-up and treatment with the preliminary diagnosis of leptospirosis.

Results and Conclusion: Leptospirosis is a zoonotic infectious disease transmitted by rodents. Leptospirosis should be considered in cases of acute febrile illness with suspicious clinical findings in people with a history of exposure to fluids contaminated with animal urine or infected animal tissues, usually in endemic areas. Patients may experience complaints such as bleeding symptoms, rashes, deterioration in liver and kidney tests, and respiratory distress accompanied by fever. In this case, the anamnesis should be deepened and leptospirosis should be brought to mind. Isolation and treatment should be started quickly to increase the chances of survival of patients and prevent infection.

Keywords: Leptospirosis, fever, renal failure, emergency



Pub No: OP-350

Evaluation of Suppression of Tumorigenicity 2 Protein Levels in the Differential Diagnosis of Peripheral and Central Vertigo

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Introduction and Purpose: Objectives: Increased plasma ST2 concentrations have been shown to be significantly associated with functional outcomes after an ischemic stroke. The aim of this study was to evaluate whether serum ST2 levels can be used as an indicator in the differential diagnosis of central and peripheral vertigo in the emergency department.

Materials and Methods: Methods: This prospective observational study was conducted in the Emergency Department of a tertiary care University Hospital. The inclusion criteria were as follows: acute onset of vertigo and age ≥ 18 years. Exclusion criteria: Patients with an National Institutes of Health Stroke Scale score ≥ 1 , neurological symptoms other than dizziness. The patients were divided into an non-infarction group and infarction group based on MRI with diffusion weighted imaging findings.

Results and Conclusion: Results: 55 patients who presented with vertigo and 37 healthy volunteers were included in the study. 38 (41,3%) were female, and the mean age was 54 (± 23) years. The MRI-DWI of 34 (37%) cases had abnormal findings. An ROC analysis was performed to evaluate whether ST2 levels were a biomarker to differentiate between peripheral and central vertigo. The area under the ROC curve was 0.618. In terms of diagnostic value, ST2 levels were not statistically significant ($p = 0.125$). Conclusion: Serum ST2 levels were significantly higher in patients with central vertigo compared to those in healthy individuals. ST2 levels may have age-related variations. However, serum ST2 levels are not sufficiently sensitive to exclude central vertigo.

Distribution of age and ST2 levels according to gender

Table 1. Distribution of age and ST2 levels according to gender

	Male	Female	p
Age	54.93 \pm 23.51	50.45 \pm 24.43	0.378
ST2	39.71 \pm 30.57	28.3 \pm 27.19	0.069

Statistics are shown as mean \pm standard deviation.

Distribution of age and ST2 levels by study group

Table 2. Distribution of age and ST2 levels by study group.

	Central vertigo	Peripheral vertigo	Healthy volunteers	p
Age	73.79 ± 12.28 ^b	60.1 ± 21.42 ^a	30.05 ± 8.24 ^c	< 0.001*
ST2	57.5 ± 25.11 ^a	47.57 ± 17.94 ^a	7.18 ± 9.68 ^b	< 0.001*

*There was a statistically significant difference between groups with different superscripts.

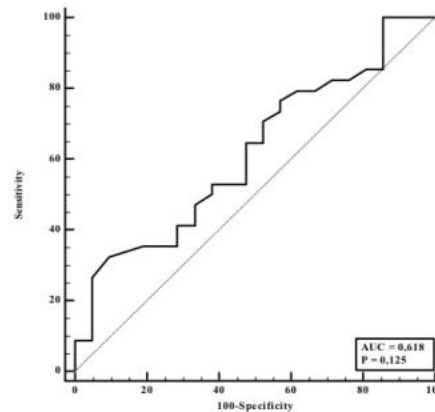
Diagnostic value of ST2 levels.

Table 3. Diagnostic value of ST2 levels.

	Cut-off value	AUC	SE of AUC	CI for AUC	Sensitivity	Specificity	p
ST2	> 68	0.618	0.08	0.477-0.746	0.324	0.905	0.125

AUC: area under the curve SE: standard error CI: confidence interval

Figure 1. ROC curve for the ST2 biomarker.



Keywords: Benign Paroxysmal Positional Vertigo, Central Origin Vertigo, ischemic stroke, biomarkers, soluble suppression of tumorigenicity 2



Pub No: OP-351

THE ROLE OF INFLAMMATORY PARAMETERS IN PREDICTING COMPLICATIONS IN ACUTE APPENDICITIS CASES

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Introduction and Purpose: The study aimed to determine the complication status of patients diagnosed with acute appendicitis (AA), and the impact of these parameters on the severity of the disease through the evaluation of the routine parameters of the patients

Materials and Methods: This study is a retrospective study of patients diagnosed with acute appendicitis (AA) in the emergency department (ED) between January 1, 2019, and December 31, 2020. The demographic data, blood tests, and scores of the patients calculated in the ED were recorded.

Results and Conclusion: Of the 223 patients included in the study, 63.7% were male, with an average age of 37.5 ± 16.8 years. It was found that cases of complicated appendicitis (CA) had statistically significantly higher levels of hematological parameters, including neutrophil-to-lymphocyte ratio (NLR), platelet-to-lymphocyte ratio (PLR), C-reactive protein (CRP), systemic immune inflammation index (SII), white blood cell count (WBC), and neutrophil levels. On the contrary, a reduced lymphocyte / C-reactive protein ratio (LCRP) and lymphocyte levels were observed. When the sensitivity and specificity of LCRP and NLR parameters in detecting CA are examined; for the LCRP rate, 78.9%, 89.7%, respectively (cutoff ≤ 0.1 95% CI, 0.711-0.847, AUC 0.782; p: 0.00), for the NLR rate, 64.9%, 77.1%, respectively (cutoff ≥ 8.2 95% CI was found to be 0.585-0.743, AUC 0.664; p: 0.01). Inflammatory markers were found to be important parameters in distinguishing between CA and non-complicated appendicitis (NCA). In the study, values such as LCRP, SII, NLR, and PLR were identified as useful parameters in distinguishing between CA and NCA.

Keywords: AA, ED, CA, LCRP, NCA



Pub No: OP-352

Evaluation of the rational drug use based on World Health Organization prescribing indicators in the emergency department

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Introduction and Purpose: World Health Organization (WHO) has developed markers of rational drug use (prescription markers, patient care markers, and health facility markers) that enable the assessment of rational drug use. WHO prescribing markers provide useful data in the evaluation of rational drug use. The aim of the present study was to evaluate the rational drug use according to the World Health Organization prescribing indicators by examining the prescriptions of the patients referred to emergency medicine department of Konya City Hospital.

Materials and Methods: This cross-sectional retrospective study evaluated the prescription data of patients that admitted to Emergency Medicine Clinic of Konya City Hospital on October 1st, 2021. The patients who were prescribed e-prescriptions were analyzed in terms of parameters such as, demographic characteristics (age, gender), clinical diagnoses and International Classification of Disease (ICD-10) codes, number of prescribed drugs, names and Anatomical Therapeutic Chemical (ATC-1, ATC-2 and ATC-5) codes of drugs, dosage forms and routes of administration of the drugs, presence of antibiotics and injections in the prescription. In addition, prescriptions were evaluated in terms of WHO core prescribing indicators such as the average number of drugs per patient, the percentage of drugs prescribed with a generic name, the percentage of patients prescribed an antibiotic, the percentage of patients prescribed injections, the percentage of drugs prescribed from the essential drug.

Results and Conclusion: Of a total of 304 patient data, the mean age was 34.8 ± 11.6 years, most of which were female (59.2%). The average number of drugs per patient was 2.2. Hyoscine-n-butylbromide (6.6 %) was the most frequently prescribed drug. The percentage of drugs prescribed by generic name was 0%. The percentage of drugs from essential drug list was 28.3%. The percentage of encounters with an antibiotic prescribed was 38.2% and with an injection prescribed was 2.6%. In the present study, we demonstrated that while the percentage of encounters with an injection prescribed was optimal according to WHO standard values ($\leq 20\%$), other indicators such as the percentage of encounters with an antibiotic prescribed, the percentage of drugs prescribed by generic name and the percentage of drugs from essential drug list was quite far from the WHO ideal ranges. We hope that this study will make important contributions to implement appropriate interventions by health authorities to promote rational drug use.

Keywords: World Health Organization, Emergency medicine, Rational drug use

Pub No: OP-353

4 DISEASE 1 RESULT

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Introduction and Purpose: There are different applications to the emergency department, the most common reasons for these applications are cerebrovascular disease, chronic renal failure, myocardial infarction, chronic obstructive pulmonary disease (CVD, CRF, MI, and COPD) (1). In the case we are trying to present, more than one disease (Subarachnoid hemorrhage, MI, CVD) was detected together. Though each of the diseases has vital clinical importance, it is rare for them to occur together. In this case, we tried to show how important it is for emergency room doctors to consider the importance of systematic examination and the coexistence of additional diseases and the path to be followed in patient treatment.

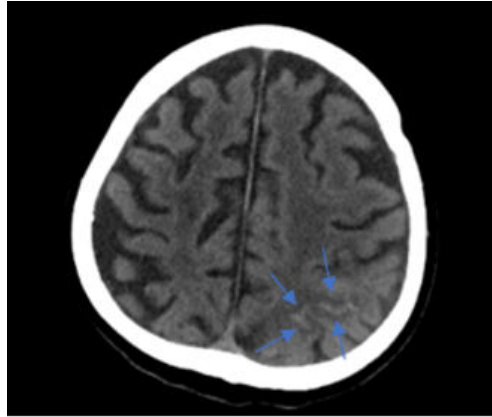
Materials and Methods: An 86-year-old male patient , who appeared to be in good health at 22:00 in the evening at the nursing home , was found to be unconscious in his bed around 06:00 in the morning _ the patient , who answered the questions meaninglessly. electrocardiography (ECG) of the patient, AF and anterior ST elevation was observed . In blood tests The troponin value was >25 (0.0-0.3). The patient's right hemiparesis Brain computer tomography (CT) and diffusion MRI images were taken. Brain CT showed subarachnoid hemorrhage in the left parietal region. In diffusion MRI, patchy acute infarct areas were observed in the posterior fossa, left cerebellar hemisphere, bilateral occipital lobes and parietal lobes Decompensated HF was detected in the thorax CT image taken due to decreased breath sounds. The patient was admitted to the resuscitation intensive care unit with the preliminary diagnosis of SAH+CVD+MI+Decompensated HF. The patient died on the 2nd day after hospitalization .

FIGURE 1



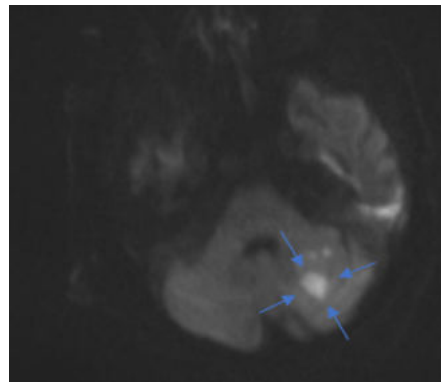
ST ELEVATION

FIGURE 2



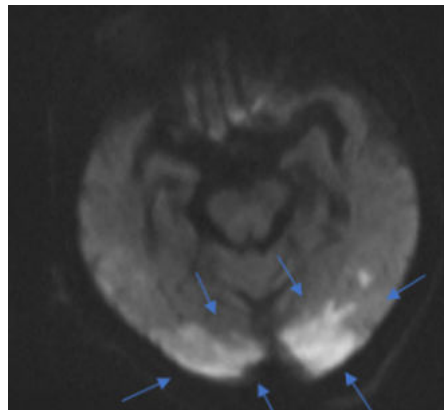
SUBARACHNOID HEMORRHAGE

FIGURE 3



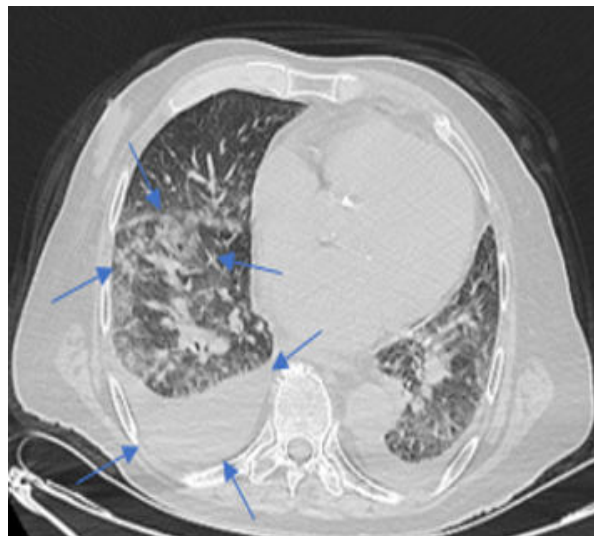
CEREBROVASCULAR DISEASE

FIGURE 4



CEREBROVASCULAR DISEASE

FIGURE 5



DECOMPENSATED HEART FAILURE

Results and Conclusion: Patients with poor general condition, ECG changes and elevated troponin should also be evaluated neurologically. There may be central causes underlying the clinic of these patients. Appropriate diagnosis and treatment are important for the survival and quality of life of these patients. It should be kept in mind that high troponin levels may increase mortality in these patients. SAH, CVD and MI can occur in the same patient. It is essential to resolve the underlying cause with correct diagnosis. A multidisciplinary approach should be taken for these patients.

Keywords: myocardial infarction, Subarachnoid hemorrhage, cerebrovascular disease, decompensated heart failure, emergency medicine



Pub No: OP-354

Investigating the Relationship Between Mean Platelet Volume (MPV) and Coronary Artery Disease (CAD)

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Introduction and Purpose: Platelets assume a pivotal role in the pathogenesis and progression of cardiovascular diseases. The assessment of platelet activation levels can be achieved through platelet indices, with mean platelet volume (MPV) being one such key marker. Our primary objective was to conduct a comprehensive evaluation of the correlation between mean platelet volume (MPV) and the clinical manifestations associated with coronary artery disease (CAD).

Materials and Methods: We embarked on an investigative study encompassing 111 patients to delve into the intricate relationship between coronary artery disease (CAD) and mean platelet volume (MPV). We also examined troponin values and determined which arteries were stented. As part of our study, we established a control group and continue to compile data.

Results and Conclusion: We are continuing our research to better understand the relationship between CAD and MPV values. According to the data we obtained, a significant distinction in MPV values failed to manifest between patients showcasing normal MPV values and those who underwent angiography, subsequently receiving stent placements. Our results indicate that there might be no discernible connection between MPV and the clinical characteristics, presentation, or severity of CAD. The outcomes of our study contribute to the existing disparities in prior research within this field. Therefore, it is imperative to conduct prospective trials with extended observation periods and more extensive participant groups to definitively establish the role of platelet indices in CAD.

Keywords: Mean Platelet Volume, Coronary Artery Disease, Emergency



Pub No: OP-355

Cyanosis of the upper half of the body: vcs syndrome in a patient with colon cancer

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Introduction and Purpose: The main vein that carries the dirty blood returning to the heart from the body's level above the heart, that is from the head, neck and arms, is called vena cava superior. Vena Cava Superior Syndrome is caused by the occlusion of this main vein. The most important cause of vena cava superior syndrome is malignant metastatic cancers. In this case study, we would like to emphasize that symptoms causing dispnea and cyanosis observed in metastatic colon cancer may indicate vcss and therefore should be considered in managing the patient.

Materials and Methods: In this study, the history of this patient who was brought to the emergency room with cyanosis in the upper half of the body with the complaints of dyspnea was questioned. The patient underwent a physical examination. Blood gas and other blood tests were requested from the patient. According to the evaluations obtained, the vcss diagnosis was made through advanced imaging (ct) of the patient.

Results and Conclusion: The respiratory rate of the patient was 33/min. The upper half of the body was cyanotic from T12 level. The patient had exertional dyspnea, accessory respiratory muscle use and tachypnea. Breath sounds were natural, there were no additional sounds in the heart. She had respiratory alkalosis in her blood gas. Hemogram, biochemistry, cardiac enzymes, coagulation tests were conducted. Considering vena cava superior syndrome (vcss) secondary to metastatic tumor compression and/or tumor-induced coagulopathy, neck and thorax CT (in venous phase) was requested. The CT resulted as follows: "2.5 cm thrombus in vcs, narrowing the lumen more than 50 percent." The patient was consulted to interventional radiology and stent placement was deemed appropriate. As a result, it is necessary to consider vcss in cancer patients who come to the emergency room with cyanotic upper parts of the body. Vcss is a common complication in these patients.

Keywords: colon cancer, VCS syndrome, upper body cyanosis



Pub No: OP-356

Dvt Developing After Backache: A Case Report

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Introduction and Purpose: Deep vein thrombosis is a condition that can cause life-threatening situations such as pulmonary embolism. The patient may present with findings such as pain, diameter difference and redness in the lower extremity. Immobility predisposes to deep vein thrombosis. In this case, the detection of DVT in a patient who reduced his movements due to low backache is described.

Materials and Methods: A 45-year-old male patient was admitted to the emergency room with a complaint of pain and swelling in his left leg. The patient has been complaining of back pain for 1 week. He has had little voluntary movement for the last 2 days. Pain and swelling in the left leg started for 2 days. There is no disease in the family history that predisposes to thrombosis. There is no history of thrombosis. On physical examination, there was an increase in diameter in the left leg compared to the right leg, there was an increase in temperature, and Homans positivity was detected in the left lower extremity. Peripheral pulses are palpable. In the neurological examination, there is no motor sensory deficit: +/+ gks: 15. Four limb motor power 5/5. There is no urinary or fecal incontinence. No drop feet. There is no pathological reflex. Abdominal examination is comfortable. No defense, no rebound detected. Ddimer 4240 crp 19 was detected. Doppler USG was performed on the patient with the preliminary diagnosis of DVT. Doppler USG revealed widespread thrombosis, compatible with acute DVT, which filled the lumen of the left femoral vein, popliteal vein and vena saphena magna and did not allow flow and compression. The patient was consulted to cardiovascular surgery upon detection of DVT. The patient was admitted for the purpose of planning thrombectomy.

Results and Conclusion: Immobility can cause thrombosis and DVT even in people who are not prone to clotting. In patients with lumbar hernia, starting a prophylactic dose of LMWH may be considered to protect against DVT due to immobilization. It should be kept in mind that patients are prone to DVT in cases that cause immobilization, such as lumbar hernia. Patients should be advised not to remain sedentary.

Keywords: Deep vein thrombosis, Immobility, Immobility, Backache



Pub No: OP-357

A Rare Cause Of Abdominal Pain In Postmenopausal Women: Ovarian Torsion

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Introduction and Purpose: Ovarian torsion is a rare condition that occurs during the postmenopausal period and is associated with a risk of misdiagnosis and high mortality. Its primary symptom is abdominal pain, which may be accompanied by nausea and vomiting. Early diagnosis and treatment are crucial in cases of suspected ovarian torsion. In this case, our goal is to raise awareness of the possibility of ovarian torsion in a postmenopausal patient presenting with abdominal pain and nausea.

Materials and Methods: A 60-year-old multiparous woman presented to our emergency department with right-sided groin pain that had been present for several days and intensified four hours before her visit. She had a known history of diabetes mellitus and hypertension and was regularly taking antihypertensive medication. She had no history of smoking or alcohol use and had not undergone any previous abdominal surgeries. On physical examination, the patient was in good general condition with a Glasgow Coma Scale (GCS) score of 15. Tenderness was noted in the right lower quadrant of the abdomen, but there was no guarding or rebound tenderness. Bowel sounds were normal. Contrast-enhanced pelvic CT imaging revealed torsion of the right ovary, with no findings indicative of appendicitis. Consultation with the Department of Obstetrics and Gynecology was sought. Transvaginal ultrasound performed by the gynecologist did not detect blood flow in the right ovary. Consequently, the patient was promptly taken to emergency surgery. During exploration, right adnexal torsion and rupture were observed, leading to bilateral salpingo-oophorectomy. After five days of hospitalization and monitoring, the patient was discharged in a fully recovered condition.

Results and Conclusion: Adnexal torsion is rarely considered in postmenopausal women presenting with acute abdominal pain. Due to the lack of specific clinical, laboratory, and physical examination findings, the diagnosis is often challenging (5). Early diagnosis and intervention in torsion cases are crucial for preserving organ function (6). There is limited published data on adnexal torsion in postmenopausal women. In this case report, we aimed to highlight the possibility of ovarian torsion and rupture in a 60-year-old postmenopausal woman presenting to the emergency department with a complaint as broad as abdominal pain, which has a wide range of etiologies.

Keywords: Ovarian torsion, postmenopausal period, acute abdomen



Pub No: OP-358

A rare cause of acute post-renal failure: rectal prolapse

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Introduction and Purpose: Rectal prolapse is a rare condition characterized by protrusion of the rectum from the anus. Common complications of rectal prolapse include fecal incontinence, infection, bleeding, and rectal incarceration. Acute renal injury is defined as a spontaneous deficit in kidney functions leading to urea retention and electrolyte imbalance. While prerenal conditions are the most common causes, post-renal conditions can be seen at %5 cases. It was demonstrated in this case that a long-standing neglected rectal prolapse could cause acute renal failure secondary to obstructive uropathy

Materials and Methods: A 69-year-old male patient was admitted to the emergency department with a sudden, painful, irreducible rectal prolapse. The patient complained about a reduction in urination for two days. The physical examination revealed abdominal sensitivity with palpation and dullness with a downward opening. The rectal examination was irreducible, and oedematous, without signs of ischemia or rectal necrosis prolapse, measuring 5-7 cm wide. We tried a manual reduction with an injectable painkiller, but it didn't work. Meanwhile, because the bladder globus has been considered, a urinary catheter has been inserted into the bladder through the urethra. After the procedure, a urinary output of 4000 cc was reached. In the examinations of the patient who did not have a history of drug intake, BUN was 71 mg/dl, creatinine was 3.71 mg/dl, potassium was 5.24 meq/lt, hemoglobin was 10.7 g/dl, and sodium was 125 mmol/L. Bilateral grade 2 hydronephrosis and a 4 x 4 x 5 cm prostate with a volume of 24 ml were detected on the urinary ultrasound. Rectal prolapse was seen in the non-contrast abdominal tomography of the whole abdomen. There was no stone appearance in the urinary system. BUN and creatinine values decreased in the follow-up after the urethral catheter. A rectal prolapse operation was planned for general surgery. It was repaired by preventing the prolapse of the rectum with surgical treatment.

Results and Conclusion: There are many complications of rectal prolapse. An acute renal failure such as bleeding, abscess, strangulation, and perforation can be added to the reported complications. Rectal prolapse is a disease that should not be ignored, and these cases should undergo careful urological evaluation.

Keywords: post-renal, Rectal prolapse, Emergency



Pub No: OP-359

The Effect Of The Use Of New Generation Oral Anticoagulant On In-Hospital Adverse Events In Patients With Gastrointestinal Bleeding

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Introduction and Purpose: In this study, we aimed to examine the effects of patients using NOAC drugs, the frequency of which is increasing, on in-hospital adverse events such as length of hospital stay, clinical progression, blood transfusion and mortality compared to patients who do not use drugs and patients who use antiplatelet, anticoagulant and other chronic drugs.

Materials and Methods: Patients over 18 years of age with upper GI bleeding who applied to the emergency department between 11.09.2018 and 11.09.2019 were included in the study. A total of 358 patients were screened, 222 of them were included in the study. Patients with upper GI bleeding who did not have varicose veins and were diagnosed with non-traumatic hemorrhage were identified in the retrospective scan performed on the hospital database. The patients were grouped as those with chronic drug use and those without chronic drug use. Those with chronic drug use were classified as anticoagulants (warfarin, LMWH), antiplatelet agents (acetylsalicylic acid, clopidrogel, ticagrelor), NOAC.

Results and Conclusion: Of the patients participating in the study, 135 (60.8%) were female and 87 (39.2%) were male. The mean age was 62.61 ± 18.62 . More than half of the admitted patients (54.1%) were over 65 years old. We analyzed drug use in 5 groups. Of the study participants, 76 (34.2%) were using drugs, 52 (23.4%) of the remaining 146 patients were using NOAC, 27 (12.1%) were low molecular weight heparin (LMWH) or coumadin, 17 (7%) were antiaggregant, the remaining 50 (22.5%), the patient was using any medication other than these. There was no significant difference in in-hospital adverse events, number of blood transfusions and length of hospital stay between non-medicated patients and each drug group. In addition, although both Htc/Hgb and Bun/Cre rates did not make a significant difference on the length of hospital stay, they were found to be significant in demonstrating in-hospital adverse events. In our retrospective study conducted with 222 patients, patients using new generation oral anticoagulants compared to patients who do not use drugs or use other antiaggregants, anticoagulants; There was no significant difference in in-hospital adverse event, length of hospital stay and need for blood transfusion.

Keywords: Gastrointestinal bleeding, new generation oral anticoagulants, adverse event



Pub No: OP-360

THE IMPORTANCE OF ANAMNESIS IN ATYPICAL PULMONARY EMBOLI CASES

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BİLGEHAN DEMİR¹

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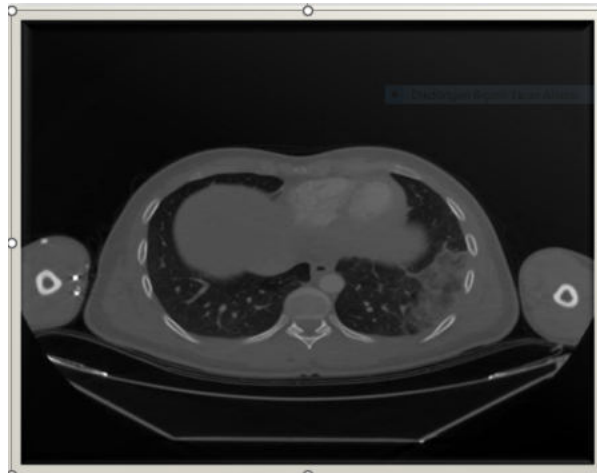
Introduction and Purpose: Pulmonary embolism is a very common cardiovascular emergency and carries a serious potential for death. Since 10% of pulmonary embolism cases result in death within the first hour, early diagnosis of embolism is very important in patients presenting to the emergency department with atypical findings. In this presentation, we tried to present a case of pulmonary embolism that we detected in addition to seizure-like spasms and back pain, which are among the complaints we frequently encounter in our emergency department.

Materials and Methods: 24-year-old male patient applied to the emergency department with complaints of back pain and stiffness in the whole body, which started 1 week ago. The patient, who applied to an external center with the complaint of pain in the right leg that started 10 days ago and decreased over time, stated that the complaint of back pain and cramps in the whole body started on the third day following the pain in the right leg. The patient, who had no previous history of the disease, reported that he could not achieve results despite applying to different centers more than ten times with the same complaints. In the detailed anamnesis, it was learned that the father had a history of PE 10 years ago, the brother had DVT after splinting due to lower extremity fracture 2 years ago, and the cousin had DVT 5 years ago. ECG is in normal sinus rhythm, arterial blood pressure is 130/90 mmHg, pulse is 95, saturation is 95. The temperature was 36.7 °C. The neurological examination was normal, and there was tenderness in the posterior distal part of the left hemithorax. No pathological sound was heard during pulmonary auscultation.

Hampton hump



Pulmonary embolism



Results and Conclusion: In our case, despite the low WELLS score, PE was considered due to the lower extremity pain that occurred before the complaint in the detailed anamnesis and the history of thrombophilia in family members. It has been observed in this case that pulmonary embolism is not connected to known clinics but may occur in different clinics. The importance of anamnesis for emergency room doctors has been proven once again with this case.

Keywords: Pulmonary embolism, Protein S deficiency, Back pain and cramps

OP-361

A Case of 'CADASIL' Diagnosed in the Emergency Department

Emre BÜLBÜL¹ , Mehmet Fatih YETKİN²

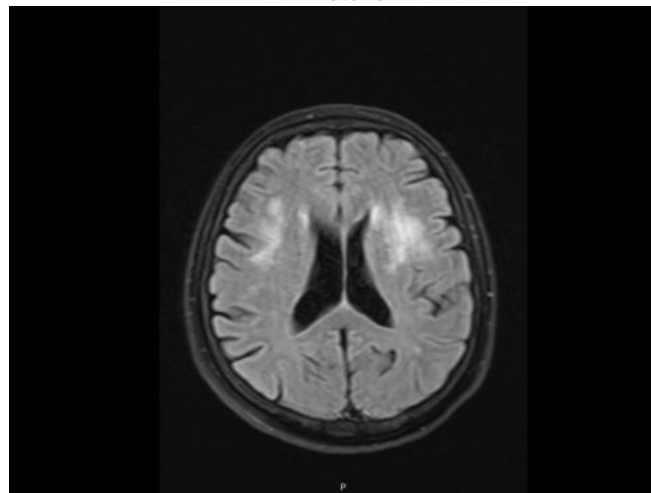
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Introduction and Purpose: The term CADASIL is an acronym consisting of the initials of the words cerebral autosomal dominant arteriopathy, subcortical infarcts and leukoencephalopathy, and was first suggested to the literature by Elizabeth Tournier-Lasserre (1).

Materials and Methods: CaseOur patient is a 54-year-old woman. She applied to the emergency department of our hospital with complaints of headache, dizziness and loss of strength in her left arm. In the physical examination of the patient, pathologically, 1/5 loss of strength in the left upper extremity and an earlier fall in the left lower extremity were observed with the Mingazzini test. The patient's laboratory findings were within normal values. There was no acute change in the patient's cranial tomography. Since the patient's diffusion MRI showed areas compatible with sub cortical infarction, he was admitted to the neurology service with the preliminary diagnosis of CADASIL. In the neurology service, vasculitis markers, homocysteine, sediment, Brucella and Lyme serologies were requested for differential diagnosis. No abnormality was detected in the 24-hour ECG recording and echo. No significant plaque or stenosis was observed in the patient's carotid-vertebral artery Doppler ultrasound. Again, the EEG was evaluated as normal. The Genetics department was consulted regarding the patient's NOTCH 3 mutation.

Picture-1



Areas compatible with sub cortical infarction on MRI



Results and Conclusion: Discussion Our patient's family history of maternal stroke and migraine is compatible with CADASIL, an autosomal dominantly inherited disease. Although it is not proven by what mechanism the NOTCH3 gene, which has been proven to be faulty in CADASIL disease, affects the brain vessels, it is thought that the NOTCH3 gene is responsible for the production of osmophilic granular material around the cerebral vascular smooth muscle (7). Conclusion CADASIL should be kept in mind in patients who come to the emergency department with headache and ischemic stroke, and a detailed anamnesis should be taken, including family history. Neurology consultation should be requested in appropriate cases.

Keywords : CADASIL , Emergency Service , Ischemic Cerebrovascular Disease , Migraine



OP-362

Evaluation of Deaths Occurring in Erciyes University Hospitals Between 2020-2022

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Introduction and Purpose: Death data is an important indicator for evaluating the health status of regions both at the national level and of countries at the international level. This study was conducted to evaluate the deaths occurring in Erciyes University Hospitals between 2020-2022.

Materials and Methods: This retrospective study was conducted between June and August 2023. In the research, death data between 2020-2022 obtained from Kayseri Erciyes University Hospitals Information Technology Center was used.

Results and Conclusion: Results: A total of 1215 deaths occurred in Kayseri Erciyes University Hospitals between 2020 and 2022, of which 716 (58.9%) were male and 499 (41.1%) were female. The average age at death was 66.01 ± 15.69 years. 67.4% (819 deaths) of deaths occurred in intensive care units, 28.8% in emergency departments (350 total deaths, 10 deaths in the pediatric emergency department) and 3.8% (46 deaths) in wards. Average in men Age at death is 62.77 ± 15.12 , average age at death in women is 68.37 ± 16.12 . Discussion: When the deceased patients were examined, the number of male patients was higher. Consistent with the literature, male patients die at an earlier age, while female patients die later. This is compatible with the public health principle that male patients die earlier and women live longer (6). The number of patients dying in the anesthesia intensive care unit was higher than in other intensive care units, but no statistically significant difference was found. However, in 2 years, the number of patients who died in our clinic, which is an important tertiary care emergency room in its region, had more deaths than all intensive care units, contrary to expectations. Conclusion : The contribution of death statistics to the planning and reorganization of health services is invaluable and it is necessary to be very meticulous in this regard. In addition, considering the high number of deaths and the number of patients treated in emergency departments, we believe that a better health service will be provided if the burden of personnel and money spent on intensive care units is shifted to emergency services.

Table-1



Gender	Number(n)	Ratio(%)
Male	716	58,9
Female	419	41,1
Summary	1215	100

Mortality rates by gender
Table-2

Intensive care	Number(n)	Ratio (%)
Anesthesia Intensive care	194	23,7
Internal medicine Intensivecare	187	22,8
Coronary Intensive care	173	21,1
Emergency Service	350	28,8

Clinics where deaths occur most frequently

Keywords

: Death , Emergency Service , University Hospital



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POSTER ABSTRACTS



Pub No: PP-001

Investigation of the staffing and structure of the ambulance service in the Republic of Kazakhstan

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¹NJSC Semey Medical University

Introduction and Purpose: The ambulance service is an fundamental component of any healthcare framework, giving emergency medical care to patients. In Kazakhstan, the ambulance service is overseen by the Ministry of Health, and the essential obligation for giving pre-hospital care falls on the ambulance teams. The purpose of this study is to analyze the staffing and structure of emergency medical care in Kazakhstan.

Materials and Methods: An investigation of the staff of the ambulance service of the Republic of Kazakhstan for 2018-2021 was carried out. Financing. The work was carried out within the framework of the project: "IRN AP14871609 "Optimization of the structure and improvement of the efficiency of the service of emergency medicine in Kazakhstan by conducting training of persons without medical education (medical technicians)", financed by the Ministry of Health of the Republic of Kazakhstan.

Results and Conclusion: The number of paramedical teams has decreased, while the teams of doctors, on the contrary, have increased. The rate of categorization for specialists expanded to 68.7%, for nurses to 46.2% in 2021. The coefficient of part-time work in all a long time remained break even with to 1.1. The rate of staffing for 2018-2021 diminished in all categories in 2021. The Republic of Kazakhstan's ambulance service is still creating in terms of both staffing and organizational structure. Despite an expansive development in recent years within the number of ambulance stations, there's still a need of prepared medical staff. One of the measures taken by the government to solve this issue is the development of preparing programs and simulation centres.

Keywords: structure, ambulance service, Kazakhstan, staffing, emergency medicine

Pub No: PP-002

CARDIAC CAUSES OF DIZZINESS: SICK SINUS SYNDROME

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Introduction and Purpose: 62-year-old female patient with no known medical history presented with a two-month history of dizziness. The patient's general condition was moderate, saturation: 92%, pulse: 102, arterial blood pressure: 136/88 mmHg, temperature: 36.4 C. On physical examination, neurological examination was normal, cerebellar tests were skilled, ataxia and nystagmus were absent. The patient's ECG showed normal sinus rhythm (Figure 1). Blood tests were taken and the patient was placed under observation. When the patient's pulse rate dropped to 50 and below during observation, a repeat ECG was performed and sinus pauses associated with sick sinus syndrome were observed (Figure 2). The patient was referred to cardiology and admitted to the hospital for treatment.

Materials and Methods: ECG

Figure 1: The patient's first ECG: Normal sinus rhythm



Figure 2: The patient's second ECG: Sinus arrest observed, appearance compatible with HSS





Results and Conclusion: Patients with HSS present with a wide variety of complaints with the main symptoms being dizziness, syncope and palpitations. The clinical manifestations of HSS are analysed in three groups: dysfunction of the automatic cells of the sinus node, symptoms due to dysfunction of T cells and cardiac arrhythmias. The diagnosis of HSS is straightforward when the above findings are present, but arrhythmias are often transient, so ECG should be performed at symptomatic intervals.

Keywords: SICK SINUS SYNDROME

Pub No: PP-003

Pulmonary Embolism with Atrial Fibrillation

UĞURCAN YIKILMAZ¹, TUĞBA AKTUĞ ÖZEN², KIVANÇ KARAMAN¹

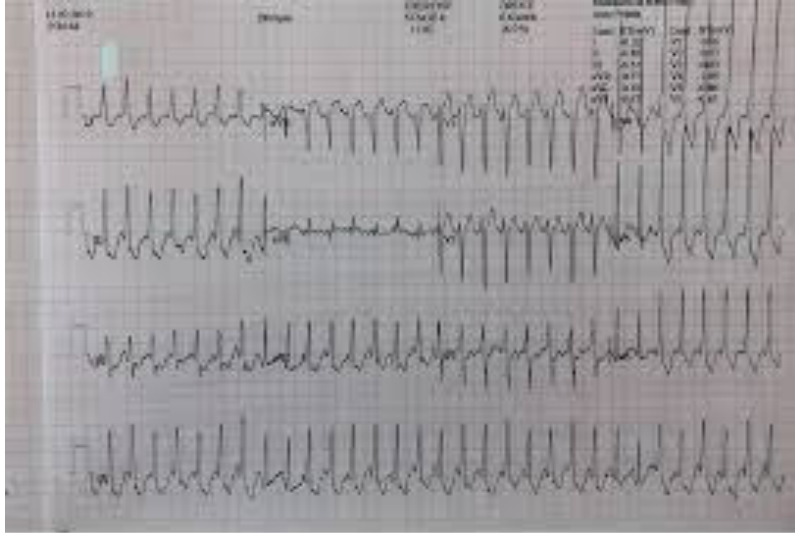
¹MUĞLA SITKI KOÇMAN ÜNİVERSİTESİ TIP FAKÜLTESİ ACİL TIP ANABİLİM DALI

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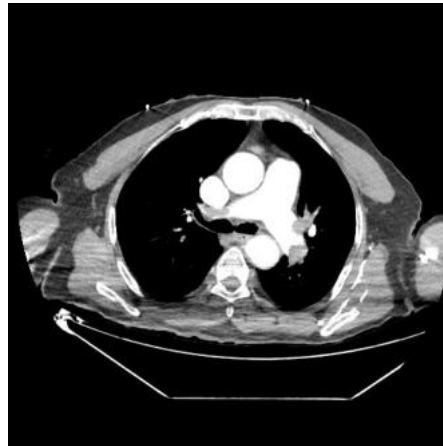
Introduction and Purpose: AF, which is a common rhythm disorder in the emergency department, may also be the first indicator of many thrombotic diseases. In our case, we described our patient who presented as amnesia with rapid ventricular response and who had massive pulmonary embolism.

rapidly af

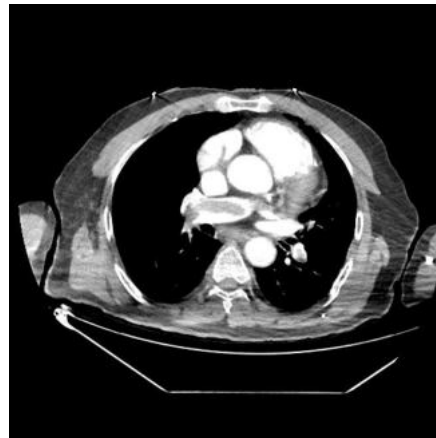


Materials and Methods: A 67-year-old patient diagnosed with HT was brought by ambulance. ASA 300 mg was given to the patient who called the ambulance due to chest tightness and palpitation. On arrival vitals, TA: 86/66 pulse 165 fever: 36.4 spo2:93 dss 18 blood glucose 117 ecg AF 180/min HR, conscious oriented, oriented cooperative gks 15. The patient, who had no previous diagnosis of arrhythmia, was cardiac monitored. Synchronized DC cardioversion was planned for the patient due to ECG hvyaf, TA: 80/50. No thrombus was observed in the left atrium and ventricle in bedside echocardiography. Right heart structures were dilated and D-shape was observed. Synchronized DC cardioversion with 150 j was applied to the patient, and sinus rhythm was restored. After cardioversion, control ECG sr 90/min hr no acute ischemic findings TA: 110/70 . Embolism in the right main pulmonary artery was observed in pulmonary angiography CT. Thrombolytic therapy was initiated with the diagnosis of massive pulmonary embolism in the patient who was hypotensive and tachypneic. 100 mg of alteplase was given as a 2-hour infusion. The patient, whose condition was stable after thrombolysis, was admitted to the intensive care unit.

pulmonary embolism



pulmonary embolism



pulmonary embolism



Results and Conclusion: Massive pulmonary embolism, which is life-threatening, is one of the preliminary diagnoses that should be considered in the emergency department and should be considered clinically in patients with atrial fibrillation, although it usually gives an ECG finding in the form of sinus tachycardia. Therefore, in patients presenting with amnesia with rapid ventricular response, other diagnoses that may bring the patient to this clinic should be quickly reviewed before checking the rate and rhythm.

post cv and thrombolytic ecg



Keywords: embolism, atrial fibrillation, tachycardia, dyspnea, thrombolytic

Pub No: PP-004

Hydatid cyst

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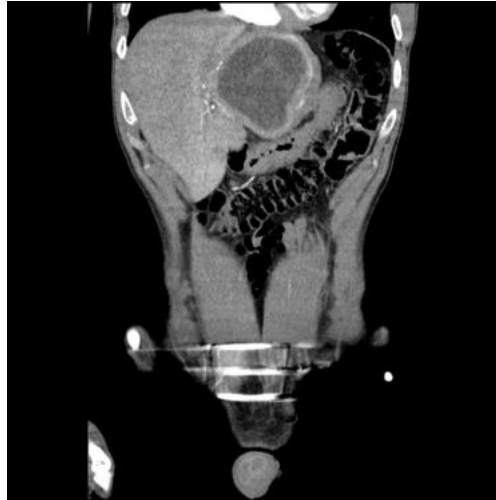
Introduction and Purpose: Echinococcal disease is caused by infection of the metacestode stage of the Echinococcus tapeworm, which belongs to the family Taeniidae. The main source of this parasite is meat-eating animals such as dogs, wolves and foxes. But often they are dogs. The parasite lives in the small intestines of animals. The disease is transmitted to humans by eggs excreted in animal feces. The initial stage of primary infection is always asymptomatic. Its clinical appearance depends on the location and size of the cysts. Small and/or calcified cysts may remain asymptomatic indefinitely. However, symptoms may occur due to complications such as mass effect in organs, obstruction of blood or lymphatic flow or rupture or secondary bacterial infections.

Materials and Methods: A 26-year-old male patient applied to us with stomach pain and vomiting for 3 days. Any known disease. No drug use. Developing vitals are stable. On examination, there is tenderness in the epigastric region. White blood cell (WBC): 11.950 (94% neutrophil dominance) alanine aminotransferase (ALT):83(0-50U/L) aspartate aminotransferase (AST):106(0-50U/L) Gamma-glutamyl transpeptidase (GGT):121(0-55U/L) total bilirubin:3.02(0.3-1.2 mg) /dl dominance of direct bilirubin, no feature from external blood. Despite the symptomatic treatment, the patient's pain continued, and imaging was performed in terms of acute abdomen. Abdominal computed tomography revealed a 91*74 mm thick-walled cyst with septations in the left lobe of the liver, and a suspicious loss of integrity (rupture?) in its wall. The patient, who was consulted to the general surgery, was hospitalized for operation with the diagnosis of liver hydatid cyst.

Figure 1: Liver hydatid cyst (axial section)



Figure 2: Liver hydatid cyst (coronal section)



Results and Conclusion: Although hydatid cyst infection of the liver is often asymptomatic, when the cysts enlarge, hepatomegaly may occur with or without right upper quadrant pain, nausea and vomiting. In these patients, cysts may rupture into the biliary tree, peritoneal cavity, or other organs, causing biliary colic, obstructive jaundice, cholangitis and/or pancreatitis, anaphylaxis, and multi-organ failure. For this reason, complications should be considered and treated when diagnosis is made.

Keywords: abdominal pain, hydatid cyst, liver



Pub No: PP-005

Aluminum Phosphide Poisoning

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Introduction and Purpose: Phosphine gas has application as an insecticide. It is used quite frequently for suicide purposes, especially in Central Asian countries, India and Iran. Upon oral administration, it reacts with the water and hydrochloric acid in the stomach, resulting in phosphine gas. Phosphine gas can cause metabolic acidosis, arrhythmia, acute respiratory distress syndrome, cardiogenic shock and multi-organ failure. According to reports, the death rate of aluminum phosphide poisoning may vary from 37-100%.

Materials and Methods: An 18 years old female patient was presented with nausea and vomiting after ingesting 500mg of AIP. No prior chronic illnesses have been reported. Her vitals were stable and physical assessment was unremarkable. Laboratory results were within the normal range. Electrocardiography was normal sinus rhythm. Gastric lavage was performed, activated charcoal given and IV fluid was administered. The patient was admitted to the ICU. No abnormality was detected in the blood tests and physical examination during the follow-up. The patient was discharged on the fifth day of hospitalization.

Results and Conclusion: AIP poisoning is usually by oral or respiratory route and transmission by skin has not been observed. Nausea, vomiting, abdominal pain, shock, cardiac arrhythmias, pulmonary edema, dyspnea, and cyanosis may develop within a few hours after ingestion. The history and smell of rotten fish or garlic are important in the diagnosis. Contaminated clothes should be removed, contaminated skin and eyes should be washed. Gastric lavage is recommended. Drugs with anti-oxidant potential have been used in the treatment recently. The most commonly used ones are intravenous magnesium sulfate, calcium gluconate and N-acetylcysteine treatments. There have been studies demonstrating the utilization of Extracorporeal membrane oxygenation (ECMO) and hemodiafiltration on specific patient groups. It is very important to isolate the patient and to use protective equipment for the healthcare professionals to avoid contamination by respiratory route.

Keywords: Aluminum Phosphide, Insecticide Intoxication, Phosphine Gas

Pub No: PP-006

Epiplöic Appendages

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Introduction and Purpose: Epiplöic appendages are normal outpouchings of peritoneal fat on the anti-mesenteric surface of the colon. Epiplöic appendagitis is a benign and self-limited condition. Epiplöic appendagitis is an ischemic infarction of an epiplöic appendage caused by torsion or spontaneous thrombosis of the epiplöic appendage central draining vein. Epiplöic appendagitis is usually caused by torsion, which occurs when the appendage is abnormally long and large. The vein, which is longer than the artery by virtue of its tortuous course, alters the anatomy such that the pedicle is predisposed to twisting. Acute torsion causes ischemia and infarction with aseptic fat necrosis and spontaneous venous thrombosis.

Materials and Methods: A 19-year-old male patient applied to us with the complaint of abdominal pain. The patient's abdominal pain has been going on for 3 days and has gradually worsened. In the physical examination of the patient who did not describe vomiting or anorexia, there was no rebound in the left lower quadrant in the physical examination. Laboratory examinations of the patient have high CRP and leukocytosis, and neutrophil dominance. Abdominal CT was performed in the patient. There was an increase in wall thickness in the cecum and contamination was observed around it, which was interpreted as epiplöic appendage. The patient was interned to the general surgery service.

Results and Conclusion: Epiplöic appendagitis is a benign and self-limiting condition. Complete resolution without surgical intervention usually occurs between 3 to 14 days. The risk of recurrence has not been described but is probably very low. Rarely, inflamed appendages can adhere to the abdominal wall or other viscera predisposing to intestinal obstruction and intussusception. Inflamed and necrotic appendages can also rarely progress to abscess formation. There are other less common conditions affecting the epiplöic appendices. They can slide into femoral, umbilical, or inguinal hernia sac where they may remain without causing symptoms or (less commonly) incarcerate with or without torsion. The appendices can also calcify, cast off, and lie free as foreign bodies (corpora aliena) in the peritoneal cavity or become surrounded by omental adhesions. Epiplöic appendages are thought to represent the most frequent source of intraperitoneal loose bodies, which are usually found in the pelvis.

Keywords: Epiplöic appendages, abdominal pain



Pub No: PP-007

An Uncommon Side Effect of Scorpion Venom: Atrial Fibrillation

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Introduction and Purpose: The clinical findings of scorpion stings are often mild and most of the scorpion venoms are not lethal. Scorpion venom causes local and systemic complications, Local edema, ecchymosis and burning pain are the most common complications. Scorpion toxins offer valuable insights into ion channels and pathologies in the human body. Particularly, potassium channels are relevant to conditions like cardiac arrhythmias. In the literature it is known that scorpion venom can cause cardiac arrhythmias such as long QT syndrome torsade de pointes, atrial fibrillation, bradycardia . This case report highlights a rare complications of scorpion venom.

Materials and Methods: An 80-year-old male patient was admitted to the emergency service following a scorpion sting on the distal part of his left hand's 5th finger. He complained of pain and paresthesia in the 5th finger of his left hand, while other physical examination findings were normal. He had no active chest pain upon arrival, and his vital signs were normal. The patient's medical history included chronic knee pain, but he had no known cardiac pathology or previous heart rhythm disorders. The patient had no medical records or drug for cardiac pathologies in the patient information system. The ECG taken in the emergency room after the scorpion sting revealed the presence of atrial fibrillation. The patient was initiated on a treatment regimen, which included a subcutaneous injection of 0.6 mg enoxaparin sodium once daily for three days and 5 mg warfarin sodium tablet once daily. On the fourth day, he was referred to the cardiology outpatient clinic for INR control.

Results and Conclusion: The scorpion venom can damage the heart through several mechanisms, including coronary spasm, release of vasoactive and thrombogenic substances, direct cardiotoxic effects, and anaphylactic reactions. Myocardial dysfunction, left and right ventricular failure, systemic hypertension, hypotension, pulmonary edema and cardiogenic shock can be seen due to scorpion sting. Scorpion venom can also exert a strong arrhythmogenic effect by causing excessive release of catecholamines. As a conclusion, emergency physicians should keep in mind that various arrhythmias, especially arrhythmias, may occur after scorpion and insect bites.

Keywords: Scorpion Venom, Atrial Fibrillation, Side Effect



Pub No: PP-008

Duodenal Diverticulum

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Introduction and Purpose: Diverticula are sac-like protrusions of the bowel wall and occur throughout the small and large bowel. Small bowel diverticula are usually asymptomatic and are discovered incidentally. While rare, the symptomatic complications may be severe and life threatening. Duodenal diverticula; Duodenal diverticula are thought to be acquired as a result of herniation through a defect caused by the entrance of large vessels supplying the bowel wall . A combination of increased intraluminal pressures and intrinsic weakness of the muscular layer is thought to play a role. Extraluminal duodenal diverticula, located 2 to 3 cm adjacent to the ampulla, are also known as juxtapapillary or periampullary diverticula.

Materials and Methods: An 84-year-old female patient applied to us with the complaint of abdominal pain. The patient's pain has been present for 1 week, and loss of appetite is accompanied by nausea. In his examination, he had abdominal distension, widespread tenderness, and no defensive rebound was observed. Rectal touch stool contamination. In the examinations taken, the patient had leukocytosis and no other features were observed. Vitals TA:120/67 pulse:62 spo2:92 fever:36.9. Abdominal CT was performed in the patient's duodenum with an appearance of 14 mm air-fluid leveling, and it was interpreted as duodenal diverticulum. The patient was admitted to the general surgery service.

Results and Conclusion: Most patients with small bowel diverticula are asymptomatic. Patients with small bowel diverticula, particularly jejunoileal diverticula, may present with early satiety, bloating, and chronic upper abdominal discomfort and diarrhea/steatorrhea due to bacterial overgrowth. Duodenal diverticulosis most commonly presents with postprandial epigastric abdominal cramping pain and vomiting due to partial or intermittent duodenal obstruction. Small intestinal obstruction may occur due to a volvulus or enterolith impaction, resulting in nausea, vomiting, cramping abdominal pain, obstipation (ie, inability to pass flatus or stool), and abdominal distention. Acute diverticulitis patients with acute small bowel diverticulitis may present with midepigastric or periumbilical pain and fever or with signs of complications such as abscess, fistula, or perforation. Management of patients with acute uncomplicated diverticulitis typically includes a restricted diet and antibiotics. Surgical management is reserved for small bowel diverticulitis complicated by bowel perforation. This may require open or laparoscopic-assisted resection of the involved segment.

Keywords: Diverticula, duodenum

Pub No: PP-009

Pneumomediastinum

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Introduction and Purpose: Pneumomediastinum is defined as the presence of free air in the mediastinum. Pneumomediastinum is a clinical condition that usually occurs as a result of perforation of respiratory or digestive system organs. Most cases are caused by traumatic causes. Spontaneous pneumomediastinum (SPM), on the other hand, is rare but frequently seen in healthy young men as a result of rupture of peripheral pulmonary alveoli. Spontaneous alveolar rupture occurs when there is an increase in alveolar pressure. Based on hospital records, pneumomediastinum has been reported to appear between 1/7000-1/32.000. SPM should be considered especially in young, tall and thin patients and thoracic CT should be performed in case of clinical necessity even if the direct radiograph is normal.

Materials and Methods: A nineteen-year-old male patient was presented with chest discomfort and difficulty breathing which suddenly began after weight training. The patient's medical history, family history and physical examination were unremarkable. No history of smoking or substance use. The Chest X-ray was unremarkable. Thorax CT showed that free air in the mediastinum. Oxygen was started at 2 L/min. The patient whose symptoms regressed and imaging studies returned to normal was discharged at the end of 3 days.

Image 1. Chest X-ray image

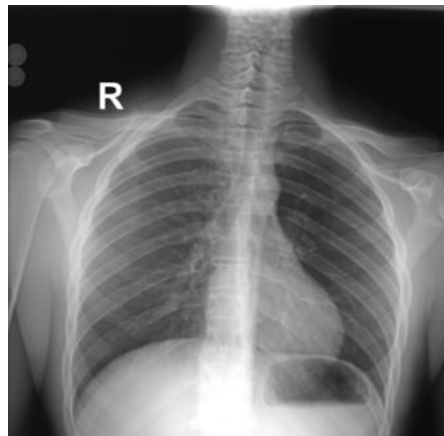
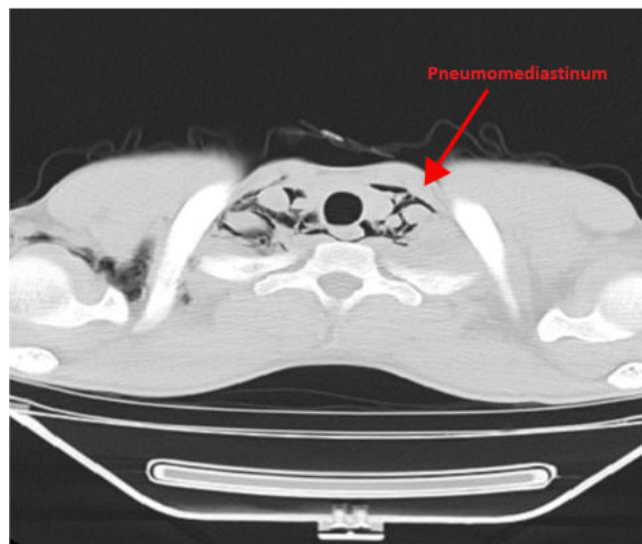


Image 2: Thoracic CT image



Results and Conclusion: SPM is a rare disease with a favorable prognosis and can present with the manifestation of abrupt chest pain and dyspnea, cyanosis, neck vein distention, a feeling of something stuck in the throat, dysphagia, dysphonia, subcutaneous emphysema, and potentially neck and back pain which increases with breathing and coughing. Incorrect or late diagnosis may result in tension pneumothorax and even sudden death. The patient with SPM should be hospitalized and monitored. Often, no treatment is needed because the body will gradually absorb the air. Needle decompression, mediastinotomy, tracheostomy, and thoracotomy should be performed in the case of general condition deterioration such as cyanosis, difficulty of breathing, arrhythmia, heart or respiratory failure. If the issue is a result of tracheobronchial or esophageal rupture, emergency surgical intervention could be mandated. SPM should be considered especially in young, tall and thin patients and thoracic CT should be performed in case of clinical necessity even if the direct radiograph is normal.

Keywords: Chest pain, Pneumomediastinum

Pub No: PP-010

Not Every Trauma Is External

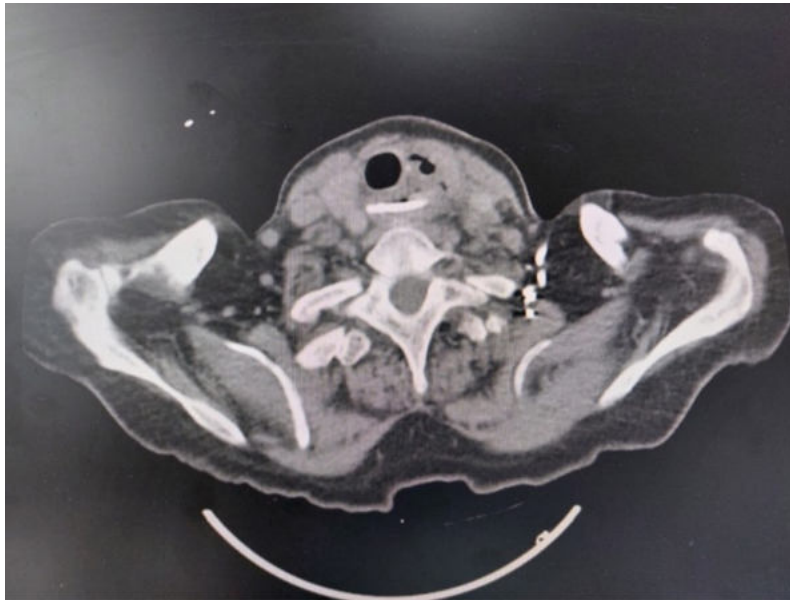
Gülbahar DEMİR¹, Ayça ÇALBAY¹, İbrahim TAŞDEMİR¹, Berk ORAL¹

¹Ataturk University, Faculty of Medicine, Department of Emergency Medicine

Introduction and Purpose: Non-iatrogenic traumatic injuries of the esophagus due to blunt or penetrating mechanisms are rare causes of esophageal perforation but can be life-threatening. Rapid surgical intervention remains the cornerstone of effective management. Presence of signs and symptoms such as dysphagia, neck pain, neck swelling, hypersalivation, retrosternal fullness, hematemesis, odynophagia, subcutaneous emphysema after oral intake of a pointed object should be considered for esophageal perforation and further imaging should be performed.

Materials and Methods: A 73-year-old female patient with no comorbidities other than known hypertension is admitted to our emergency department with complaints of stinging in the throat and pain when swallowing after eating chicken. In her vitals, TA: 145/90, pulse: 97/min, h: 96% (at room air, fever: 36.8 degrees, respiratory rate: 18/min) were detected, and no pathology was detected in her systemic examination except crepitation with palpation in the neck region. Foreign body and subcutaneous free air were detected in the first stenosis of the esophagus in the thoracic imaging and was admitted to the same clinic to be operated by the thoracic surgeon.

Figure 1





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Results and Conclusion: In patients who come to the emergency department with retrosternal pain and odynophagia after eating chicken or meat with bones, considering esophageal rupture and early planning of imaging and consultation is of high importance for the treatment of the patient.

Keywords: Esophageal perforation, Foreign body, Chicken bone

Pub No: PP-011

WHO SAID THERE IS NOTHING

YUNUS EMRE EK¹, HASAN ŞENEL¹, NABİ BAYRAMOĞLU¹, SULTAN TUNA AKGÖL GÜR¹

¹ATATÜRK ÜNİVERSİTESİ TIP FAKÜLTESİ ACİL TIP ANABİLİM DALI

Introduction and Purpose: Posterior malleolus fractures are generally seen in patients admitted to the hospital after rotational ankle injuries. Most of them accompany trimalleolar fractures. Posterior malleol is an important structure for ankle rotational stability and indesmosis complex stability. Therefore, the treatment of trimalleolar fractures is important; If not done properly, the prognosis worsens. Diagnosis is difficult due to the wide variety of morphology of posterior malleol fractures. One of the rare issues agreed in the current approach is that computed tomography (CT) and 3D-CT evaluation are very important in diagnostic and treatment planning.

Materials and Methods: The 26-year-old male patient came with a complaint of spraining his left ankle while descending the ladder 2 days ago. The patient's foot was sprained inward, only pain in the first few hours, and then applied to us for increased swelling. In his examination, there is widespread edema in the left ankle, serious sensitivity and difficulty in the dorsiflexion of the foot. Neurovascular examination is natural. All other system examinations are natural. No pathology was observed in the direct graphs (Figure 1 - Figure 2). the patient was drawn with no contrast tomography (BT). In CT, the tibia posterior malleolde nondeplase joint extending fracture (Figure 3) was monitored. The patient was consulted to the orthopedics clinic. Treatment was organized by the relevant clinic.

FIGURE 1



FIGURE 2



FIGURE 3



Results and Conclusion: If there is severe sensitivity, movement limitation, swelling and edema in physical examination in ankle sprains, If the patient has trouble pressing on his foot, performing forward imaging (BT) is important for early diagnosis and treatment, even if there is no pathological image on direct graphs.

Keywords: Posterior malleolus, fracture, computerized tomography



Pub No: PP-012

PNEUMOCEPHALUS IS THE MOST COMMON SYMPTOM OF SKULL BASE FRACTURE

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Introduction and Purpose: Pneumocephalus is an important radiologic finding that can be an indicator of very serious pathologies and can provide diagnostic clues after evaluation of clinical anamnesis and accompanying findings. It has been reported that 74% of pneumocephalus cases are due to trauma, 12.9% to tumors, 8.8% to infections and 0.06% to idiopathic. The incidence of pneumocephalus in skull base fractures varies between 0.1% and 9.7%.

Materials and Methods: A 22-year-old male patient was brought to the emergency department by 112 teams after a motorcycle accident: 9 Arterial blood pressure: 107/60mmhg Pulse rate: 120 beats/min SPO2: 87 general condition was poor, ecchymosis around the right eye, bleeding in the left auricle, subcutaneous emphysema in the right proximal side thorax, and decreased respiratory sounds. Computed tomography of the patient revealed liver laceration on abdominal CT, multiple rib fractures on thorax CT, and pneumocephalus on brain CT. Since the patient had pneumocephalus, head bones were examined in detail and mandible fracture, blowout fracture in the right orbit, right clavicle fracture, left mastoid hematoma were detected. The patient was hospitalized in the surgical intensive care unit because of the urgent interventions that needed to be done.

Results and Conclusion: When pneumocephalus occurs, we should keep in mind that there is a fracture in the skull and we should follow up closely.

Keywords: pneumocephalus, trauma, skull base fracture



Pub No: PP-013

Pulmonary Embolism in Patients with Syncope

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Introduction and Purpose: Pulmonary embolism is a common and potentially lethal condition. Most patients who succumb to pulmonary embolism do so within the first few hours of the event. Despite diagnostic advances, delays in pulmonary embolism diagnosis are common.

Materials and Methods: A 43-year-old male patient with no history of disease was admitted to emergency department after he had a syncopal episode in his home. The patient was in his usual good health until he suddenly lost consciousness for about three minutes. Clinical findings at presentation; his blood pressure: 95/65 mmHg; heart rate: 116/min; his respiratory rate: 24/min; SO₂ 89% on room air, increasing to 93% with supplemental oxygen (4 liters). Blood gas analysis: pH: 7.46; PaCO₂: 33 mm Hg; PaO₂: 55 mm Hg; lactate normal. Electrocardiography showed sinus tachycardia with SIQ3T3. Chest X-ray was clear. CT pulmonary angiography found pulmonary embolism involving the right pulmonary artery and most of their segmental branches.

Results and Conclusion: Pulmonary embolism presenting with syncope is difficult to diagnose. Physicians must be vigilant with patients who have syncope, because this symptom may be a 'forgotten sign' of life-threatening pulmonary embolism.

Keywords: emergency department, syncope, pulmonary embolism



Pub No: PP-014

EVALUATION OF THE CURRENT LEVELS OF KNOWLEDGE ABOUT BASIC AND ADVANCED LIFE SUPPORT OF PHYSICIANS WORKING AT PROF. DR. SÜLEYMAN YALÇIN CITY HOSPITAL

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Introduction and Purpose: In this study, it was aimed to examine the knowledge levels of resident physicians, specialist physicians and lecturer physicians who performed a duty at İstanbul Medeniyet University Göztepe Prof. Dr. Süleyman Yalçın Şehir Hospital from June 2021 to July 2021 about basic and advanced life support and factors affecting it.

Materials and Methods: In this descriptive study, 22-question survey which was prepared based on AHA 2020 and ERC 2021 guidelines related to basic and advanced life support was applied to 334 physicians from 27 different clinics who were actively on duty. The survey was conducted by face-to-face survey method. The consent of the doctors was obtained. Then, they were asked to answer questions including age, gender, title, department worked and the status of the time spent as a physician. They were asked to answer the knowledge questionnaire consisting of 22 questions measuring the level of knowledge. Responses to both sections were evaluated out of 100 points. Findings were expressed as numbers and percentages. Kruskal-Wallis test was used for statistical calculations and student-t test was used for statistical comparison. $p < 0.05$ was considered significant.

Results and Conclusion: In the study, 53.6% of the participants were female (n:179) and 82% were in the age range of 26-35. In the study, a significant difference wasn't detected when the knowledge levels were compared according to doctors' titles and their medical duration. The knowledge level of those who have performed resuscitation more than 10 times in the recent year, was detected significantly higher compared to others. The knowledge levels of physicians who examined risky intensive care patients were detected significantly higher than other physicians. **CONCLUSION:** As a result of research, knowledge levels of physician caring for intensive care patients in the service where he/she works, the service that he/she works with is an internal service, to apply frequent CPR in the department where he/she works and in accordance with the current guide, having high theoretical and practical training situation were detected with high BLS and ACLS scores. A strong relationship wasn't found between the duration and titles of physicians and BLS and ACLS scores.

Keywords: BLS, ACLS, knowledge level

Pub No: PP-015

pulmonary embolism

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Introduction and Purpose: Pulmonary embolism is a blockage of the pulmonary artery or its branches by material originating elsewhere in the body. It is frequently caused by deep vein thrombi of the lower extremities. Although it is generally more common in men than women, the risk increases with age in women. There are many inherited and acquired risk factors (such as recent surgery, immobilization, hormone therapy, active cancer).

Materials and Methods: A 60-year-old male patient was admitted to the Emergency Department with complaints of chest pain and shortness of breath. His general condition was moderate, consciousness was clear, coherent, oriented and vitals were: t: 140/80 mmhg, pulse: 110/min, temperature: 36.1, fingertip oxygen saturation: 90 mmHg. The patient had a history of diabetes mellitus. On examination, the abdomen was comfortable, there was no defence rebound tenderness, lung sounds were coarsened by listening, no rales or rhonchi were heard, pretibial edema: absent. There was no temperature diameter difference in the legs and homans was negative. Arterial blood gas showed hypoxia, and there was no significant feature in external tests. Thoracic computed tomography angiography performed with a prediagnosis of pulmonary embolism revealed saddle-style embolism. (Figure 1-2) The patient was evaluated by the chest diseases clinic and IV thrombolytic treatment was planned.

FIGURE 1

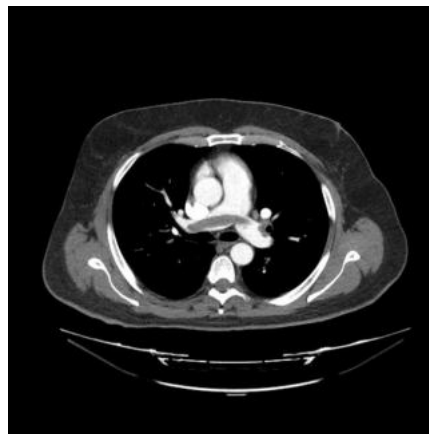


FIGURE 2



Results and Conclusion: In patients with shortness of breath and chest pain, we should keep pulmonary pathologies in mind in addition to cardiac causes.

Keywords: chest pain, shortness of breath, pulmonary thromboembolism



Pub No: PP-016

Diabetic foot is commonly seen, but what about diabetic nape?

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Introduction and Purpose: Diabetes Mellitus (DM) is a metabolic disease involving inappropriately high blood sugar levels. One of the complications of diabetes is skin and soft tissue infections. In this case presentation, a 67-year-old male patient with uncontrolled diabetes and a severe diabetic wound on the nape of his neck is discussed.

Materials and Methods: A 67-year-old male patient was brought to the emergency room with a complaint of near-fainting episodes occurring at home. Upon his initial presentation, the patient was drowsy but oriented and cooperative (with a GCS calculated as 14), and his neurological examination was normal. There was no significant trauma related to the fall. His vital signs were within normal limits, and his temperature was 36.8°C. A discharging and malodorous lesion was observed on the nape of his neck (Figure 1). Examinations of other systems were unremarkable. His electrocardiogram showed sinus tachycardia with a rate of 110 bpm. His medical history included diabetes mellitus and hypertension, and he was not regularly taking his medications. Complete blood count showed a white blood cell (WBC) count of $24.14 \times 10^3/\text{mm}^3$, neutrophil count of $21.5 \times 10^3/\text{mm}^3$, CRP (turbidimetric) of 27.34 mg/dL; while biochemical analysis revealed a glucose level of 493 mg/dL. Other tests, were within normal limits. A full urine test showed Ketone +3, and venous blood gas measured lactate as 2.1 mg/dL with a pH of 7.37. Cervical imaging of the patient was performed (Figure 2), revealing a deep neck infection. The patient was started on treatment for diabetic ketoacidosis and broad-spectrum antibiotics. Consultations were made with Internal Medicine for diabetic ketoacidosis and glucose regulation, and Infectious Diseases for the carbuncle observed on the neck. He was admitted to the Infectious Diseases. During his follow-up, he developed necrotizing fasciitis. He was then referred to an external center considering the need for Plastic and Reconstructive Surgery.

Figure 1



Figure 1. Widespread soft tissue infection observed on the patient's nape.

Figure 2



Figure 2. Intense infectious areas observed in the tomography

Results and Conclusion: It should not be overlooked that in patients with uncontrolled diabetes, infectious complications can occur alongside other complications. It should be remembered that these are not only associated with lower extremity infections. Soft tissue infections can also be observed in different parts of the body that are continuously exposed to pressure.

Keywords: Diabetes Mellitus, Skin Infections, Deep Tissue Infections, Nape

Pub No: PP-017

Elderly patient with late diagnosed metastatic bone lytic lesions

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Introduction and Purpose: Back pain is one of the main reasons for emergency presentations, in this setting, neurological deficit is the most considered red flag.

Materials and Methods: A sixty-seven-year-old male presented to emergency department with complaint of lower back pain for 4 months. There was no history of trauma. Detailed neurological examination was reported as normal. The patient diagnosed with osteolytic lesions causing severe destruction at the pelvis and spine and yet was mobile.

Results and Conclusion: Red flags, which are frequently used for lower back pain, should be kept in mind. In addition, it should not be forgotten that the physical examination of patients may be normal despite advanced bone lesions. In this case report, we present a patient with bony lytic lesions who was mobile despite having many pathological fractures and metastatic lesions. Patients should be investigated, especially in persistent pain. Patient with advanced age and back pain not improving with progressive feature should be investigated for serious conditions especially bone metastases.

Pelvis and Lumbar spine XR



Destruction of bilateral pubic rami and ischial tuberosity, a large pelvic bone lytic lesion accompanied by a secondary pathological fracture.

Thoracolumbar spine and Pelvis CT



Multiple lytic lesions in the thoracic and lumbar spine involving both vertebral bodies and posterior elements of the spine. Bilateral pelvic bones multifocal lytic lesions with pathologic fractures.

Thoracolumbar spine and Pelvis MRI



Multiple expansile osteolytic lesions along the axial skeleton including the thoracic and lumbar vertebrae, ribs, and pelvic bones.

Keywords: Back pain, emergency, lytic bone metastases, red flag, x ray



Pub No: PP-018

IS THAT A BONE?

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Introduction and Purpose: In adults, food impingement on a pre-existing esophageal stricture or ring is by far the most common cause of esophageal obstruction. Foreign body ingestion is rare in adults compared to children. Foreign body ingestion is accidental in 95 percent of cases and is usually food-related (e.g. fish and chicken bones, toothpicks). Most ingested foreign bodies (80 to 90 percent) pass without intervention. Endoscopic intervention is required in 10 to 20 percent of patients and less than 1 percent require surgical intervention. The esophagus is the most common site of obstruction in the gastrointestinal tract

Materials and Methods: A 73-year-old female patient was admitted to the Emergency Department with the complaints of feeling stuck in the throat and inability to swallow food. Her vital signs were: blood pressure: 132/81 mmhg, pulse: 110 beats/min, temperature: 36.6°C, SaO₂: 85%. The patient had a history of diabetes mellitus, hypertension and coronary artery disease. The patient was admitted to an external center with complaints of shortness of breath and inability to swallow food and was hospitalized with a prediagnosis of infection in the internal medicine clinic. The patient whose infective parameters were elevated and did not regress despite the treatment given was referred to us for further examination and research. Detailed anamnesis revealed that the patient had eaten chicken meat with bones a few days ago. On examination, there was no defence rebound in the abdomen, ronchus was heard in lung sounds, vibration thoracic was normal with palpation, bilateral chest expansion was normal, no tenderness, no subcutaneous crepitation, C-reactive protein 161mg/L in the patient's blood, wbc $12 \times 10^3/uL$ on haemogram. There was no pathological result in external blood tests. Thoracic computed tomography performed with a prediagnosis of foreign body in the oesophagus showed a foreign body (bone). The patient was evaluated by the Thoracic Surgery Clinic and hospitalised in the Thoracic Surgery Clinic with the diagnosis of oesophageal perforation.

figure1

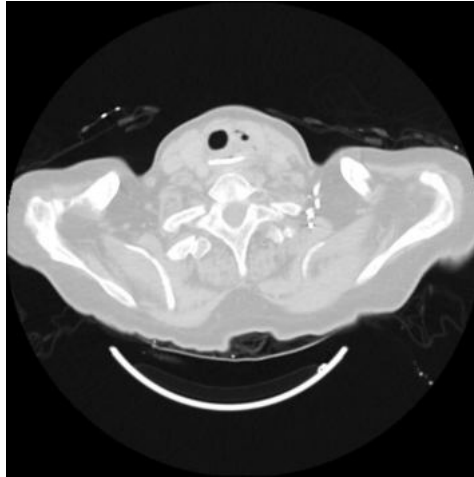
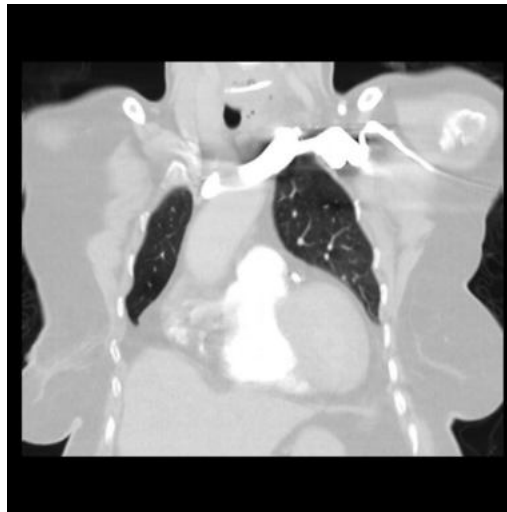


figure2



Results and Conclusion: In cases where isolated elevated infective parameters cannot be explained, perforation should be considered. Esophageal perforation and foreign body aspiration should be considered especially in the case of anamnesis and dysphagia and feeling that something is stuck in the throat.

Keywords: perforation, foreign body, oesophagus



Pub No: PP-019

A Patient Who Present With Complaints of Seizure and was Diagnosed With Cortical Venous Thrombosis

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Introduction and Purpose: Cerebral vein thrombosis is a rare cause of ischemic stroke that comes to mind in emergency departments, but is a common symptom, especially headache, and requires serious and rapid intervention. Although its prevalence is not clearly known, it has been found to be 0.22-1.57/100,000 in studies. Cerebral vein thrombosis is approximately 3 times more common in female patients than in male patients. Oral contraceptive use, pregnancy and puerperium, malignancies, prothrombic diseases (e.g. Factor V Leiden mutation), infections and previous head traumas are risk factors for cerebral vein thrombosis. Cerebral vein thrombosis symptoms have a wide range of neurological symptoms ranging from headache to epileptic seizure and then coma. Symptoms may appear in the acute or subacute period, or they may improve and new symptoms may be added.

Materials and Methods: CASE33-year-old male patient, with a travel history the day before. He came because of an epileptic attack. There is no known history of neurological disease. Blood pressure 130/80 mm/Hg. pH in blood gas: 7.29. Lactate: 8.7 mmol/L. BE: -8 mmol/L. CK:1147 U/L. 10 mg IV diazem was administered to the patient. The seizure stopped after the diazema, then started again 10 minutes later. Neurology consultation was requested from the patient. No acute findings were found on brain tomography. In the patient who underwent diffusion MRI, findings consistent with sinus vein thrombosis were detected. The patient, who was admitted to the neurology service, was diagnosed with cortical venous thrombosis after further examination.

Results and Conclusion: Cerebral vein thrombosis is a condition that is not frequently seen in the emergency department and is rarely considered. However, especially in patients with risk factors, it should be kept in mind along with other differential diagnoses in cases such as headache, nausea and vomiting, vision loss, speech disorder and epileptic seizure.

Keywords: cortical venous thrombosis, seizure, sinus vein thrombosis



Pub No: PP-020

I'm Having A Stroke

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Introduction and Purpose: Hypokalemic periodic paralysis is a disorder characterized by periodic episodes of muscle weakness or paralysis. Attacks are usually triggered by intense exercise, excessive carbohydrate consumption, stress, infection, surgery. Attacks may occur once a day or once a year and may last for a few hours or a few days. Na/K ATPase activity increases with increased catecholamine discharge. Potassium entering into the cell due to this increased activity causes paralysis. Serum potassium level is low during an attack. However, serum potassium levels are normal between attacks.

Materials and Methods: A 44-year-old male patient was admitted to the emergency department with complaints of weakness on the left side of the body that started 1 hour ago. The vital signs of the patient, who had no history of infection, were blood pressure: 134/84mmHg, pulse: 89 beats/min, temperature: 36.8C, fingertip oxygen saturation: 96%. Physical examination revealed no nuchal rigidity, no central facial paralysis, motor upper extremity strength was 5/5 on the right and 3/5 on the left, motor lower extremity strength was 5/5 on the right and 3/5 on the left, and basal skin reflex was lax on the left. The patient was evaluated as having acute stroke and electrocardiography (ECG) and blood tests were ordered simultaneously with central imaging. The patient's ECG showed normal sinus rhythm with no acute pathology. Central imaging showed no hemorrhage on non-contrast brain computed tomography and no major vessel occlusion on brain angiography computed tomography. Potassium level was 2.01 mmol/L in blood tests and intravenous potassium replacement was started. The patient, who was evaluated by the neurology clinic in terms of stroke and acute neuropathology was not considered, was consulted to the internal nephrology clinic with the preliminary diagnosis of hypokalemic periodic paralysis and was admitted to the internal nephrology clinic.

Results and Conclusion: Patients with muscle weakness, lateralizing signs and paralysis may have central events and electrolyte disorders may also cause these clinics. Therefore, it is important to evaluate electrolyte values in patients presenting with stroke complaints.

Keywords: hypokalemia, hypokalemic periodic paralysis, stroke, electrolyte imbalance, paralysis



Pub No: PP-021

A Rare Case: Mycotic Aneurysm

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Introduction and Purpose: Mycotic aneurysm, also known as infective aneurysm, is a rare form of aortic aneurysm that is difficult to diagnose. Mycotic aneurysms usually start slowly and may progress with subfebrile fever for months. Clinically, it may present with gastrointestinal symptoms, abdominal pain, aortic fistula and gastrointestinal bleeding. Radiological imaging findings include saccular or multilobular aneurysm, intramural or perivascular air, fluid in the perivascular space, wall thickening, erosion in the vertebrae and lymphadenopathy around it. In case of rupture of mycotic aneurysm, radiological appearance of an abscess, limited rupture. Surgery and antibiotics as treatment.

Materials and Methods: .

Results and Conclusion: CASEA 57-year-old male patient goes to the external center with complaints of pain and weakness spreading to the left leg, fever and black stool. The patient is referred to the emergency department with a preliminary diagnosis of gastrointestinal bleed. Our patient has no known chronic disease. General condition is moderate conscious, cooperative, fever 36C, respiratory rate 22/min, pulse 105/min blood pressure 140/70mmhg saturation 98%. Laboratory results of the patient; wbc 14 thousand, hemoglobin 4.9g/dl, platelet 373 thousand, this 38 mg / dl creatinine 1.63mg/dl, crp 230. In contrast-enhanced abdominal tomography; Free air values in the muscle planes at the right lumbar level, aneurysmatic dilatation up to 32mm in diameter at the renal level in the widest part of the abdominal aorta, active hemorrhage areas associated with aneurysm in the left retroperitoneal area and air values around it, active bleeding areas extending to the ileopsoas muscle. There was a significant loss of height in the lumbar 4 vertebra corpus. The patient was prepared for blood transfusion. Cardiovascular surgery was consulted as an aneurysm rupture and operation and intensive care admission were deemed appropriate. While the operation was being prepared, he was arrested in our emergency department, despite all the interventions he could not save, he was accepted as exitus. **CONCLUSION** Mycotic aneurysm is very rare but unfortunately has a high mortality. Unfortunately, early diagnosis is difficult due to the lack of specific symptoms. However, it can be life-saving for patients to be kept in mind and to diagnose and treat suspected patients without rupture by radiological imaging.

Keywords: Mycotic Aneurysm, Fever, Gastrointestinal bleeding

Pub No: PP-022

WHAT CAN HAPPEN AT 20 KILOMETRES AN HOUR?

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Introduction and Purpose: Perforation of the gastrointestinal tract leading to release of gastrointestinal contents requires full-thickness injury of the intestinal wall. Full-thickness injury and perforation of the gastrointestinal tract can be due to various aetiologies, usually instrumentation or other trauma and intestinal obstruction.

Materials and Methods: A 70-year-old male patient was admitted to the emergency department with the complaint of a traffic accident. It was learnt that the car airbag exploded in his abdomen in the traffic accident. General condition was moderate to good, consciousness was clear, coherent, orientated, vitals: blood pressure: 121/75 mmhg, pulse: 98 beats/minute, temperature: 36.1 fingertip oxygen saturation: 92. The patient had a history of diabetes mellitus, hypertension, ileus, umbilical hernia operation. Abdominal defence rebound was present on examination. There was no significant feature in the analyses. Abdominal tomography performed with a prediagnosis of acute abdominal perforation showed an 11 cm fascial defect in the supraumbilical area, increased wall thickness in the walls of the anus in intestinal anus herniation, contamination in the mesentery and an appearance compatible with perforation at this level (Figure 1-2).The patient was evaluated by the general surgery clinic and taken to emergency surgery.

FIGURE1

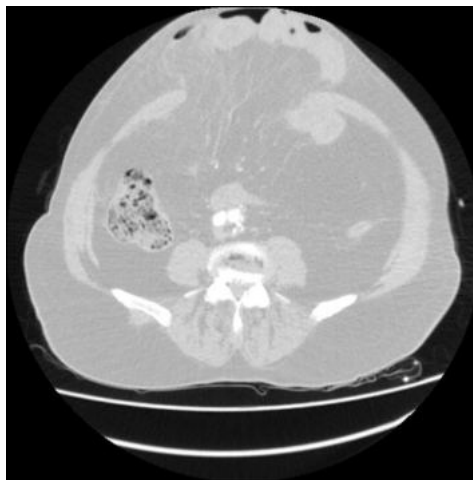


FIGURE2



Results and Conclusion: In patients with a history of intra-abdominal defect or operation, there is a high probability of perforation of the intestinal walls secondary to trauma. Patients should be kept under observation and control examinations should be performed.

Keywords: Abdominal trauma, perforation, Acute abdominal pain



Pub No: PP-023

Does the CRP/Albumin Ratio Serve as a Marker in Clinical Course Examination in Patients Coming to the Emergency Department with Ischemic Cerebrovascular Disease?

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¹Karamanoğlu Mehmetbey University- Faculty of Medicine

Introduction and Purpose: Our aim in this study is to seek an answer to the question of whether the CRP/Albumin ratio can be a reliable indicator of the clinical course in patients presenting to emergency departments with ischemic cerebrovascular disease.

Materials and Methods: This is a retrospective study and included patients over the age of 18 who came to the emergency department with ischemic cerebrovascular disease between 01 June 2021 and 01 December 2021. The study was conducted on routine blood samples taken from patients



Demographic characteristics of cerebrovascular patients

Demographic Characteristics Independent Variables (IVs)	Name of Characteristics	Number	percent (%)	mean	sdt.dev.
Gender	female	26	44		
	male	34	56		
Age				72.8	12.9
Comordity		32	54		
Hypertension		26	42		
Coronary Artery Disease		29	47.8		
Discharges Home in good health		12	20.3		
patient in the services intensive care follow-up		23	37.3		
		25	42.4		
Clinical couse	Exitus	15	24.1		
	Live	45	75.9		



Demographic characteristics of cerebrovascular patients

Laboratory parameters

Laboratory parameters	1. Group (mean± std dev.)	2. Group (mean± std dev.)	P value
WBC(4.0-10.0 × 109/L)	10.2±3.2	7.5±1.5	0.166
Neutrophils (2.0-6.0× 109/L)	6.9±3.8	4.6±1.2	0.002*
Lymphocyte(1.1-3.2 ×109/L)	1.6±1.3	2.9±4.3	0.001*
Albumin	35.1±5.1	40.8±2.4	<0.05*
C-reactive protein(0-6 mg/L)	35.1±53.1	2.9±1.6	<0.05*
CRP/Albumin	1.3±2.1	0.07±0.04	<0.05*
As statistical analysis, Mann-Whitney U test was used. * =p<0.05 was considered significant.			

Laboratory parameters

laboratory findings according to the survival of CVD patients

Laboratory parameters	Helthy(Mean±Standard Deviation)	Exitus (Mean±Standard Deviation)	P value
WBC(4.0-10.0 × 10 ⁹ /L)	9.6±4	8.7±4.6	0.093
Neutrophils (2.0-6.0× 10 ⁹ /L)	7.4±4	5.9±2.6	0.88
Lymphocyte(1.1-3.2 ×10 ⁹ /L)	1.7±1.4	1.2±0.4	0.16
C-reactive protein(0-6 mg/L)	27.3±32.4	82.4±77.6	0.001*
Albumin	35.5±5.1	33.6±6.1	0.11
CRP/Albumin	0.8±1.1	3±3.2	0.002*

As statistical analysis, Mann-Whitney U test was used. * =p<0.05 was considered significant.

laboratory findings according to the survival of CVD patients

Results and Conclusion: At the end of the analysis, the mean age of the patients was 72.8±12.9 (min:25-max:97). Comorbidities were present in 54% (n=32) of the patients. The CRP and CRP/ALB ratios of the patients were found to be significantly higher in the mortal group than in the healthy group (<.05).

Keywords: cerebrovascular ischemia, stroke, neurology, neurological emergency

Pub No: PP-024

Rare Presentation form of Pulmonary Embolism: Acute Abdominal Pain

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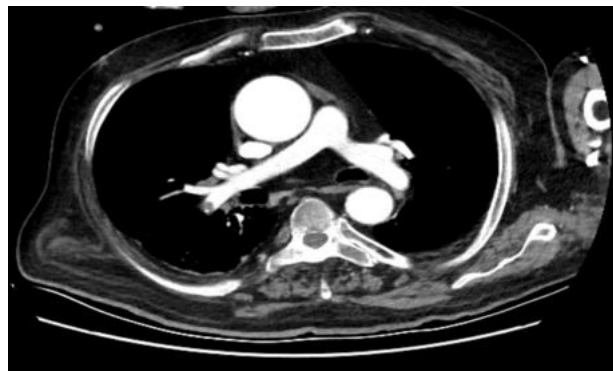
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Introduction and Purpose: Pulmonary embolism is a rare but serious medical condition with an estimated mortality of 5% to 20%. Delays in diagnosis or treatment affect the mortality-morbidity rate. Abdominal pain is an uncommon presenting symptom for pulmonary embolism.

Materials and Methods: A 67-year-old male presented to the emergency department with a 2-days history of intermittent right upper quadrant abdominal pain. Vitals at presentation were temperature 36.6°C, heart rate 83 beats per min, respiratory rate 23 per min, blood pressure 141/80 mm of Hg, and pulse oximetry 95%. The patient had a history of surgery for grade 4 glioblastoma. His abdominal examination was remarkable for severe right upper quadrant pain to palpation without guarding or rebound. There was no costovertebral angle tenderness. His lung sounds were clear bilaterally. The patient remarked that the abdominal pain was made worse with deep inspiration. His cardiac exam was normal. Laboratory analysis revealed a normal complete blood count, complete metabolic profile, urinalysis, and lipase. A d-dimer was positive at which point a computed tomography angiogram (CTA) of the chest was performed. A filling defect was detected in the pulmonary arteries as a result of CTA.

Results and Conclusion: Pulmonary embolism has protean manifestations. As this case clearly illustrates, physicians should always consider the possibility of pulmonary embolism in their patients with abdominal pain.

CTA of the chest identified pulmonary artery filling defect consistent with PE



Keywords: emergency department, abdominal pain, pulmonary embolism



Pub No: PP-025

Not Every Incontinence Is Cystitis Introduction

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Introduction and Purpose: Acute transverse myelitis is a rare, acquired neuroimmune spinal cord disorder that may present with rapid onset, sensory changes, and bowel or bladder dysfunction. Transverse myelitis can occur independently, usually as a post-infectious complication. Clinically, it is impossible to distinguish between peripheral motor neuropathy, which causes weakness, and anterior horn cell pathology, which causes motor weakness. Therefore, imaging should be considered in all patients with weakness.

Materials and Methods: A 30-year-old female patient with no known disease is admitted to our emergency department with complaints of low back pain lasting for a few days and urinary incontinence for 1 day. In his vitals, right arm BP: 140/85, left arm BP: 100/60, BPM: 96/min, Sat: 96% (in room air), fever: 36.7 degrees. In the systemic examination of the patient, who described numbness in his feet with low back pain, bilateral muscle strength was 5/5, and there was 8/10, 9/10 hypoesthesia in the right and left legs. Babinski bilaterally negative. Neck stiffness, kernig, brudzunski negative, rectal tone is good, external neurological examination is intact, and other systemic examinations are found naturally. No positive findings were found in the blood of the patient whose tests were requested for inability to feel and incontinence, hypoesthesia in bilateral feet.

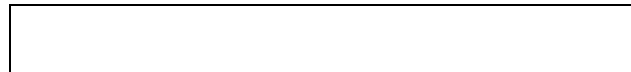
Results and Conclusion: Early diagnosis of transverse myelitis is important in terms of elucidating the underlying cause and applying appropriate treatment. Emergency spinal imaging should be planned without delay in patients with symptoms suspected of transverse myelitis with an insidious onset.



transverse myelitis



transverse myelitis



Keywords: INCONTINENCE, CYSTITIS, MIYELITIS



Pub No: PP-026

An interesting cardiomyopathy

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Introduction and Purpose: Peripartum cardiomyopathy (PPCMP) is a form of dilated cardiomyopathy that can progress with high maternal and infant mortality. Peripartum cardiomyopathy is seen between the last 4 weeks of pregnancy and the 5th months postpartum. Although the exact underlying cause is not clear, many causes such as infections, myocarditis, immunological factors, oxidative stress caused by prolactin are blamed.

Materials and Methods: A 36-year-old female patient, who was treated for HELLP(hemolysis, elevated liver enzymes, low platelet) syndrome that started on the 1st day after normal delivery 1 month ago, applied to the emergency department with complaints of dyspnea and leg swelling after discharge. She has no known disease or long-term drug use, except for her previous HELLP syndrome. At the patient's arrival, his general condition was moderate to poor, saturation: 89%, pulse: 111, arterial blood pressure: 143/92 mmHg, respiratory rate was 40, and fever was 37.1 C. In the physical examination of the patient, tachycardic and tachypneic lung sounds were heard and bilateral rales were heard from the basal to the middle zones, and bilateral +2 pto was present. In the examinations of the patient, hypoxia, kcfts and troponin were borderline increased. An important finding other than bilateral effusion in the lungs in the patient's imaging did not have. With these findings, the patient was consulted to the cardiology in terms of heart failure. Echocardiography performed on the patient revealed an EF of 25%. In the light of these data, the patient was hospitalized in the cardiology service with a preliminary diagnosis of peripartum cardiomyopathy (PPCCM).

Results and Conclusion: In fact, PPCM can also be called dilated cardiomyopathy. When this is the case, the presenting symptoms are shortness of breath, cough, paroxysmal nocturnal dyspnea, swelling in the legs and hemoptysis. However, it is easier to manage a person with advanced age and comorbidities who come to the emergency room with this clinic by the emergency physician than a pregnant or newly delivered person with the same symptoms. For this reason, an emergency physician should be more careful from the anamnesis stage when pregnancy or puerperium is added to the profile of patients with the same symptoms.

Keywords: PPCMP, Cardiomyopathy, dyspnea



Pub No: PP-027

Human Bite

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Introduction and Purpose: Human bites account for 2-3% of all bite injuries. Although human bites are rare, they can lead to serious infections due to there are approximately 50 different types of bacteria in the human mouth. In addition to bacteria, other pathogens can also be transmitted with human bites. Human bites carry a risk of transmission of Hepatitis B, Hepatitis C, tuberculosis, Herpes simplex, primary syphilis and tetanus. In this case report, it is desired to draw attention to the treatment and management of human-induced bites admitted to the trauma unit.

Materials and Methods: A 74-year-old female patient applied to the emergency department with an open wound on her head as a result of being bitten by someone else. In the physical examination , an open wound of 2x2 cm and approximately 1 cm in depth was detected on the left forehead of the patient. The patient had no additional complaints and no traumatic injuries other than the forehead area. According to the detailed history taken, it was determined that the patient's open wound was caused by being bitten by another person as a result of dispute. In the trauma unit, the patient's open wound was washed with physiological saline (SF), and then the wound area was sterilized. Tetanus vaccine and IV antibiotics (cefazolin) were administered to the patient for prophylaxis. The wound was closed with primary suture. Since the patient was not allergic to penicillin, an antibiotic (amoxicillin) was started for treatment. The patient was discharged from our emergency department with regular wound care and recommendations.

Results and Conclusion: Although human bites are rare, they can lead to serious consequences in terms of infections that may develop. Therefore, treatment and management of the patient with a human bite in the emergency department is important.

Keywords: Human bites, infections, bite injuries



Pub No: PP-028

Colon Tumor-Related Obstruction

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Introduction and Purpose: Colon tumors are common in patients aged 60 years and older. Patients may present to the emergency department with many symptoms from simple to complicated. They are especially occlusive in descending colon tumors. Patients may apply with complaints of nausea, vomiting, gas, stool, and abdominal pain.

Materials and Methods: A 60-year-old male patient, who was followed up with a known colon tumor, was admitted to emergency department with complaints of abdominal pain, nausea, vomiting, lasting for 3-4 days, and inability to pass gas and stool for last 2 days. In the physical examination of the patient, the abdomen was distended and there was tenderness especially in the left lower quadrants, but no defensive rebound was detected. Vitals: BP: 132/78 mmHg, Spo2: 96%, heart rate: 88 bpm, fever: 36.9oC. General condition is good, conscious. Vascular access was opened from the patient and standing abdominal x-ray, Complete blood count, biochemistry, blood group tests were requested from the patient. Wbc: 14.2×10^9 , Hgb: 14.9 g/dl, Crp: 6.02 mg/dl. Symptomatic treatment was given to the patient for nausea and vomiting, and IV hydration was started. In standing abdominal x-ray, no air-fluid level suggestive of ileus was observed, intense gas density and enlarged bowel loops were observed. Enema was applied to the patient. No stool output was observed. At this stage, tumor obstruction was suspected, and the tomography contrast agent was mixed with 100 ml of liquid petroleum jelly and administered rectally, and a non-contrast CT imaging of the abdomen was obtained. Tumor-related obstruction in the descending colon was seen in tomography images. The patient was consulted by the general surgery duty physician, and preoperative preparations were made, and he was transferred to the surgical intensive care unit.

Results and Conclusion: The absence of air-fluid level in standing abdominal x-ray doesn't exclude ileus patients who don't have stool output and who don't have stool despite enema application. In patients who don't have gas and stool, further examination should be performed, and general surgery opinion should be obtained.

Keywords: Colon tumor, ileus, rectal contrast



Pub No: PP-029

Ovarian Cyst Rupture

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Introduction and Purpose: Rupture of an ovarian cyst is common in women of reproductive age. Physiological cysts (e.g. follicular cyst, corpus luteal cyst) or less frequently pathological cysts (e.g. endometriomas, benign adult teratomas, cystadenomas, malignant neoplasms) may burst to allow the cyst contents (e.g. serous fluid, blood, adipose tissue) to burst into the peritoneal cavity. may irritate. Most symptomatic patients with ruptured ovarian cysts are successfully treated with observation and analgesics; however, some patients require surgery. Management decisions are based on examination findings, severity of symptoms, presence of ongoing bleeding and/or hemodynamic instability, and possible histological diagnosis.

Materials and Methods: A 23-year-old female patient applied to the emergency department with the complaint of abdominal pain for 2 days. The patient's history was unremarkable. The patient's pain started yesterday, and today the pain has increased, he has no complaints of nausea, vomiting, anorexia, and there is no rebound in the right lower quadrant in his physical examination. The patient's vitals are TA: 110/65, pulse: 79, fever: 36.2 degrees, spO2:% In 98 room air. X-ray and laboratory results were unremarkable. USG, 47x33 mm cystic appearance in the right adnexal lodge, hemorrhagic free fluid on the right side, was evaluated as cyst rupture. The patient was admitted to the OB-GYN service for follow-up and treatment.

Results and Conclusion: There is little data on the outcome of ruptured ovarian cysts. Most patients with ovarian cyst rupture have an uncomplicated case and are candidates for observation. Complex cases (ie, hemodynamic instability, large or ongoing blood loss, signs of the infectious process, signs suggestive of malignancy) may require inpatient treatment and/or surgery. Patients with hemodynamic instability require immediate surgical treatment. Haemodynamically stable but marked hemoperitoneum or persistent For most patients with ruptured ovarian cysts who are concerned about blood loss, hospitalization with close observation to the immediate surgical site is recommended. Surgery is required if ongoing bleeding needs to be controlled and/or the patient's clinical condition is unstable. Emergency surgery is not required in patients with uncomplicated cyst rupture. Surgical intervention may be indicated later in the diagnosis and treatment of large or persistent ovarian cysts, patients with ongoing symptoms, or signs of suspected malignancy.

Keywords: Rupture ovarian cyst



Pub No: PP-030

I Think My Tooth Is Broken

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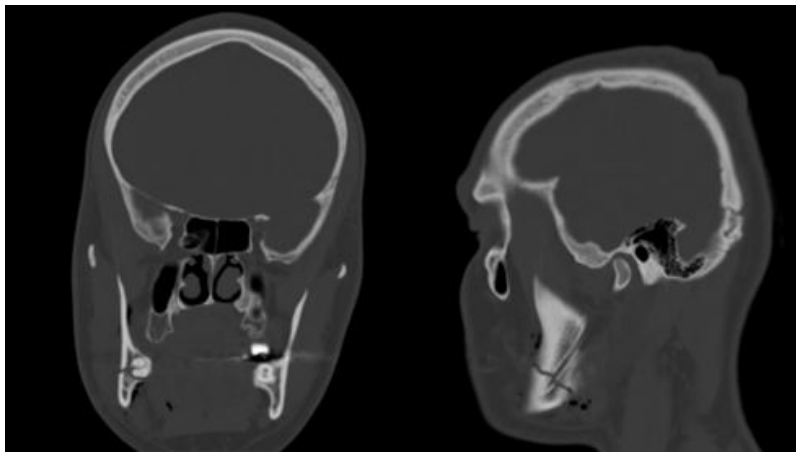
Introduction and Purpose: Mandibular fractures are the second most common fracture in maxillofacial trauma and can cause significant aesthetic and functional loss. In some cases, a simple, isolated, nondeplaced fracture or wet tree fracture may be seen, while in severe cases, displaced, comminuted or complicated fractures of the mandible at multiple sites may be seen with cervical, cranial and/or midface fractures.

Materials and Methods: A 23-year-old male patient was admitted to the emergency department with the complaint of being beaten. In the anamnesis taken from the patient, he said that he was punched in the jaw from behind, then blood came out of his mouth and he could not close his mouth, he thought that his tooth was broken, he first went to the dental hospital after the incident and was referred to the emergency department by the physician there. There is no known history of disease and trauma in his background. On admission, Glasgow coma score (GCS) was 15, orientation and coordination were complete, and blood pressure was 128/74mmHg, pulse rate was 99beats/min, temperature was 36.6°C, fingertip oxygen saturation was 97%. On physical examination, the patient was unable to close his mouth completely and there was a restriction in mouth opening. On intraoral examination, there was bleeding in the form of leakage with unclear source around the right lower 3rd molar, crepitation and tenderness at the level of the right angulus manbibula, and sensory deficit in the right half of the lower lip. A fracture was observed in the 2-directional head direct radiography (Figure-1). Non-contrast computed tomography of the brain and facial bones performed for further examination showed a fracture line extending between the roots of the 3rd molar at the level of the angulus mandible and increased density and air densities under the skin at this level (Figure-2). Appropriate antibiotherapy and barton bandage were applied. The patient was hospitalized in the plastic surgery clinic.

Figure-1



Figure-2



Results and Conclusion: In patients presenting to the emergency department with trauma, a comprehensive examination should be performed for the complaint of the patients and advanced imaging methods should be preferred if necessary.

Keywords: maxillofacial trauma, mandibular fracture, barton bandage



Pub No: PP-031

A CHILD PATIENT APPLIED WITH COMPLAINT OF COUGH AFTER SWALLOWING ALMOND 15 DAYS AGO

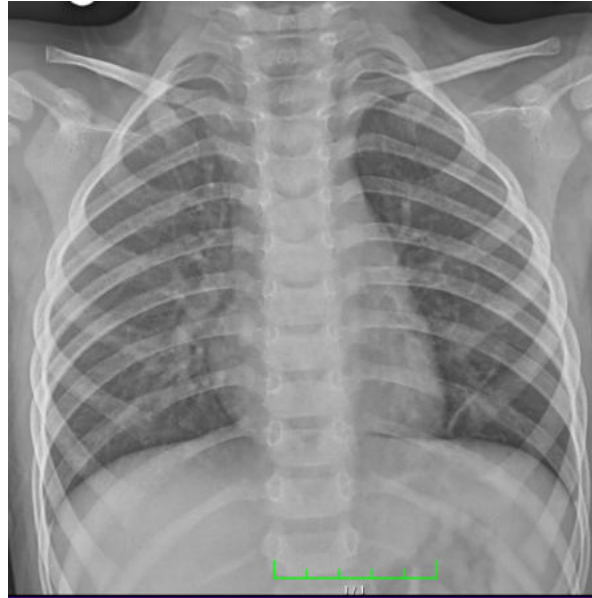
Orhan Enes TUNÇEZ¹, Mustafa NARİN¹, Sultan Tuna AKGÖL GÜR¹

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Introduction and Purpose: Foreign body aspirations (FBA) are common in children under the age of 3 years. It may cause sudden respiratory failure and pave the way for many respiratory system complications. For this reason, it is an important cause of mortality and morbidity for this age group. FBA cases are generally followed up with diagnoses such as pneumonia, bronchitis or bronchial asthma in the late period when history, clinical and laboratory findings that may suggest foreign body aspiration cannot be detected.

Materials and Methods: A 20-month-old male patient applied to us with complaints of cough and wheezing that had been going on for 15 days. According to the anamnesis taken from the patient's mother, she was admitted to the hospital with a similar complaint 13 days ago. The patient was started on treatment with a preliminary diagnosis of pneumonia and bronchiolitis, but he did not benefit from the treatment. Upon arrival, the patient's vitals are: pulse 123 beats/min, spO₂: 94%, blood pressure 95/54, body temperature 36.4.°C. In the physical examination of the patient, there was wheezing and inspiratory rhonchi in the left lung, but no pathological findings were detected in the external examinations. When the anamnesis taken from the patient's mother was detailed, it was learned that the patient choked on almonds 15 days ago but coughed it out. In the imaging performed based on the patient's history and physical examination, an appearance compatible with a foreign body was detected in the left main bronchus. The patient was consulted to the thoracic surgery clinic and was admitted for surgery at the thoracic surgery clinic. performed by thoracic surgeonAn almond piece was seen in the left main bronchus in rigid bronchoscopy.

patient's chest x-ray

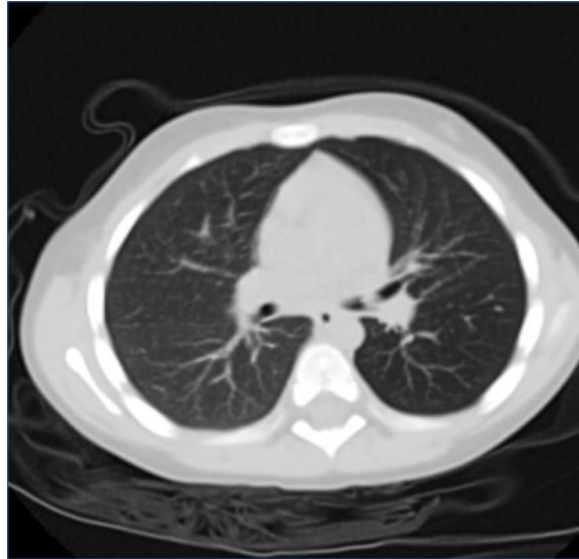


foreign body in the left main bronchus





foreign body in the left main bronchus



Results and Conclusion: This case is presented to emphasize the importance of early diagnosis due to the high risk of mortality and morbidity in foreign body aspiration, and that foreign body aspiration should be kept in mind in children with a history of recurrent lung infection.

Keywords: Foreign body aspiration, almond aspiration



Pub No: PP-032

Traversing the angina

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Introduction and Purpose: We present the case of a 72-year-old male with a medical history of coronary artery disease (CAD), hypertension (HTN), and end-stage renal disease (ESRD) on hemodialysis. He experienced left-sided chest pain and breathing difficulty since one day after a recent hemodialysis session. The objective is to describe the clinical presentation, diagnostic findings, treatment, and outcomes in this complex scenario.

Materials and Methods: We reviewed the patient's medical records, including history, clinical examination, vital signs, electrocardiogram (ECG), point-of-care ultrasound (POCUS), Doppler ultrasound, and surgical intervention reports.

Results and Conclusion: Vitals HR – 66/min, BP – 92/50mmHg SpO₂ 100% on RA, RR 32/min. On examination; Air entry – decreased over left side, left chest wall oedema present. Left subclavian central line insitu; peritoneal drain insitu present. ECG – Normal sinus rhythm at 62/min, normal axis, no ST-T changes noted. POCUS – LV adequate, IVC collapsing normally with respiration, Bilateral lung sliding present, Left chest wall hematoma present. Doppler – doubtful extravasation of blood with jet like propulsion & focal defect seen at brachial artery wall ~ 3 cm proximal to elbow joint. Diffuse intramuscular hematoma in medial aspect of left arm extending to anterior chest wall. He was taken up for brachial artery exploration. Brachial artery defect noted above elbow, clipped bleeding vessel at base, hematoma evacuated & drain placed. Patient tolerated the procedure & post-operative period was uneventful. This case underscores the clinical complexity of chest pain presentation in a patient with multiple comorbidities, including CAD, HTN, CKD, and ESRD. Timely diagnosis and intervention, along with vigilant post-operative care, were crucial in achieving a favorable outcome.

Keywords: chest pain, breathing difficulty, sudden onset, hemodialysis, decreased breath sounds



Pub No: PP-033

Ophthalmic Shingles

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Introduction and Purpose: It is a disease characterized by redness, pain and fluid-filled vesicles in the eye and forehead area. In addition to these symptoms, redness, pain and sensitivity to light may occur in the eye by affecting the eye itself. Skin tingling and pain may occur a few days before the rash appears. Shingles is typically unilateral, meaning it only affects the right or left side. The fluid-filled vesicles dry out over time and slowly disappear as a rash.

Materials and Methods: : A 68-year-old male patient presented with pain and swelling in his left eye for 3 days. The patient has a known diagnosis of benign prostatic hyperplasia. In the examination, there was edema on the left upper lid, slightly hyperemic left conjunctiva, and above the left eyebrow there is a rash on an erythematous background extending to the nasal part. The patient was consulted to the dermatology clinic and ophthalmology clinic. A prescription has been issued by the ophthalmology department. The patient was admitted to the dermatology clinic with the diagnosis of ophthalmic shingles.

FIGURE 1



Results and Conclusion: Ophthalmic shingles should be kept in mind as a pre-diagnosis in a patient presenting with edema on or around the eyelid. Recommendations of dermatology and eye clinic should be taken in terms of ophthalmic shingles, especially in patients with vesicular rash around the eyes . There is a VZV vaccine to prevent ophthalmic shingles. Most of the population is actually infected with VZV early in life and has adequate antibody titer. However, considering that the antibody titer decreases over time, it is reasonable to have the VZV vaccine. The VZV vaccine has been scientifically shown to reduce the risk of shingles in the eye

Keywords: Shingles, vesicle, eye rash

Pub No: PP-034

Sinus Vein Thrombosis: An Overlooked Danger

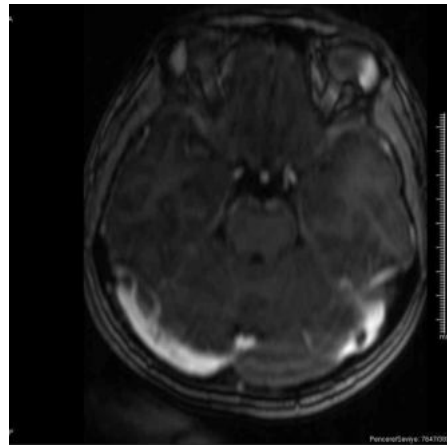
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Introduction and Purpose: Sinus vein thrombosis (SVT) is a rare but potentially serious condition of the cerebral venous system. Although venous thrombosis is not as common as arterial thrombosis, it should be considered in patients presenting with neurologic symptoms and headache. Our patient, a young mother, presented to the emergency department with dizziness, loss of consciousness and tonic clonic contractions after a vaginal delivery. She had no history of chronic disease or thrombotic events. Therefore, it is understandable that a rare complication such as SVT was not considered at the time of presentation.

Materials and Methods: During physical examination, the patient was conscious and no neurologic deficit was observed. Laboratory tests showed no abnormalities in inflammatory markers and examinations of other systems were normal. At this point, a detailed clinical and imaging study is required for the diagnosis and management of the patient. During the diagnostic process, the patient's clinical picture was supported by MR venogram. MR venography clearly demonstrated occlusion and thrombosis of the cerebral venous system. Following the diagnosis, the patient was managed with anticoagulant therapy and the symptoms resolved.

Image 1



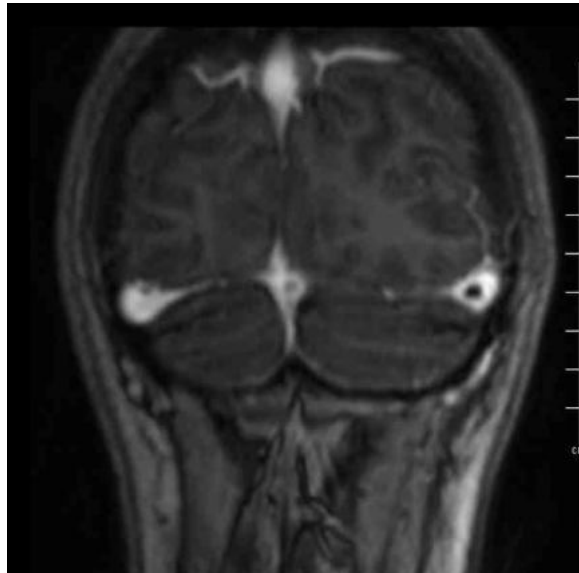
MR Venogram Axial Plan

Image 2



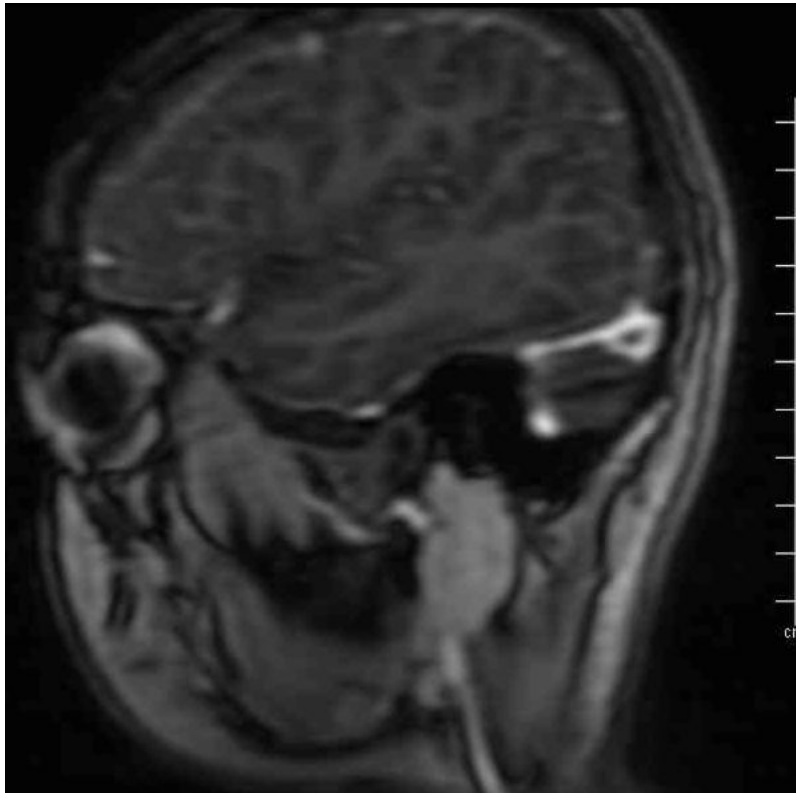
MR Venogram 3D

Image 3



MR Venogram Coronal Plan

Image 4



MR Venogram Sagittal Plan

Results and Conclusion: This case report aims to contribute to our understanding of the diagnosis and management of a rare condition such as SVT and to improve its management.

Keywords: Sinus vein thrombosis, Seizure, Puerperal



Pub No: PP-035

A RARELY SEEN CASE IN THE EMERGENCY DEPARTMENT, ENTEROCUTANEOUS FISTULA

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Introduction and Purpose: Enterocutaneous fistulas predominantly emerge as a surgical complication. The mortality rate varies between 6% and 33%. Ultrasound (USG) and CT play a significant role in diagnosis (1,2). We aimed to present a case of enterocutaneous fistula in a patient who presented to the emergency department with abdominal pain and drainage of blood and feces from the abdominal wall.

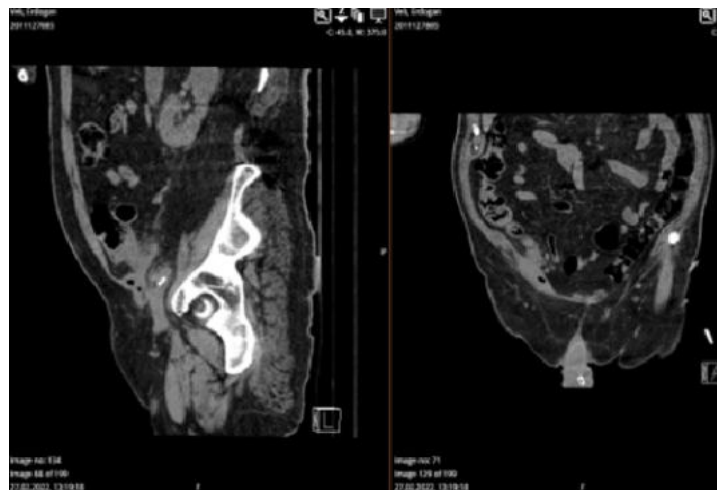
Materials and Methods: A 74-year-old male patient living in a nursing home presented to the emergency department with complaints of bleeding, discharge, and abdominal pain in the right inguinal region for the past 5 days. In the right lower quadrant of the abdomen, there was a discharge approximately 4 cm in size with regular boundaries, consisting of blood and a serous component. tenderness in the right lower quadrant of the abdomen. His medical history included hypertension , diabetes mellitus , chronic heart failure, chronic kidney failure, dementia, and Parkinson's disease. Medications he was taking warfarin, ecopirin, dozyl, saneloc, rexapin, lacipil, lasix, cardura, seraquel, melenda, humolog, novorapid, lantus, onglyza Vital signs were measured as: blood pressure: 71/42, pulse: 141, temperature: 36.5°C, spO₂: 95% and Laboratory findings included WBC of 16.9, HGB of 6.33, HTC of 20.8, CRP of 18.57, troponin of 0.53, creatinine of 4.82, urea of 211.10, and INR >11. Liver function tests were within normal limits The abdominal CT revealed an enterocutaneous fistula in the inferior segment of the cecum. His abdominal CT from February 27, 2022, showed air densities in the subcutaneous tissue corresponding to the inferior level of the cecum, which was thought to be due to an abscess. Surgical intervention was not considered for the patient. Due to septic shock, he was placed on antibiotic therapy and admitted to the intensive care unit.

Figure 1



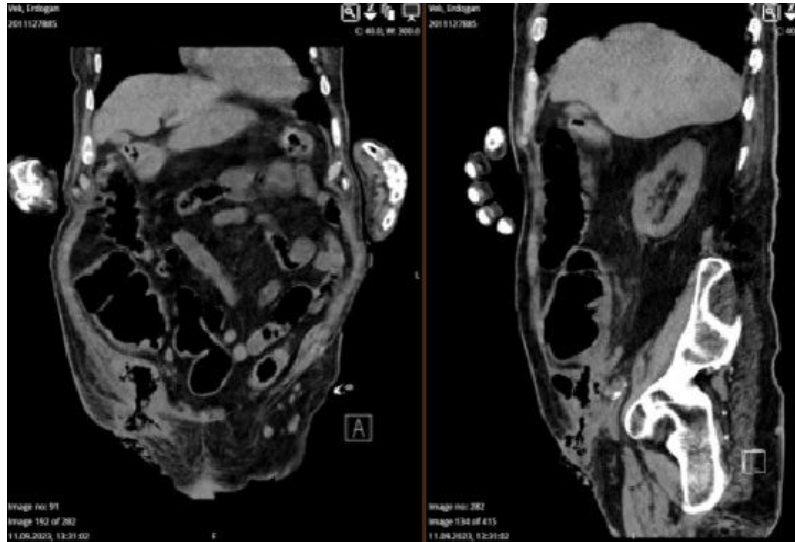
Opening in the right lower quadrant.

Figure 2



Fistulized bowel segment in the right lower quadrant.

Figure 3



CT scan from a year ago of the patient (subcutaneous air images are present).

Results and Conclusion: Enterocutaneous fistula can progress from a simple infection to septic shock. It requires a multidisciplinary approach for treatment. Even if there is no history of a past surgical operation, when we see a content draining outwards from the abdominal wall, an enterocutaneous fistula should be considered. As in our patient, an abscess detected in the abdominal wall 1.5 years ago can also lead to fistulization over the years.

Keywords: Entero Cutenous Fistula, Sepsis



Pub No: PP-036

Diagnosis to consider before psychiatric assessment: Broca's Aphasia

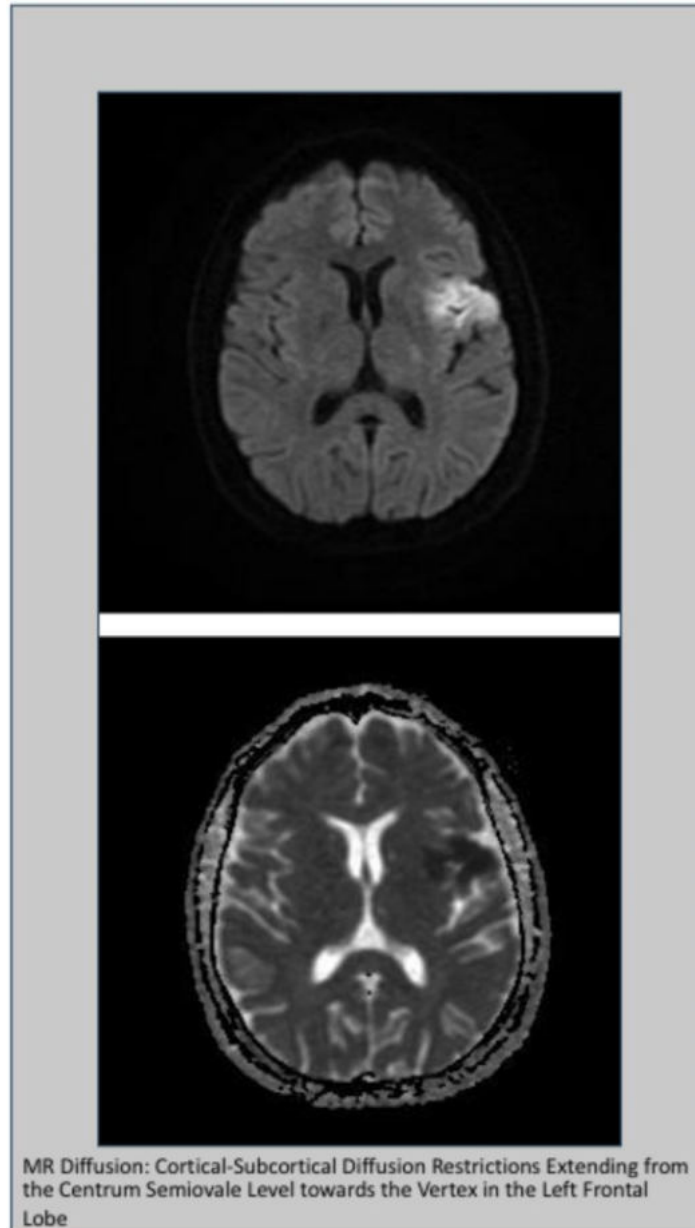
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Introduction and Purpose: Aphasia refers to syndromes that result from cerebral lesions in humans, leading to impairment in functions such as speech, comprehension of spoken language, repetition, object naming, reading, writing, and numerical processing, either partially or entirely. The initial clinical-pathological observations regarding aphasia were made by Broca in 1861. Broca noted that in his patient with impaired speech fluency, the lesion was located in the posterior part of the inferior frontal gyrus.

Materials and Methods: A 35-year-old female patient started experiencing widespread headaches from both sides behind the ears around 09:00 in the morning. Around noon, she also noticed hoarseness in her voice. Initially, she could still name the names of her relatives, but by around 16:00, she became completely unable to speak and sought emergency care. She can understand what is being said to her but cannot respond. Her relatives mention that she has been going through stressful days. She has no known medical conditions or medications she is taking. There is no history of previous surgeries. Her vital signs upon arrival are stable. Neurological examination reveals: no motor or sensory deficits, no facial asymmetry, normal cerebellar tests, and a regular cranial examination with no pathological reflexes. The EKG shows normal sinus rhythm (No previous EKGs indicate atrial fibrillation). Blood tests do not reveal any abnormalities. Brain CT and MR diffusion imaging were performed, and MR diffusion shows cortical-subcortical diffusion restriction extending from the centrum semiovale level towards the vertex in the left frontal lobe. The patient was admitted to the neurology department for further evaluation and care.

MR Diffusion



Results and Conclusion: As in our case, in young female patients triggered by stress factors, with a normal neurological examination, even though intense emergency conditions may push us towards diagnoses such as conversion/somatization, we should always remember that each patient is unique and consider differential diagnoses before labeling psychiatric conditions.

Keywords: Broca's aphasia, psychiatric case, young female, cerebrovascular event



Pub No: PP-037

THERE IS NO DISEASE; THERE IS A PATIENT

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Introduction and Purpose: Angina is a symptom that occurs with the reflection of relevant dermatomes that provide sympathetic afferent nerves to the same segments of the spinal cord as the heart. Classic angina pectoris is defined as a sensation of pressure, heaviness, tightness, or constriction in the center or left side of the chest that occurs with exertion and eases with rest. The nourishment of the coronary arteries is typically impaired due to coronary thrombus. However, angina-type chest pain can also occur in conditions where subendocardial nourishment is disrupted, even when the existing thrombus does not grow or progress with clot formation. These conditions may include hypotension, coronary artery vasospasm, coronary microvascular disease, myocardial bridging, fibrosis, emboli, dissection, and left ventricular hypertrophy.

Materials and Methods: A 43-year-old male patient with no known medical conditions presented to the emergency department with acute onset bloody vomiting and subsequent chest pain. It was learned through detailed history that the patient had vomited more than two glasses of bloody material and that the chest pain was of a compressive nature. Vital signs were within normal limits. Systemic examinations were unremarkable. Serial EKGs revealed repeated T-wave inversions in the D1 and AVL leads. Rectal examination showed normal stool. Initially considered as upper gastrointestinal bleeding and started on initial treatment, further tests revealed Hb: 9.3/8.7, Hct: 1500, and the patient was admitted to the coronary intensive care unit with a diagnosis of non-STEMI (Non-ST Elevation Myocardial Infarction).

Results and Conclusion: In patients with coronary plaques, myocardial ischemic conditions can occur in cases where symptoms resembling bleeding, as seen in our case, are present, even if they have not been previously detected. These conditions can lead to serious events such as acute coronary syndromes.

Keywords: chest pain



Pub No: PP-038

Rare Cause of Abdominal Pain: A Case of Rectus Sheath Hematoma

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Introduction and Purpose: Rectus sheath hematoma is a rare complication of anticoagulation therapy that typically presents with sudden-onset abdominal pain. It can be confused with an intraabdominal inflammatory process, leading to delayed diagnosis and unnecessary laparotomy before appropriate treatment is initiated. Depending on severity and presentation, most patients can continue anticoagulation therapy 1-2 weeks after complete recovery.

Materials and Methods: A 76-year-old male patient presented to the emergency department with complaints of abdominal pain. On arrival, vital signs were SpO₂: 93% (room air), BP: 130/80 mmHg, HR: 94 bpm, and blood glucose: 150 mg/dL. Physical examination revealed a GCS of 15, cooperative and oriented, with swelling, tenderness, and guarding in the right upper quadrant of the abdomen; rebound tenderness was negative. Lung sounds were normal upon auscultation, and no additional sounds were heard. Heart sounds were normal, with S1+ and S2+, rhythmic, and no pathological murmurs were detected. Examination of the extremities and other systems showed no abnormalities. The patient had a history of hypertension, chronic heart failure, and chronic obstructive pulmonary disease. He was regularly taking aspirin and clopidogrel. Laboratory investigations revealed total leukocyte count $20.5 \times 10^9/\mu\text{L}$, hemoglobin: 12.1 g/dL, hematocrit: 40.6%, and platelet: $226 \times 10^9/\text{L}$. The abdominal CT scan (with contrast) revealed presence of rectus sheath hematoma located in the muscle planes in the right upper quadrant.

Results and Conclusion: In patients, especially those aged 65 and older, presenting to the emergency department with abdominal pain, a comprehensive physical examination, detailed medical history, and a review of medications used are essential. Acute abdominal conditions due to bleeding should also be considered in patients with multiple comorbidities, risk factors, and the use of antiplatelet and anticoagulant agents. Rare causes of abdominal pain in patients with risk factors should be ruled out using advanced imaging techniques.

Rectus sheath hematoma



Keywords: abdominal pain, rectus sheath, hematoma



Pub No: PP-039

Massive Pulmonary Thromboembolism

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Introduction and Purpose: Pulmonary thromboembolism is the third most common cause of cardiovascular mortality worldwide after stroke and heart attack, and its incidence in the United States is approximately 300,000 to 600,000 per year, with numbers similar in Europe. Although the number of patients who apply to the emergency services with the complaint of shortness of breath is substantial, a smaller proportion of these patients appear as unstable.

Materials and Methods: A 64-year-old female patient presented to the emergency department with complaints of chest pain and shortness of breath. He has a known history of hypertension, deep vein thrombosis. When she applied with chest pain and presyncope 2 days ago, she was hospitalized in the coronary intensive care unit, coronary angiography was performed, and she was discharged with medical treatment. Pulmonary embolism was considered as a preliminary diagnosis when the patient with a previous history of deep vein thrombosis and limited mobilization developed sudden onset of dyspnea, and when evaluated with her vital signs and laboratory results. The patient whose vital signs were unstable, who received inotropic support, and who had pathological findings on echocardiography was accepted as massive pulmonary embolism, and 100mg of Alteplaz followed by heparin infusion was started in the emergency department.

Figure 1



Thrombus in the right atrium on echography

Figure 2



Filling defect in the right main pulmonary artery on CT

Figure 3



No thrombus was observed in the control echography after three hours

Results and Conclusion: Although pulmonary embolism is common, it is often a difficult pathology to diagnose, and it can be mortal if its diagnosis and treatment is delayed. Sudden onset of dyspnea is the most common symptom (34.7%), followed by tachycardia (30.4%), leg pain or swelling in the legs (9.6%), and chest pain (13%). Our patient was evaluated with risk factors, vitals, laboratory and bedside echocardiographic findings and was found to be at high risk for pulmonary thromboembolism. Afterwards, pulmonary computed tomography angiography, which is the gold standard imaging method, was used to confirm our preliminary diagnosis. In this report, it is aimed to emphasize once again the importance of thrombolytic therapy in massive pulmonary thromboembolism, and that a preliminary diagnosis can be made quickly with bedside echocardiography in patients who present to the emergency services with clinical symptoms as in our case.

Keywords: thromboembolism, pulmonary, massive

Pub No: PP-040

Embolism, Cerebrovascular Event

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Introduction and Purpose: Thromboemboli can present at the hospital with various clinical scenarios. These may include brief events like transient ischemic attacks or emboli that do not resolve without intervention. The clinical presentation of thromboembolism varies depending on its location. It can manifest as neurological symptoms such as speech impairment, focal deficits, cardiac and pulmonary complaints like chest pain and shortness of breath, or extremity pain.

Materials and Methods: An 80-year-old female patient presented to our hospital with complaints of numbness and weakness in her left arm and leg for the past 30 minutes. Upon examination, the patient exhibited 2/5 muscle strength loss in the left upper and lower extremities and hypoesthesia in the left lower extremity. Imaging revealed a lacunar infarct in the right parietal region (Figure 1). Additional imaging was performed due to the absence of peripheral pulses in the right lower extremity, which showed no contrast passage in the right popliteal artery (Figure 2).

Figure 1

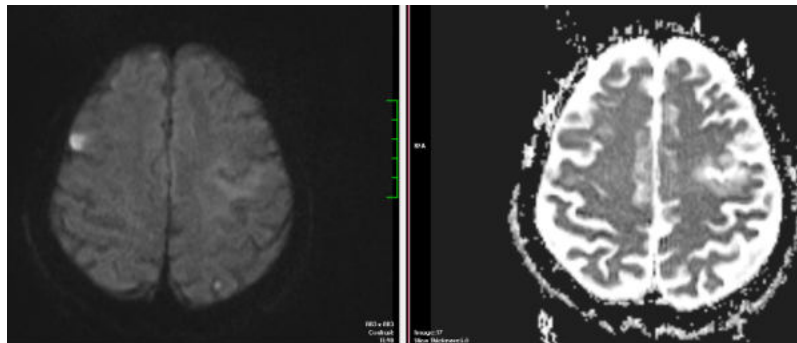
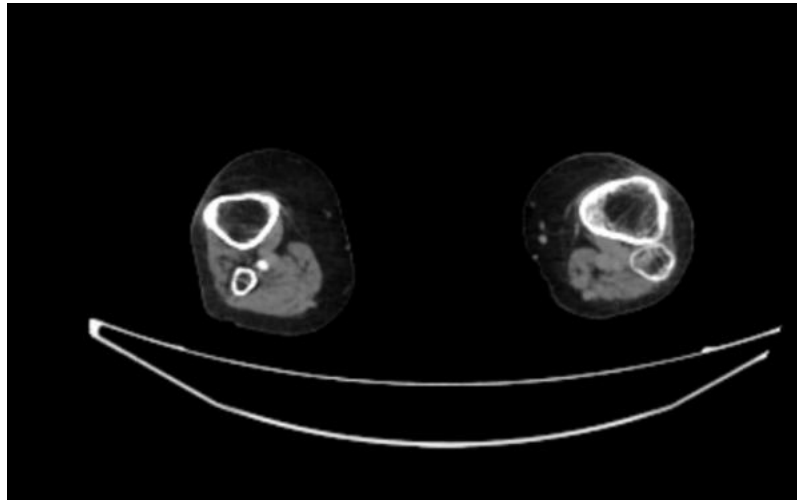


Figure 2



Results and Conclusion: Thromboemboli can occur simultaneously in multiple areas depending on their source. In cases where one thromboembolism is detected, examinations for other thromboemboli should be conducted more attentively.

Keywords: Thromboemboli



Pub No: PP-041

MY FACE IS SWOLLEN AFTER EATING

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¹atatürk üniversitesi tıp fakültesi acil tıp anabilim dalı

Introduction and Purpose: Parotid gland infections can be caused by bacterial and viral factors. Viral-induced parotite is mumps. It usually occurs in children aged 4-6 years. It usually starts with fever and pain, swelling, tenderness under the ear on both sides. Complications can rarely develop due to the virus affecting the brain, kidney, inner ear, or testicles. Bacterial-induced parotitis usually occurs with sudden pain, swelling, redness and tenderness in the parotid gland in the ear and under. It is usually monitored in people with advanced age and immune systems suppressed. In the examination, inflammatory discharge emerges from the opening areas of the ducts of the salivary glands into the mouth. In the event of a delay in treatment, it can cause a life-threatening infection in patients in old age, especially due to abscess formation or spread of inflammation.

Materials and Methods: The 47-year-old male patient applied to the emergency room with swelling from the bottom of his ear on the left side of his face, which started suddenly after eating in the evening. The patient has no chronic disease. In the examination performed, the oropharynx is natural and the LAP was not followed. There was a 7x8 cm swelling area and heat increase on the left side of the face with palpation (figure 1 and figure 2). All other system examinations are natural. Amylase:933, wbc:14000, crp: 55 were measured in the labaratuvar tetchecks. With these results, the patient was consulted with the diagnosis of parotitis to the otorhinolaryngology . He was discharged by arranging the treatment by the relevant clinic.

figure 1



figure 2



Results and Conclusion: In order to rule out parotitis in patients with swelling around the ear, it is necessary to first look at the infective parameters and amylase value. If the amylase height is present with the patient's clinic, parotitis should come to mind.

Keywords: parotitis, amylase, otorhinolaryngology, infective parameters



Pub No: PP-042

Aortic dissection in a patient referred to the emergency department from the endocrinology outpatient clinic with diabetic ketoacidosis

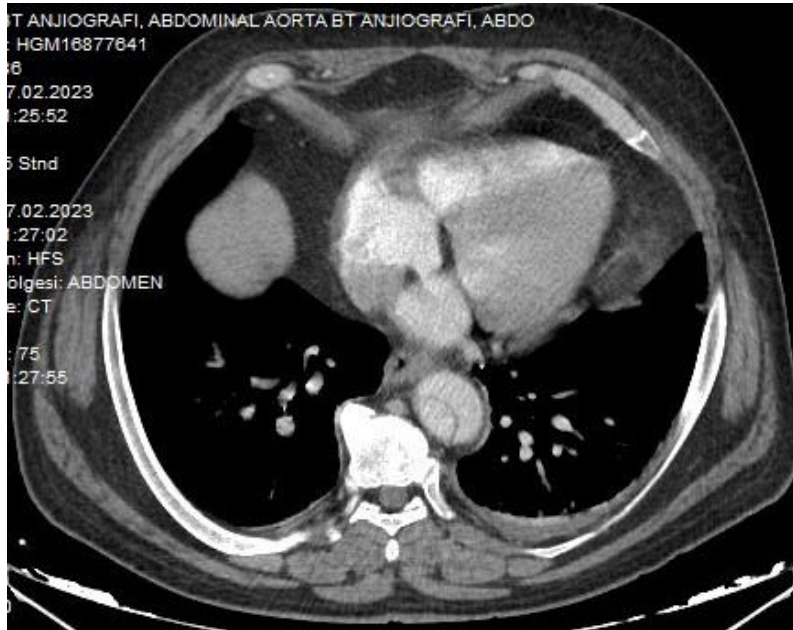
Serhat Aras¹, Atakan Yilmaz¹, Murat Seyit¹, Alten Oskay¹, Mert Ozen¹

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Introduction and Purpose: Aortic dissection is an emergency cardiovascular problem defined as the formation of a false lumen between the intima and media as a result of a rupture in the intima layer of the aorta. Since it is a rare disease, the index of suspicion should be kept high in order to make a rapid and accurate diagnosis. The most important diagnostic methods that can be used for diagnosis are computed tomography and echocardiography. Rapid diagnosis and rapid surgical intervention are the cornerstones of successful treatment. For every hour that passes without treatment, mortality increases by 1-3%. Aortic dissection is a curable disease if diagnosed early and treated rapidly.

Materials and Methods: A 47-year-old male patient was referred to our emergency department from the endocrinology outpatient clinic due to ketone positivity in urine. He has known hypertension and diabetes mellitus diseases. In the anamnesis taken from the patient, he describes abdominal pain for 3 days. GCS: 15.TA: 197/112mmHg, pulse: 111 beats/min, other vitals are normal. The patient's fingerstick blood glucose was 110mg/dl, no acidosis in the blood gas. There was +1 positive ketone in the urine test. In the examination performed, the abdomen was distended, no defense, no rebound, no tenderness. In the pulse examinations of the patient, the right femoral pulse was faint. The result of the abdominal CT angiography examination performed on the patient was debakey typeIIIb aortic dissection. The patient was operated by cardiovascular surgery. The treatment and follow-up was completed and the patient was discharged with recovery.

Abdominal CT angiography



Results and Conclusion: The most important symptom of aortic dissection is severe pain in the chest that starts in the chest and continues into the back. The pain is followed by fainting, shortness of breath and severe restlessness. In these patients, arm or leg pulses may disappear and the pressure difference in the arms may be very high. Neurologic disorders and shock may be present, but sometimes patients may present with atypical presentations. Early diagnosis of aortic dissection in emergency departments can only be achieved by keeping the index of suspicion high. There are no diseases, there are patients.

Keywords: Aortic dissection, diabetic ketoacidosis, abdominal pain



Pub No: PP-043

HOSPITAL OPERATIONS, HOSPITALS AND COST SYSTEMS CALCULATION METHODS

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Introduction and Purpose: In this section, a general description of hospital enterprises is made; hospital enterprises base Purposes Properties Functions Classification and General information about hospital enterprises in Turkey is given.

HOSPITAL OPERATIONS

1.1. GENERAL INFORMATION ABOUT HOSPITAL OPERATIONS	2.1. COST SYSTEMS IN HOSPITAL ORGANIZATIONS	RESULTS
1.1.1. Description of Hospital	2.1.1. Purposes of Cost Accounting in Hospital Organizations	
1.1.2. Main Objectives of Hospital Operations	2.1.2. Factors Affecting Costs in Hospital Enterprises	
1.1.3. Functions of Hospital Enterprises	2.1.3. Classification of Costs in Hospital Enterprises	
1.1.5. Classification of Hospital Enterprises	2.1.3.1. Classification of Costs by Types	
1.1.5.1. Hospitals by Type of Treatment Service They provide	2.1.3.1.1.1. Raw Material and Supplies Expenses	
1.1.5.2. Hospitals by Institution	2.1.3.1.2. Worker Wages and Expenses	



(Ownership) Pire Beach Belek, ANTALYA / TURKIYE

1.1.5.3. Hospitals by Size Hospitals:	2.1.3.1.1.3. Civil Servant Salaries and Expenses	
1.1.5.4. Hospitals by Average Hospital Stay of Patients:	2.1.3.1.4. Outsourced Benefits and Services	
1.1.6. Grouping of Services Produced in Hospital Enterprises	2.1.3.1.5. Taxes, Duties and Fees	
	2.1.3.1.6. Depreciation and Amortization	
	2.1.3.1.7. Financing Expenses	
	2.1.3.1.8. Miscellaneous (Other) Expenses	
	2.1.3.2. Classification of Costs by Function	
	2.1.3.2.1. Inventory Costs	
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	2.1.3.3. According to the Forms of Attribution of Costs to Cost of Service Classification	
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	2.1.5. Allocation of Costs in Hospital Enterprises	
	2.2. COST CALCULATION IN HOSPITAL ENTERPRISES METHODS	



	2.1. Determination of Costs by Scope	
	2.2.3. Determination of Costs According to the Way of Determination	

HOSPITAL OPERATIONS, HOSPITALS AND COST SYSTEMS CALCULATION METHODS

Materials and Methods: 2.1.5.2.1. Cost Allocation Methods to be Used in Second Allocation: - Simple Distribution Method: also called the simple allocation method, is used for non-income generating expenses of the costs collected, without taking into account the exchange of services among themselves, expenses are allocated directly to the core service through the determined allocation keys. - Stepwise Distribution Method: Also known as the stepped distribution method. The staggered allocation method takes into account the exchange of services between the expenses collected in non-income generating cost centers. - Reciprocal Distribution Method: Multi-number allocation method and mathematical distribution method, also called matrix distribution, is a stepwise exchange of services between non-income generating cost locations as opposed to the allocation method that takes into account multiple aspects. - Planned Distribution Method: Also called cross distribution or rounding method, is a method that takes into account the exchange of services between non-revenue generating cost locations.

Results and Conclusion: As a result, businesses can use the five distribution options briefly described above. Methods can also be applied. But the choice of these distribution methods while taking into account the structural characteristics of the enterprises, all expense locations are a system where exchanges of services among themselves can also be included in the calculations. Method should be chosen. In various sources, it is suggested that a gradual or reciprocal distribution method is appropriate.

Keywords: Purposes, Properties, Functions, Classification

Pub No: PP-044

Wellens Syndrome with Neck Pain but Not Chest Pain

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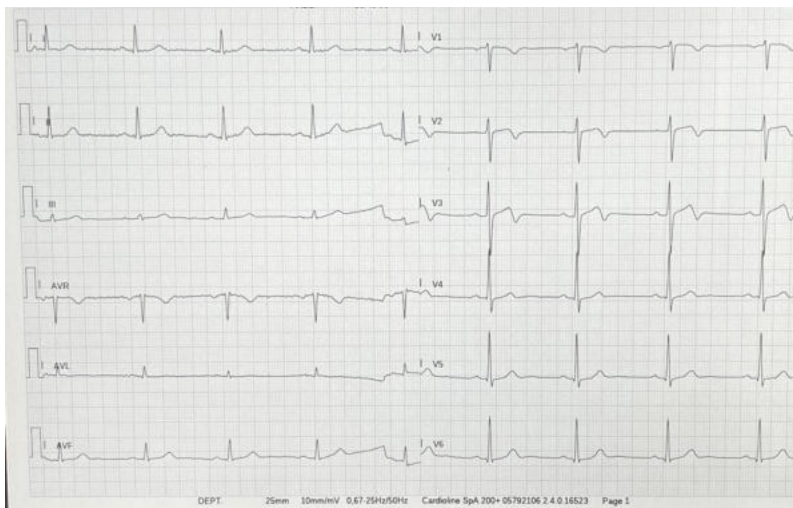
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Introduction and Purpose: Wellens syndrome is a model of electrocardiographic T wave changes associated with critical, proximal left anterior descending (LAD) artery stenosis. The syndrome is also called LAD coronary T wave syndrome. In Wellens syndrome; There may be no chest pain and troponin values may not be very high even in infarct. In type B form, V2-V3 deep T negativity occurs. However, sometimes T wave negativity is seen in all precordial leads.

Materials and Methods: A 69-years old male patient presented with atypical neck pain that started one week ago. He also denied any known coronary artery disease. Her vital signs were stable and physical exam results were negative, including cardiac and pulmonary exam. Of note, the patient was completely asymptomatic at the time of evaluation. The initial electrocardiogram showed T wave inversions over right precordial leads. Initial troponin was 45 pg/ml. Bedside transthoracic echocardiography revealed apical hypokinesia and wall motion defect in the anterior part of the heart. Percutaneous coronary intervention was planned and occlusion was detected proximal to the left anterior descending artery in the patient.

Results and Conclusion: This case highlights the importance of awareness of atypical presentation of acute coronary syndrome and importance of Wellens' syndrome.

Wellens syndrome



Keywords: wellens, chest pain, acute coronary syndrome

Pub No: PP-045

I HAVE NO PAIN BUT I CAN'T PLAY MY FINGER

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¹ATATÜRK ÜNİVERSİTESİ TIP FAKÜLTESİ ACİL TIP ANABİLİM DALI

Introduction and Purpose: Sports injuries are among the frequent reasons for applying to the emergency department, especially in the summer months. In particular, the mechanism of the trauma, its severity and the examination of the patient can be questioned and information about the pathology developed after the trauma can be obtained. Patients with suspected soft tissue and ligament injuries that cannot be detected by direct radiographs should be stabilized until the polyclinic admission process for further imaging.

Materials and Methods: 35 years old male patient, no chronic disease. He applied to the emergency service 2 days ago with the complaint of inability to lift the tip of his finger as a result of hitting the ball perpendicular to the distal of the right hand 3rd finger. The general condition of the patient was good and vitals were stable. On examination, the patient was unable to extend the distal third phalanx of the right hand and kept it in the flexor position. He was coming to extension with passive movement. No fracture was detected after the imaging performed on the patient (Figure 1 - figure 2 - figure 3). The patient was consulted to the orthopedics clinic with the suspicion of distal interphalangeal tendon rupture. His treatment was planned by the relevant clinic.

figure 1



figure 2



figure 3



Results and Conclusion: Mallet finger deformity occurs as a result of the loss of integrity of the distal interphalangeal joint and middle phalanx extensor tendon at the level of the distal joint. Active extension movement of the distal interphalangeal joint cannot be performed. In the treatment of closed traumas, splint fixation is applied with the distal interphalangeal joint in mild hyperextension.



WACEM²³

WORLD ACADEMIC CONGRESS OF EMERGENCY MEDICINE

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Keywords: mallet finger, tendon rupture

Pine Beach Belek, ANTALYA / TURKIYE

Pub No: PP-046

Is Mycobacterium tuberculosis a life-threatening disease yet?

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Introduction and Purpose: Tuberculosis is one of the oldest diseases, caused by Mycobacterium tuberculosis and effect every organ, especially the lungs. Although it usually has a chronic course, delayed cases may present with an acute presentation.

Materials and Methods: Thirty-year-old Indian male patient applied to emergency department with complaints of headache, visual disturbance, and confusion. He came to Türkiye from India 25 days ago. Headache and visual disturbance started 15 days ago and gradually increased. Confusion developed for the last 5 days. Physical examination; he was confused, lethargic, non-cooperative, non-oriented, speaking as meaningless sounds, Glasgow Coma Scale:11, Blood pressure:149/93mmHg, Fever:37.7°C, Heart rate:144/min. Neck stiffness, Kerning and Brudzinski signs were positive. Pupillary was anisochoric, right eye was mydriatic, bilateral outward gaze limitation were observed. Cranial magnetic resonance (MRI): bilateral frontotemporoparietal and leptomeningeal enhancements are present. Contrast enhancements were detected in bilateral 6th cranial nerves, bilateral 9th cranial nerves, prominent trigeminal nerves on the right, 7th and 8th cranial nerve traces on the left, bilateral optic nerve prechiasmatic segment and basal cisternae. In cerebrospinal fluid (CSF) examination; 12 Erythrocytes/mm³, 110 Leukocytes/mm³ (95% lymphocytes) were seen, CSF protein 276.10 mg/dL, CSF glucose 13 mg/dL (Simultaneous blood glucose: 110 mg/dL). With the diagnosis of tuberculous meningitis, standard anti-tuberculosis treatment (isoniazid 300 mg/day, rifampicin 600 mg/day, pyrazinamide 2000 mg/day, ethambutol 1500 mg/day) and dexamethasone 16 mg/day was initiated. After the 2nd week of the treatment, the patient regained consciousness. He started to talk meaningfully and walk with support. In the control cranial MRI taken at the 3rd week of the treatment: a significant decrease in pathological contrast enhancements was observed. At the end of 40 days, Mycobacterium tuberculosis complex yielded in the CSF culture. Antibiograms of ethambutol, isoniazid, streptomycin and rifampin were found sensitive. After clinical recovery he was discharged to complete his anti-tuberculosis treatment to 18 month. Despite recovery unfortunately bilateral vision loss remained as a sequela.

Results and Conclusion: Tuberculous meningitis is the form of tuberculosis disease with the highest morbidity and mortality rates. The nonspecific symptoms and signs of the disease may lead delay in diagnosis. In endemic areas it should be taken in mind in nearly every differential diagnosis.

Keywords: tuberculosis, meningitis, Mycobacterium tuberculosis



Pub No: PP-047

Reoccurring acute coronary syndromes at a patient with history of myocardial infarction with non-obstructive coronary arteries

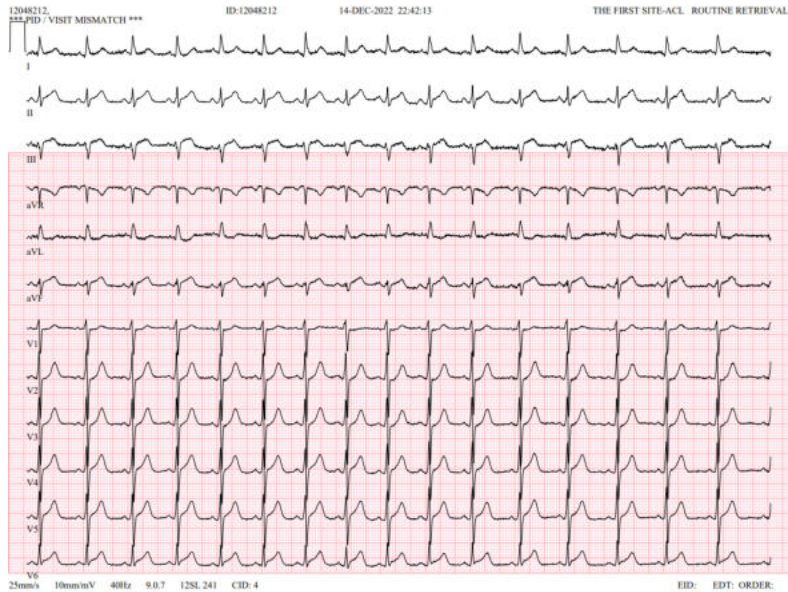
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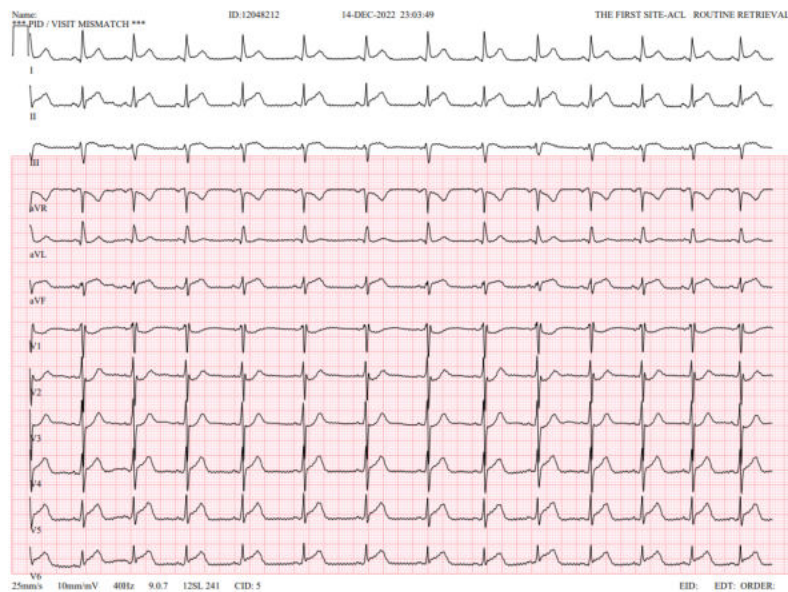
Introduction and Purpose: Coronary artery disease is one of the most common heart diseases and the leading cause of death around the World. Myocardial infarction with non-obstructive coronary arteries (MINOCA) is a condition with different causes, characterized by clinical evidence of myocardial infarction (MI) and angiographically normal or minimally obstructive ($\leq 50\%$ stenosis) coronary arteries. MINOCA represent $\sim 10\%$ of acute coronary syndromes.

Materials and Methods: A 33 years old male patient applied to our clinic with the complaints of chest pain, shortness of breath and sweating which all started suddenly twenty minutes ago while patient was at rest. The patient had no other additional complaints nor had a recent trauma history. His comorbidities were hypertension and two coronary angiography history in his past. He told that he felt a similar pain in both of his past angiographies. Vital signs on application were as follows; arterial blood pressure: 175/105mmHg, heart rate: 105 beats/min., respiratory rate: 14/min., and body temperature: 36.2°C. On physical examination, lung sounds were bilaterally normal and there were no murmur nor any palpable pulsatile mass. Initial electrocardiography(ECG) had minimal inferior st segment elevation(STE). Bedside Echocardiography performed by cardiologist. Findings were as follows; ejection fraction:%45-50, inferior and septal hipocinesia, no valv or right ventricular pathology. Follow up ECG performed 15 minutes after application which had newly occurred inferiolateral STE and st segment depression(STD) at AVr and V1 derivations. Patient had transferred to another center for the coronary angiography with the findings as follows; Left Main Coronary Artery: normal, Left Anterior Descending Artery: plaque without significant occlusion, Circumflex Artery: plaque at obtuse marginal artery(CX-OM1) with %100 thrombosis, Right Coronary Artery: plaque without significant occlusion, diagnosis: Inferiolateral STEMI, Percutaneous Coronary Intervention(PCI) performed to CX-OM. When patients past two angiographies examined it was revealed that past angiographies had no coronary obstructions.

ECG 1



ECG 2



Results and Conclusion: As a conclusion this case reminds us that coronary occlusions are real possibilities at patients with MINOCA and it is vital to closely monitor all the patients with chest pain.



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Keywords: MINOCA, STEMI, Angina, Coronary Syndrome

Pine Beach Belek, ANTALYA / TURKIYE

October, 28 - 31



Pub No: PP-048

SECONDARY CAUSE OF EARACHE

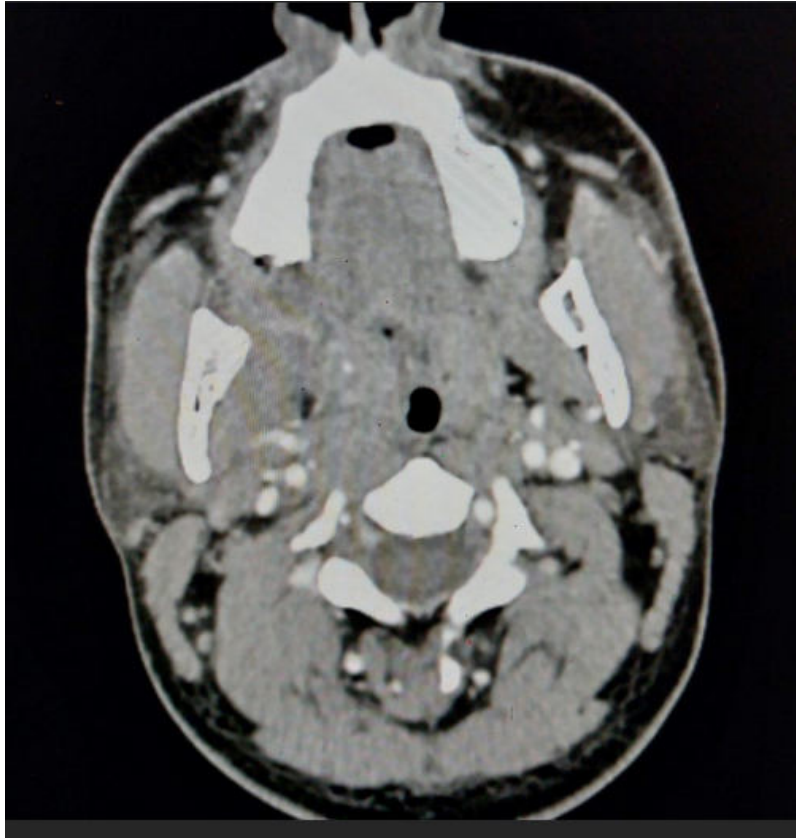
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Introduction and Purpose: Suppurative infections of the neck are rare. However, they can potentially be very serious. Suppurative cervical lymphadenitis is the most common superficial neck infection. Peritonsillar abscess is the most common deep neck infection. Other deep neck infections include retropharyngeal abscess and parapharyngeal space abscess. Pharyngeal space infection typically arises from the contiguous spread of infection, often originating from peritonsillar or retropharyngeal abscesses.

Materials and Methods: A 32-year-old male patient with a known diagnosis of FMF (Familial Mediterranean Fever) presented to our emergency department with complaints of sore throat, weakness, fever, and earache. His vital signs were within normal limits. Systemic examination revealed hyperemic and hypertrophic bilateral tonsils, no trismus, and minimal deviation in the uvula. There were no pathological findings in the ear examination. Other systemic examinations were unremarkable. Blood tests showed no pathology except for a white blood cell count of 16,550 mcg/L with 84% neutrophils. A contrast-enhanced tomography revealed a right peritonsillar abscess due to minimal uvular deviation, and the patient was admitted to the Ear, Nose, and Throat (ENT) clinic for treatment.

figure



Results and Conclusion: The typical clinical presentation of peritonsillar abscess includes severe throat pain, fever, and a muffled voice. Accumulation of saliva or drooling may also be present. Trismus, related to irritation of the internal pterygoid muscle and reflex spasm, is found in many patients. However, in some peritonsillar abscess cases where these typical signs are absent, it is important to consider advanced imaging in patients with suspected ear pain and uvular deviation, as in our patient.

Keywords: Suppurative infections, parapharyngeal space abscess

Pub No: PP-049

CONTRECOUP INJURY

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Introduction and Purpose: Contrecoup brain injury involves a concussion far from the actual site of impact to the head and classically the opposite. Contrecoup injury is a focal phenomenon and differs from diffuse axonal injury or brain edema, which are common and can also result from trauma. Contrecoup injury is thought to be a visual phenomenon that follows minor head injuries. is also thought to play a role in abnormalities.

Materials and Methods: A 50-year-old male patient with no known chronic disease was brought to the emergency department trauma area with the complaint of headache. He declared that he had been beaten. Glasgow coma score was measured as 15 on arrival. His vital signs were TA: 126/74 mmHg, spo2 92 on room air, peak heart rate 126 beats/min and body temperature 36.9 degrees C. He was conscious, coopere and oriented. The patient was placed in the occipital region The neurological examination revealed a severe natural headache. Imaging was requested from the patient. On imaging, contusional hemorrhagic density increase was observed in the right frontal lobe. Brain c was consulted and he was hospitalized.

Results and Conclusion: The main difference of the contrecoup injury is the extent of diffuse axonal injury. Petechial hemorrhages occur in the gray-white matter junction, corpus callosum and brain stem. It is the result of traumatic acceleration/deceleration or rotational injuries not associated with a direct blow to the skull. It is a common cause of persistent vegetative state in pati

Keywords: contrecoup, trauma, severe pain



Pub No: PP-050

I'm Very Weak

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Introduction and Purpose: Rhabdomyolysis is the destruction of skeletal muscle as a result of damage to myocytes and their membranes due to any cause and after this destruction, intracellular substances enter the systemic circulation and trigger clinical and laboratory disorders. The etiology includes a wide variety of conditions such as heavy exercise, drugs, metabolic myopathies, endocrine and rheumatic diseases. Increased creatine kinase (CK) levels are the most sensitive and reliable indicator in muscle injury. Hyperkalemia, hyperphosphatemia, hyperuricemia, hypocalcemia in the early period followed by hypercalcemia, metabolic acidosis, elevated aspartate aminotransferase (AST), alanine aminotransferase (ALT), lactate dehydrogenase (LDH) may be seen. Hospitalization is often required.

Materials and Methods: A 57-year-old male patient was admitted to the emergency department with complaints of weakness and generalized body pain. He had intermittent chest pains for the last 6 months and underwent coronary angiography 13 days ago in the cardiology clinic at an outside center, but no stent was implanted, and he had no history of any disease or accident. PPI (proton pump inhibitor), atorvastatin 20 mg and acetyl salicylic acid 100 mg were started by the cardiology clinic. On admission, blood pressure was 142/88 mmHg, pulse rate was 71 beats/min, temperature was 37.2C, fingertip oxygen saturation was 93%. There were no positive findings on physical examination. Electrocardiogram was performed in normal sinus rhythm and no acute pathology was observed. Direct radiographs of the lung and abdomen were negative for pathologic features, hs-TroponinI was within the normal reference range in blood and urine tests and CK: 5149.9IU/L, CK-MB:61.8IU/L, LDH:265.9IU/L, ALT:98.1IU/L, AST:122.8IU/L, no pathologic value in urine test, other tests were normal. The patient was hospitalized in the internal medicine nephrology clinic with the diagnosis of rhabdomyolysis secondary to statin.

Results and Conclusion: Rhabdomyolysis is a very rare side effect of statin drugs. Statin-associated myopathy includes myalgia, muscle weakness, and rhabdomyolysis with or without an increase or change in CK levels and is dependent on the statin preparation and dose. Therefore, rhabdomyolysis should be considered in patients who are on statin drugs, have muscle pain or unexplained acute renal failure or impaired state of consciousness.

Keywords: rhabdomyolysis, statin, weakness

Pub No: PP-051

I HAVE A BROKEN HIP, WHY IS MY BREATHING SHORT, WHY IS MY MOUTH DRY?

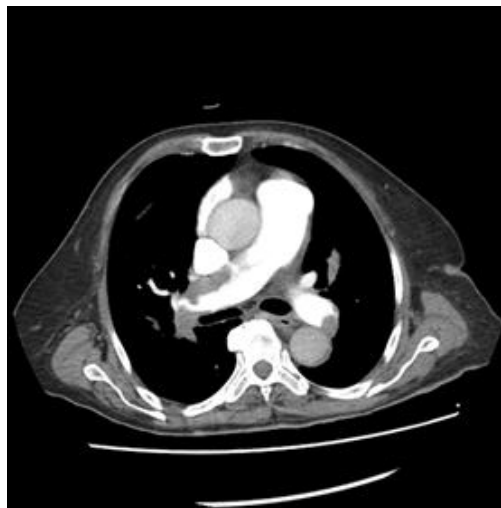
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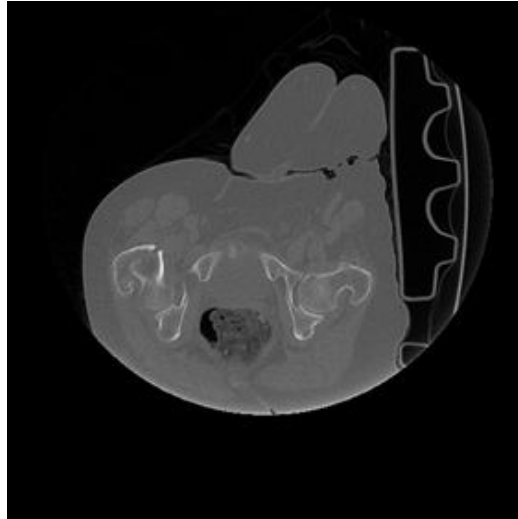
Introduction and Purpose: Pulmonary embolism accounts for a large percentage of patients presenting to the emergency department with dyspnea. There are many underlying risk factors in its etiology and the leading causes include recent major surgery, immobilization, hypercoagulation disorders, atherosclerosis, venous insufficiency, diabetes and malignancies.

Materials and Methods: A 77-year-old woman with no known comorbidities. She presented to the emergency department with acute onset of dyspnea. Her anamnesis revealed a history of surgery for femur fracture 3 months ago (Figure 2). On admission, blood pressure was 134/85 mm/hg, saturation was 90% under 6 lt/min nasal oxygen, pulse rate was 103/min, and respiratory rate was 24/min. On physical examination, GCS was 15, oriented and cooperative, general condition was moderate, respiratory and heart sounds were normal, oropharynx was normal, lower extremity diameter and temperature were normal, abdominal examination was normal. In the tests performed, troponin: 60 (cut off: 0-18), lactate: 2.8, creatine: 1.2 was found to be positive. Thoracic CT angiography performed to clarify the diagnosis showed thrombus material in bilateral main pulmonary branches.

Picture-1



Picture-2



Results and Conclusion: Pulmonary embolism is one of the differential diagnoses in patients presenting to the emergency department with acute onset dyspnea. Pulmonary embolism should be considered especially in patients with no known cardiopulmonary pathology, recent major surgery and prolonged immobilization.

Keywords: pulmonary embolism, fracture, immobilization

Pub No: PP-052

A Rare Case of Aortic Dissection Presenting With Diarrhea

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Introduction and Purpose: Acute aortic dissection (AD) is a vascular disease that is difficult to diagnose and has a very high in-hospital mortality rate (12-27%) even when diagnosed. The aortic wall consists of three layers from inside to outside: intima, media, and adventitia. Aortic dissection is defined as a tear in the aortic wall between the intima layer and the media layer, resulting in a distal separation of the intima layer in the direction of blood flow. In those who reach the hospital, the mortality risk increases with each passing minute (23% in 6 hours, 50% in 24 hours, 68% in 1 week). Therefore, it should be rapidly recognized in the emergency department and cardiovascular surgery should be consulted for treatment planning.

Materials and Methods: A 53-year-old male patient presented to us with severe non-bloody diarrhea, nausea, vomiting and dizziness. The patient had a history of hypertension and hyperlipidemia. His vital parameters were as follows: temperature: 36°C, pulse rate 50 beats/min, respiratory rate 24/min, left arm blood pressure 84/45 mmHg, right arm blood pressure 115/65 mmHg and oxygen saturation (sPO₂) 91%. His symptoms were typical for enterocolitis, as he stated that he had eaten an outside meal the evening before he presented to the emergency department. Physical examination of the patient revealed a tender abdomen with no defense rebound. Lung sounds were normal. Neurologic examination was normal. Laboratory tests revealed leukocyte 21×10^3 /uL, hemoglobin 10.1g/dL, platelet 243×10^3 /uL, glucose 96 mg/dL, creatinine 1.38 mg/dL, sodium 140 mmol/L, potassium 3, 7 mmol/L, c-reactive protein 0.4 mg/L, d-DIMER >35 µg/mL, troponin 8 pg/mL. Contrast-enhanced thoracoabdominal angiography was performed. CT scan showed a dissection flap extending from the ascending thoracic aorta to the abdominal aorta and both main iliac arteries. The cardiovascular surgeon was contacted. The patient with type 1 aortic dissection was deemed appropriate for urgent surgery.

Figure 1



Computed tomography thoracic aorta showing aortic dissection.

Figure 2



Computed tomography abdominal aorta showing aortic dissection.

Results and Conclusion: In conclusion, it is important to maintain a high level of suspicion even in patients who do not present with "typical symptoms" (hypertension, chest, back and migrating pain). This rare presentation of aortic dissection similar to enterocolitis presents in <5% of patients with nausea, vomiting and diarrhea.

Keywords: acute abdominal pain, aortic dissection, diarrhea



Pub No: PP-053

GASTROENTERIT MAY BE A HIGHLIGHT OF OBSTRUCTION

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Introduction and Purpose: Mechanical small bowel obstruction results from intraluminal or extraluminal mechanical compression. In developed countries, adhesion is the most common cause, followed by hernias, malignancies, and various other infectious and inflammatory disorders. Most patients with small bowel obstruction present acutely with sudden onset of colic abdominal pain, nausea, vomiting, and abdominal distention.

Materials and Methods: A 45-year-old male patient is brought to our emergency department with complaints of nausea, vomiting and diarrhea. In his anamnesis, it is understood that he had featureless diarrhea first, and then vomiting came to the fore. There is no feature in his history, except for the appendicitis operation he had 5 years ago. His vitals are within natural limits. In the examination, the abdomen is distended, and decreased bowel sounds are detected along with the mechanical high-pitched sound on auscultation. There is no tenderness in the abdomen. Small bowel type ileus is observed in his X-ray, and he is interned to the general surgery service after NGS application.

Results and Conclusion: Ileus may be due to mechanical causes, but may also occur in paralytic bowel conditions. Constipation, nausea, vomiting, abdominal pain, and abdominal distension, which are typical clinical presentations of ileus, may not be observed in all patients. Rarely, ileus may present in the form of diarrhea due to discharge from the distal bowel parts. This case of ours is shared to show the importance of detailed physical examination by considering ileus in the preliminary diagnosis in patients presenting with diarrhea.

Keywords: GASTROENTERIT, OBSTRUCTION, Ileus, colic abdominal pain, vomiting



Pub No: PP-054

NOT EVERY ACUTE ACCULAR OPERATED

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Introduction and Purpose: Omental infarction is a rare pathology that develops as a result of impaired perfusion of the omentum majus and can mimic many acute abdomens with its clinical findings. In the clinical differential diagnosis, it is a diagnosis of exclusion that may require emergency surgery such as acute cholecystitis, acute appendicitis, acute diverticulitis, renal colic, colon perforation. Since most of the cases can be treated conservatively, preoperative confirmation of the diagnosis of omental infarction with the help of radiologists can prevent unnecessary surgical interventions.

Materials and Methods: A 52-year-old female patient, weighing 102 kilograms, applied to our emergency department with the complaint of right upper quadrant pain that started about a week ago and whose severity gradually increased. The pain was of a character that increased with movement. The patient had a history of type-2 diabetes mellitus and proton pump inhibitor use due to ongoing stomach complaints for six months. There was no previous surgical intervention. On physical examination, there was tenderness, defense and rebound in the right upper quadrant. In the laboratory examinations, the white blood cell count was found to be 8.2×10^3 u/L and other tests were found to be normal. In the abdominal ultrasonography examination, there was heterogeneity compatible with inflammation in the fatty tissue in the right upper quadrant of the abdomen, adjacent to the liver anteriorly, and no additional pathological finding was detected. In abdominal CT examination; the liver is adjacent to the anterior right lobe, A mass appearance was observed in the right omentum, which was characterized by heterogeneity and increased density consistent with inflammation. The patient was treated with general surgery and was treated with full palliation.

Results and Conclusion: Omental infarction is a rare pathology that develops as a result of impaired perfusion of the omentum majus and can mimic many acute abdomens with its clinical findings. With the introduction of cross-sectional diagnostic methods, it has been understood that it is a more common pathology than it is known. It is aimed to raise awareness among emergency physicians about this common disease in patients who come to the acute abdomen clinic after other causes are excluded.

Keywords: omental infarction, abdominal pain, acute pain, rebound, omentum



Pub No: PP-055

Bilateral Thalamic Infarcts - Does it Ring a Bell?

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Introduction and Purpose: Bilateral thalamic infarcts on neuroimaging should make an emergency physician suspect a rare cause of ischemic stroke, artery of Percheron (AOP) infarction. AOP is a rare anatomical variant wherein a single artery supplies bilateral paramedian thalamic and, in some cases, the rostral midbrain also. Artery of Percheron infarction contributes to 0.1 to 2% of all ischemic strokes.¹ The presence of bilateral thalamic infarcts in a drowsy patient should make an emergency physician suspect AOP infarction.

Materials and Methods: Case report: A 63 year-old-male who is a chronic smoker presented to our emergency department with a history of altered mental status and associated weakness of all four limbs for two days. He had one episode of generalized tonic-clonic seizure. There was no history of fever, headache, or syncope. There was no history of head trauma or poisoning. He was comatose on general physical examination with a heart rate of 110 beats per minute, blood pressure of 160/100 mm of Hg, room air saturation of 96%, and respiratory rate of 10 to 12 per minute. His GCS was 3/15 (E1 V1 M1), and bilateral pupils were 2mm and sluggishly reacting to light. On neurological examination, tone was increased in all four limbs with exaggerated deep tendon reflexes and bilateral Babinski sign. Cardiovascular examination revealed no murmurs. Capillary blood glucose was 187 mg/dl. Endotracheal intubation for airway protection was done because of low GCS. Non-contrast CT brain revealed bilateral paramedian thalamic (Figure 1a and 1b) and rostral midbrain hypodensities (Figure 2) suggestive of infarcts. MRI brain revealed hyperintense signals in the bilateral paramedian thalamic regions and rostral midbrain on Diffusion-weighted imaging (DWI) suggestive of AOP infarction.

Figure 1a

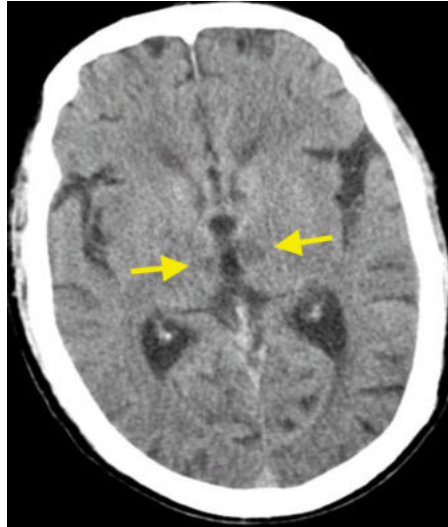


Figure 1a and 1b: Non-Contrast CT Brain of the Patient Showing Bilateral Paramedian Thalamic Hypodensities

Figure 1b

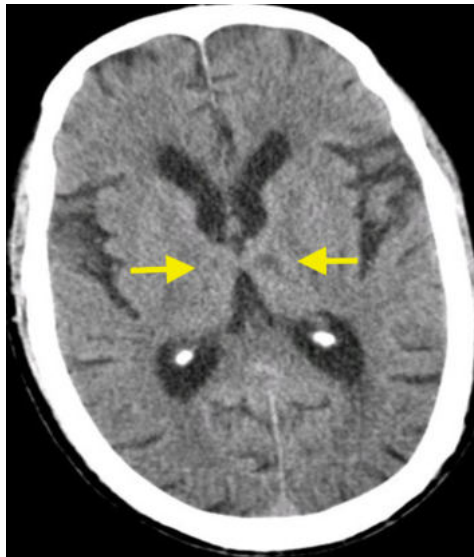


Figure 1a and 1b: Non-Contrast CT Brain of the Patient Showing Bilateral Paramedian Thalamic Hypodensities

Results and Conclusion: The presence of bilateral thalamic infarcts in a drowsy patient should make an emergency physician suspect AOP infarction. Diagnosing this rare variant can help in starting early anticoagulation, which will impact the outcome of the patient. Altered sensorium is a common presenting symptom of AOP infarction and should be considered in the differential of a patient presenting with altered sensorium when routine causes are non-contributory.

Figure 2

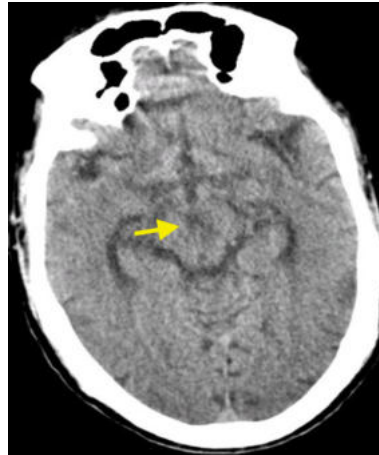


Figure 2: Non-Contrast CT Brain of the Patient Showing Rostral Midbrain Hypodensity

Figure 3

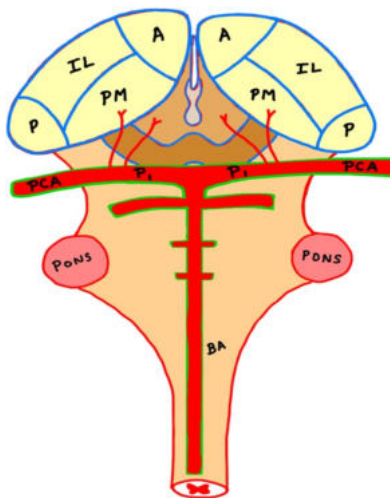


Figure 3: Schematic Illustration Depicting Separate Thalamoperforating Arteries on Each Side Arising From the P1 Segments of Each PCA and Supplying Ipsilateral Paramedian Thalamus and Rostral Midbrain

Figure 4

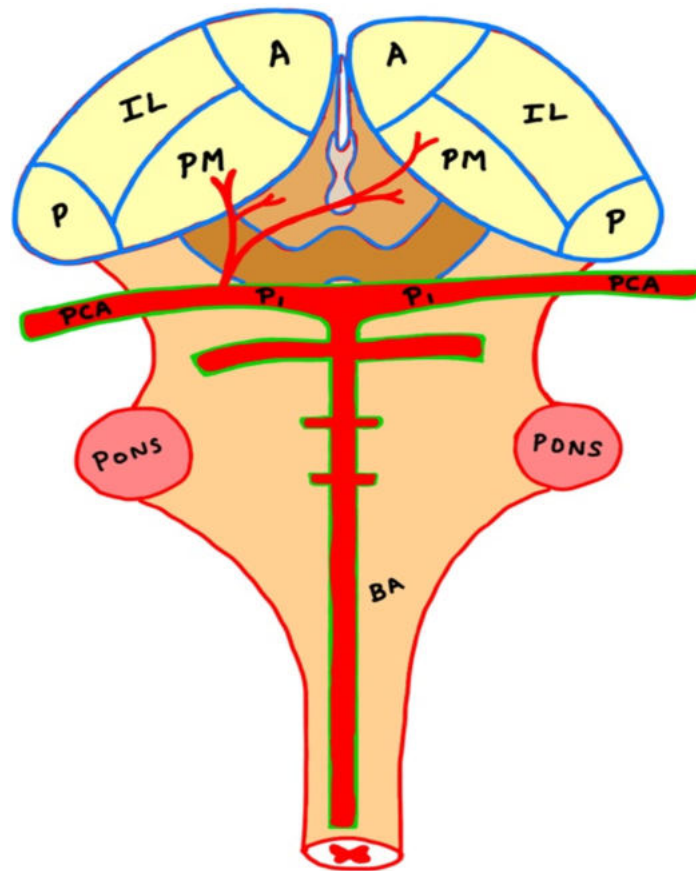


Figure 4: Schematic Illustration Depicting Artery of Percheron, a Single Artery Arising From the P1 Segment of Either PCA (From Right PCA in This Picture) and Supplying Bilateral Paramedian Thalamic and Rostral Midbrain

Keywords: Artery of Percheron infarction, Artery of Percheron, bilateral thalamic infarcts, rare cause of stroke, rare cause of altered mental status



Pub No: PP-056

I Suddenly Started Pissing Blood

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Introduction and Purpose: Rhabdomyolysis is the destruction of skeletal muscle as a result of damage to myocytes and their membranes due to any cause. Strenuous physical activity is a common cause of rhabdomyolysis but is less likely to cause acute renal failure than other etiologic factors. Increased creatine kinase (CK) levels are the most sensitive and reliable indicator of muscle injury. CK levels ≥ 5 times above the upper limit (approximately 800-1000IU/L) in the absence of cardiac and brain damage is required for diagnosis. Increased CK levels correlate with the amount of muscle damage and the severity of the disease, but not with renal failure and other morbidities. Myoglobin causes the typical reddish brown discoloration when urinary myoglobin levels are >100 mg/dl. In the presence of myoglobin, urine dipstick test shows positive blood but microscopic examination shows zero or rare erythrocytes and myoglobinuria should be suspected. Hospitalization is often required.

Materials and Methods: A 30-year-old male patient presented to the emergency department with the complaint of bloody urine approximately 3 hours after exercising. He had a known diagnosis of familial mediterranean fever (FMF) and was taking colchicine, but since the frequency of FMF attacks was once every 3-4 months, he was taking the drug only during the attack and the last time he took it was 2 months ago. On admission, blood pressure was 122/76 mmHg, pulse rate was 78 beats/min, temperature was 36.7C, fingertip oxygen saturation was 96%. There were no positive findings on physical examination. Blood and urine tests were ordered from the patient and CK: 29958.3IU/L, CK-MB:337.2IU/L, LDH:1993.8IU/L, ALT:212.5IU/L, AST:917.5IU/L, erythrocyte +3 was positive in urine test and RBC (red blood cell) 1 (reference range 0-3) was found in microscopic examination. The patient was hospitalized in the internal medicine nephrology clinic with a diagnosis of rhabdomyolysis.

Results and Conclusion: A comprehensive anamnesis should always be obtained from patients and rhabdomyolysis should be kept in mind among the differential diagnoses of hematuria. In cases of rhabdomyolysis diagnosed late, the patient may progress to renal failure and have to receive dialysis treatment.

Keywords: hematuria, myoglobinuria, rhabdomyolysis

Pub No: PP-057

I CAN'T SEE !!!

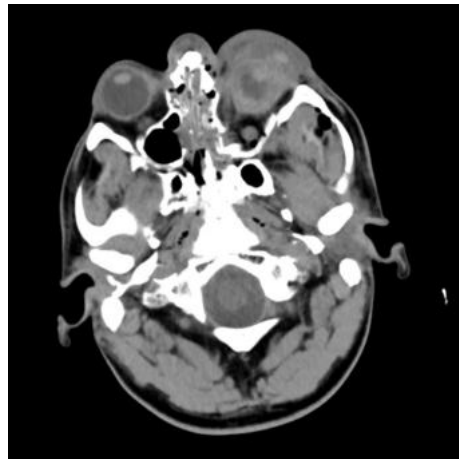
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¹ataturk university, department of emergency medicine

Introduction and Purpose: Sports such as football, baseball, and hockey are responsible for a high rate of facial injuries among young adults. Serious injuries often occur as a result of motor vehicle collisions, including motorcycles and off-road vehicles, as well as interpersonal and domestic violence. Other mechanisms include facial injuries from falls, animal bites, recreational activities, gunshot wounds, and other explosive or incendiary devices.

Materials and Methods: A 43-year-old male patient, who worked as a law enforcement officer, was brought to the emergency room by his colleagues with the complaint of being hit on the head during the intervention to a social event. The patient stated that he had vision loss in his left eye, and that he felt pain in his face and head. The patient's vitals and system examinations were normal as far as possible. There was a 3 cm long laceration at the level of the left eyebrow. In the patient's imaging; Perforation in the left globe, bilateral nasal depressed fracture, fracture in the left orbita lateral-inferior-superior-medial wall, fracture in the left zygomatic bone, fracture in the frontal sinus anterior-posterior wall and fracture in the left maxillary sinus lateral-medial-superior wall were detected. He was examined in the emergency department by Ophthalmology, Maxillofacial Surgery, Neurosurgery and Ear Nose and Throat Diseases. He was admitted to the service by Ophthalmology, after emergency surgery was planned for the repair of globe perforation. The patient, whose globe perforation repair failed, was interned by the neurosurgeon for observation purposes.

glob perforation



facial injuries



Results and Conclusion: The face is anatomically complex. The skin contains muscles, a complex bone structure, and vital sensory organs responsible for both gross motor function (for example, chewing) and fine facial expression. Injuries to the face can compromise the patient's ability to breathe, see, speak, hear and eat, and can damage the central nervous system. eye injury; includes eye trauma, orbit, or both. The initial approach to an eye injury, as with any trauma, should include careful triage. Because the eyes are close to the intracranial cavity, cervical spine, and airway, life-threatening injuries involving these structures need to be treated before periocular and ocular damage can be evaluated.

Keywords: globe perforation, facial injuries

Pub No: PP-058

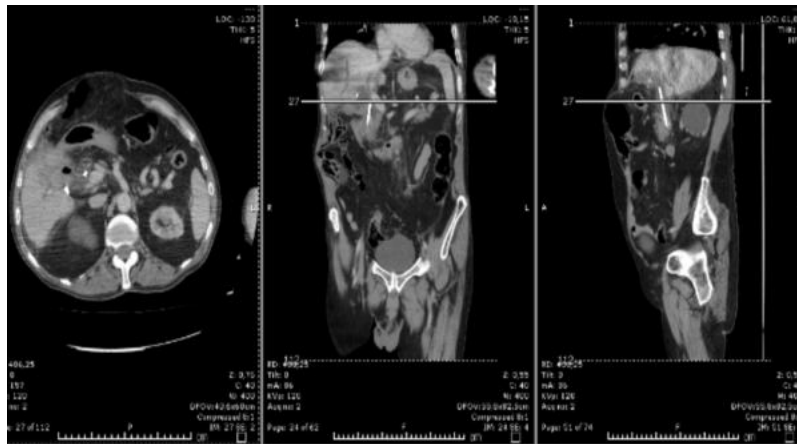
DISTAL MIGRATION AND FRACTURE OF BILIARY STENT: CASE REPORT OF A LATE COMPLICATION

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Introduction and Purpose: Stent fracture is an uncommon situation encountered by endoscopists. Every effort should be made to retrieve fractured stent safely endoscopically by employing various techniques, thus avoiding potential complications and eliminating the need of a radiological procedure or surgery. Fracture of a SEMS is a rare complication and has only occasionally been reported in the biliary system, caused by thermal overstrain during the application of laser or electrocautery (9). The reported low incidence of this complication may be due to unawareness and difficulty in detecting stent fracture. Fracture should be considered as a possible contributing factor to recurrent biliary obstruction after self-expanding metallic stent placement (10). It is concluded that fracture of a biliary endoprosthesis should be systematically searched for in patients developing cholangitis after endoscopic drainage (11). In this patient, we are planning to present a case of plastic stent fracture, a rare complication that developed in the late period after endoscopic biliary stent placement due to choledocholithiasis, in the light of the literature.

CT image





Materials and Methods: Case Report

Results and Conclusion: Stent Fracture should be considered as a possible contributing factor to recurrent biliary obstruction after self-expanding metallic stent placement (10). It is concluded that fracture of a biliary endoprosthesis should be systematically searched for in patients developing cholangitis after endoscopic drainage (11).

Keywords: ERCP, biliary stent, choledocholithiasis, stent migration, stent fracture

Pub No: PP-059

Cerebral venous sinus thrombosis

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¹ATATÜRK ÜNİVERSİTESİ ARAŞTIRMA HASTANESİ ACİL TIP ABD

Introduction and Purpose: Cerebral venous sinus thrombosis (CVT) is a serious cause of ischemic stroke that is rare compared to other causes but is also difficult to diagnose. CVT is also a rare but dangerous cause of headache. It is 3 times more common in women than in men. Pregnant and puerperium, oral contraceptives, prothrombic diseases (Factor V Leiden mutation, etc.), malignancy, infection and head trauma pose a risk for CVT.

Materials and Methods: A 33-year-old female patient was admitted to the emergency department with a complaint of headache from her head to her neck for 1.5 days. Her general condition was moderate, consciousness was clear, coherent, oriented and her vitals were as follows: blood pressure: 122/73 mmhg, pulse: 90 beats/minute temperature: 36.1 fingertip oxygen saturation: 96. The patient had a history of migraine disease. The patient gave birth 9 days ago. She applied to us when the severity of her headache increased for the last 1.5 days. On examination, the abdomen was comfortable, there was no defence rebound tenderness, lung sounds were normal, pupillary light reflex was ++/+++ , bilateral lower and upper extremity motor strengths were 5/5, there was no loss of sensation, bilateral babinskis were negative, cerebellar tests were competent. There was no temperature diameter difference in the legs and homans was negative. There was no significant feature in the patient's tests. Diffusion MR and non-contrast MR venography performed with a prediagnosis of CVT showed total thrombus extending to the transverse sinus, sigmoid sinus and internal jugular on the left and partial thrombus in the superior sagittal sinus. (Figure 1-2.) The patient was evaluated by the neurology clinic and hospitalized in the neurology service with a prediagnosis of CVT.

FIGURE1

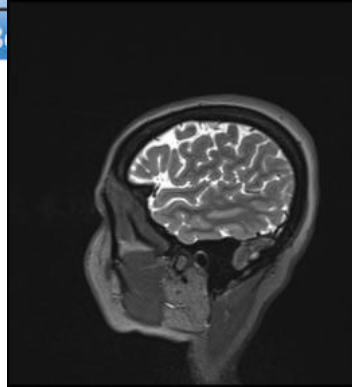
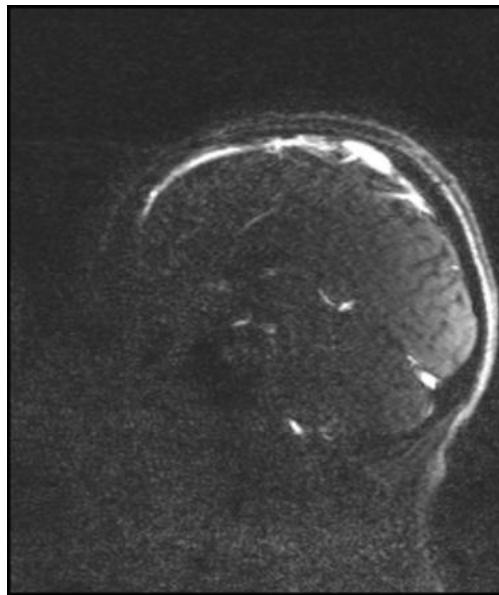


FIGURE2



Results and Conclusion: We should keep CVT in mind in patients presenting with headache, especially if the pain does not regress despite symptomatic treatment in patients who have recently given birth.

Keywords: Headache, childbirth, cvt



Pub No: PP-060

Stuck mechanical mitral valve in a pregnant patient

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Introduction and Purpose: In USA, 40000 patients receive prosthetic heart valve each year. Of these, 80% are artificial valves. Mechanical valves are less likely to fail and are more durable. However, the risk of thromboembolic complications are higher. Thrombus formation in the prosthetic valve can affect valve function. When the clot becomes large enough, it can block flow through the valve or prevent closure, causing regurgitation. These patients may present with sudden, severe symptoms or gradually worsening symptoms.

Materials and Methods: A 28-year-old woman presented to the emergency department with complaints of dyspnea and palpitations that started suddenly one day ago. She was 12 weeks pregnant and had mitral valve replacement 6 years ago. It was learned that she was taking warfarin regularly but warfarin was stopped due to pregnancy and low molecular weight heparin treatment was started. The patient had a Glasgow coma score of 15 and was in an average general condition. At the first admission, vital signs were blood pressure arterial 107/60 mmHg, pulse rate 140 beats per minute, respiratory rate 35 breaths per minute, and fingertip oxygen saturation measured on room air was 85%. On physical examination, the patient had bilateral rales in the lungs and otherwise the external examination was normal. Bedside ultrasonography showed no evidence of deep vein thrombosis and mitral valve leaflets could not be clearly observed in the echocardiography. The patient was consulted to the Cardiovascular Surgery department in terms of mitral valve thrombosis and underwent emergency operation. After treatment and follow-up, the patient was discharged with recovery.

Results and Conclusion: Valve thrombosis often causes transient neurologic symptoms, minor embolic attacks or self-limiting ischemic attacks in extremities and organs. Acute onset of respiratory distress, pulmonary edema, and cardiogenic shock may be associated with mechanical valve insufficiency, bioprosthesis rupture, or a large clot occluding or preventing valve closure. These failures often result in sudden death before corrective surgery can be performed. Evaluation of prosthetic valve dysfunction is necessary in the patient with valve replacement and new or progressive dyspnea, congestive heart failure, decreased exercise tolerance or chest pain.

Keywords: pregnant, mechanical heart valve, thrombosis



Pub No: PP-061

A Very Mortal Diagnosis With Hypotensive Hypoxia Introduction

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¹Ataturk University, Faculty of Medicine, Department of Emergency Medicine

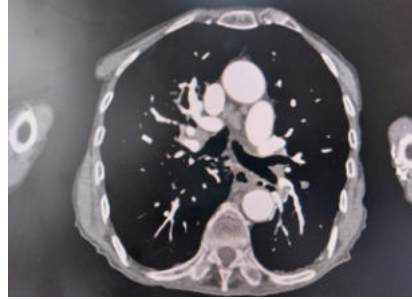
Introduction and Purpose: Pulmonary embolism (PE) refers to obstruction of the pulmonary artery or one of its branches by material originating elsewhere in the body (eg, thrombus, tumor, air, or fat). Hemodynamically unstable pulmonary embolism is the one that results in hypotension. Hypotension in massive pulmonary embolism is defined as systolic blood pressure <90 mmHg or systolic blood pressure \geq 40 mmHg from baseline for >15 minutes, or hypotension requiring vasopressor or inotropic support and unexplained by other causes, such as sepsis or arrhythmia. The distinction between hemodynamically stable and unstable PE is important because patients with hemodynamically unstable PE are more likely to die from obstructive shock (ie, severe right ventricular failure).

Materials and Methods: An 83-year-old male patient with known AF, DM and HT diseases is brought to our emergency department with complaints of oral intake difficulty. Shortness of breath and immobilization for 2 days. Vitals; TA:80/40, pulse:135/min, h:80%(in room air), fever:36.8 degrees, respiratory rate:23/min. In the systemic examination, an increase in diameter and redness are detected in the right leg. In respiratory system examination, ral and rhonchi are not detected. DVT and pulmonary embolism were seen in the imaging studies and clinically evaluated as massive. Our patient was admitted to the chest diseases intensive care unit.

Results and Conclusion: Pulmonary embolism should be among our differential diagnoses with a high risk in patients who come to the emergency department with shortness of breath and hypotension. After diagnosis, the mainstay of treatment in patients with confirmed PE and the use of thrombolytics in massive pulmonary embolisms accompanied by hypotension should be evaluated in addition to anticoagulation depending on the risk of bleeding.



picture1:pulmonary embolism



pulmonary embolism



Keywords: HYPOTENSİVE, HYPOXİA, PULMONARY EMBOLİSM



Pub No: PP-062

False Anamnesis May Cause Foreign Body to Be Missed

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¹Yozgat Bozok University

Introduction and Purpose: Foreign bodies (FBs) are commonly encountered scenarios in emergency department practice. FBs in the cervical area can be trauma-related or iatrogenic, and due to their proximity to vital structures, they are of particular importance. The localization of FBs among the structures in the neck can complicate their detection. All structural injuries caused by FBs should be repaired, and penetrating foreign bodies should be removed as soon as possible.

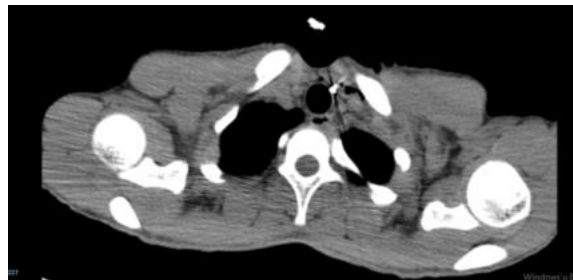
Materials and Methods: A 16-year-old male patient presented to the ED with a history of a FB hitting his neck, which bounced off from a passing car as he was walking on the road. The patient had no significant medical history. There was a 0.5 cm skin-subcutaneous laceration vertically located on the anterior neck, 2 cm above the manubrium sternum, and to the left of the midline of the trachea (Figure 1). There was no crepitus. No other pathological findings were present. Vital signs were stable. The patient received a tetanus vaccine, and the wound was dressed. Neck computed tomography (CT) revealed air densities in the subcutaneous soft tissue planes in the left paratracheal area of the left half of the neck (Figure 2-3). Approximately 6 mm hyperdense image (FB?) was observed near the trachea in this area. Pediatric surgery was urgently consulted. The patient underwent emergency surgery. Neck exploration was performed. A slight 0.5 cm entry hole was seen just above the manubrium sternum on the left side. Clamp control was performed, but no FB was found. The incision was extended, and under endoscopic guidance, a 0.5 cm metal fragment embedded in the muscle was removed. In addition, it was learned that the patient gave false information about the occurrence of the incident and that the incident was a work accident.

Figure 1



Inspection of the patient showing a 0.5 cm skin-subcutaneous laceration vertically located on the anterior neck, 2 cm above the manubrium sternum, and to the left of the midline of the trachea.

Figure 2



Axial CT image of the chest showing foreign body located at the left paratracheal area.

Figure 3





Sagittal CT image of the chest showing foreign body located 2 cm above the manubrium sternum.
Pine Beach Belek, ANTALYA / TÜRKİYE

Results and Conclusion: Penetrating FBs in the neck due to penetrating trauma can cause major vessel, trachea, cervical vertebra, and nerve injuries. The persistence of FBs within the neck after trauma is rare. Complications of penetrating FBs can include recurrent infections, neck abscesses, major vessel, and nerve injuries. Due to the presence of vital structures in the neck, a multidisciplinary approach may be needed.

Keywords: Foreign body, Penetrating trauma, Neck injury



Pub No: PP-063

A Lesion Not to Be Forgotten in Patients Presenting with Shoulder Dislocation: Hill-Sachs Lesion

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Introduction and Purpose: Glenohumeral joint (GHJ) dislocation is common, with an annual incidence of 8.2 to 17 per 100,000 individuals. While often due to trauma, non-traumatic dislocations, especially recurrent ones, occur. About 95% are anterior dislocations, typically caused by forceful arm abduction, extension, and external rotation, stressing the joint capsule and labrum. A frequent complication is the Hill-Sachs lesion, observed in 67-93% of cases. X-rays, CT scans, and MRIs diagnose it when patients have persistent pain and limited motion post-reduction, guiding treatment based on humeral head involvement.

Materials and Methods: A 63-year-old woman, with four prior shoulder dislocations managed in the emergency department, presented an atypical case. She awoke with a dislocated shoulder after it happened during sleep. The initial dislocation resulted from a traffic accident, also causing an elbow fracture. Her medical history included humerus surgery with a metal plate and hypertension. Physical examination revealed anterior humeral head palpation in the right shoulder, painful joint, and restricted passive movements. Direct radiography confirmed an anterior GHJ dislocation. Initial reduction using the Cunningham method failed due to non-compliance. The Milch method achieved reduction, but subluxation recurred before applying a Velveau bandage. A CT scan for this recurrent dislocation case unveiled a Hill-Sachs lesion on the humeral head. After sedation with 50mg of Propofol, orthopedic consultation allowed successful reduction using the Modified Hippocrates method. Post-reduction, a Velveau bandage was applied, and the patient referred for further assessment.

Image 1. X-Ray Image Before Reduction of the Patient.



Image 2. The Hill-Sachs Lesion Seen in the Patient's CT Scan in Coronal Section.

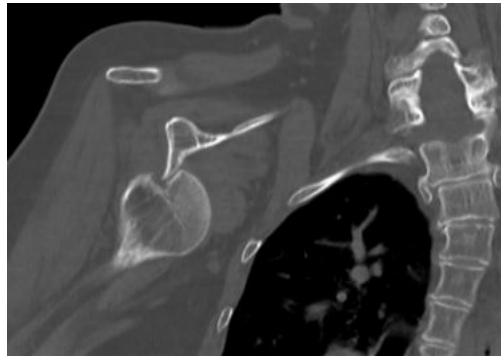
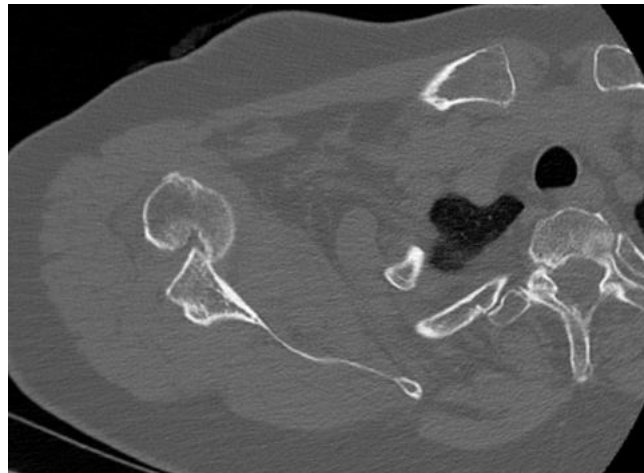


Image 3. The Hill-Sachs Lesion Seen in the Patient's CT Scan in Axial Section.





Results and Conclusion: GHJ dislocations, particularly recurrent ones, often damage surrounding structures, contributing to their high incidence. Athletes are especially susceptible, with rates approaching 90%. Such recurrent dislocations can create structural damage, increasing susceptibility to subsequent dislocations, as in our case. Consequently, Hill-Sachs lesions are common. Though these lesions occur in about 70-80% of initial anterior shoulder dislocations, they near 100% in recurrent cases, as in our patient. Successful ED reduction doesn't rule out complications like Hill-Sachs or Bankart lesions. In conclusion, patients with anterior shoulder dislocations are at risk of Hill-Sachs lesions, warranting referral to an orthopedic specialist for comprehensive outpatient follow-up.

Keywords: Glenohumeral joint, Hill-Sachs lesion, shoulder dislocation, Recurren dislocation

Pub No: PP-064

A Rare Cause of Dyspnea: Post-intubation Tracheal Stenosis

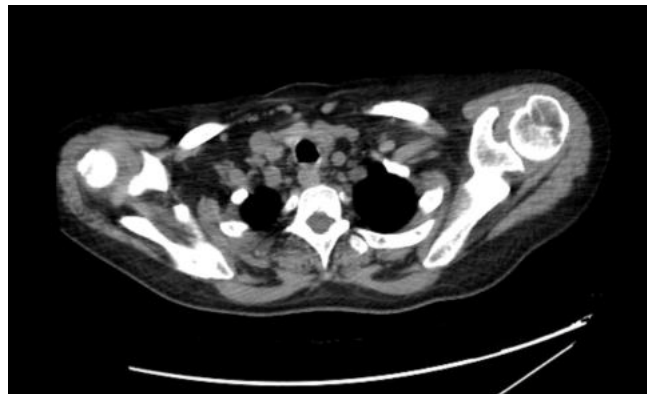
Mucahit Gunaydin¹, Merve Kara Arslan¹, Iskender Aksoy¹, Ayse Elif Bayar¹, Semih Kursat Yilmaz¹

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Introduction and Purpose: Postintubation stenosis of trachea which occurs after an intubation tube or tracheostomy is the most common cause of benign tracheal stenosis. Prevalence of endotracheal tube related strictures has decreased to %1 since the usage of low cuff pressure tubes. Infection, mechanical irritation, steroid use, positive pressure ventilation and prolonged intubation may increase the risk of developing stenosis. Signs and symptoms include dyspnea, wheezing, stridor, and the inability to clear secretions. A chest radiograph may demonstrate the narrowed tracheal airway. In this article, we presented a case that presented to our emergency department with complaints of dyspnea and was diagnosed with tracheal stenosis due to intubation.

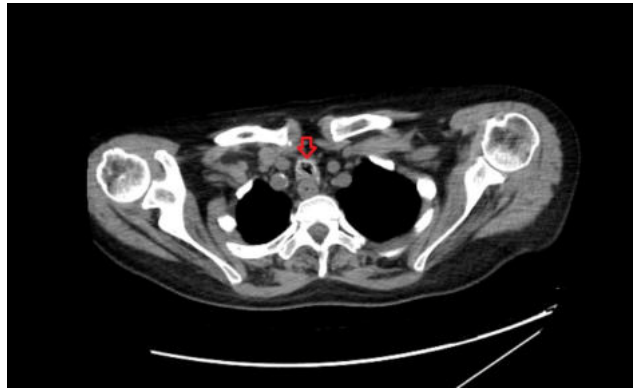
Materials and Methods: 57-year-old female patient came to ED with 2 days of short of breathness. Patient has history of entubation for 35 days because of respiratory arrest. Patients vital signs was BP: 110/60 mmHg SpO₂ : 88 (without O₂ support) GCS : 15, tachypneic and had stridor by listening. In lab tests pH : 7.25 pCO₂ : 54.5 pO₂ : 83 Lac : 1.6 HCO : 21.3 SpO₂ : 88 WBC 10.6 CRP : 3.7. A tracheal stenosis observed in patients thorax CT and consulted to thoracic surgery (Photo1,2,3). Patient interned to thoracic surgery and rigid bronchoscopy and dilatation were performed.

Photo-1



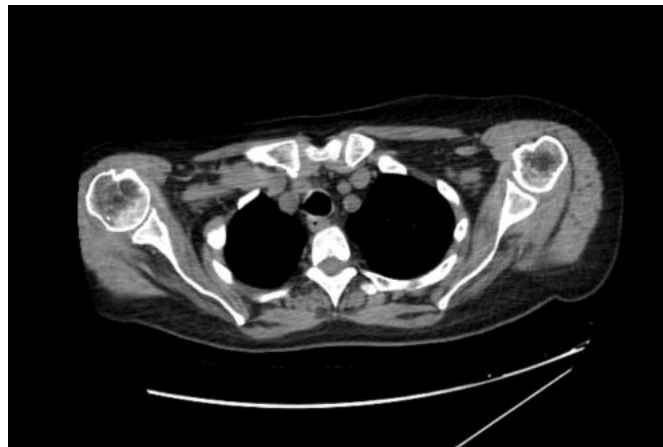
upper section of stenosis

Photo-2



stenosis

Photo-3



lower section of stenosis

Results and Conclusion: In emergency department treatment, the patient should be placed in an upright position, and the treatment includes oxygen, nebulized epinephrine, and steroids. In emergency situations, bronchoscopic dilation should be the first choice method for rapidly relieving tracheal stenosis, and tracheostomy should be avoided. Rigid bronchoscopy should be primarily used in the bronchoscopic treatment of post-intubation stenosis. It is suggested that laser and dilation treatment for 1-3 sessions will be curative in most cases without the need for stents. In the differential diagnosis of patients presenting with dyspnea, especially if there is a recent history of intubation, tracheal stenosis should definitely be considered.

Keywords: tracheal stenosis, post intubation, dyspnea



Pub No: PP-065

ALPORT SYNDROME

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Introduction and Purpose: Alport syndrome is a genetic disease characterized by kidney disease, hearing loss and vision problems. It is typical for individuals affected by Alport syndrome to have kidney disease characterized by hematuria, proteinuria. In many patients, kidney problems can result in kidney failure. In addition, hearing loss caused by the inner ear is also common. In the natural lens located in the eye, there is also a forward bulging of the lens called 'anterior lenticonus' and color changes in the retina.

Materials and Methods: A 21-year-old male patient came to our side with nausea , vomiting and side pain starting in the morning. The patient had hearing loss and the patient had the known Retinitis pigmentosa disease. The physical examination of the patient, whose vitals were Fever:36.8,BP:130/70 Pulse:94, showed bilateral suprapubic sensitivity and bilateral costovertebral angle sensitivity in the abdomen. Lung sounds are natural, and no additional sound was heard. October. In laboratory results, Creatine : 5.17mg/dl , Na 141mmol/L,K 4.3 nmol/L, Ph: 7.25 , PCO2: 43mmHg, HCO3: 17 , Lactate: 3.7mmol/L and urine output were present. Complete urinalysis revealed +2 Proteins, +2 Erythrocytes and trace amounts of Leukocyte esterase. In the Renal USG of the patient“ "Left kidney parenchymal echo grade 1, Right kidney parenchymal echo grade 2 increased. The right collector system is normal. The left renal pelvis ap diameter was measured at 15.5 mm and grade 2 hydronephrosis was observed." were written in the report. The patient was consulted to Internal Medicine and Urology clinics. The patient was diagnosed with Alport Syndrome and follow-up was recommended by the Nephrology clinic.

Results and Conclusion: Alport Syndrome should come to mind in patients with hearing loss, vision loss and kidney disease.

Keywords: ALPORT SYNDROME, KIDNEY DISEASE, HEARING LOSS, VISION LOSS, GENETIC DISEASE

Pub No: PP-066

Steven Johnson Syndrome with Undetermined Etiology in a Young Patient

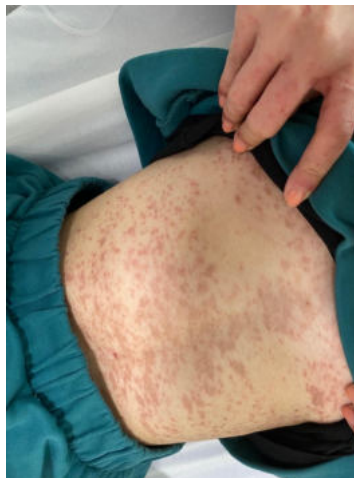
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Introduction and Purpose: SJS is a rare cutaneous reaction with epidermal necrosis, vesiculobullous formation, epidermal detachment and mucosal involvement. The case we encountered is an example of SJS, seen in a 22-year-old female patient who had complaints of widespread rash on the body, watery eyes and shortness of breath for 3-4 days, had a history of recent iv injection, and had been given antihistamines (pheniramine) and systemic corticosteroids for 3-4 days.

Materials and Methods: A 22-year-old female patient was admitted to an emergency department due to watery eyes for 4 days. The patient has no known history of atopy, routine medications, no history of infection, no family history. Before applying to our clinic, the patient had a history of using eye drops containing multiple antibiotics, vitamin complexes, oral steroids, oral antihistamines, systemic and local antibiotics. In her physical examination, there are hemorrhagic dry plaques-eroded areas on the lip on the oral mucosa, eroded areas on the labia in the genital area, and hyperemia in the conjunctiva. There was a widespread maculopapular eruption covering 60% of the body. On admission to our clinic, the patient was treated with iv hydration, iv dexamethasone, and inhaler ipratrium bromide. The patient was consulted to the Department of Dermatology and Venereal Diseases with the preliminary diagnosis of SJS, and hospitalization was deemed appropriate.

Steven Johnson Syndrome with Undetermined Etiology in a Young Patient





Steven Johnson Syndrome with Undetermined Etiology in a Young Patient



Steven Johnson Syndrome with Undetermined Etiology in a Young Patient



Results and Conclusion: SJS/TEN is estimated to affect two to seven people per million people each year. The most commonly suspected drug class is antibiotics, which include sulfonamides, penicillins, and quinolones. In our case, a 22-year-old female patient who used aminoglycoside group eye drops with the complaint of watery eyes and applied to the emergency department due to increasing shortness of breath and cutaneous findings was examined. SJS and TEN have a significant impact on public health due to high mortality rates. There is a 1-10% mortality rate for SJS and 20-40% for TEN. Discontinuation of the suspected drug is the first step in treatment and forms the basis of SJS treatment along with supportive treatment. The patient was discharged with full recovery after follow-up.

Keywords: Steven Johnson Syndrome, Toxic Epidermal Necrolysis



Pub No: PP-067

Subconjunctival Bleeding Following Cough

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¹Gaziantep University

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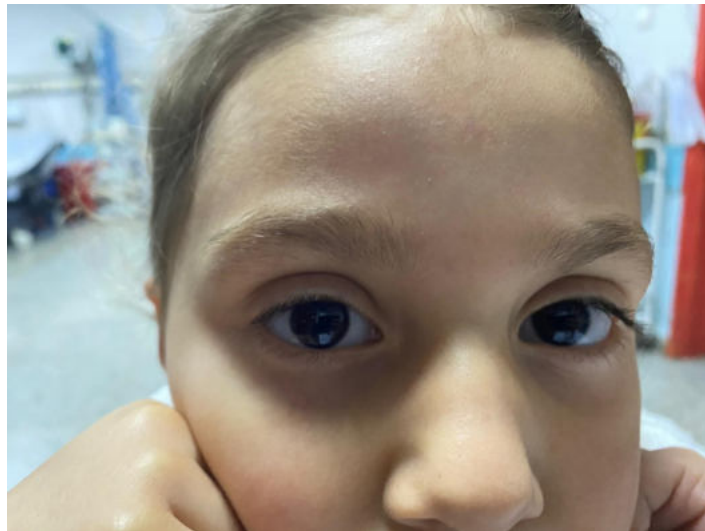
Introduction and Purpose: Subconjunctival hemorrhage can be evidenced in the form of specks or wide-reaching spots that encompass the sclera. It appears suddenly and is typically pain-free. Additionally, there is no accompanying loss of vision. Excluding trauma-related cases, spontaneous subconjunctival hemorrhage may be a sign of severe systemic diseases such as hypertension, hemostasis irregularities, and cardiac malfunctions, and thus should not be overlooked but instead be subjected to thorough analysis.

Materials and Methods: A 6-year-old female patient was presented to us due to redness in both eyes. The patient reported one week history of rhinorrhea, sore throat and cough. The coughing intensified over time and was accompanied by redness in the eyes 12 hours prior to her submission of a request to the ER. There have been no reports of visual impairment, blurry vision, or ocular pain. The individual who had no other medical conditions presented a body temperature of 36.5°C, with no aberrant vital signs and no pathological findings. Upon consultation with ophthalmology, the diagnosis of bilateral subconjunctival hemorrhage due to coughing was determined and the patient was discharged with a follow-up with ophthalmology recommended.

Figure 1. Subconjunctival hemorrhage



Figure 2. Complete recovery after treatment



Results and Conclusion: Trauma was generally the cause in young sufferers, and hypertension in the aged. Our subject did not have any other issue other than a cough and the issue resolved after two weeks. Consequently, a thorough systematic analysis and exploration should be conducted in individuals with subconjunctival hemorrhage. It should be noted that the etiology of subconjunctival hemorrhage is of paramount importance, not the hemorrhage itself.

Keywords: Subconjunctival hemorrhage, Cough



Pub No: PP-068

Two Cases of Digoxin Intoxication: Insights into EKG Findings and Visual Disturbances

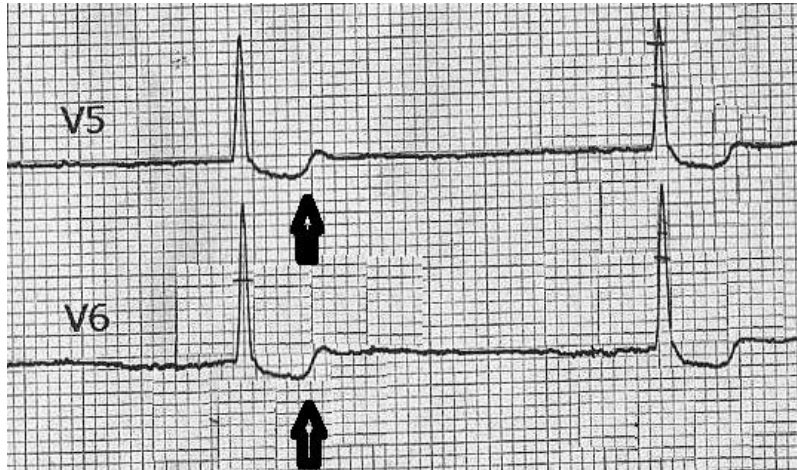
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Introduction and Purpose: Digoxin, a widely prescribed cardiac glycoside, is known for its therapeutic benefits in managing various cardiac conditions. However, its narrow therapeutic index poses a significant risk of toxicity. This article aims to provide a comprehensive review of digoxin toxicity with the light of two patient cases, with a particular emphasis on pathognomic electrocardiographic (EKG) findings and visual disturbances.

Materials and Methods: Case 1: A 69-year-old female patient was admitted to the emergency department with nausea and vomiting. Medical history revealed she had coronary artery disease, low cardiac output, atrial fibrillation, and hypertension. She was on rivaroxaban, metoprolol, digoxin, valsartan, spironolactone, and furosemide. Her vital signs were: blood pressure: 116/77, pulse rate: 47 (irregular), body temperature: 36.6 0C, and oxygen saturation 97% at room air. Her physical and neurological examinations were normal other than rare fine rales on lung auscultation and minimal pretibial edema. Her EKG is shown in figure1. Case 2: 83-year-old female patient was admitted to the emergency department with nausea and vomiting, palpitations, and blurred vision. She had coronary artery disease, heart failure, diabetes mellitus, hypertension, and atrial fibrillation. She was on diltiazem, digoxin, and furosemide. Her vital signs were: blood pressure: 113/92, pulse rate: 44 (irregular), body temperature: 36oC, and oxygen saturation 98% at room air. Her physical and neurological examinations were normal. During the visual examination, she stated that she had green-red flying visions for a few days. EKG was atrial fibrillation with a slow ventricular response. Her digoxin level was 4.14ng/ml. She was admitted to the hospital and followed – up conservatively. Digoxin levels decreased gradually together with the symptoms and she was discharged after 8 days of admission.

dali moustache



Dali Moustache sign on EKG of the patient with digoxin intoxication

Results and Conclusion: By exploring the pathophysiology, clinical manifestations, diagnostic strategies, and management approaches related to digoxin toxicity, this article aims to enhance the understanding and recognition of this condition among healthcare professionals. The detailed analysis of EKG abnormalities and visual disturbances associated with digoxin toxicity will aid in prompt diagnosis and appropriate management, ultimately improving patient outcomes.

Keywords: Digoxin intoxication, Electrocardiography, color vision disturbance



Pub No: PP-069

INVESTIGATION OF THE RELATIONSHIP BETWEEN THE CHANGE IN SERUM POTASSIUM LEVELS OF PATIENTS IN THE EARLY PERIOD AFTER TRANSFUSION AND THE STORAGE TIME OF PACKED BLOOD IN THE EMERGENCY DEPARTMENT

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Introduction and Purpose: The aim was investigating the relationship between the change in serum potassium levels in the early period after transfusion and the storage time of packed blood.

Materials and Methods: This retrospective study was carried out by examining the records of 23 patients who applied to the Göztepe Prof. Dr. Süleyman Yalçın City Hospital and who underwent transfusion. Serum potassium levels, pH, lactate concentrations, hemoglobin and hematocrit levels in blood gas tests of the patients taken before and 15 to 30 minutes after 1 unit of non-irradiated RBC transfusion were examined. The patients were divided into two groups as those who were transfused RBCs stored less than 14 days and those who were transfused RBCs stored for 14 days or longer. Changes in potassium levels and other blood gas parameters were evaluated.

Results and Conclusion: A significant difference was observed between pre-transfusion and post-transfusion potassium, lactate, Hb, Hct levels. 14 patients who were transfused with RBCs stored less than 14 days, the pre-transfusion blood potassium median value was 3.9 mmol/L, and the post-transfusion median value was 4.05 mmol/L. The median blood lactate value before transfusion was 2.3 mmol/L, the value after transfusion was 1.25 mmol/L, and a significant statistical difference between the two median values was observed ($p < 0.001$). Nine patients who were transfused with RBCs packed for 14 days or more, the median blood potassium value before transfusion was 3.8 mmol/L, and the value after transfusion was 3.9 mmol/L; a statistically significant difference was found ($p = 0.049$). The median blood lactate value of the patients before transfusion was 1.5 mmol/L, and the value after transfusion was 1.7 mmol/L; there was no statistical difference between the two median values ($p = 0.110$). Significant changes were found in Hb and Hct levels before and after transfusion in all patients. **CONCLUSION:** A statistically significant increase was found in the pre- and post-transfusion potassium values in the group transfused with blood stored for more than 14 days. A significant difference was found between before and after transfusion in the group that had transfusions with blood stored for less than 14 days for lactate.

Keywords: Potassium, Transfusion, Lactate

Pub No: PP-070

I Always Have A Stomachache

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Introduction and Purpose: Familial Mediterranean fever (FMF) is an autosomal recessive disorder. It is characterized by recurrent bouts of fever and serosal inflammation leading to abdominal, chest or joint pain. Acute appendicitis due to obstruction of the lumen of the appendix is the most common cause of acute abdomen in the emergency department. When diagnosed late, simple appendicitis may result in perforation and the risk of morbidity and mortality increases. Although the clinical picture varies widely, the main symptoms in the majority of cases are abdominal pain, usually felt first in the epigastrium or around the umbilicus, followed by anorexia and nausea. Vomiting, if present, usually occurs later. The pain usually migrates to the right lower quadrant 4-6 hours after onset.

Materials and Methods: A 25-year-old male patient was admitted to the emergency department with abdominal pain that started the day before. He had a known history of FMF and was taking colchicine regularly. He had no history of any surgical operation or trauma. The patient complained of abdominal pain similar to previous FMF attacks. On admission vital signs of the patient; fever: 37.4C, vital signs were normal and stable. On physical examination, there was diffuse tenderness in the middle and lower quadrants of the abdomen and there was defense and rebound in the right lower quadrant. Symptomatic treatment was started and direct radiography and blood and urine tests were ordered. Direct radiography showed no acute pathology and urinalysis was unremarkable. Blood tests showed wbc: 10860/ μ l, neutrophil percentage: 81%, C-reactive protein: 128.87mg/l. Whole abdomen ultrasonographic imaging (USG) was ordered. The USG report showed that the intestinal loop, which was thought to be an appendix and terminated blindly and was not compressed by pressing, was 8.1 millimeters in diameter, the wall was edematous, and the surrounding area was dirty. The patient was hospitalized in the general surgery clinic with a diagnosis of acute appendicitis.

Results and Conclusion: FMF attacks may be confused with other acute abdomen conditions. Patients with FMF who present with abdominal pain should be questioned whether they have a history of previous intra-abdominal surgery and acute abdomen should be ruled out first.

Keywords: familial mediterranean fever (FMF), acute abdomen, abdominal pain, acute appendicitis



Pub No: PP-071

Subdural Hematoma

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Introduction and Purpose: Subdural hematoma is intracranial hemorrhage that occurs in the space between the dura mater and the arachnoid mater. It commonly occurs as a result of head injury, falls, or accidents. It is usually caused by rupture and bleeding of veins after trauma. Venous bleeding, which progresses slowly, usually stops with intracranial pressure or when clotting occurs. Symptoms begin more slowly than an epidural hematoma. In young, healthy people, bleeding usually occurs with a relatively severe trauma, such as a motor vehicle accident. In contrast, older people can experience bleeding even after just a minor trauma.

Materials and Methods: A 61-year-old male patient presented with a headache that did not go away for 3 days. The patient has no known systemic disease. There is no recent history of trauma. The patient applied to an external center with the complaint of headache, but he did not get relief with any analgesia. The patient applied to us due to persistent headache. He has never had a severe headache like this before. His vitals were stable on arrival, and his neurological examination was normal. The patient's brain tomography was taken. Acute and subacute subdural hematomas were seen on imaging. The patient, who was consulted to the neurosurgery clinic, was hospitalized with the diagnosis of subdural hematoma.

figure 1

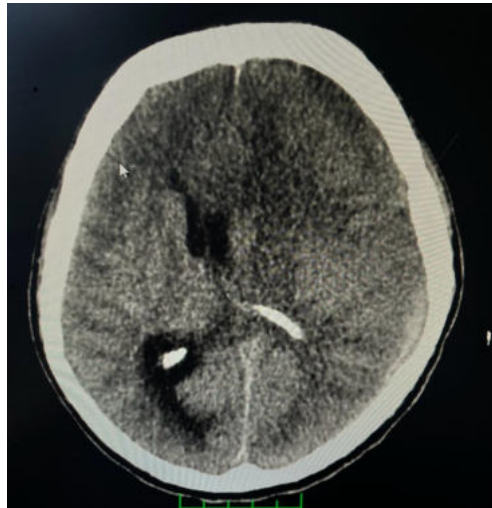
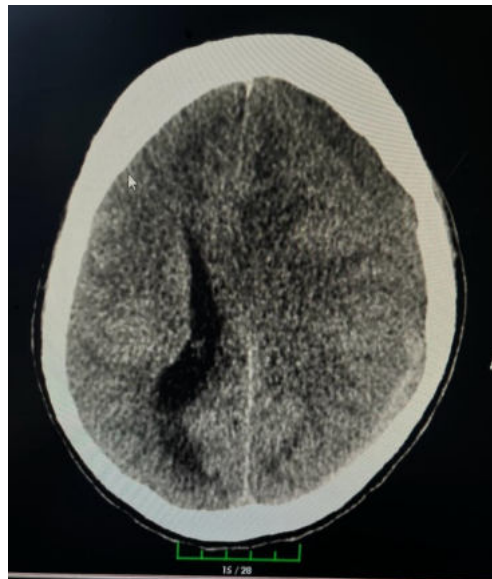


figure 2



Results and Conclusion: In sudden onset severe headaches, patients who describe a different headache from previous headaches should be taken into consideration and central imaging should be performed. Subdural hematoma is a serious health problem. If the intracranial pressure from bleeding is not treated, it can cause respiratory problems, paralysis and death.

Keywords: Headache, Subdural Hematoma

Pub No: PP-072

BREATHABLE EVEN IF NOT BROKEN

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Introduction and Purpose: Acromioclavicular (AC) joint injuries account for 9% to 12% of shoulder injuries in the general population. This situation has not remained behind in the society, and the incidence of AC joint injury is increasing with the spread of sports activities. Serious loss of sportive performance is observed in cases diagnosed late after trauma, and correct diagnosis and treatment are very important. AC joint injuries are divided into two classes as acute and chronic. The main factor that determines the patient's clinic in acute injuries is the loss of integrity in the AC and coracoclavicular ligament complexes that stabilize the joint.

Materials and Methods: Our 32-year-old male patient was brought to our emergency department as a low-energy in-vehicle traffic accident. Vitals of our patient without any known comorbidity: TA: 135/75, pulse: 76/min, hr: 98% (in room air), fever: 36.9 degrees. After the primary and secondary examination, tenderness and limitation in joint movements were detected in the left shoulder, and grade 1-2 acromioclavicular joint separation was detected according to the Rockwood classification in the imaging performed, and orthopedic follow-up with a velpou bandage was recommended.

figure



Results and Conclusion: In order to prevent future chronic complications in patients with joint limitation and tenderness following direct and indirect trauma to the shoulder, the possibility of serious ligament injury should not be ignored, even if there is no fracture.

Keywords: trauma, Acromioclavicular joint injuries



Pub No: PP-073

Septic shock following nausea, vomiting, and diarrhea.

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Introduction and Purpose: Sepsis is defined as organ dysfunction caused by a dysregulated host response to infection. It is often of bacterial origin. Worldwide, over 30 million people develop sepsis each year, responsible for one-third of hospital deaths. Rapid diagnosis, early antibiotic therapy, and fluid resuscitation are crucial for treatment success. Delayed treatment significantly increases patient mortality. Septic shock is a treatable condition when early diagnosis and rapid treatment are possible.

Materials and Methods: A 74-year-old male patient presented to an external facility one day after consuming peaches with nausea, vomiting, and diarrhea. He received symptomatic treatment and was discharged. The next day, he presented to our facility with decreased oral intake and respiratory distress. The patient has a known diagnosis of COPD. According to the patient's family history, he had rapid breathing in the morning and vomited multiple times during the night. On admission, the patient had a Glasgow Coma Scale of 14, blood pressure:76/45mmHg, pulse:143beats/min, respiratory rate:43, fever:37.8°C, and fingerstick blood sugar: 98 mg/dL. Bilateral wheezing was heard on lung examination, with decreased breath sounds in the left basal region. There was no abdominal guarding, rebound tenderness, or sensitivity on abdominal examination. Pupil examination was normal, and there was no increased salivation or urine output. Due to the patient's current condition, the decision to intubate was made, and the patient was intubated. Fluid resuscitation was initiated, and rapid antibiotic therapy was started after obtaining blood cultures. Despite fluid resuscitation, the patient's hypotension did not improve, and inotropic support was provided. Laboratory findings were notable for CRP:246mg/L, lactate:2.07mmol/L, WBC:6.56K/uL, creatinine:4.25mg/dL, urea:78 mg/dL, BUN:36mg/dL, pH:7.121, PCO₂:54.6mmHg, PO₂:214.6 mmHg, HCO₃(std):15.1, HCO₃(act):17.4. A chest CT scan showed aspiration pneumonia in the left lung base. The patient was admitted to the intensive care unit with a diagnosis of septic shock.

Results and Conclusion: Septic shock is a widespread, expensive, and high-mortality health problem. All clinicians in practice should be aware that this condition can occur at any stage of treatment in any hospitalized patient. Early initiation and effective implementation of treatment for severe sepsis once organ failures have begun can give patients a chance at survival.

Keywords: Sepsis, septic shock, hypoperfusion



Pub No: PP-074

Genuine Emergency Fournier's Gangrene

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Introduction and Purpose: Fournier's Gangrene (FG) is a rapidly progressing necrotizing fasciitis associated with high mortality and morbidity, primarily affecting the perineal and external genital organs. It initiates as a subcutaneous infection and progresses to necrosis of the overlying skin. It is characterized by pain radiating around the affected area. Fournier's gangrene is usually diagnosed clinically, but laboratory tests and imaging methods are employed to confirm the diagnosis, determine its severity, and predict outcomes. Treatment is an emergency that requires intravenous antibiotics and debridement of necrotic tissue.

Materials and Methods: A 66-year-old male patient presented to the emergency department with a complaint of rectal bleeding that started yesterday and worsening rectal pain over the past 3 days, which had been present for a week. The patient has a known history of DM, a previous uncomplicated stroke (SVO), and internal hemorrhoids, and is currently using Ecopirin 100mg 1x1. On arrival, his general condition is fair to good, and he is conscious. Blood pressure is 120/70 mmHg, heart rate is 115 beats/min, SpO₂ is 98%, respiratory rate is 17/min, fingerstick blood glucose is 161, and temperature is 36.8°C. Physical examination reveals normal bowel sounds, tenderness, and guarding primarily in the lower quadrants with a negative rebound. Rectal examination is normal for fecal contamination but is painful and tender. Lung sounds are normal. Laboratory values show WBC: 25.1 thousand/ml, NEU 22.7 thousand/ml, CRP: 175 mg/l, blood gas pH: 7.4, and lactate: 2.6. Abdominal computed tomography reveals free air density in the perirectal area (Visuals 1-2). The patient underwent emergency surgery by the general surgery team.

Figure 1: perirectal air densities

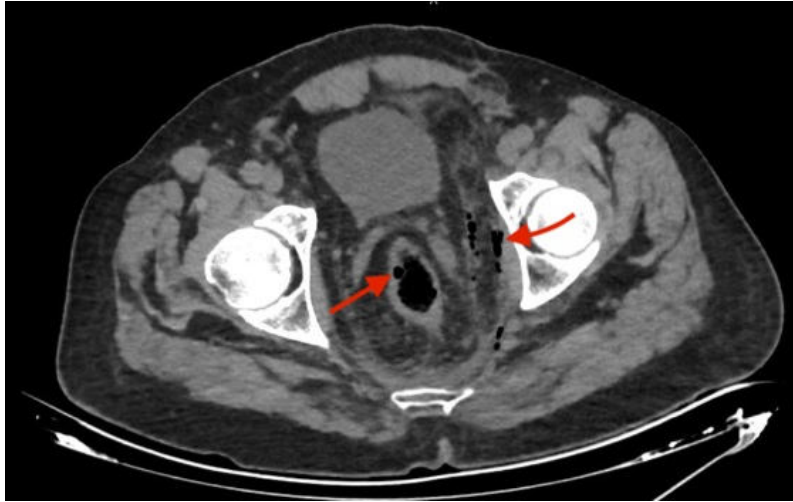
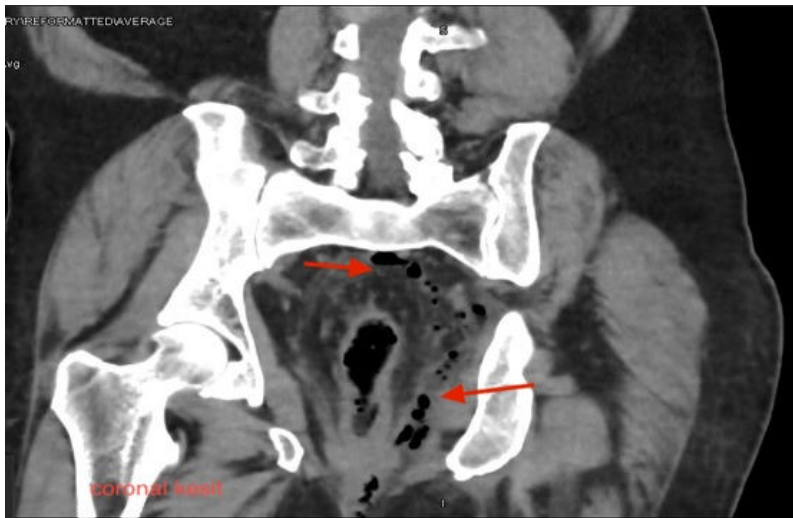


Figure 2: perirectal air densities in coronal section



Results and Conclusion: Conclusion: Emergency department physicians should consider FG in the differential diagnosis when patients present with rectal pain, especially if rectal examination is painful and tender. Early diagnosis, antibiotic therapy, and prompt surgical intervention are crucial for survival.

Keywords: Fournier's Gangrene, Emergency department, Rectal pain and bleeding



Pub No: PP-075

WRONG DIAGNOSIS ANGIOEDEMA

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Introduction and Purpose: In elderly patients, in non-high-energy traumas, with the decrease of bone reserves due to osteoporosis and comorbidities, the ribs break more easily, and pneumothorax, which requires tube thoracostomy, sometimes accompanied by hemothorax, with generalized subcutaneous emphysema, and respiratory distress occur. In this case, we present bilateral pneumohemothorax accompanied by diffuse subcutaneous emphysema in the periorbital region, cranium, thorax, and neck, mixed with angioedema, with multiple rib fractures caused by a non-high-energy thoracic trauma.

Materials and Methods: A 71-year-old male patient with a known Buerger's Disease with both lower extremity knee amputations was brought to the emergency room by ambulance crews due to swelling of the face and eyes and shortness of breath. Spo2 90, dss 22, other vitals stable. The patient fell from his wheelchair to the right side 6 hours ago, and after he had pain, he took a 500 mg paracetamol tablet. The patient, whose pain increased, shortness of breath started, and his voice started to get thinner, called an ambulance. Associated angioedema was initially considered by the ambulance teams, and dexamethasone 4 mg IV, methyl-prednisolone 80 mg IV, pheniramine 45.5 mg IV and 0.5 mg epinephrine IM were administered. When the patient came to the emergency room, his eyes were bilaterally swollen and his voice was thin. From the moment the patient was brought to the emergency room, subcutaneous swelling continued to increase in an ascending manner from the chest area, and crepitations thought to be due to subcutaneous emphysema were removed on palpation in the thorax, periorbital region and scalp. The patient was quickly sent to the PA chest X-ray under oxygen, bilateral pneumothorax and extensive subcutaneous emphysema were observed on the X-ray. Tube thoracostomy was quickly performed through the bilateral 2nd intercostal spaces and hospitalization was provided.



emphsema



pneumothorax



pneumothorax



Results and Conclusion: Even in minimal trauma, severe rib fractures and related pneumothorax, hemothorax, lung contusions can be seen in elderly patients due to the decrease in bone reserves. Diffuse subcutaneous emphysema may be seen. In elderly trauma patients, anamnesis and examination should be done in more detail, and differential diagnosis should be considered.

Keywords: pneumothorax, trauma, emphysema



Pub No: PP-076

Decolonization in global emergency medicine: a literature review

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Introduction and Purpose: Decolonization has become a central issue in global emergency medicine in the post-COVID 19 pandemic era. Colonialism is more readily recognized as playing a significant role in bolstering the power imbalances common to global medicine. Specifically, there is more awareness that current practices in clinical medicine, public health and research are rooted in colonial legacies and often unilaterally benefits practitioners from high-income countries. Better understanding the decolonization movement is essential to overcoming such inequities.

Materials and Methods: A literature review was conducted to further explore the goals of decolonization in global emergency medicine and the issues to address in order to achieve these goals. In total, 17 publications related to colonialism in medicine, decolonization in health and, more specifically, in global emergency medicine were included in this review.

Results and Conclusion: The decolonization movement has identified numerous areas to dismantle colonial influences in research authorship, medical education, resource allocation, and universal clinical practice. While each issue area is important, reforming medical and healthcare education is crucial to advancing the overall goal of this movement. Efforts to restructure medical education should include implementation of curricula that more explicitly addresses colonial legacies and racial inequalities. This can be achieved by recruiting faculty members committed to decolonization efforts, promoting accountability in international experiences, as well as developing and supporting robust educational opportunities for students from low- and middle-income countries. Decolonizing medical education can promote a shift in cognition of trainees who are the future of global emergency medicine practice and research. Such efforts can ultimately encourage healthcare providers to promote health equity and further the decolonization of global emergency medicine.

Keywords: Decolonization, Global emergency medicine, Medical education



Pub No: PP-077

“E- Heart Score: A novel scoring system for undifferentiated chest pain in the emergency department”.

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Introduction and Purpose: Cardiovascular disease is the leading cause of death worldwide. As there is an increase in the global burden of ischemic heart disease, there are multiple scoring systems established in the emergency department to risk stratify and manage acute coronary syndrome in patients with chest pain. Emergency Physicians use risk stratification scoring systems for objective disposition planning in patients with undifferentiated chest pain. The objective of this study was to introduce integrating point-of-care echo into the existing HEART score and evaluate a novel scoring system, the E- HEART score, in risk stratification of patients presenting with undifferentiated chest pain to the emergency department

Materials and Methods: A diagnostic accuracy study involving 250 patients with chest pain at the emergency department of a single tertiary care teaching hospital in India. The emergency physicians assessed the E- HEART score after integrating their point of care echo/ focussed echo (FECHO) findings into the conventional HEART score on presentation. The echo was done by a single trained emergency physician and the images were reviewed by faculty from the emergency department who were blinded to the patient care pathway. The primary endpoint was the occurrence of major adverse cardiovascular events (MACE) within four weeks of initial presentation. The accuracy of the E- HEART score was compared with other conventional risk stratification scoring systems like the TIMI, HEAR, T-MACS, and HEART scores.



Components of E-HEART Score

Components			Variables	Scores
ECHO	Definite RWMA	0		
	No definite RWMA	1		
HISTORY	Highly Suspicious	2		
	Moderately Suspicious	1		
	Mildly Suspicious	0		
ECG	Significant ST-segment	2		
	Non-specific repolarisation	1		
	Normal	0		
AGE	>65 years	2		
	45-64 years	1		
	<45 years	0		
RISK FACTORS	>3 risk factors/ history of atherosclerotic disease	2		
		1		



Pine Beach Hotel, ANTALYA / TURKIYE

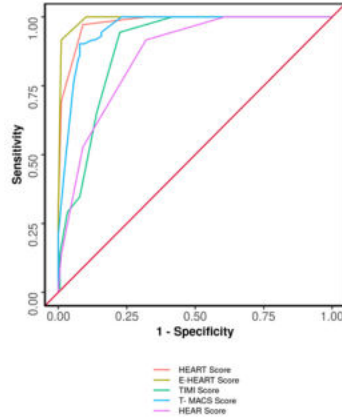
	1 or 2 risk factors	0		
	No risk factors			
TROPONIN	≥ 3 times the normal limit	2		
	1-3 times the normal limit	1		
	≤ normal limit	0		

These are the components of E-HEART Score

Results and Conclusion: Results: A total of 250 patients with a median age of 53 years (42.25-63.00) were part of the study. Low (Echo integrated HEART) E- HEART scores (values 0–3) were calculated in 121 patients with no occurrence of MACE in this category. Eighty-one patients with moderate E- HEART scores (4–6) were found to have 30.9% MACE. In 48 patients with high E- HEART scores (values 7–11), MACE occurred in 97.9%. The AUROC of E-HEART score is (0.992) (95% CI: 0.98 - 0.99) is significantly higher than (AUROC) values for HEART (0.978), TIMI (0.889), T- MACS (0.959), HEAR (0.861) respectively (p< 0.0001). At a cut-off of E-HEART Score >6, it accurately predicts ACS with a sensitivity of 92% and a specificity of 99% with a diagnostic accuracy of 97%.

ROC curve analysis

Figure: ROC Curve Analysis Showing Diagnostic Performance of various scores in Predicting MACE: (n = 250)



ROC curve analysis showing diagnostic performance in various scores predicting MACE

Summary of scores

Scoring	Median (IQR)	Min - Max
HEART score*	4.00 (2.00-5.00)	0.0 - 9.0
E-HEART Score†	4.00 (2.00-6.00)	0.0 - 9.0
TIMI Score‡	1.00 (0.00-3.00)	0.0 - 9.0
T- MACS Score§	26.00 (5.00-98.00)	1.0 - 100.0
HEAR Score 	3.00 (2.00-4.00)	0.0 - 7.0

Keywords: Acute Coronary Syndrome, Risk stratification, Emergency Department, Point of care ultrasound, E-HEART score.



Pub No: PP-078

Pancreatitis

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Introduction and Purpose: Acute Pancreatitis is an inflammatory process of the pancreas with abdominal pain and elevation in pancreatic enzymes such as amylase and lipase. Acute pancreatitis is an important disease with no specific treatment and high mortality. It is multifactorial. Pancreatitis develops in 3-7% of gallstones, 10% of alcoholics, and only 1-2% of patients with hypercalcemia.

Materials and Methods: A 47-year-old female patient presented with the complaint of abdominal pain, which has been intermittent for the last month and become more severe for the last week. She describes her pain as radiating from the upper part of her abdomen to her back which relieved by leaning forward. She has also a known diagnosis of asthma for 15 years. The patient's vitals were stable on arrival. There was upper quadrant tenderness on abdominal examination. In the patient's examination lipase: 7973, amylase: 3974. Abdominal tomography revealed diffuse edematous appearance, which was more prominent in the pancreatic head. Contamination was observed in the peripancreatic fatty planes .It is get reported as acute pancreatitis? Oral feeding of the patient was closed and ringer lactate was started, and the patient was consulted to internal medicine service. The patient's was admitted to the gastroenterology service with the diagnosis of acute pancreatitis.

Results and Conclusion: Pancreatitis should be considered as a pre-diagnosis in patients with tenderness in the upper quadrants of the abdomen, especially in patients who describe belt-like pain radiating to the back. Amylase and lipase should definitely be added to their tests. In these patients, oral feeding should be closed and hydration should not be forgotten.

Keywords: Lipase, belt- like pain



Pub No: PP-079

RED FACE

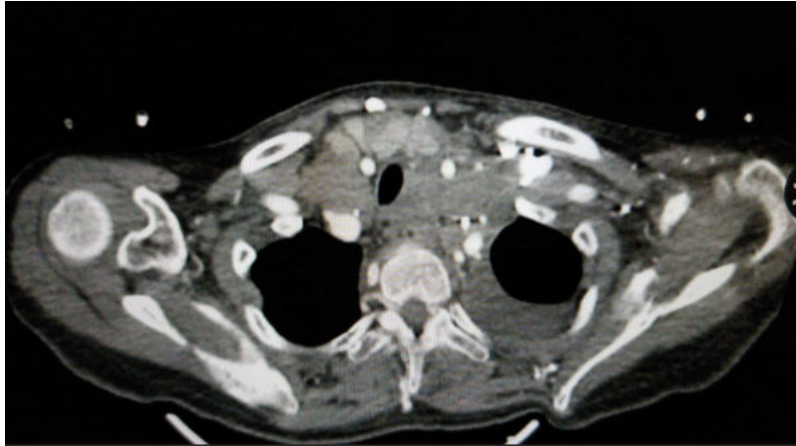
muhammed cengizhan durmus¹, sultan tuna akgöl gür¹, yusuf burak eker¹

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Introduction and Purpose: Superior Vena Cava Syndrome is a clinical condition that occurs due to the obstruction of blood flow in the Superior Vena Cava. It is most commonly caused by cancers, primarily lung cancer and lymphomas. Approximately one-fourth of cases are attributed to benign causes such as infection, mediastinal fibrosis, and thrombosis. The main symptoms and signs include shortness of breath, facial edema and erythema, arm swelling, and dilation of neck and thoracic veins. Diagnosis is typically based on the presence of typical symptoms and signs. In cases where the findings are subtle, diagnosis can be challenging, and detailed imaging techniques may be required.

Materials and Methods: A 64-year-old female patient presented to our emergency department with complaints of shortness of breath, redness and swelling in the face and neck, and swelling in the arms. Her oxygen saturation was measured at 80% in room air, so she was evaluated in the red zone. Her other vital signs were as follows: Blood Pressure: 130/75 mm Hg, Heart Rate: 88 bpm, Temperature: 36.6 degrees Celsius. Upon further inquiry, it was revealed that her shortness of breath had been progressively worsening for weeks, and she had a known lung cancer but had not received any treatment. Physical examination revealed decreased breath sounds at the bases and rales up to the mid-zone bilaterally. There was no bilateral pretibial edema. Other systemic examinations were unremarkable. A contrast-enhanced chest tomography revealed atelectasis and effusions on the background of bilateral mass lesions, and after the discovery of a large mass compressing the superior vena cava from outside, the patient was referred to the internal medicine department for further treatment.

figure



Results and Conclusion: Treatment options for Superior Vena Cava Syndrome include supportive care, radiotherapy, chemotherapy, and stent placement. Early detection and initiation of treatment are crucial, so raising awareness among emergency physicians when encountering patients with redness and swelling in the face and neck, and arm swelling, as in our patient, is essential.

Keywords: Superior Vena Cava Syndrome



Pub No: PP-080

Not Every Duestery Is Vertigo

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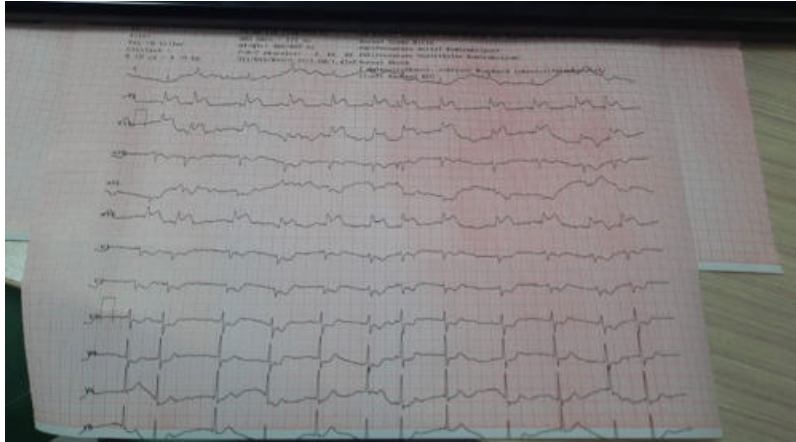
Introduction and Purpose: Patients with ST-elevation acute myocardial infarction (STEMI) require prompt diagnosis and treatment to reduce the risk of death and permanent myocardial damage. The primary goal of STEMI management is to reduce the risk of death and the extent of permanent cardiac damage associated with MI. Because therapy for STEMI patients becomes less effective with each minute its delivery is delayed, another goal of therapy is to get STEMI patients to the angio center quickly before treatment becomes ineffective.

Materials and Methods: A 37-year-old male patient with no known comorbidity is admitted to our emergency department with the complaint of dizziness. When the anamnesis is deepened, it is understood that the dizziness is the feeling of fainting when standing up. There are no accompanying symptoms of chest pain and shortness of breath. Vitals: TA: 135/75, heart rate: 76/min, hr: 98% (in room air), fever: 36.9 degrees. The patient who described dyspnea after being examined as a patient was diagnosed with inferior STEMI in the ECG taken, and after the first treatment, angio was taken and a stent was placed on the RCA.

Results and Conclusion: STEMI patients classically come with complaints such as chest pain that increases with effort and decreases with rest, shortness of breath, and pain that radiates to the shoulders. Since young STEMI patients who do not have comorbid diseases with or without these symptoms may present with complaints such as dizziness, nausea, vomiting, syncope, and burning chest pain, cardiac pathologies should be considered in patients with these symptoms.



picture1



picture



Keywords: Vertigo, STEMI, Cardiac damage



Pub No: PP-081

Femoral fracture mimicking svo clinic

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Introduction and Purpose: Femoral interthoracanteric fractures are fractures involving the trochanter major and minor. They are extracapsular and account for 1% of all fractures. Low trauma fractures usually occur in elderly and osteoporotic patients. High trauma mechanism (fall from height-traffic accident) is more common in young patients.

Materials and Methods: An 83-year-old woman was admitted to the emergency department with complaints of weakness in the left leg and inability to walk which started 4 hours ago. She had a known diagnosis of hypertension. Vital signs were stable and physical examination revealed that the patient was conscious, oriented, cooperative, muscle strength in the left leg was 2/5 and other neurological examinations were normal. Blood tests were taken and brain CT and diffusion MRI were planned. Hemogram, biochemistry and coagulation tests were normal. No acute hemorrhage was detected on brain CT. Diffusion MRI showed no acute diffusion limitation. When the patient was examined for re-evaluation later, mild external rotation of the left leg was noticed and pelvic radiography was ordered for the patient who had no history of trauma. Interthoracanteric fracture of the left femur was detected. The patient was consulted to the orthopedic department and hospitalized in the ward for operation.

pelvic radiography



Results and Conclusion: In conclusion, femoral fractures should be considered among the preliminary diagnoses in elderly patients presenting to the emergency department with sudden inability to walk even if there is no history of trauma.

Keywords: Intertrochanteric fracture, elderly, muscle weakness



Pub No: PP-082

Subcutaneous progression of the bullet in gunshot wounds: a case report

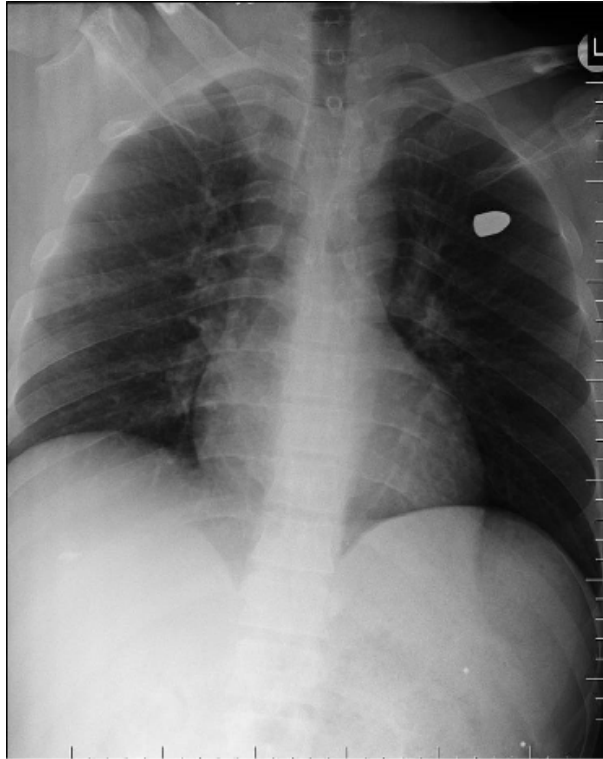
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Introduction and Purpose: Firearm injuries are becoming more common due to their ease of access, resulting in an increased number of injuries and deaths from firearms . Although the direction of the bullet is often linear, sometimes there is no relationship between the entrance and exit holes of the bullet. This is due to factors such as the type of weapon used, the distance of the shot, and the area of the body that is hit . The best way to determine the location of un-ejected bullet cores is to examine the patient under a fluoroscope or take X-rays of the necessary areas . In this case, we report a case of a patient who presented to our emergency department with a penetrating chest injury due to a firearm injury, in which the bullet moved under the skin without damaging the lung.

Materials and Methods: 42-year-old male patient was brought to our emergency department by ambulance after a sudden object came from the air and pierced his chest and left thigh while driving a tractor in the field. His vital signs were stable. On physical examination, wound was detected at the level of the 7th-8th ribs on the mid-clavicular line in the left hemithorax, but the exit wound of the bullet could not be detected. CT scan showed no injuries to the thoracic or abdominal organs, but a 18x15 mm foreign body was observed under the skin at the level of the 2-3rd ribs, extending superiorly from the entrance point of the bullet. After antibiotic therapy and tetanus prophylaxis, the patient was admitted to the thoracic surgery service for elective surgery.

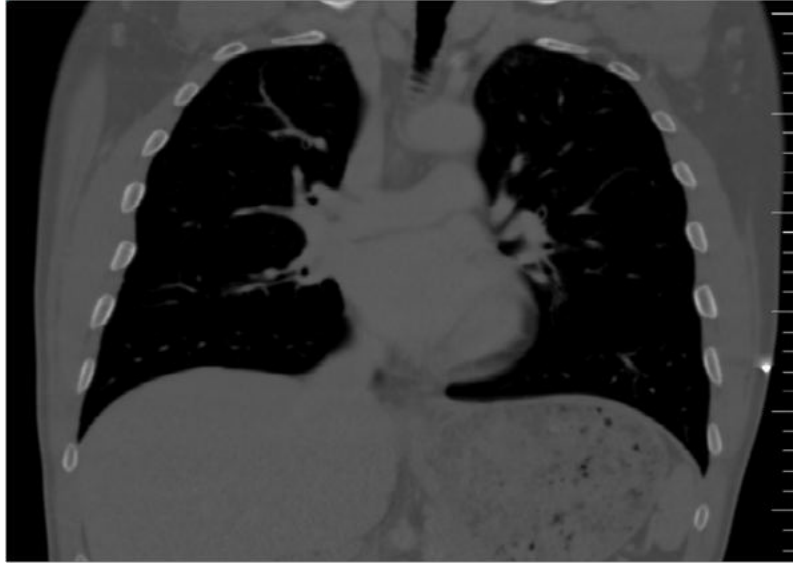
Chest X-ray



Axial CT scan of the chest



Coronal CT scan of the chest



Results and Conclusion: In current emergency medicine practice, in cases evaluated due to firearm injuries, the possible trajectories should be re-evaluated when the bullet exit hole cannot be detected. We wanted to emphasize that the use of imaging methods to cover a wider area in conjunction with repeated physical examination will be a guide in the detection of possible serious injuries in these cases.

Keywords: Gunshot, Thorax, Subcutaneous progression



Pub No: PP-083

A Rare Case Of Ruptured Lung Hydatid Cyst

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Introduction and Purpose: Hydatid cyst caused by Echinococcus Granulosis is a parasitic infection. Lung hydatid cyst constitutes approximately 35% of all hydatid cyst cases. The diagnosis of pulmonary hydatid cyst, which is mostly asymptomatic, is usually made with symptoms that develop as a result of complications. One of the complications that cause these symptoms is the rupture of the pulmonary hydatid cyst.

Materials and Methods: A 19-year-old male patient, who worked in the animal slaughterhouse and lived in the village, was admitted to the emergency department by ambulance with complaints of back pain, shortness of breath, and chills. The patient, who did not have any additional disease in his anamnesis, described sudden onset of severe shortness of breath, chills/shivering and sweating in the morning today. There was no difference between arterial blood pressure(BP) measured from right and left arms(BP:80/50).Pulse:105/m, respiratory rate:25/m, spo2:%81, fever:38.5°C.Electrocardiogram(ECG) was in normal sinus rhythm. After the initial evaluation, the patient was provided with oxygen support and necessary tests and imaging were requested. As a result of laboratory examinations, white blood cell(WBC):21420/uL, one of the complete blood count parameters, and C-reactive protein(CRP):120mg/L from the biochemistry parameters were remarkable. In the thorax computed tomography imaging, air cavity were detected in a large cystic formation and well-circumscribed lesion that almost completely filled the left lung and caused a distinctive collapse in the lung(Figure1). The patient with suspected perforated hydatid cyst was referred to a thoracic surgery center for emergency surgery. Biopsy samples taken during surgery were interpreted as compatible with hydatid cyst. The patient's preoperative and postoperative 7th day chest radiographs are shown in figure2. The patient, who did not develop any complications, was discharged on the 7th day of hospitalization.

Figure 1



Figure 1: The arrow shows that the air cavity in a large cystic formation and well-circumscribed lesion that almost completely filled the left lung.

Figure 2



Figure 2: On the left side, the patient's preoperative chest radiographs. On the right side the patient's postoperative 7th day chest radiographs



Results and Conclusion: Hydatid cyst, one of the parasitic diseases, is a disease whose frequency increases in regions where livestock farming is common and slaughtering is uncontrolled. Its incidence is higher in populations where preventive health services are lacking, veterinary services are low, and low socioeconomic levels are present. Our case had sudden onset of dyspnea and sepsis. In these cases, rupture of asymptomatic hydatid cyst should be considered and attention should be paid to the diagnosis.

Keywords: Hydatid Cyst, Echinococcus Granulosus, Ruptured



Pub No: PP-084

Combination Of Myocardial Infarction

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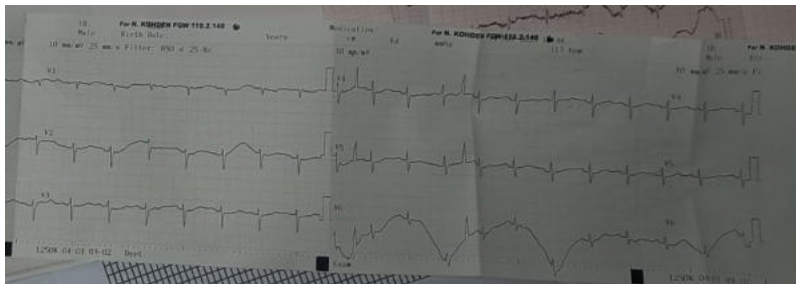
Introduction and Purpose: Carbon monoxide (CO) is an odorless, tasteless, colorless, non-irritating gas produced by the combustion of hydrocarbons. CO poisoning results in impaired oxygen delivery and use, as well as the formation of reactive oxygen species. As a result, especially cardiac, metabolic and neurological complications may develop. Myocardial ischemia is common in patients with moderate to severe CO poisoning and is associated with increased long-term mortality.

Materials and Methods: A 73-year-old female patient. He applied with the complaint of chest pain, which started yesterday evening and intensified this morning, hitting his back from his chest. On arrival vitals, saturation was 92, blood pressure was arterial: 148/70, pulse rate: 78, fever: 36.7, fingertip blood glucose: 198. The patient also stated that she noticed a strange smell in the house this morning, and when her son came home, he noticed the smell and became sluggish. In the ECG of the patient, ST segment elevation and diffuse ST segment depression were observed in AVR. She was consulted to the cardiology clinic. In the examinations of the patient, the COHb level was 24 (0.5-1.5%), Troponin: 3.4 (0-18). High-flow normobaric oxygen therapy was started. The patient was hospitalized for STEMI by the cardiology clinic, and coronary angiography was planned. Coronary angiography was performed and patency was achieved by placing a stent in the RCA.

figure



figure



Results and Conclusion: Although carbon monoxide intoxication is mostly encountered with nonspecific complaints, it can also present with cardiac and neurological symptoms depending on the complications that may develop. For this reason, the etiology should be clarified by taking detailed anamnesis from the patients who applied to the emergency department.

Keywords: chest pain, carbon monoxide intoxication, myocardial infarction



Pub No: PP-085

My Leg Doesn't Fit In My Pants

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Introduction and Purpose: Rhabdomyolysis is the destruction of skeletal muscle as a result of damage to myocytes by some mechanism. The etiology includes heavy exercise, drugs, prolonged immobilization, muscle ischemia, infections and many other conditions. Strenuous physical activity is a common cause of rhabdomyolysis. Increased creatine kinase (CK) levels are the most sensitive and reliable indicator in muscle injury. CK levels ≥ 5 times above the upper limit without cardiac or brain damage are required for diagnosis.

Materials and Methods: A 30-year-old male patient was admitted to the emergency department with the complaint of swelling in the right leg that started yesterday evening. His past medical history was unremarkable. In the anamnesis of the patient, it was learned that he started sports about a month ago, the last time he did sports was 2 days ago, there was no history of immobilization and recent long-term travel. On admission, vital signs were normal and stable. On physical examination, there was a significant increase in the diameter of the right lower extremity compared to the left lower extremity, peripheral neurovascular examination was normal, tenderness was present in the right cruris, homans sign was positive on the right side, and joint movements were normal. Doppler ultrasonographic (USG) imaging of the right lower extremity, direct radiography and blood tests were ordered. Doppler USG and direct radiographs showed no acute pathology. Blood tests ordered from the patient were CK: 6851 IU/L, CK-MB:85 IU/L, LDH:524 IU/L, ALT:78.6 IU/L, AST:128.3 IU/L, D-Dimer:190 ng/ml, creatine:1.39 mg/dl. The patient was hospitalized in the internal nephrology clinic with a diagnosis of rhabdomyolysis.

Results and Conclusion: Classical findings of rhabdomyolysis include localized myalgias, muscle stiffness, cramps, muscle swelling and tenderness, and tea-colored urine. In patients presenting to the emergency department with these and similar complaints, if there is an etiologic factor in the anamnesis that may lead us to rhabdomyolysis, we should rule out rhabdomyolysis as well as other diagnoses related to the complaint. Early diagnosis of rhabdomyolysis reduces the progression to acute renal failure and the need for dialysis treatment.

Keywords: rhabdomyolysis, cretaine kinase, sports, leg swelling



Pub No: PP-086

Comparison of geriatric pulmonary embolism severity index (G-PESI) with PESI and s-PESI in predicting prognosis and mortality

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Introduction and Purpose: Our objective is to investigate the effect of geriatric pulmonary embolism severity index score on mortality independent of age and to compare it with pulmonary embolism severity index and simplified pulmonary embolism severity index.

Materials and Methods: This is a retrospective observational study including patients over 65 years of age diagnosed with pulmonary embolism, who presented to the emergency medicine clinic of tertiary hospital between January 1, 2016 and January 1, 2021. The relationship between the original PESI and 30-day mortality was evaluated, and age was removed from the original score in the G-PESI. A univariate analysis of PESI, s-PESI, and G-PESI was performed using the chi-square test, Fisher's exact test, Student's t-test, and Mann-Whitney U test as appropriate to determine the association of these scores with 30-day mortality. Statistical analysis was performed using SPSS version 26.0.

Results and Conclusion: This study included 167 patients, of whom 113 (67.7%) were women. According to the diagnostic test performance analysis report, the pulmonary embolism severity index, simplified pulmonary embolism severity index and geriatric pulmonary embolism severity index scores were statistically significant in predicting mortality, with the area under the curve values of 0.736 (0.34-1.91), 0.635 (0.74-1.81), and 0.739 (0.50-2.18) at the cut-off values of >110, >2, and >40, respectively ($p < 0.001$, $p < 0.001$, and $p = 0.004$ respectively). When the area under the curve values of these three scores were compared, there was no statistically significant difference between pulmonary embolism severity index and geriatric pulmonary embolism severity index ($p = 0.7241$). Geriatric pulmonary embolism severity index, similar to pulmonary embolism severity index, can be accepted as an independent predictor in geriatric patients diagnosed with pulmonary embolism.

Keywords: Geriatrics, PESI, pulmonary embolism

Pub No: PP-087

INTRATORACIC LOCALIZED CYSTIC HYGROMA

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Introduction and Purpose: Abstract Cystic hygroma is a benign development malformation of the lymphatic tissue that is seen as finger like extentions , infiltrating to surrounding tissue. Cystic hygroma usually occurs in cervicofacial area in affected individuals. Complete surgical resection with negative surgical margins is the best appropriate treatment. We presented a patient with cystic hygroma located to intratoracic extrapulmonary area. Purpose Cystic hygroma is a congenital anomaly of the lymphatic system. It is located in 75-90% of the cases of cervicofacial. The axilla, thorax, abdomen and retroperitoneal regions are rarer localities. Cystic hygroma grows slowly and rarely regresses spontaneously. Hemorrhages and infections into the cyst cause a sudden increase in mass diameter.

cystic hygroma





Materials and Methods: A 43-year-old female patient who was admitted to the emergency department of another hospital with sudden onset dyspnea, shoulder pain and localized pain in the upper part of the right hemithorax revealed a smooth bordered opaque mass lesion of approximately 10 cm in diameter near the mediastinal region in the upper part of the right hemithorax (Figure 1a) When a 10 cm diameter mass lesion (Figure 1b) was detected in the upper lobe of the right lung on computed thoracic tomography (CT) he was referred to our clinic. We requested magnetic resonance imaging (MR) of the mediastinum of the lung with contrast to determine the relationship of the lesion with the mediastinal structures. On MRI, a hyperintense lesion of 96x76 mm in size in the upper lobe of the right lung that did not hold contrast media after intravenous contrast agent (IVCM) was detected (Figure 1c).

Results and Conclusion: Total excision should be performed with negative microscopic surgical margins in treatment. Aspiration of cyst or injection of sclerosing agent is not preferred due to the high risk of infection and high recurrence rate. Total excision was tried to be applied to our case, but since there was no dissection area between the mediastinal pleura and it, that area was excised. As a result, cystic hygroma is very rare in adults and intrathoracic extrapulmonary regions. However, as in our case, intrathoracic lesions that may be encountered should be included and should not be ignored.

Keywords: Extrapulmonary, Cystic hygroma, Intrathoracic



Pub No: PP-088

Scabies Disease That Confused With Compartment Syndrome

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Introduction and Purpose: Introduction: Scabies is one of the commonest dermatological conditions which is caused by infestation with the mite *Sarcoptes scabiei* var *hominis*. Globally it affects more than 130 million people at any time. However it is the most vulnerable, young children and the elderly in resource poor communities. Here we report a case of scabies that was confused with compartment syndrome.

Materials and Methods: Case report: A 8 years old male patient with no significant past medical history only we learned that he was scabies treatment 1 month ago?* presented to our emergency clinic with isolated left hand trauma. He landed forcefully to the ground with his left hand yesterday. Physical examination of the patient revealed a swelling, tenderness and linear scratch left hand dorsal side. Radial and ulnar artery pulsed. There was not pallor, paresthesia, paralysis, movement problems. Hand-hand wrist x-ray was performed. There was no fracture but incidental subcutaneous air values detected. After that we was performed CT for differential diagnosis such as compartment syndrome or necrotizing fasciitis and also we consulted to plastic surgery and orthopedy. They did not think compartment syndrome or necrotizing fasciitis. They thought it was secondary to scabies. After that we consulted dermatology. They were discharged by prescription and outpatient control 1 week later.

Hand-Hand wrist X-ray, Subcutaneous Air Present



Hand-Hand wrist CT



Results and Conclusion: Conclusion: As a result, scabies is a dermatological condition. That cause subcutaneous burrows. That burrows contain air and which is confused another emergency condition

Keywords: Scabies, Compartman Syndrome, Necrotizing Fasciitis



Pub No: PP-089

Effectiveness of self-administered intranasal Etripamil in the treatment of supraventricular tachycardia

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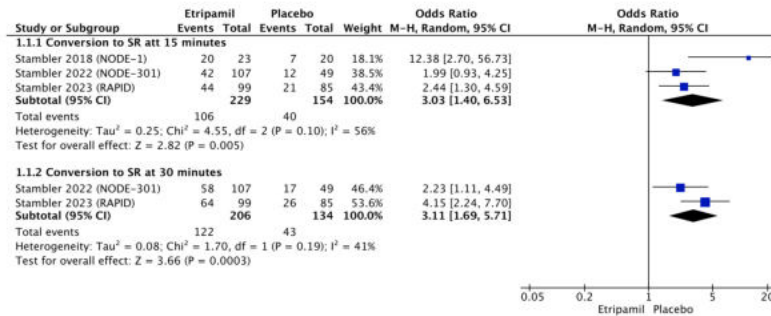
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Introduction and Purpose: Etripamil is an intranasally administered calcium-channel blocker currently in development for on-demand therapy of paroxysmal supraventricular tachycardia. It is known for its rapid action and is intended for use outside of a healthcare facility. We aimed to evaluate the efficacy and safety of Etripamil 70 mg nasal spray using a symptom-prompted for acute conversion of supraventricular tachycardia (SVT) to sinus rhythm within 30 min.

Materials and Methods: We performed a systematic literature search in PubMed, SCOPUS, Europe PMC, and Cochrane Central Databases until August 20, 2023. This study was conducted in accordance with Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. The primary endpoint of the study was the conversion rate of SVT to sinus rhythm. The pooled odds ratios (OR) were estimated by random effect methods according to heterogeneity statistics.

Results and Conclusion: Three studies [1-3] involving a total of 383 patients (229 treated with Etripamil and 154 from placebo group) were eligible for the study. The 15-minute conversion efficiency to sinus rhythm in patients treated with Etripamil vs. Placebo was 46.3% vs. 26.0%, respectively (OR = 3.03; 95%CI: 1.40 to 6.53; p=0.005). Two studies reported that 59.2% with Etripamil and 32.1% in the placebo group reported conversion to SR in 30-minute periods (OR = 3.11; 95%CI: 1.69 to 5.71; p<0.001; Figure 1). Etripamil, compared to placebo, was not associated with the occurrence of any serious adverse event (0.0% vs. 0.8%; p=0.45). However, the use of Etripamil was associated with a higher risk of nasal discomfort (21.2% vs. 5.6%; p<0.001), nasal congestion (10.3% vs. 1.7%; p=0.002), epistaxis (12.6% vs. 1.1%; p=0.02) and rhinorrhea (7.3% vs. 2.2%; p=0.02). In conclusion, Etripamil nasal spray self-administration during paroxysmal supraventricular tachycardia was safe and well tolerated.

Figure 1.



Forest plot of conversion of SVT to sinus rhythm in patients with Etripamil and placebo groups. The center of each square represents the odds ratio for individual trials, and the corresponding horizontal line stands for a 95% confidence interval. The diamonds represent pooled results.

Legend: CI: confidence interval; OR: odds ratio.

Keywords: epinephrine, cardiac arrest, pediatric advanced life support, cardiopulmonary resuscitation, survival ratio



Pub No: PP-090

NOT EVERY MASTITIS IS GONE WITH BREASTFEEDING

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Introduction and Purpose: Gestational mastitis represents a series of conditions that begin with ductal inflammation and constriction. The resulting conditions include inflammatory mastitis, bacterial mastitis, phlegmon, breast abscess, galactocele, and subacute mastitis. While gestational mastitis is most commonly seen in the first three months of breastfeeding, it has an incidence framework. It initially arises due to poor milk drainage associated with trauma to the nipple, which likely results in the swelling and constriction of one or more milk ducts. If drainage problems persist for more than 12 to 24 hours, stagnant milk becomes infected, leading to the development of gestational mastitis, manifesting with symptoms such as pain, redness, fever, and fatigue.

Materials and Methods: A 32-year-old female patient, who gave birth three months ago, presented to our emergency department with complaints of breast pain that have been ongoing for one week but have intensified in recent days. Her medical history revealed three previous childbirths, all of which were normal deliveries, and she received treatment for similar complaints in her breasts after her last two pregnancies. Her vital signs were as follows: Blood Pressure: 120/75 mm Hg, Heart Rate: 125 bpm, Temperature: 38.3 degrees Celsius, Oxygen Saturation: 98%. Systemic examination revealed a 2x2 cm fluctuating lump with redness starting at the level of the nipple and extending to the outer lateral side of the right breast, with no other pathology observed. Laboratory tests showed a white blood cell count of 14,540 (82% neutrophils), with no other abnormalities. An ultrasound examination revealed a 1.2x1.5 cm abscess-like appearance. The patient was admitted to the general surgery department for IV treatment.

Results and Conclusion: Mastitis is one of the commonly encountered clinical entities during the gestational period due to ductal inflammation. Treatment involves guiding the patient towards continuing lactation along with anti-inflammatory medications. However, if lactation does not continue, rarely, complications such as abscess may occur. The presence of symptoms such as pain and redness lasting more than a week, along with systemic infection signs like fever, raises suspicion for this diagnosis. This case emphasizes the importance of ultrasound imaging in mastitis when these clinical signs are present and aims to raise awareness.

Keywords: mastit



Pub No: PP-091

Subarachnoid Hemorrhage

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Introduction and Purpose: Non-traumatic subarachnoid hemorrhage (SAH) is most commonly caused by ruptured saccular aneurysms. SAH is often a devastating event with significant mortality and high morbidity among survivors.

Materials and Methods: A 75-year-old male patient was brought to us by the 112 teams with a sudden onset of clouding of consciousness. He have a known diagnosis of COPD. Oncoming GCS 3, blood pressure: 215/125 mmHg saturation 82% (with 2 lt/min oxygen) heart rate was 76/min. The patient was intubated by our team. There were subarachnoid hemorrhage and aneurysm in the left MCA in the brain tomography and brain angiography. He was consulted to Neurosurgery. Cardiac arrest developed during the consultation. The patient was resuscitated for 45 minutes. The patient, whose pulse and blood pressure could not be detected, was evaluated as exitus.

Results and Conclusion: Headache due to non-traumatic subarachnoid haemorrhage is a sudden very severe headache that typically peaks within seconds or minutes. SAH is a neurointerventional emergency and all patients presenting with acute thunderclap headache should be evaluated for SAH. Non-contrast cranial CT should be the first diagnostic test. While the sensitivity of CT is quite high in the early post-bleeding period, it decreases over time. Sentinel headache is an important warning sign, but it can still be missed in emergency services. CT or MR angiography is sometimes performed in patients presenting to the emergency department with thunderclap headache, however, these examinations do not only reveal the etiology of SAH, but are also helpful in the differential diagnosis of thunderclap headache. Early diagnosis and treatment are important for the prevention of complications such as rebleeding and vasospasm.



Sah



Keywords: Headache, Subarachnoid Hemorrhage

Pub No: PP-092

Diabetic Foot, Gas Gangrene

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Introduction and Purpose: Diabetic foot is the name given to chronic wounds that occur on the foot when the diabetes patient's disease lasts for a long time or when it is difficult to control the sugar level. Diabetic foot infections are one of the most important complications of diabetes mellitus and are an important cause of morbidity and mortality. It is important to determine the presence of infection in diabetic foot ulcers because the infection progresses rapidly and causes loss of lower extremity. Treatment of diabetic foot infections is complex and requires a multidisciplinary approach.

Materials and Methods: A 55-year-old female patient presented with the complaint of a wound on the left second toe and left big toe. The patient, who has a known diagnosis of diabetes mellitus and hypertension, has progressed in her wounds in about 3 months. On examination, peripheral pulses of the left foot are clear. There was a foul-smelling wound containing necrotic tissue on the left foot second toe, and a discharge wound on the knuckle of the left big toe. There were air densities under the skin of the patient whose left foot radiograph was taken. With the preliminary diagnosis of diabetic foot gas gangrene, orthopedics clinic and infectious diseases clinic were consulted. The patient was admitted to the orthopedic service for the amputation procedure.

figure 1



figure 2



figure 3





Results and Conclusion: A rapid evaluation and imaging should be done in patients presenting with diabetic foot wound. Appropriate antibiotic therapy can be started in the emergency department. DFI treatments require a very complex and multidisciplinary approach. The approach is debridement, cleaning of the infected area, appropriate antibiotic therapy, wound care, revascularization if necessary. If the infection is in the superficial part of the skin, local debridement and cleaning is sufficient. However, if there is severe infection; Presence of abscess, necrotizing fasciitis, gas gangrene, extensive soft tissue involvement and compartment syndrome require more aggressive surgical debridement.

Keywords: Foot wound, diabetes mellitus



Pub No: PP-093

DRESS(Drug Reaction with Eosinophilia and Systemic Symptoms)

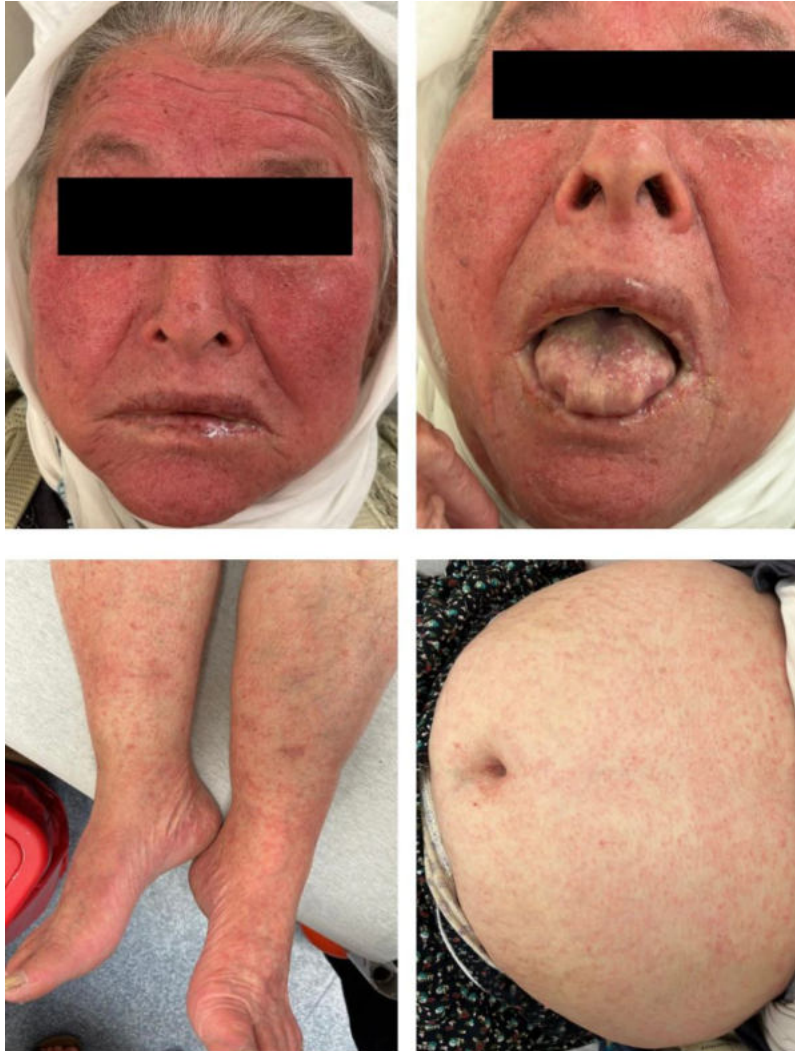
Bayram Bugra Turkeri¹, Atakan Yilmaz¹, Mert Ozen¹, Murat Seyit¹, Alten Oskay¹

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Introduction and Purpose: Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) syndrome is characterized by fever, widespread mucocutaneous rash, facial edema, lymphadenopathy, eosinophilia, and/or other hematological abnormalities, along with internal organ involvement. It typically manifests 2-6 weeks after the initiation of a drug, following a variable latent period. DRESS syndrome is considered one of the severe cutaneous drug reactions.

Materials and Methods: A 73-year-old female patient presented to the emergency department with generalized itching, redness, and weakness. She reported that her symptoms started ten days ago following an intramuscular injection of diclofenac for chronic low back pain. She had previously been prescribed oral steroids, antibiotics, and antihistamines at an external dermatology clinic, but she did not benefit from the treatment, and her lesions worsened, leading her to seek care at PAU Emergency Department. Initial vital signs were as follows: Blood Pressure: 130/78 mmHg, Oxygen Saturation: 97%, Heart Rate: 85 bpm, Temperature: 37.8 °C. Apart from known hypertension (HT) and diabetes mellitus (DM), she had no history of chronic illnesses, drug or environmental allergies, surgeries, or tobacco and alcohol use. There was no history of travel to endemic regions. Physical examination revealed non-blanching, pruritic erythematous maculopapular lesions on the face, trunk, and extremities, as well as white plaques in the mouth. The Nikolsky sign was negative. Laboratory investigations showed an erythrocyte sedimentation rate (ESR) of 18 mm/h, a white blood cell count (WBC) of 13.6 K/uL with neutrophilia and eosinophilia. Creatinine (Cre) was 1.16 mg/dL, ALT was 39 IU/L, and CRP was 83 mg/L. There was no acidosis on blood gas analysis. Coagulation parameters and viral serology were normal. Urinalysis was unremarkable. DRESS syndrome was suspected in the patient, and 1 mg/kg of intravenous steroids were administered in the emergency department. The patient was consulted with the dermatology department, and a biopsy was performed. She was admitted to the Dermatology service for further evaluation and treatment.

Patient's appearance



Results and Conclusion: A significant portion of patients presenting to emergency departments have dermatological complaints, such as itching and redness. The purpose of this case presentation is to emphasize that emergency department physicians should be aware of and not overlook dermatological emergencies with potentially fatal and multisystemic courses.

Keywords: DRESS, Drug reaction, eosinophilia, maculopapular rash



Pub No: PP-094

Cerebral venous sinus thrombosis

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¹ATATÜRK ÜNİVERSİTESİ ARAŞTIRMA HASTANESİ ACİL TIP ABD

Introduction and Purpose: Cerebral venous sinus thrombosis (CVT) is a serious cause of ischemic stroke that is rare compared to other causes but is also difficult to diagnose. CVT is also a rare but dangerous cause of headache. It is 3 times more common in women than in men. Pregnant and puerperium, oral contraceptives, prothrombic diseases (Factor V Leiden mutation, etc.), malignancy, infection and head trauma pose a risk for CVT.

Materials and Methods: A 33-year-old female patient was admitted to the emergency department with a complaint of headache from her head to her neck for 1.5 days. Her general condition was moderate, consciousness was clear, coherent, oriented and her vitals were as follows: blood pressure: 122/73 mmhg, pulse: 90 beats/minute temperature: 36.1 fingertip oxygen saturation: 96. The patient had a history of migraine disease. The patient gave birth 9 days ago. She applied to us when the severity of her headache increased for the last 1.5 days. On examination, the abdomen was comfortable, there was no defence rebound tenderness, lung sounds were normal, pupillary light reflex was ++/+++, bilateral lower and upper extremity motor strengths were 5/5, there was no loss of sensation, bilateral babinskis were negative, cerebellar tests were competent. There was no temperature diameter difference in the legs and homans was negative. There was no significant feature in the patient's tests. Diffusion MR and non-contrast MR venography performed with a prediagnosis of CVT showed total thrombus extending to the transverse sinus, sigmoid sinus and internal jugular on the left and partial thrombus in the superior sagittal sinus. (Figure 1-2.) The patient was evaluated by the neurology clinic and hospitalized in the neurology service with a prediagnosis of CVT.

FIGURE1

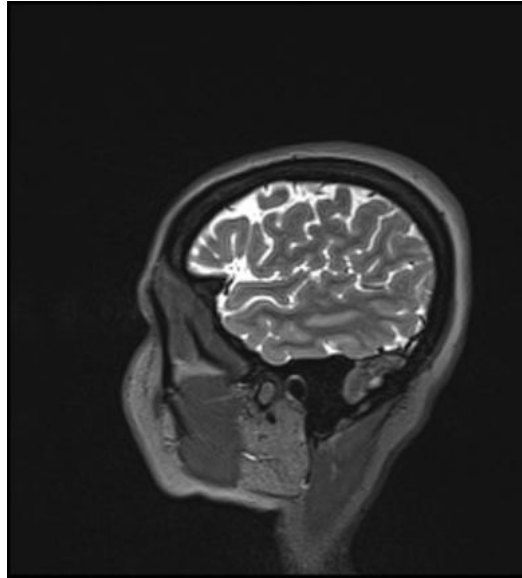
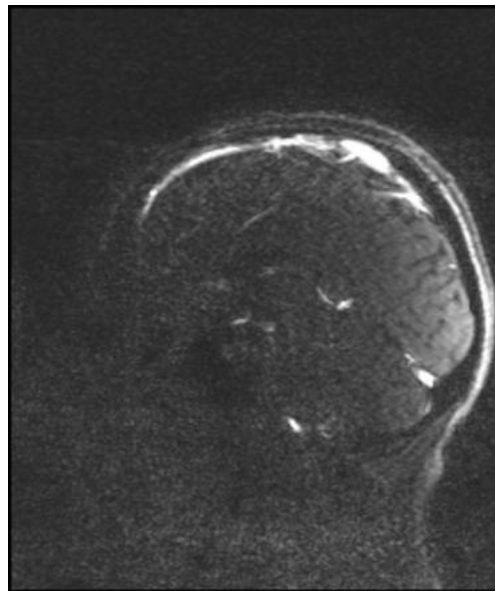


FIGURE2



Results and Conclusion: We should keep CVT in mind in patients presenting with headache, especially if the pain does not regress despite symptomatic treatment in patients who have recently given birth.

Keywords: Headache, childbirth, cvt



Pub No: PP-095

FROM FEBRILLIAL CONVULSION TO BILATERAL PNEUMOTHORAX

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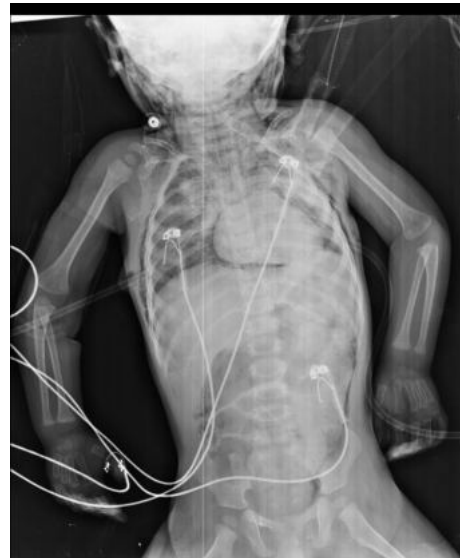
Introduction and Purpose: Pneumothorax is an emergency pathological condition resulting in collapse of the lungs as a result of accumulation of air between the pleural and parietal lung membranes. It usually constitutes a certain part of the patients who apply to the emergency department with the complaints of shortness of breath and atypical chest pain. Although it is frequently seen after chest and neck trauma, it can also occur spontaneously.

Materials and Methods: A 19-month-old male patient has no known disease. He was brought to the emergency room by ambulance from an external center with a preliminary diagnosis of febrile convulsion. At the patient's arrival, his general condition was moderate to poor, saturation: 80%, pulse: 115, blood pressure: 95/54 mmgh, respiratory rate: 37/min, fever: 38.1 C. In the physical examination, neurological examination could not be evaluated optimally because he was in the postictal period, and his lung sounds were bilaterally decreased. External system examinations were normal. In the examinations of the patient, there was no significant finding other than hypoxia. Bilateral pneumothorax was detected in the chest X-ray of the patient, whose lung sounds decreased in the respiratory examination (Figure 1). The patient was consulted to the thoracic surgery clinic, and a chest tube was inserted into both lungs by the relevant clinic (Figure 2) and he was admitted to the pediatric intensive care unit.

Figure 1



Figure 2



Results and Conclusion: Pneumothorax; It is an emergency pathological condition that carries a serious life-threatening risk if emergency intervention is not performed in the early period. Pneumothorax should be kept in mind in cases of shortness of breath, atypical chest pain, and unexplained hypoxia.

Keywords: Bilateral pneumothorax, Febrillial convulzation



Pub No: PP-096

Ultrasound guided chest tube insertion: a novel strategy in managing left diaphragmatic injury with concurrent left tension pneumothorax

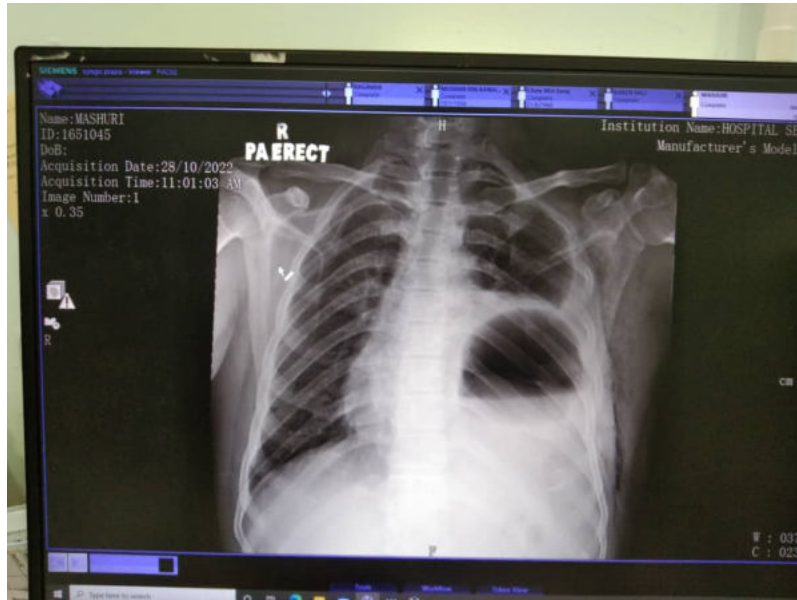
Muhamad Syis Zulkipli¹, Muhamad Hariz Hazwan Mohd Zarir¹, Khatijah Ahmad¹

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Introduction and Purpose: In trauma cases, severe impact to the chest usually manifest as rapid clinical deterioration. Common injuries such as cardiac tamponade, tension pneumothorax and ribs fracture will showed rapid clinical manifestation. However, this case will be discussing about a rare presentation of delayed diaphragmatic injury after 6 days of motor vehicle accident. This case scenario will discuss the strategies of treatment which can be applied in emergency settings.

Materials and Methods: This case was selected during clinical round as Emergency Physician in the hospital . A 30-year old gentleman presented as chest pain after 6 days of motor vehicle accident. On arrival, he appeared breathless and . The injury to the chest area was the result of inflated air bag during the collision. His vital signs showed blood pressure of 110/70 with tachycardia of 120 per minute. Pain score was 9/10 and intravenous fentanyl served. He appeared comfortable after the administration of analgesia. Further evaluation revealed reduced air entry over the left side of the lung , hyperresonance on percussion , tracheal deviation and oxygen level at 97% on face mask 5 litre per minute. He was breathing hardly with accessory muscles visible on each respiration. Trial of non- invasive ventilation was initiated to reduce the work of breathing. FAST scan showed absent of sliding sign over the left side of the lung field. Chest xray revealed protrusion of stomach into left hemidiaphragm which indicates left diaphragmatic injury. Chest tube was indicated in this situation but in order to avoid iatrogenic gaster perforation, it was inserted under ultrasound guided.

Left traumatic pneumothorax with left diaphragmatic injury



the photo showed left pneumothorax with protrusion of gaster into left hemidiaphragm which indicates left diaphragmatic injury

Results and Conclusion: This is a very complicated case as it involved two life threatening entities in one patient. Surgeon was summoned at the very early stage of the treatment. The strategy to manage pneumothorax with concurrent left diaphragmatic injury are early trauma team activation, relieved the pneumothorax with ultrasound guided chest tube insertion, support the ventilation and anticipating for intubation, adequate analgesia with early surgical intervention such as exploratory laparotomy and diaphragmatic repair. The surgery was uneventful and patient was transferred to regular ward after 3 days of ICU admission.

Keywords: Delayed diaphragmatic injury, Ultrasound guided



Pub No: PP-097

MATURE CYSTIC TERATOMA

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Introduction and Purpose: A mature cystic teratoma is a type of non-cancerous ovarian tumor that originates from germ cells in the ovary. It is the most common non-cancerous ovarian tumor in adults. Teratomas begin from a type of cell that has the ability to transform into various cell types, such as skin, teeth, hair, brain, and muscle. Despite this potential, most teratomas consist almost entirely of one or two tissue types, with the most common being skin. Many tumors made of skin have a hollow center referred to as a dermoid cyst.

Materials and Methods: A 26-year-old female patient presented to us with intermittent abdominal pain and increasing nausea for the past few days, which had been occurring occasionally for the last few months. She had previously undergone surgery for a mass located in her sacrum when she was 6 years old. On physical examination, diffuse tenderness was present in the abdomen, with no guarding or rebound tenderness. Urine analysis showed negative leukocyte esterase and +1 erythrocytes, while her hemogram revealed WBC: 17.08, Hb: 12.5, B-hCG: 0.29, and CRP: 215.82. Biochemistry and blood gas were normal. The patient was consulted with the Obstetrics and Gynecology clinic. Transvaginal ultrasound showed the presence of a cystic structure in the left ovary. Obstetrics and Gynecology performed a biopsy on the patient. The biopsy result confirmed the diagnosis of a Mature Cystic Teratoma.

Results and Conclusion: Obstetrics and Gynecology considered the possibility that this structure could be related to the sacral mass the patient had during childhood.

Keywords: MATUR CYSTIC TERATOM, OBSTETRICS AND GYNECOLOGY CONSIDERED, CYSTIC STRUCTURE, DERMOID CYST

Pub No: PP-098

Omuriliğe sıkışmış mide ile bir ömür

Zeynep gül EKLİ¹, Mustafa safa PEPELE¹, Bilgehan DEMİR¹, Muhammed eyyüb POLAT¹, Asiye ÖZKAN¹

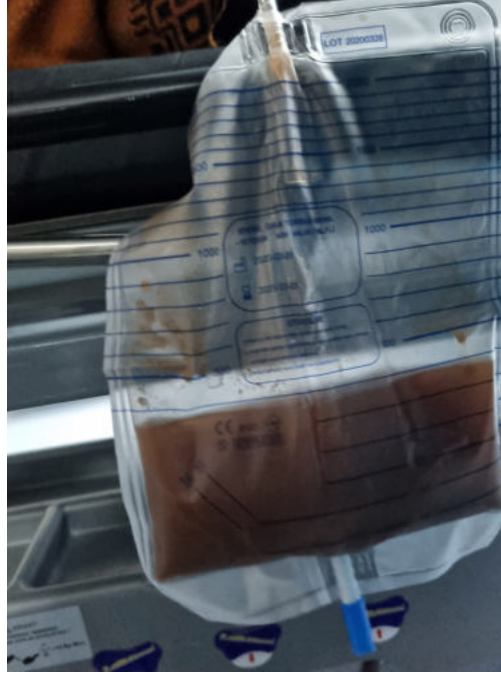
¹turgut özal üniversitesi,malatya eğitim araştırma hastanesi

Introduction and Purpose: Posttravmatik Kifoz erkeklerde daha sıktır ve erkek - kadın oranı % 65 - % 35 olarak verilmektedir. Bu vakamızda gibbus deformiteli bir kadın olguda kifozun visseral organlara baskısı neden ile gelişen gastrik distansiyon ve buna bağlı karın ağrısı şikayeti acil servise başvuran hasta anlatılmaktadır

1



2



Materials and Methods: 40 yaşında kadın hasta acil servisimize 3 gün devam eden kusma, ishal, mide bulantısı ve sol üst kadran da karın ağrısı şikayeti ile başvurdu. Hasta 3 aylıkken ablasının kucagından düşme sonrası fraktürleri gelişmiş 14 yaşına kadar takipsiz kalmış ve başvuruda geç kalındığı belirtilmiş. Yapılan ilk değerlendirmede TA:140/90 mmHg A:36.4 NABIZ:110 'ıdı. Fizik muayenede belirgin bir distansiyonu mevcut olup defans , rebound negatifti. Yapılan ultrasonografisinde (usg) yaygın gaz olarak değerlendirildi. batında bulunan gaz ve yaygın hassasiyeti için nazogastrik dekompresyon uygulandı ve belirgin rahatlama sağlandı. (Resim 3,4) Rutin laboratuvar tetkiklerinde belirgin bir bulgu yoktu. Radyografide patolojik bir görünüm olmamakla beraber mide ileri derecede distandü görünümdeydi. (Resim 5) tanı amaçlı olarak çekilen bilgisayarlı tomografide ileus lehine bir bulgu yoktu ama torakolomber vertebralarda vertebra posterior elemanlarında füzyone görünüm izlenmekteydi. (Resim 7-8-9-10) Hastadaki yaygın mide distansiyonu, füzyona olmuş vertebralar arasına midenin girmesi nedeni ile geliştiği görüldü. Hasta için genel cerrahi kliniğinden konsültasyon istendi. Hasta takip amaçlı genel cerrahi servisine yatırıldı. Serviste oral kapalı izlem ve nazogastrik dekompresyon nedenli rahatlayan hasta haliyle taburcu edildi.

3



4



ng sonrası klinik rahatlama radyografik yansması





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Results and Conclusion: Nadir bir olgu olarak sunmuş olduğumuz bu vakada, vücut deformitesi izlenen şahıslarda, sık aynı klinikle hastaneye başvurmuş olsa da bazen anatomik değişkenler nedeni ile ciddi klinik tablolara ilerleyen rahatsızlıkları olabilir. Kifoz tanısının birçok sınıflandırması olup bunlar çeşitli etkenlere bağlı olarak oluşabilir. Posttravmatik ileri derecede kifozlu olgularda birçok malformasyon, visseral organ defekti toraks patolojileri görülmekte olup bunlara bağlı ileri derecede hayat kalitesini etkileyecek belirti ve bulgular görülmektedir. Bizim hastamızda da bu şekilde visseral organ patolojisi hayat kalitesini düşürmüştür. Hastalarda pek çok gastrointestinal patolojilerin de olduğu düşünülmelidir. Uzun süreli birçok semptomla yol açmakla birlikte acile başvuru sıklığı nadir görülmektedir. Bu nedenle bu olguları bir bütün olarak değerlendirmeli ve uzun vadede kalıcı çözümler için acil serviste multidisipliner yaklaşıma önem verilmelidir. Her hasta fiziki deformitelere bağlı olarak bazı tetkiklerin yapılmasında imtina gösterilmemeli ve farklı patolojilerin bu hastalarda olacağı düşünülerek aksine ayrıntılı tetkikler planlanmalıdır.

Keywords: Kifoz, Gibbus deformitesi, Gastrik distansiyon



Pub No: PP-099

Splenomegaly

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Introduction and Purpose: The spleen is a highly vascular organ that participates in hematologic and immune homeostasis. Its vascularity, location, and functions make the spleen susceptible to several conditions that may be challenging to evaluate and treat. There are many potential causes of an enlarged spleen. Most of the mechanisms reflect passive engorgement with blood due to vascular pressure, increase in size due to hemolysis, or enlargement due to infiltration by cells or other material. The distribution of specific causes of splenomegaly differs in different populations; liver disease and hematologic malignancy are common in most groups.

Materials and Methods: A 65-year-old male patient presented with complaints of fever, fatigue, and joint pain that had been going on for about a week. There are no previously known systemic diseases. In the examination of the patient, there was tenderness in the left upper quadrant of the abdomen and a palpable mass in the left upper quadrant extending from the rib end to the left lower quadrant. Samples were taken from the patient who was thought to have splenomegaly. Abdominal computer tomography of the patient with hemoglobin:7.6 platelet:47 was taken. The patient with splenomegaly and bicytopenia was consulted to the internal medicine hematology clinic. Peripheral smear of the patient was done. The patient with atypical cells in his smear was admitted to the internal medicine hematology service with the diagnosis of chronic myeloproliferative diseases.

figure 1



Figure 2



Results and Conclusion: The complaint of fatigue should not be underestimated in patients with no systemic disease. If there are specific examination findings, it is absolutely necessary to proceed. It should be kept in mind that splenomegaly can often be accompanied by hematological malignancies, and necessary tests should be requested and relevant departments should be consulted.

Keywords: Splenomegaly, fatigue, pancytopenia, hypersplenism



Pub No: PP-100

RABDOMYOLYSIS PRESENT WITH BRAIN EDEMA

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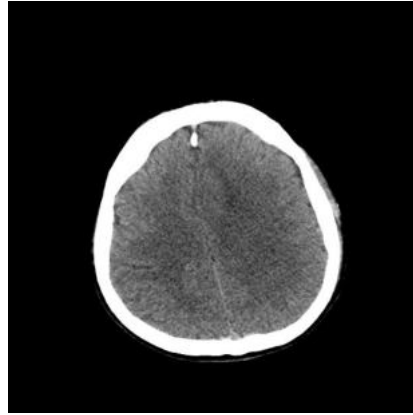
¹MUĞLA SITKI KOÇMAN ÜNİVERSİTESİ TIP FAKÜLTESİ

Introduction and Purpose: Rhabdomyolysis is a disease that can be encountered in many different clinics, requires urgent fluid resuscitation, and can lead to chronic kidney damage. In this case, we will talk about our patient who was referred from an external center with the diagnosis of cerebral edema and was diagnosed with rhabdomyolysis.

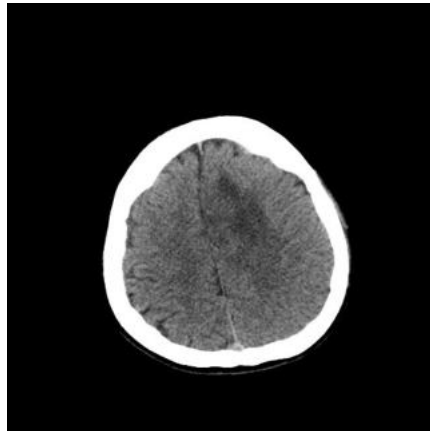
Materials and Methods: A 29-year-old male patient with no known chronic disease and no drug use was referred to us from an external center with a preliminary diagnosis of cerebral edema. The patient was taken to the external center due to speech disorder and sudden loss of consciousness. A hypodense area was observed in the left frontal region in the brain CT and diffusion MRI, and he was referred to us with the preliminary diagnosis of cerebral edema and mass. The patient works as a busboy at the hotel and carries a heavy load due to his job. When he came to us, his active complaint was widespread muscle and joint pain, mostly in the thighs. He had pain for 1 week, but he was brought to the hospital by his relatives as a result of increased speech disorder and sudden loss of consciousness. Vital signs are stable, neurological examination is completely normal. In his tests, myoglobin > 3000, CK 1500, urea 75, creatinine 1.80. Blood gas metabolic acidosis. 0.9% saline infusion was started. Acute CNS pathology was not considered by neurosurgery and neurology. In the control examinations taken after isotonic saline infusion, it was observed that the CK value increased to 10900 and the creatinine value increased to 2. Metabolic acidosis continues in control blood gas. Despite fluid resuscitation, the patient's CK and creatinine levels continued to increase, metabolic acidosis persisted in blood gas, and diffuse muscle pain was admitted to the nephrology service with a preliminary diagnosis of rhabdomyolysis. The patient was discharged after five days, with continued hydration, regression of muscle pain and no new neurological findings.



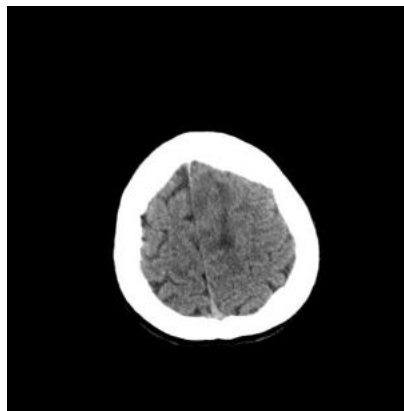
brain edema ct



brain edema ct

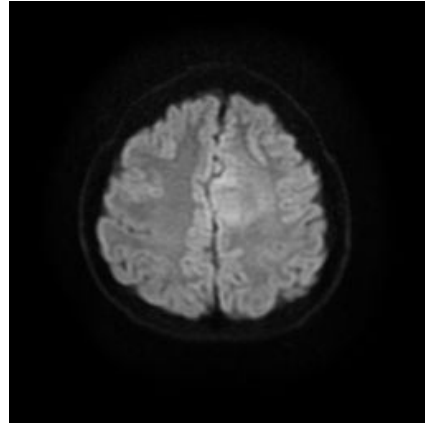


brain edema ct

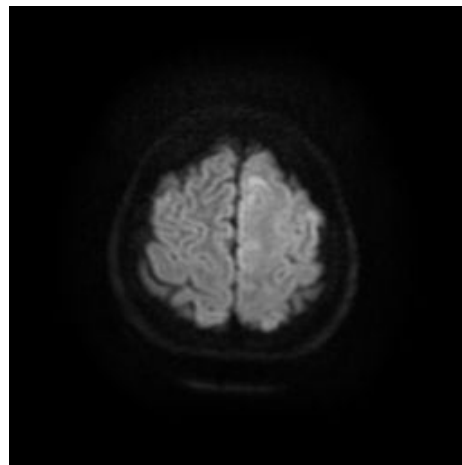




brain edema mr



brain edema mr



Results and Conclusion: The holistic evaluation of patients who are diagnosed and referred to the emergency department from the beginning reduces the possibility of misdiagnosis and is beneficial for the patient's prognosis.

Keywords: brain edema, rhabdomyolysis, dysarthria, confusion, miyalgia

Pub No: PP-101

Every Interventional Procedure Can Bring Complications

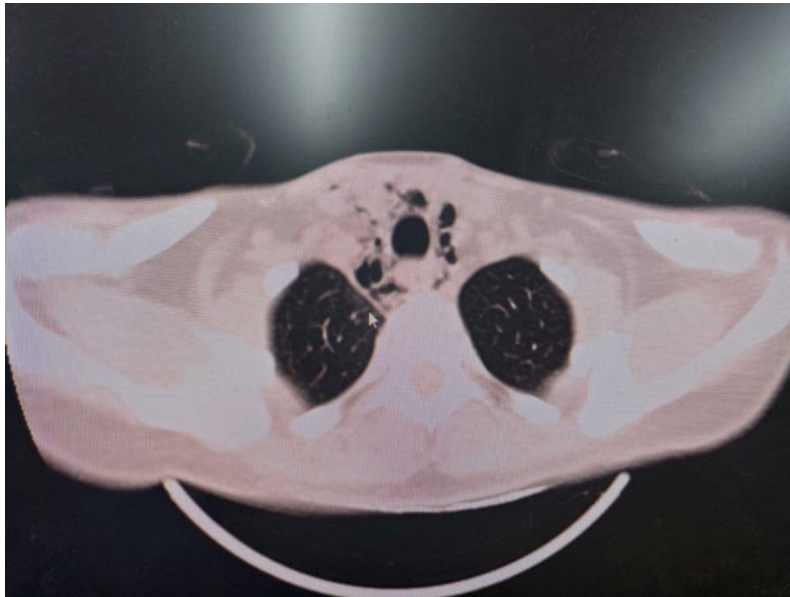
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Introduction and Purpose: Pneumomediastinum, also known as mediastinal emphysema, is defined as the escape of air from the esophagus or airways to the mediastinum, which is the central chest cavity. Released air can then progress to the adjacent cervical subcutaneous tissues, epidural space, pericardium, or peritoneal cavity by dissection. Retrosternal chest pain is the most common presenting complaint. Patients may present with dyspnea, dysphagia, a feeling of stuck in the throat and hoarseness.

Materials and Methods: Our 36-year-old female patient with known hemorrhoids was referred to us because of retrosternal chest pain and dyspnea that started after orogastric tube application due to gastric lavage indication in an external center after accidentally drinking 6 daflon tubes and 3 proton pump inhibitors. Arrival vitals are detected within natural limits. In the advanced imaging, pneumomediastinum was detected in the patient, whose systemic examination did not reveal any pathology, and she was admitted to the thoracic surgery service with oxygen.

Figure 1





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Results and Conclusion: Pneumomediastinum can occur spontaneously or secondary to another pathology. In our patient, secondary pneumomediastinum developed due to trauma after orogastric lavage, Pneumomediastinum complication should be considered in patients who have recently undergone such an invasive procedure.

Keywords: Pneumomediastinum, Invasive procedures, Orogastic tube application, Chest pain

Pub No: PP-102

A Different Case Of Foreign Object Digestion: Wireless Head Phones Digestion

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Introduction and Purpose: Although foreign body ingestion is usually seen in childhood, it can also occur in adult patients. Ingestion of foreign body associated with food is more common in adults. In our case, we will discuss ingestion of wireless headphones, which many people have with the developing technology.

Materials and Methods: An 18-year-old male patient applied to the emergency department with the suspicion that he had ingested one of his earphones because he could not find one anywhere in the morning when he slept with 2 earphones. On physical examination, there was no abdominal tenderness, defense or rebound. Foreign body was seen at the level of the colon in the paac X-ray and standing direct abdominal X-ray. Emergency surgery was not considered. The patient was discharged with stool follow-up, with a plan to be called for a check-up tomorrow.

Foreign body



Results and Conclusion: We wanted to present our case because of an unusual case of foreign body ingestion.

Keywords: foreign body, emergency medicine

Pub No: PP-103

Cervical Dislocation

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Introduction and Purpose: Cervical spine injuries are serious injuries that can lead to death and permanent disability. The most common forms of occurrence are traffic accidents and falls from height. Cervical injuries should be considered in patients with post-traumatic plegia.

Materials and Methods: A 68-year-old male patient is brought to the emergency room by 112 with the complaint of falling from a height of about 4 meters while repairing the roof of the house. The patient was on the trauma board with a collar attached when he arrived. There was a complaint of headache. He had known hypertension and diabetes mellitus diagnoses and was using his medications for these. His vitals were natural. In his examination, there was abrasion in the occipital region and tenderness in the cervical vertebrae. Breath sounds were equal bilaterally. There was no abdominal tenderness. There were abrasions on the right shoulder. Peripheral pulses were clear. During the examination, it was noticed that the patient could not move his arms and legs. There was no sensory loss. Engine loss was 5/5. The patient's examinations were requested and sent for imaging. Dislocations were observed in the C3 and C4 vertebrae in the patient's imaging(Figure 1 and 2).

figure 1

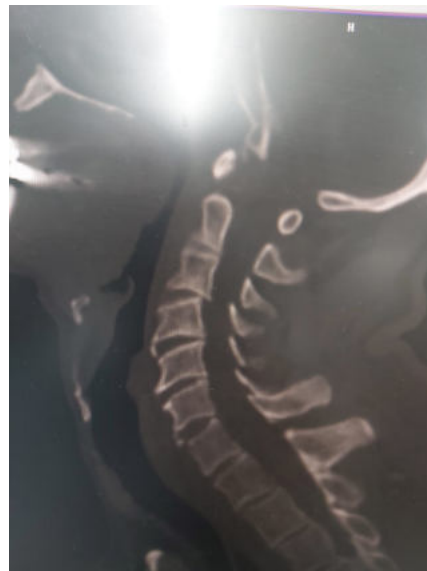


figure 2



Results and Conclusion: In cases of multitrauma, cervical injury should be suspected until proven otherwise. In order to protect vital structures in trauma patients, their immobilization is provided by attaching cervical arms (neck collar). Wearing a neck brace should be our priority at the scene and in the emergency room. Cervical injuries are life-threatening traumas with serious morbidity. In patients with suspected cervical injury, the use of CT is a popular diagnostic method today because of its excellent resolution of bone anatomy and rapid performance in many emergency departments. All system examinations should be done in detail in trauma patients and diagnosis should be made using imaging methods.

Keywords: cervical dislocation, trauma



Pub No: PP-104

A Case Of Respiratory Insufficiency Resulting From Congenital Hiatal Hernia

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Introduction and Purpose: Hiatus hernia is defined as the displacement of intra-abdominal organs, especially bowel loops, into the thorax due to the weakening of the phrenoesophageal ligament and the anatomical weakness or defect in the esophageal hiatus of the diaphragm. Considering the patient's condition, symptoms and possible complications, a multidisciplinary approach should be approached in the presence of co-morbidities before the medical or surgical treatment is selected.

Materials and Methods: A 36-year-old male presented to the emergency department with worsening shortness of breath, fever, general malaise, and nausea for the past 3 days. The patient has a known history of epilepsy and secondary cerebral palsy, coronary artery disease, diabetes mellitus, and chronic renal failure, requiring dialysis for the last 3 days. The patient's general condition is fair to poor, conscious, with a pulse rate of 104 beats/min, blood pressure of 140/80 mmHg, respiratory rate of 28-30/min, SpO₂ of 95%, and temperature of 37.3°C. Physical examination reveals rales on lung auscultation, a rhythmic heart, a distended and tender abdomen, and palpable peripheral pulses. An electrocardiogram (EKG) shows sinus tachycardia. Laboratory values include CRP: 409, WBC: 29,000, pH: 7.29, lactate: 2.1, and troponin: 138. Chest X-ray and thoracic computed tomography reveal a large hiatal hernia extending from below the left diaphragm to the mediastinum, compressing the heart, right and left lungs. During the patient's emergency department follow-up, a decrease in blood pressure to 70/40 mmHg and SpO₂ to 89% was observed, and the patient developed altered consciousness. With worsening clinical status, the patient went into septic shock and was urgently taken to surgery by the general surgery team. The patient was monitored postoperatively in the intensive care unit and on the 7th day, he experienced cardiac arrest and passed away.

Figure 1: gas densities in the retrocardiac area

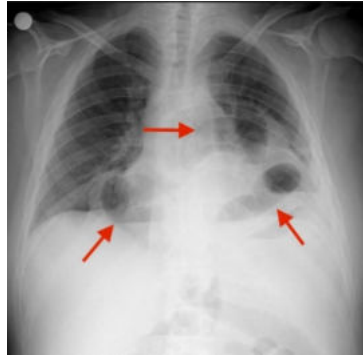


Figure 2: colonic bowel loops in the paracardiac area, type 4 hiatal hernia

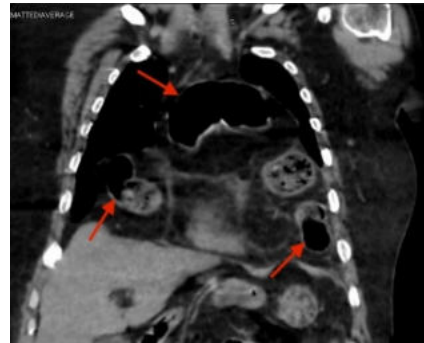
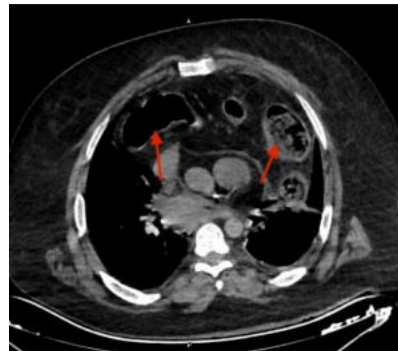


Figure 3: colonic bowel loops in the paracardiac area, type 4 hiatal hernia



Results and Conclusion: It should not be forgotten that congenital hiatal hernia cases, which are asymptomatic during the chronic phase, can lead to acute symptoms. When diagnosed, they should be treated surgically in elective or emergency conditions. The mortality and morbidity rates of surgery performed under emergency conditions are quite high. Therefore, early elective surgery in hiatal hernia cases is crucial for the patient's survival.

Keywords: Emergency department, Congenital hiatal hernia, Shortness of breath



Pub No: PP-105

A Case of Acute Calculous Cholecystitis Presenting with Constipation

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Introduction and Purpose: Acute cholecystitis is defined as sudden inflammation of the gallbladder. Risk factors for cholecystitis include female gender, old age, and obesity. Although gallstones are predominant in the pathogenesis, a small number of patients present with cholecystitis without stones. Obstruction of the cystic duct causes inflammation of the gallbladder. Causes such as tumor, lymphadenopathy, fibrosis, parasites and kinking of the duct are involved in the pathogenesis of non-calculous cholecystitis. Although coliforms (such as E.Coli) are generally the causative agents, anaerobic bacteria have been found to be the causative agents in 40% of cases.

Materials and Methods: An 84-year-old male patient presented to the emergency department with complaints of dizziness, intermittent abdominal pain, and constipation for 1 week. It was learned that he had no nausea or vomiting from his relatives. The patient was unable to give a detailed anamnesis due to his current diagnosis of Alzheimer's disease and no information was obtained about the time of the last gas stool output. The patient had known diagnoses of Alzheimer's disease, diabetes mellitus and BPH. On admission, the patient's vital values were normal. On physical examination, there was diffuse minimal tenderness in the abdomen, but there was no defense and rebound. Neurologic examination revealed no acute pathologic findings. The hemogram showed neutrophilia and CRP:78 mg/L. The other laboratory tests were normal and direct radiography showed dense gas distension and areas suspicious for air fluid leveling in the abdomen (Figure 1). Contrast-enhanced abdominal tomography performed to confirm the diagnosis did not show ileus, but hyperdense stones in the gallbladder and edema in the gallbladder wall were observed (Figure 2). After appropriate antibiotherapy and analgesic treatment, the patient was interned after consultation with the relevant specialties.

Figure 1:



Plain abdominal radiography of the patient.

Figure 2:



Abdominal computed tomography of the patient.

Results and Conclusion: It is known that it is very difficult to obtain anamnesis from elderly patients and patients with comorbidities such as dementia in the emergency department. Physical examination findings may also be incompatible with the underlying pathology. We have once again seen that patients such as in our case present to us with symptoms that are much more distant or mild than the underlying pathology.

Keywords: cholecystitis, constipation, diagnosis



Pub No: PP-106

Determination of risk factors for multiple sclerosis with a decision tree analysis in the J48 algorithm

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Introduction and Purpose: The purpose of this study is to classify the patient's diagnostic procedures based on diagnostic procedures for Multiple Sclerosis (MS) with Unknown Exact Causes and to identify risk variables associated with the J48 pathway from Decision Tree algorithms.

Materials and Methods: The estimating process uses an open-access dataset based on diagnostic measures for MS Disease (Multiple Sclerosis). The clinical elements and demographic data of the study affecting multiple sclerosis were examined, and the entire educational information set was included in the classification, using the five-step cross-validation approach from the resampling method and the J48 method from the Decision Tree algorithms. The F1 score metric and accuracy, balanced accuracy, sensitivity, specificity, positive predictive value, and negative predictive value are the current model performance measurements.

Results and Conclusion: The model's accuracy, balanced accuracy, sensitivity, specificity, positive predictive value, negative predictive value, and F1 scores were 91.0% 91.0% 96.0% when the J48 analysis findings were analyzed. Multiple Sclerosis (MS) is present in 86.0%, 87.3%, 95.6%, and 91.4% of people. The outcomes of statistical analyses conducted between the independent variables and the target variable were discovered. Examining the open access dataset comprising measurements for the diagnosis of MS Disease (Multiple Sclerosis) yields considerable successful outcomes for performance metrics.

Keywords: Multiple Sclerosis, Classification, Decision tree, J48 algorithm



Pub No: PP-107

From Femur Fracture To Stroke

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Introduction and Purpose: Falls are one of the most common reasons for going to the emergency room. It is extremely important to question the mechanism of falling of patients. Especially in elderly patients, the cause of falls may not be mechanical causes most of the time. A complete evaluation should be made with a detailed history and physical examination.

Materials and Methods: A 78-year-old female patient is brought to the emergency room by 112 with the complaint of falling while going to the toilet. There are known diagnoses of hypertension, coronary artery disease and Alzheimer's. She hasn't been using anticoagulant drugs for a while. The patient says her foot slipped and fell on her hip. He cannot move his right leg and has tenderness in the proximal thigh. Peripheral pulses are on. According to the information received from her relatives, she learned that weakness started on her right side this morning and she dropped the glass while holding it. In the neurological examination of the patient, the muscle strength in the right upper extremity was 3/5. Muscle strength examination could not be evaluated clearly due to pain in the right lower extremity. Central imaging was also performed in terms of cerebrovascular disease. A right femoral neck fracture was detected in the patient. No acute pathology was detected in brain CT. Diffusion restriction was detected in diffusion MRI of the patient. The patient was consulted to orthopedics and neurology clinics. Emergency surgical intervention was not considered, and the patient was admitted to the neurology clinic.

Results and Conclusion: Elderly fall patients are increasingly applying to the emergency department. Although falls in the elderly often occur on flat surfaces and for environmental reasons, medical conditions may be the cause of falls in elderly patients. For this reason, fall patients brought to the emergency department should be examined in terms of both trauma and other medical pathologies. Laboratory and imaging thresholds should be kept low in elderly fall patients, and re-examinations or advanced imaging methods should be performed if necessary. In these patients, hospitalization and patient follow-up should be done with lower threshold values compared to the younger population.

Keywords: femur fracture, stroke



Pub No: PP-108

Chance fracture among vertebral fractures

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¹muğla eğitim ve araştırma hastanesi

Introduction and Purpose: Vertebral fractures most commonly occur in the cervical vertebrae, followed by the lumbar vertebrae. Thoracic vertebral fractures are less frequent than fractures in other regions of the spine. Chance fracture is also a rare condition among vertebral fractures. Typically, Chance fractures are seen at the thoracolumbar junction or in the upper lumbar vertebrae. Chance fractures occur as a result of hyperflexion in the front of the spine, combined with distraction in the posterior elements. Lesions often appear on the vertebral body, frequently involving both the front, middle, and rear elements. When anterior ligaments are damaged, there is a high probability of fracture-dislocation injuries that can lead to neurological damage.

Materials and Methods: An 18-year-old male patient was referred to our facility due to thoracic fracture following a fall from a height. Upon arrival, his GCS 15, blood pressure 113/70, pulse rate 94, and oxygen saturation 98. Physical examination revealed equal and reactive pupils, with 5/5 muscle strength in the upper extremities and 0/5 muscle strength in the lower extremities. Paraplegia was present. There was decreased breath sounds on the right side of the lung with no rales or rhonchi. Peripheral pulses were palpable and equal in all four extremities. E-FAST examination did not reveal free intrabdominal fluid, but pneumothorax was present. Bilateral Babinski sign was elicited, bulbocavernosus reflex was positive, and anal tone could not be assessed. Priapism was present. CT scan revealed multiple vertebral fractures and right hemopneumothorax, with fractures detected at T6-T7-T8-T9-T10 vertebral levels, and the T9 fracture was consistent with a Chance fracture. The patient was consulted with thoracic surgery, neurosurgery, general surgery, and cardiovascular surgery. The patient was admitted for surgery by the Neurosurgery department.

18 year old man with multiple fractures after fall from a height



Results and Conclusion: Chance fractures are rare and often lead to serious neurological consequences. In our 18-year-old male patient, a fall from height resulted in fractures in multiple vertebrae, including T6-T7-T8-T9-T10, with the T9 fracture being consistent with a Chance fracture. This case emphasizes the critical importance of a multidisciplinary approach in managing complex spinal injuries. It demonstrates that the patient required urgent interventions from various medical specialties, including neurosurgery, thoracic surgery, general surgery, and cardiovascular surgery.

Keywords: Chance, paraplegia, thoracal



Pub No: PP-109

Pneumonia, Cavitory lesion

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Introduction and Purpose: Respiratory tract infections can vary from simple colds to severe pneumonia and constitute a majority of emergency department visits in Turkey. Patients with pneumonia typically present with symptoms such as productive cough lasting 1-2 days, shortness of breath, fever, fatigue, and decreased oral intake.

Materials and Methods: A 32-year-old male patient presented with a complaint of non-productive cough persisting for a month. Besides known diabetes, the patient had no other underlying conditions, and his overall condition was good with normal vital signs. Lung auscultation revealed rales and rhonchi in the middle-lower zones of both lungs (Figure 1). Advanced imaging was performed for the patient with severe pneumonic involvement, revealing cavitory lesions (Figure 2).

Figure 1



Figure 2



Results and Conclusion: Even though the symptoms in patients presenting to the emergency department might suggest a simple upper respiratory tract infection, it is important not to avoid listening to lung sounds and performing necessary imaging in appropriate cases.

Keywords: Pneumonia, Cavitory lesion



Pub No: PP-110

In patients with scleroderma, heart failure associated with lung fibrosis.

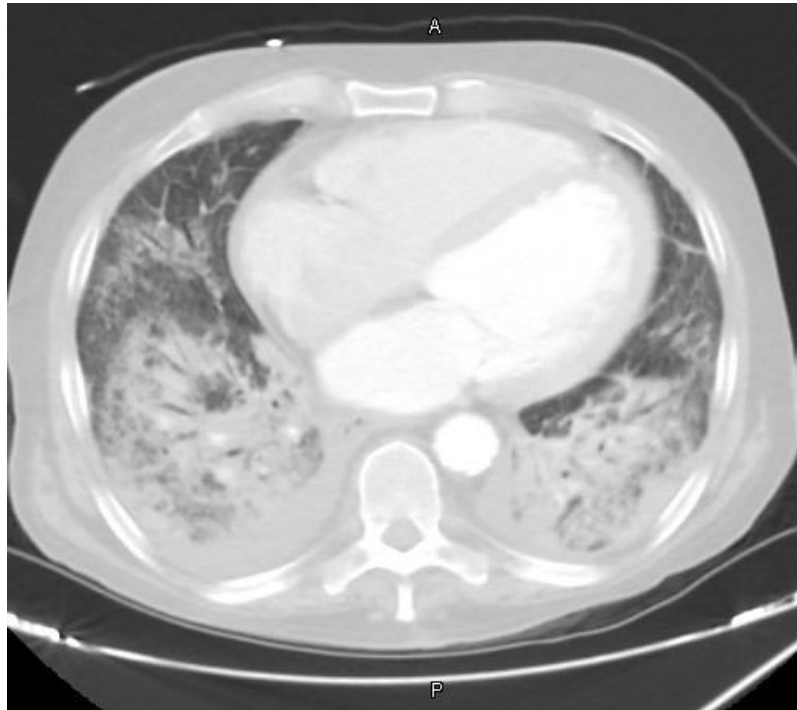
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Introduction and Purpose: Scleroderma is a disease characterized by fibrotic changes in the connective tissue of the skin and internal organs. Scleroderma is classified into two categories: localized and diffuse. These conditions can manifest with various clinical situations such as ileus, swallowing difficulties, respiratory failure, pneumonia, and heart failure.

Materials and Methods: A 54-year-old male patient presented to our emergency department with progressively worsening shortness of breath, chest pain, and fatigue over the course of 3 days. He had a history of Skleroderma and was using Cellcept and Plaquenil as medications. There were no other concomitant illnesses reported. On initial assessment, his vital signs were as follows: SpO₂: 40%, heart rate: 75 beats per minute, blood pressure: 100/80 mm Hg, body temperature: 36.7°C, respiratory rate: 35 breaths per minute, Glasgow Coma Scale score: 15. The patient was conscious, alert, oriented, and cooperative. His skin was cold, sweaty, and showed signs of impaired circulation and perfusion. A bedside echocardiogram (EKO) revealed a global hypokinetic ejection fraction (EF) of 30%. An electrocardiogram (EKG) showed a first-degree atrioventricular (AV) block. The patient also had Raynaud's syndrome and polymyositis. Despite non-invasive mechanical ventilation, the patient did not show improvement, leading to elective intubation. A chest computed tomography (CT) scan revealed widespread pulmonary fibrosis and concomitant extensive pneumonia. The patient was admitted to the intensive care unit. Cellcept and Plaquenil were discontinued, and dexamethasone 5 mg was initiated. Due to the isolation of Acinetobacter in tracheal aspirate culture, the patient was started on high-dose colistin (1300 mg loading dose, 2150 mg IV maintenance dose) and ampicillin-sulbactam (3*3 g sulbactam) treatment. After 17 days, the patient was successfully extubated and transferred to the general ward in stable condition. Subsequently, his treatment was adjusted, and he was discharged.

Image 1



Pulmonary fibrosis and concomitant extensive pneumonia

Results and Conclusion: In scleroderma patients, the development of pulmonary fibrosis can ultimately lead to heart failure over the long term. Intervening infections can result in severe pneumonia and can also decompensate heart failure, leading to unstable presentations in the emergency department. In such cases, managing profound hypoxia and circulatory disturbances should be the top priority.

Keywords: Scleroderma, Lung Fibrosis, Heart Failure, Pneumonia

Pub No: PP-111

Wellen's syndrome

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Introduction and Purpose: Wellens syndrome is a clinical condition characterized by T-wave changes seen on the ECG, indicating critical stenosis of the proximal left anterior descending (LAD) coronary artery. Two different ECG patterns have been described. Type A: Bifasic T-waves are observed in precordial leads V2 and V3. Type B: It is characterized by deep, symmetrically inverted T-waves in anterior derivations

Materials and Methods: A 46-year-old male patient presented with chest pain of a pressing nature, accompanied by diaphoresis for the past 2 days. He had stable angina for the past 2 months. The patient has a history of hypertension, diabetes, and had undergone TEVAR (Thoracic Endovascular Aortic Repair) for type 3 dissection three years ago. The ECG showed bifasic T-waves in V1-4. The patient was taken to the catheterization laboratory for primary percutaneous intervention with a preliminary diagnosis of Wellens syndrome.

ECG



Results and Conclusion: Wellen syndrome represents critical proximal LAD disease, and if left untreated, its natural course is anterior myocardial infarction. The progression is so likely that pharmacological treatment alone is insufficient to halt the natural process. The time from the onset of Wellens syndrome to infarction varies between 1-23 days, with an average of 8.5 days.

Keywords: Wellen's syndrome, myocardial infarction, ECG



Pub No: PP-112

BLOCKING STONE IN THE DUCT

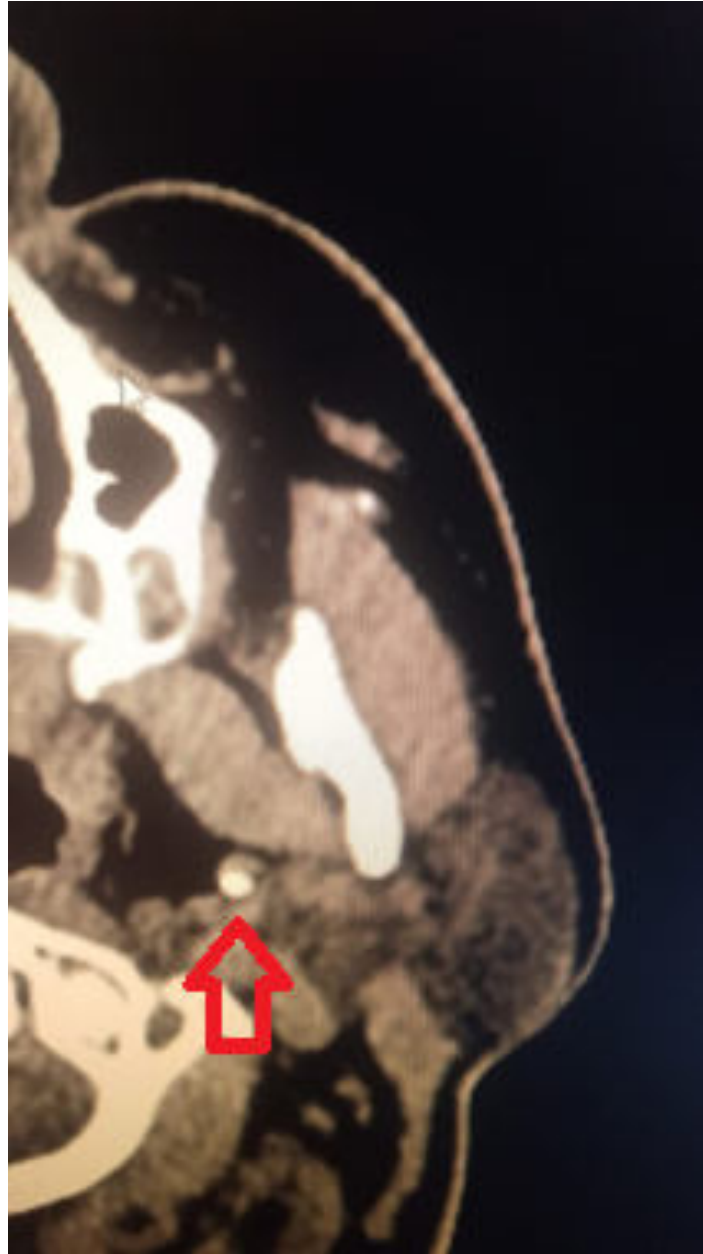
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Introduction and Purpose: Acute, single-duct salivary gland swelling is most commonly attributed to obstruction, often cited as sialolithiasis (salivary gland stones). Ductal strictures are also a frequent cause of blockage, either alone or in conjunction with stones. Other common causes of acute single-duct swelling include bacterial infection and inflammation following external beam radiation. The cause (obstruction, bacterial infection, or post-radiation) can usually be determined based on clinical history and physical examination. Treatment varies depending on the cause.

Materials and Methods: A 32-year-old male patient presents to our emergency department with complaints of pain that has been increasing, particularly after meals, on the left cheek for the past few days, and swelling for the last day. There is no accompanying fever, chills, shivering, sweating, or throat pain. The patient has no known underlying diseases or medication use, and vital signs are within normal limits. Systemic examination reveals tenderness over the left parotid gland. Upon further inquiry, it is revealed that these symptoms recur from time to time, sometimes accompanied by fever, bad breath, and discharge around the right cheek inside the mouth. A CT scan is planned, revealing a stone in the left Stensen's duct in the patient with a preliminary diagnosis of parotid abscess and stricture.

salivary gland stones



Results and Conclusion: Suppurative parotitis can spread to the deep facial spaces of the head and neck, posing a threat to life, therefore, initial treatment should involve hospitalization. In cases like ours, where it is not complicated with sialadenitis abscess, it is important in emergency departments to monitor and explain the clinical course to the patient, prescribing non-steroidal anti-inflammatory drugs for management.

Keywords: salivary gland stones

Pub No: PP-113

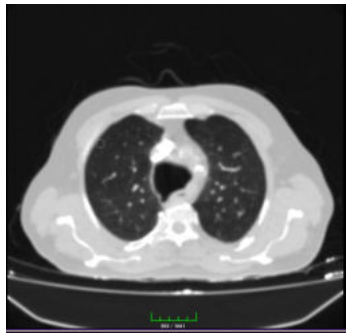
TRACHEOBRONCHOMEGALY

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Introduction and Purpose: Tracheobronchomegaly is a syndrome characterized by widespread abnormal dilation of the trachea and large bronchi. It is an extremely rare anomaly, more commonly observed in twin pregnancies. It develops due to a congenital anomaly of elastic tissue and muscle fibers, along with structural abnormalities in cartilage. Patients with this condition exhibit atrophy in the smooth muscles and elastic tissue of the trachea and main bronchi.

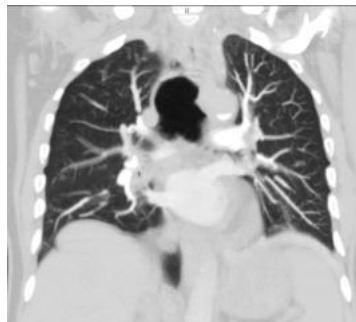
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Materials and Methods: Supportive treatment should be provided to patients, and chest physiotherapy plays a crucial role in lung rehabilitation.

Results and Conclusion: In this study, we aim to present this rare case with complaints of chest pain, recurrent respiratory tract infections, and cough.

2





WACEM²³

WORLD ACADEMIC CONGRESS OF EMERGENCY MEDICINE

October, 28 - 31

Keywords: Trachea, Tracheobronchomegaly, Treatment

Pine Beach Belek, ANTALYA / TURKIYE



Pub No: PP-114

Posterior communicating artery aneurysm in a patient presenting with severe thunderclap headache and ipsilateral pronator drift to the ED

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Introduction and Purpose: Most of the headaches have been thought to be incidental symptoms of unruptured intracranial aneurysms. The pain nerves involved in headache are high cervical spinal nerves (C1, 2, and 3) and the trigeminal nerve. Aneurysms at distal arteries do not produce headache unless they stimulate other pain-sensitive structure. Although trigeminal neuralgia presentations of posterior communicating artery aneurysms have been reported, ipsilateral pronator drift might be considered as a presenting symptom of aneurysms.

Materials and Methods: A 36 year-old female patient with a history of rheumatoid arthritis (RA), ankylosing spondylitis (AS) and hypertension (HT) presented to the emergency department (ED) with predominantly right sided severe headache radiating from occipital to the right eye that started a week ago. She presented to the ED the previous day with similar symptoms with hypertensive headache with blood pressure (BP) of 175/109mmHg). Her symptoms become tolerable after analgesics and was discharged with recommendations to a neurology follow-up. At her second admission to the ED she had an intolerable headache similar to previous admission and in her neurologic examination right sided pronator drift and cerebellar incompetence was noted. While the patient was fully cooperative and cognitive functions was fully reserved, she was agitated and was not able to keep her eyes open. Hundred milligrams of tramadol was given intravenously (i.v.) while she was prepared for a computed tomography(CT) scan. CT scan report showed hyperdense nodular views of about 1.5centimeters suspected near right internal carotid artery (ICA)- middle cerebral artery(MCA) junction(fig. 1A). Neurosurgical consultation was made and the patient was admitted to floor unit. Magnetic resonance imaging(MRI) showed 15x13millimeters aneurismatic changes in proximal posterior communicating artery(fig. 1B). She had an endovascular intervention afterwards.

figure 1

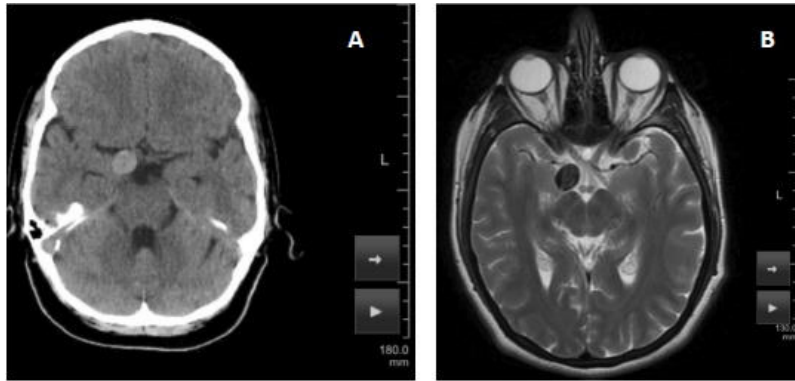


Figure 1 A: Non- Contrast computed tomography shows hyperdens nodular views of about 1.5 centimeters suspected near right internal carotid artery (ICA)- middle cerebral artery (MCA) conjunction B: T2 weight contrast enhanced magnetic resonance imaging shows 15x13 milimeters aneurysmatic increased fill pattern in proximal posterior communicating artery, post-contrast series reveal partial thrombosis inside aneurysm

Results and Conclusion: Red flags of secondary headaches in ED should be thoroughly investigated by the emergency physician and mnemonics such as SNOOP4. Thunderclap headache as a red flag of non-primary headaches require the physician to direct questions of systemic symptoms such as retroorbital pain and duration-recurrence pattern of thunderclap, to perform a full neurologic examination. To summarise this poster, detailed neurologic examination might raise suspicion to further investigate the physician a thunderclap/ severe headache is crucial.

Keywords: Posterior communicating artery aneurysm, thunderclap headache, ipsilateral pronator drift



Pub No: PP-115

Alvarado scoring system as an elegant tool in diagnosing Acute Appendicitis among pediatric population

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Introduction and Purpose: Managing acute abdomen in emergency setting can be challenging especially among pediatric population. The patient ay presented in a bizarre clinical condition and does not respond to the physician's evaluation due to fear and uncomfortable with emergency setting. These challenges will alter the clinical outcome and potentiates substandard clinical diagnosis. The purpose of this clinical case is to recommend the usage of Alvarado scoring system in detecting Acute Appendicitis among pediatric population.

Materials and Methods: This case was based on clinical patient who attended to Emergency and Trauma Department Selayang Hospital with complaint of severe abdominal pain. The patient and parent were given informed consent before the abstract was written and agreed to use the scenario for the conference. The information was gathered from the patient's parent and patient's clinical notes. Keyword: Alvarado score, pediatric, diagnosis.

Results and Conclusion: A 10-year-old girl was presented with sudden onset of abdominal pain for 2 days, reduced oral intake and frequent vomiting. No history of trauma or non-accidental injury was noted. She appeared lethargic, breathless and cool peripheral pulses. Further assessment revealed tenderness on palpation over right upper quadrant and delayed skin elasticity. She was started on fluid resuscitation 10 cc per kilogram body weight as she was in septic shock. Blood parameters revealed leukocytosis with predominant neutrophils of 93%. Plain abdomen radiograph showed no abnormality. Serum lactate was 3.4. Intravenous fentanyl 1 mcg/kg was served for pain management. Alvarado scoring system was used as to assist the diagnosis. Alvarado score was 9. The case was sent for emergency laparotomy. Intraoperative findings revealed ruptured, necrotic retrocecal appendix, intraabdominal pus collection about 500 cc with retroperitoneal pus extension and inflammed abdominal wall .The patient was admitted in Intensive care unit for 3 days and was transfered to regular ward after that . She received intravenous cefoperazone and metronidazole for the duration of her admission. The main concern in this case was how a pediatric patient was suffered from very bad infection. This was because patient is a nephrotic syndrome patient and has been taking oral prednisolone of quite some time. The immunosuppressive state is the factor of aggressive infection in this case.

Keywords: Pediatric, Alvarado score, immunosuppressive



Pub No: PP-116

A Case of Pneumocephali Developing After Epidural Anesthesia

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Introduction and Purpose: Various complications may develop due to epidural anesthesia and analgesia. It is a rare complication that develops during epidural catheter insertion in pneumocephalus. There is usually a headache in cases of pneumocephalus. Confusion, disorientation, anisocoria and hemiparesis may occur in these cases. In the treatment of pneumocephalus, head elevation and hyperbaric oxygen therapy, prophylactic antibiotics and analgesia are applied. Pneumocephalus usually resolves within two weeks. Here we will talk about a 39-year-old female patient who presented with severe headache after epidural anesthesia and was diagnosed with pneumocephalus.

Materials and Methods: CASE: A 39-year-old female patient with no known previous disease was admitted to the emergency department due to severe head and neck pain. It was said that the patient, who had surgery on his knee two days ago, was given epidural anesthesia. On examination, the patient is conscious, GCS: 15, no neck stiffness. In blood values, CRP: 3 mg/L, wbc: 17,000 μ L. The patient underwent a non-contrast CT scan in the emergency room. In the CT scan, air values were detected in the SAH area and parenchyma. As a prophylaxis of meningitis, the patient was started on oxygen therapy in addition to antibiotic therapy. He was taken under observation in the neurosurgery service.

Results and Conclusion: The most common side effect after epidural anesthesia is headache. It usually resolves spontaneously within 48 hours. Although pneumocephalus is a rare complication after epidural anesthesia, it must be considered in the differential diagnosis.

Keywords: Epidural anesthesia, headache, pneumocephalus



Pub No: PP-117

I Didn't Have Such Pain After The Accident

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Introduction and Purpose: Rhabdomyolysis is the destruction of skeletal muscle as a result of damage to myocytes and their membranes with or without trauma. The etiology includes a wide variety of causes such as heavy exercise, drugs, prolonged immobilization and trauma. Increased creatine kinase (CK) levels are the most sensitive and reliable indicator of muscle injury, and CK levels ≥ 5 times above the upper limit without cardiac or brain damage are required for diagnosis.

Materials and Methods: A 15-year-old male patient was brought to the emergency department after a non-vehicle traffic accident. He had no known history of any disease. The patient's vital signs were normal and stable on arrival at the hospital. The patient had no loss of consciousness and remembered the incident. Physical examination revealed a Glasgow coma score (GCS) of 15, complete orientation and cooperation, superficial skin injury on both legs and right shoulder, no deformity in the extremities, natural joint movements, and normal neurovascular examinations. After the patient was evaluated in the emergency department, he was hospitalized in the intensive care unit of our clinic for observation after first and emergency interventions. Approximately at the 7th hour of the patient's follow-up in the intensive care unit, general body pains started and there was no new positive finding in the control physical examination compared to the first examination. Imaging tests were reviewed and control blood and urine tests were obtained. The patient's CK: 2758IU/L and other results were unremarkable. Hemoglobin value was stable. The patient was consulted to the pediatric clinic with the diagnosis of rhabdomyolysis secondary to trauma and appropriate treatment was started. After 4 days of follow-up, the patient was discharged from the intensive care unit of our emergency department clinic with improvement as his complaints regressed and CK and other blood and urine tests were unremarkable.

Results and Conclusion: Trauma is one of the most important and common causes of rhabdomyolysis. For this reason, patients admitted to emergency departments with trauma complaints should be given information about rhabdomyolysis while sharing important information about trauma during discharge. Patients hospitalized for trauma should also be followed up for the possibility of developing rhabdomyolysis.

Keywords: rhabdomyolysis, trauma, traffic accident, muscle pain



Pub No: PP-118

AIR IS BEAUTIFUL ONLY IN THE ALVEOLI

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Introduction and Purpose: Pneumomediastinum is defined as the presence of free air in the mediastinum. The mechanism behind pneumomediastinum involves the release of free air after alveolar rupture, which then spreads to the hilum of the affected lung, mediastinum, and subsequently into the subcutaneous tissues of the chest or neck. Moreover, large airway and esophageal rupture or perforation can also lead to the same clinical presentation. Classification of pneumomediastinum is based on its underlying cause. Secondary or acquired pneumomediastinum often develops after thoracic or abdominal surgery, foreign body aspiration, cardiac catheterization, endotracheal intubation, and mechanical ventilation. Another common cause is trauma to the neck or chest, where the tracheobronchial structures are damaged.

Materials and Methods: A 51-year-old male patient presents to our emergency department with complaints of intensified pain, swelling in the neck and chest, and shortness of breath following an awkward movement. He had been told about rib fractures two weeks ago after a fall, but hospitalization or surgery was not considered. His existing pains have been worsening over the past few hours and have been accompanied by swelling in the chest and neck. In his medical history, no significant details are found, and his vital signs show a saturation of 92% in room air. Systemic examination reveals crepitus on palpation in the neck region, but no other pathologies. A chest CT scan confirms the diagnosis of pneumomediastinum in the suspected patient, and he is admitted to the thoracic surgery clinic.

figure 1

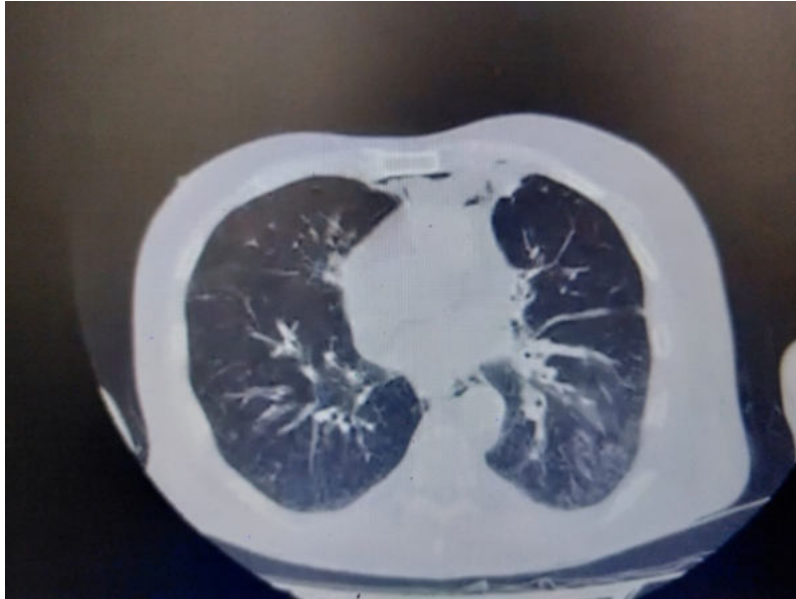
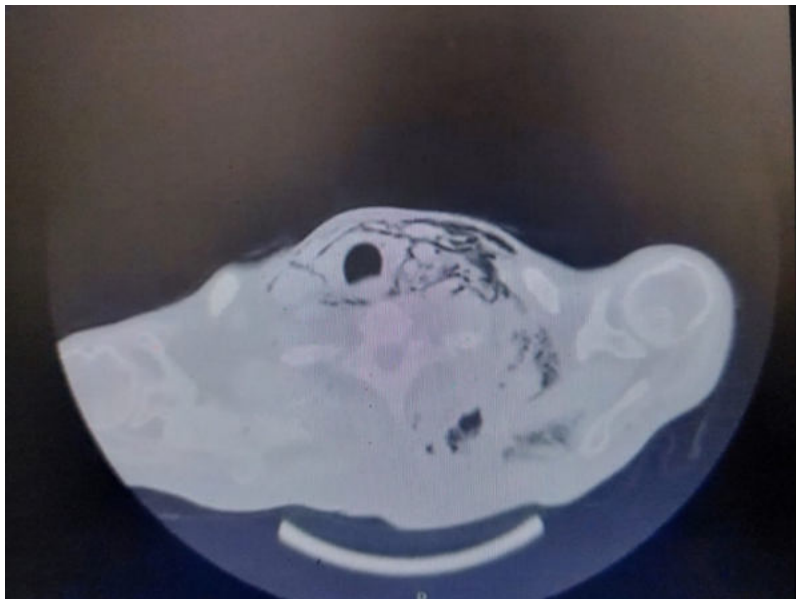


figure 2



Results and Conclusion: Pneumomediastinum can occur typically due to internal or external trauma, but it can also occur spontaneously. As in our case, alveolar injury, which might be secondary to existing rib fractures, can pose a risk for pneumomediastinum even in the late stages for patients with rib fractures.

Keywords: Pneumomediastinum, esophageal rupture

Pub No: PP-119

The epidemiology and outcomes of severe road traffic injury by road user type in KOREA: nationwide observation study

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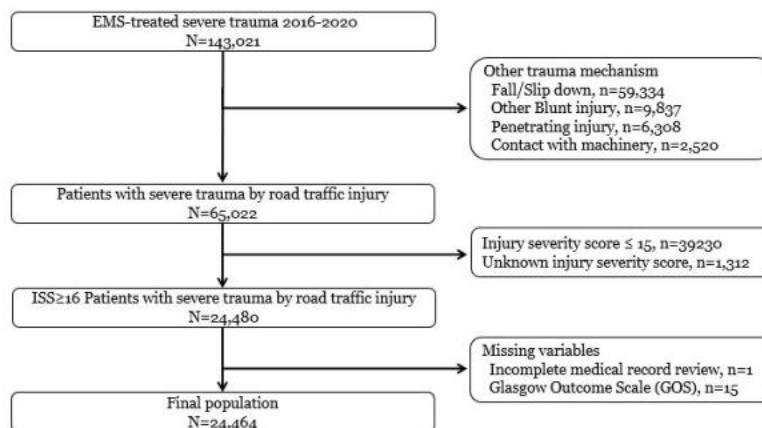
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Introduction and Purpose: Road traffic injury (RTI) is leading cause of death and major burden of premature death worldwide. Despite of decreasing trend of RTI in developed countries, RTI still accounts for a greater proportion of severe trauma. Approximately more than half of the global traffic accident fatalities are attributed to vulnerable road users (VRUs) and a number of VRUs is continuous increasing. The aim of this study is to assess epidemiology and outcomes of severe RTI by road user type using a nationwide community-based trauma registry in Korea.

Materials and Methods: This community-based observational study is based on nationwide data of Korea which were retrieved from the patient care report of the National Fire Agency and hospital medical records review of the Korea Disease Control and Prevention Agency. We included patients with severe trauma by RTI and injury severity score is 16 or higher between Jan. 1, 2016, and Dec. 31, 2020. The main variable of interest in this study was road user type which was classified as motor vehicle occupants (MVOs), pedestrians, motorcyclist, bicyclist, and others. Using Glasgow Outcome Scale (GOS) at discharge, outcomes including mortality and disability were assessed.

Study population





Results and Conclusion: During 2016-2020, 21,464 patients were injured and had severe trauma of ISS 16 or higher by RTI. Pedestrians accounted for the highest number (n=8,782, 35.9%) and most of patients were male (n=18,130, 74.1%). More than half of patients die (n=12,620, 51.6%). Total number of patients was no significant change according to year. Others group had highest odds for mortality (adjusted odds ratio (ORs) 1.30, 95% confidence intervals (CIs) 1.02-1.65) and motorcyclist had the lowest odds for mortality compared to MVOs (adjusted ORs 0.64, 95% CIs 0.59-0.76). In case of severe trauma with ISS \geq 16 by RTI, more than half of patients die. According to road user type, characteristics and outcomes of patient are very different. Continuous study of RTI by road user type is needed to establish detailed prevention strategies.

Keywords: Road traffic accident, road user type, severe trauma



Pub No: PP-120

Novel role of POCUS in the diagnosis of pyomyositis

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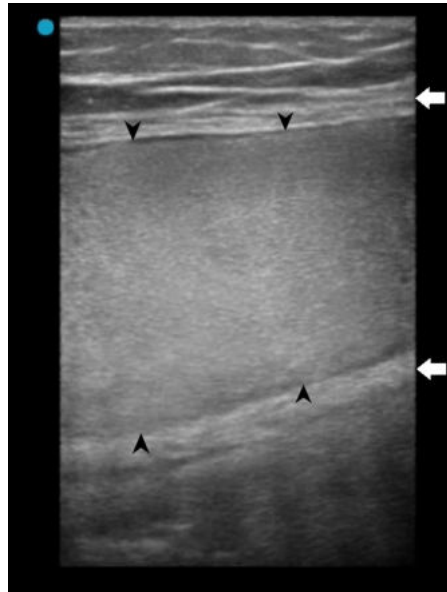
Introduction and Purpose: Pyomyositis is a bacterial infection of skeletal muscles which is associated with significant morbidity and mortality. It is characterized by an abscess formation in skeletal musculature. It usually affects children and immunocompromised adults, with *Staphylococcus aureus* and Group A Streptococci being the most commonly implicated organisms. Point of care ultrasound (POCUS) can be used in emergency department (ED) to quickly differentiate pyomyositis from other local causes of pain and swelling of limb such as cellulitis, fasciitis or deep vein thrombosis. However there is paucity of literature regarding its use as a bedside diagnostic modality in pyomyositis,

Materials and Methods: A middle aged gentleman presented to the ED with complaints of fever and altered sensorium. An initial diagnosis of sepsis was made and he was further evaluated for the source. Examination of the patient revealed slight asymmetry of muscle bulk of thigh (left side > right side). POCUS of the left thigh was done using the linear probe of 6-13 MHz frequency with ultrasound machine, which revealed a heteroechoic collection in the left thigh in the intermuscular plane. POCUS guided diagnostic aspiration was done using a 16G needle with a 10cc syringe and pus was aspirated. The rest of the collection was then drained by making a 2 cm incision on the anterior aspect of thigh.

Left thigh POCUS using linear probe



POCUS of left thigh revealed a collection in the intermuscular plane (arrow heads) which showed moving internal echos suggestive of diagnosis of pyomyositis



clinical specimen of pus aspirated from collection in the thigh



Bedside drainage of pyomyositis by incision and drainage





Results and Conclusion: Using POCUS, a quick bedside diagnosis of pyomyositis was established. The patient was resuscitated with IV fluids and antibiotics. Escherichia coli was cultured from the aspirated and antibiotics were modified as per the sensitivity pattern. Pyomyositis is a rare entity and its initial characteristics are non specific, which can easily be confused with other more prevalent pathologies. This results in greater number of diagnostic tests and interventions which often delay diagnosis and generate higher costs for the institution, along with negatively influencing the prognosis of the patient. Our case highlights the importance of POCUS which can promptly be used by the emergency physicians, for this rare clinical entity, to arrive at a quick diagnosis in emergency department and initiate appropriate treatment.

Keywords: Emergency Department, POCUS, Pyomyositis



Pub No: PP-121

Pulmonary Embolism Due to Rare Upper Extremity Fracture

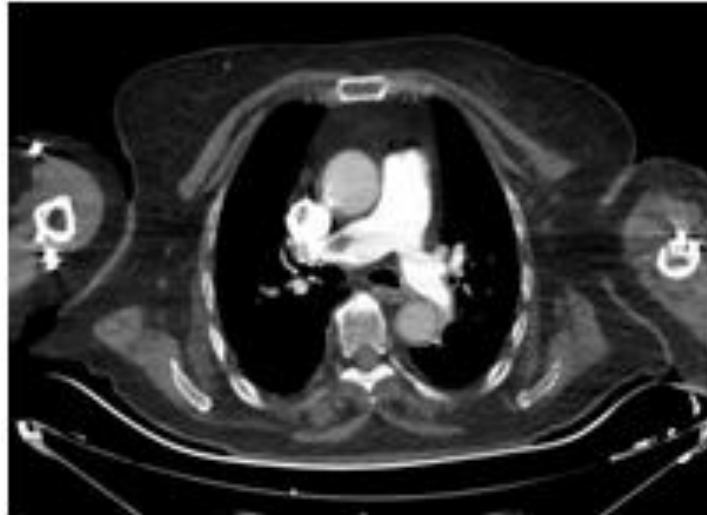
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Introduction and Purpose: Acute pulmonary embolism (PE) is a significant differential diagnosis for acute chest pain. The most common symptoms and signs of pulmonary embolism include dyspnea, chestpain, tachypnea, syncope, andcough. Clinical symptoms are often nonspecific. Immobilization after upper or lower extremity fractures or orthopedic surgery is a significant risk factor for developing thrombo embolic events. However, rapid diagnosis and treatment are necessary to reduce morbidity and mortality.

Materials and Methods: A 78-year-old female patient with a known history of chronic lymphocytic leukemia (CLL), chronic obstructive pulmonary disease (COPD), hypertension (HT), and chronic kidney disease was operated on for a left humerus fracture by the orthopedic department three days ago. The patient was discharged today but brought back to the emergency department due to worsening shortness of breath and deteriorating general condition. Glasgow Coma Scale (GCS) was 13, the patient was drowsy, peripheral oxygen saturation (SpO₂) in room airwas 68%, which improved to 87% with an 8-liter reservoir mask. Blood pressure was 98/55 mmHg, heart rate was 113 beats/min, and bilateral basal rales were heard on auscultation. The overall condition was fair to poor.The electrocardiogram (EKG) showed no acute ischemic changes. Cranial imaging did not revealany pathology explaining the patient's overall condition. According to the Wells score, our patient was in the intermediate-risk group, so a pulmonary computed tomography (CT) angiogram was performed. Partial thrombus was observed at the level of the right main pulmonary artery, and pulmonary emboli were detected in theright upper lobe segmental branches, right lower lobe segmental branches, and left lower lobe segmental branches.(Picture 1-2) Intensive care unit (ICU) follow-up was recommended due to multi-organ failure and general condition deterioration. After initiating antithrombotictherapy, the patient was discharged following two weeks of ICU follow-up withimproved general condition.

Picture 1: pulmonary emboli



Picture 2: pulmonary emboli



Results and Conclusion: Acute PE is a common and potentially life-threatening condition that require surgent diagnosis and treatment. Once suspected, the diagnosis is usually straight forward, but optimal treatment can be challenging. For this purpose, direct oral anticoagulants, low-molecular-weight heparins, and warfarin have become the first-line drugs instead of warfarin. Unless there is a strong contraindication, anticoagulation is usually initiated as soon as PE is suspected.

Keywords: Pulmonary embolism, dyspnea, hemoptysis

Pub No: PP-122

Foreign body in trachea

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Introduction and Purpose: Foreign bodies in the respiratory tract can partially or completely obstruct the passage of airways. Removing the foreign body can lead to a dramatic relief in the patient's clinical condition.

Materials and Methods: A 40-year-old female patient presented to the emergency department with sudden throat pain while attempting to speak, forgetting that she had a needle in her mouth while tying her headscarf. The patient's vital signs were normal, and a lateral X-ray taken at an external facility showed a foreign body in the epiglottis (Figure 1). The X-rays were repeated upon referral to our department, and it was determined from the anterior-posterior (AP) X-ray that the foreign body was not in the epiglottis but rather on the patient's headscarf (Figure 2).

Figure 1



Figure 2



Results and Conclusion: In cases involving foreign body investigation, X-rays should be taken in at least two directions to accurately determine the location of the foreign body.

Keywords: 2 view X-ray, Foreign body



Pub No: PP-123

PATIENT WHO APPLIED AS A RESULT OF FACIAL INCISION WITH SPIRAL MACHINE

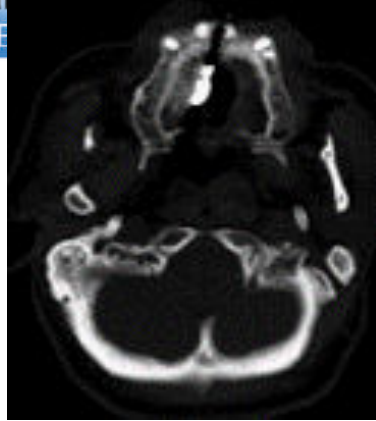
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Introduction and Purpose: Accidents that occur as a result of work done without protective equipment are among the common reasons for admission to hospitals. Such injuries are a common cause of morbidity and mortality in patients.

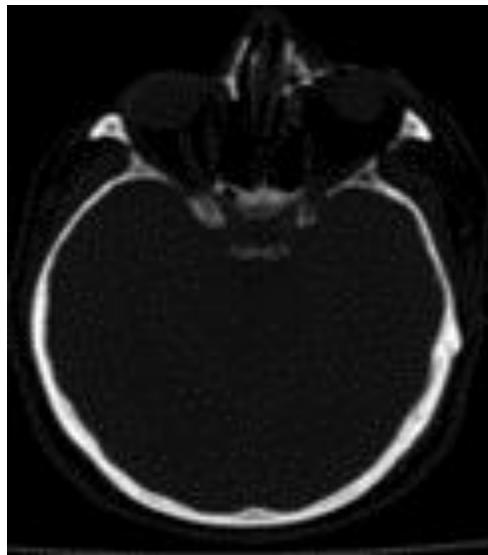
Materials and Methods: The 62-year-old male patient had no known disease and no medication he used regularly. He applied to us with an incision on his face while he was working with a spiral machine at home. Upon arrival, the patient's vitals were within normal range. The patient had an incision that started above the left eyebrow and extended to the left eyelid, left nasolabial sulcus, left side of the upper lip, lower lip midline and chin midline. There was crepitation in the nasal bone. The patient's wounds were washed. In the patient's computed tomography, a minimal non-displaced linear fracture at the level of the mandible ramus, a linear fracture in the posterior part of the left maxillary sinus, and the appearance of the operative material applied to the left orbital inferior wall were observed. Fracture lines were observed in the nasal bone. The fracture line extends towards the palatine process of the maxillary bone. "Nondisplaced linear fracture lines and appearances of surgical suture materials applied to the maxillary bone were observed in the anterior inferior section of the nasal septum." The patient was started on intravenous cefazolin, intravenous clindamycin, and intravenous metronidazole. The patient was consulted to the ear, nose and throat, ophthalmology and maxillofacial surgery, plastic and reconstructive surgery clinics. The patient was admitted to the jaw surgery clinic

maxillary bone



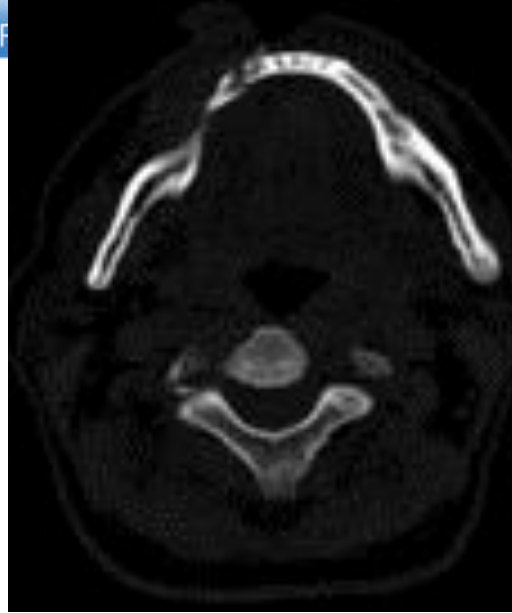
Fracture extending to the palatine process of the maxillary bone

nasal and maxillary bone



Fracture in the anterior part of the nasal bone and maxillary bone.

mandible bone



Fracture at the level of the mandible ramus

patient's photo





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Results and Conclusion: In case of trauma to the facial area, the patient should be examined in detail and imaging should be planned quickly. It should be kept in mind that a multidisciplinary surgical approach may be required.

Keywords: facial bone, spiral machine



Pub No: PP-124

A differential diagnosis that should not be forgotten in the Emergency Department: Posterior Reversible Encephalopathy Syndrome (PRES)

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Introduction and Purpose: In 1996, Posterior Reversible Encephalopathy Syndrome (PRES) was first described as a clinical entity characterized by reversible acute neurological symptoms. The most common symptoms in PRES include headache, nausea, vomiting, seizures, visual disturbances and focal neurological findings. While hypertension is the most frequent cause of PRES, it can also be associated with conditions like preeclampsia, renal failure, rheumatological diseases, chemotherapy and HIV. Diagnosis is established through specific imaging findings alongside clinical presentation, typically revealing vasogenic changes indicative of bilateral involvement in the parieto-occipital region.

Materials and Methods: We present the case of a 25-year-old woman who underwent a Cesarean section a week prior and came to the emergency department with a sudden-onset headache and visual disturbances that had persisted for 24 hours. She had no history of illness in her medical history. On admission, her vital signs were BP 170/105 mmHg, HR 88 bpm, RR 14 breaths per minute and body temperature 36.9°C. The patient received symptomatic treatment upon admission, including Paracetamol 1000 mg, Metoclopramide 10 mg, 0.9% NaCl 150 mL, and Kaptopril 50 mg. Despite a decrease in blood pressure to 140/90 mmHg, her headache and neurological symptoms did not improve. A brain CT scan showed no pathological findings. During observation, the patient experienced a 2-minute generalized tonic-clonic seizure. A diffusion MR imaging was ordered to investigate her visual disturbances, revealing suspicion of vasogenic edema in the occipital region. This led to consultation with the neurology department and the patient was admitted for further evaluation. A contrast-enhanced MR imaging revealed subcortical signal intensities in bilateral parietal and occipital lobes in T2A and FLAIR sequences, consistent with a diagnosis of Posterior Reversible Encephalopathy Syndrome (PRES). Throughout her hospitalization, blood pressure was regulated and after clinical improvement, she was discharged.

Image 1. Bilateral subcortical signal increase in the T2-weighted sequence in the occipital lobes.

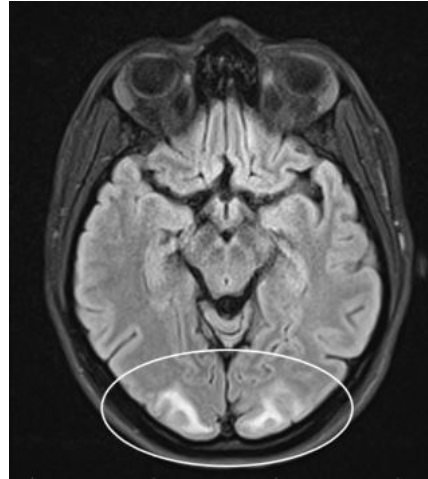
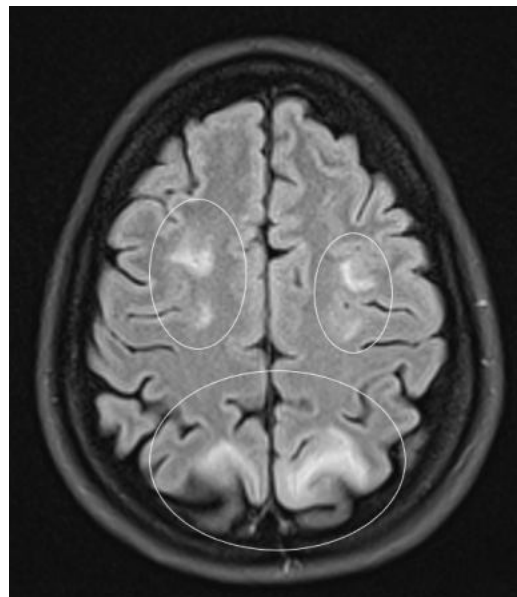


Image 2. Bilateral subcortical signal increase in the T2-weighted sequence in the occipital and parietal lobes.



Results and Conclusion: This case underscores the importance of considering PRES in patients with acute neurological symptoms, particularly when accompanied by hypertension. It serves as a reminder that PRES should be among the differential diagnoses for headaches commonly encountered in the emergency department.

Keywords: PRES, Headache, Preeclampsia



Pub No: PP-125

Examination of the characteristics of patients who received intramuscular injection in the emergency department.

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¹Istanbul Medeniyet University

Introduction and Purpose: In this study, demographic characteristics and knowledge levels of patients who received IM injection in the emergency department were investigated.

Materials and Methods: Materials and methods: The questionnaire method was used as a data collection tool in our descriptive and cross-sectional study. A total of 1000 patients who applied to the Emergency Service injection room for IM injection between April 15, 2023, and May 30, 2023, were included in the study. Age, gender, occupation, education level, reasons for applying to the emergency department, chronic diseases, frequency of injection, reasons for preference, and side effects knowledge levels were recorded.

Results and Conclusion: Results: Of patients, 53.4% were female and 46.6% were male. In terms of IM injection, 53.85% were males, high school graduates (42.2%) and workers were 30.6%. A statistically significant difference was observed in terms of age group, gender, occupational distribution, and education level ($p < 0.05$). Students and housewives mostly preferred oral treatment. Low back pain was found to be the most common cause of injection in 23.7%. A statistically significant difference was observed in those who applied with headache and low back pain. Those with chronic diseases were found in 55%. Hypertension (27%) and diabetes (15.6%) were the two most common chronic diseases. The rate of those who had an IM injection with the recommendation of a doctor was 74%. The patients were mostly informed about pain (83.6%), nerve damage (39.8%), and abscess development (30.6%) as side effects. Conclusion: Patients between ages of 26-45 preferred IM most. The majority of patients stated that IM injection was the doctor's recommendation. As the level of education increases, the rate of preference for oral treatment increases. It may be preventive for physicians to apply prevention methods with appropriate behavior in reducing IM treatment modality.

Keywords: IM injection, Complication, Knowledge

Pub No: PP-126

Not Every Pain Reflects Pathology

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Introduction and Purpose: The spleen is one of the most frequently injured intra-abdominal organs. Diagnosis and prompt management of potentially life-threatening bleeding is the primary goal. Preservation of functional spleen tissue is secondary and conservative treatment options come to the fore in selected patients. The patient may complain of left upper quadrant pain, left chest wall or left shoulder pain (ie Kehr sign). Kehr's sign is defined as pain that is reflected to the left shoulder and worsens with inspiration, due to the irritation of the phrenic nerve adjacent to the left hemidiaphragm.

Materials and Methods: A 33-year-old male patient with no known additional disease is brought to our emergency department after falling from a distance of 2 meters. The vitals of the patient who complained of left shoulder pain were detected within natural limits. In the primary and secondary examination, tenderness in the left upper quadrant and left shoulder pain with inspiration are detected, but it is seen that there is no tenderness in the left shoulder and limitation in the range of motion of the joint. In the advanced imaging, no pathology was detected except for Grade 3 laceration in the spleen. The patient is admitted to the general surgery service for follow-up.

Figure 1





Results and Conclusion: Spleen injury most commonly occurs following blunt trauma from motor vehicle collisions (driver, passenger, or pedestrian). However, blunt spleen injury can also result from falls, sports-related activities, or assault. As in our case, phrenic nerve irritations may cause referred pain at a level that excludes the main pathology. It is important to keep in mind that referred pain originating from solid organs in trauma patients can cause pain that will suppress the main pathology, and full systemic examination and imaging are important.

Keywords: Spleen laceration, Blunt trauma, Left shoulder pain



Pub No: PP-127

SVT TRYING TO SHADOW NONSTMI

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Introduction and Purpose: SVT term; It refers to tachycardias originating from tissues located in the bundle of sensation or above. SVT alone may seem innocent, but it should be approached more carefully in patients with risk factors and axis findings.

Materials and Methods: A 61-year-old female patient. She has a history of coronary angiography and hypertension. He presented to the emergency department with complaints of chest pain and palpitation. When the patient came, the general condition was moderate, saturation was 94%, pulse: 150, arterial blood pressure: 142/87, fever: 36.7 C. In general system examinations, there was no significant finding other than tachycardia. The rhythm in the patient's ECG was consistent with supraventricular tachycardia. The rhythm was broken with medical treatment. The control ECG was in sinus rhythm. The patient's laboratory results were within natural limits. After the ECG rhythm returned to the sinus, the patient's palpitation disappeared, but the chest pain did not go away. Control troponin was added to the laboratory due to the patient's chest pain persisting and the presence of axis risk factors. Control A 30-fold increase was observed as a result of troponin.

Results and Conclusion: The treatment of Svt is often an uncomplicated pathology. However, there may be a more important underlying emergency together with tachycardia. Especially in patients with risk factors and pathological findings other than tachycardia, it should be approached more cautiously.

Keywords: Svt, Nonstm

Pub No: PP-128

Pulmonary Embolism with Atypical Presentation

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Introduction and Purpose: Pulmonary embolism (PE) is a clinical condition resulting from occlusion of the pulmonary artery or its branches by a thrombus. Despite the high incidence of pulmonary embolism, its diagnosis remains difficult, primarily due to the variability of symptoms and signs.

Materials and Methods: A 45-year-old male patient was admitted to our emergency department with complaints of increasing dizziness and neck pain for 1 day. It was learnt that the patient had left fibula distal end fracture and had been in a short leg splint for 2 weeks. On arrival, vital signs were SpO₂: 92% (room air), BP: 110/80 mmHg, and HR: 104 bpm, Sinus tachycardia was present on electrocardiography. Neurological examination was normal. Extensive biochemistry, coagulation, haemogram and hormonal tests were ordered. CT pulmonary angiography revealed a filling defect in the right main pulmonary artery. Anticoagulation was started and the patient was admitted to intensive care unit.

Results and Conclusion: After further investigations for dizziness and neurological evaluation, in the absence of any other plausible aetiology, the presenting symptom was attributed to the atypical presentation of pulmonary embolism. Different presentations of pulmonary embolism should be kept in mind.

CTA of the chest identified pulmonary artery filling defect consistent with PE





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Keywords: pulmonary embolism, dizziness, dyspnea

Pine Beach Belek, ANTALYA / TURKIYE



Pub No: PP-129

Postoperative Ileus

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Introduction and Purpose: Adhesive small bowel obstruction (ASBO) is a common surgical emergency, with a lifetime incidence of approximately 30 percent in following major abdominal and pelvic surgery. ASBO is defined as small bowel obstruction in patients with a history of previous abdominal surgery and without an alternate for bowel obstruction, such as hernia, malignancy, or cause inflammation. Mechanical obstruction is caused by either intrinsic luminal obstruction or extrinsic compression of the small bowel. Obstruction leads to progressive dilation of the intestine proximal to the blockage while, distal to the blockage, the bowel will decompress as luminal contents pass. Swallowed air and gas from bacterial fermentation can accumulate, adding to bowel distention. As the process continues, the bowel wall becomes edematous, normal absorptive function is lost, and fluid is sequestered into the bowel lumen.

Materials and Methods: A 55-year-old female patient applied to us with the complaints of abdominal pain, vomiting and constipation. The patient has a history of total abdominal hysterectomy and bilateral salpingo-oophorectomy 20 days ago. On physical examination, it was learned that the distension of the abdomen was widespread, the rectal touch was empty, and the patient had no gas and stool output for 3 days. Air-fluid level was not observed in the x-ray imaging of the patient. There was an increase in diameter and content in the distal jejunum in the Abdominal CT, which was interpreted as a post-op closed loop obstruction. He was admitted to the general surgery service.

Results and Conclusion: Patients diagnosed with acute SBO should be admitted to the hospital and evaluated by a surgeon. The initial management includes volume resuscitation, correction of metabolic abnormalities, bowel rest, and gastrointestinal decompression (with a nasogastric tube) for those with significant abdominal distension, nausea, or vomiting. For most patients with uncomplicated SBO, we suggest not administering prophylactic antibiotics. However, we administer standard perioperative prophylactic antibiotics to patients with suspected bowel compromise (ie, ischemia, necrosis, or perforation) undergoing operative exploration, depending upon the expected wound classification. Indications for immediate surgery Patients with clinical (fever, persistent tachycardia, focal or generalized peritonitis) or radiologic signs of bowel compromise (ischemia, necrosis, perforation) require immediate surgical exploration

Keywords: small bowel obstruction, Ileus

Pub No: PP-130

A unique porcine model for hands-on ultrasound guided cricothyroidotomy skill based training

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Introduction and Purpose: Cricothyroidotomy is an emergency procedure which involves placing a tube through the cricothyroid membrane to establish an airway for oxygenation and ventilation. It is a life-saving procedure performed in a stressful situation on a difficult neck anatomy. Anaesthesiology residents are traditionally trained to perform cricothyroidotomy with artificial mannequins, audio visual aids or written exams which are not enough to assure competence, quality and safety when handling emergency real life situations. Animal specimens of larynx covered with fat pad, cheese etc have been described to get a feel similar to human neck but they all can get clumsy while needling. To improve the training experience, we developed a novel training model for ultrasound guided percutaneous needle cricothyrotomy using a porcine larynx covered with paediatric viscoelastic gel head rest which allows ultrasonographic examination and easily permits needling. In the current study, the porcine airway specimens were obtained as donations after these animals were abated for human consumption

Materials and Methods: Twenty-two Anesthesia residents were enrolled in a training curriculum consisting of (1) pre-procedure training modules consisting of powerpoint presentations and live demonstrations and (2) identifying ultrasound anatomy of larynx and performing hands-on ultrasound guided needle cricothyroidotomy using a porcine larynx specimen covered with viscoelastic gel head rest of paediatric size (to simulate skin and sub cutaneous tissue). Successful procedures were noted and a feedback survey after the training was collected from the trainees.

Results and Conclusion: Results: Trainees were able to effectively identify laryngeal cartilages and the cricothyroid membrane with ultrasound imaging. All 22 residents were able to perform ultrasound guided percutaneous guided needle cricothyroidotomy on the airway model with minor assistance from trainers. Conclusions: Use of the porcine larynx- trachea specimen with overlying viscoelastic gel pad provides an effective trainer for ultrasound guided percutaneous needle cricothyroidotomy.

Keywords: cricothyroidotomy, porcine, ultrasound, training

Pub No: PP-131

Ruptured Hemorrhagic Hepatic Cyst Following Trivial Blunt Force Trauma in a Pediatric Patient

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Introduction and Purpose: Trauma is the leading cause of death in the pediatric population. The most common form of trauma is abdominal trauma of the spleen and liver. However, despite the familiarity of the condition, trauma resulting in hemorrhagic hepatic cyst rupture in a pediatric patient is incredibly rare and requires urgent operative management. In this case report, we present a 3-year-old male patient who came to the emergency department with hemorrhagic hepatic cyst rupture after falling while on a walk with his family.

Materials and Methods: A previously healthy 3-year-old male came to the emergency department with impaired consciousness after falling down while on a walk with his family. Upon administration to the emergency department, his Glasgow coma scale (GCS) score was GCS11 (E4M5V2) then reduced to GCS10 (E3M5V2). The patient was immediately intubated and a physical exam was conducted revealing minimal bright red-colored defecation through the rectum. The patient was hypotensive and tachycardic. Bedside ultrasound was performed and revealed a cyst around the kidney area and free fluid (hemorrhagic fluid) around the cyst. The patient had a jugular catheter and Foley catheter inserted and was then transferred to the pediatric intensive care unit (PICU) where non-contrast computed tomography (CT) of the brain, and CT with contrast of the thorax and abdomen were immediately requested. Brain and thorax CT were unremarkable but abdominal CT with contrast showed a 9 x 6.5 cm perforated cyst (irregular contours) with hemorrhagic areas within the cyst, laceration extending to the hilum, active bleeding, and massive hemoperitoneum. Consultations were made with pediatrics, pediatric surgery, pediatric ICU, and anesthesiology and the decision to operate on the patient was deemed necessary. The patient underwent laparoscopic surgery and the immediate and consecutive post-operative follow-up were favorable. The patient showed no signs of worsening conditions.

Complete Blood Count

Test	Result	Reference Range	Unit
Leukocyte (WBC)	6.86	6 – 17.5	10 ³ /uL
Erythrocyte (RBC)	1.76	3.7 – 5.7	10 ⁶ /uL
Hemoglobin (HGB)	4.4	11 – 14.5	g/dL
Hematocrit (HCT)	14.4	32 – 42	%



MCV	81.8	73 – 85	fL
MCH	25	25 – 31	pg
MCHC	30.6	32 – 37	g/dL
PLT (Thrombocytes)	238	217 – 497	10 ³ /uL
RDW-SD	44.3	37 – 54	fL
RDW-CV	14.8	< 15%	%
PDW	8.9	10 – 17.9	fL
MPV	9.3	7.8 – 11	fL
P-LCR	18.5	15 – 45	%
PCT	0.22	0.19 – 0.36	%
Neutrophils	1.4	1 – 8.5	10 ³ /uL
Lymphocytes	4.94	3 – 10.5	10 ³ /uL
Monocytes	0.37	0 – 1	10 ³ /uL
Eosinophils	0.14	0 – 0.45	10 ³ /uL
Basophils	0.01	0 – 0.1	10 ³ /uL
% Neutrophils	20.5	25 – 65	%
%Lymphocytes	72	30 – 70	%
%Monocytes	5.4	0 – 8	%
% Eosinophils	2	2 – 4	%
% Basophils	0.1	0 – 1	%
Ig#	0.08	0.01 – 0.03	10 ³ /uL
Ig%	1.2	0.17 – 0.61	%

Metabolic Panel

Test	Result	Reference Range	Unit
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Test	Result	Reference Range	Unit
Glucose	236	60 – 100	mg/dL
Urea	19	16.6 – 48.5	mg/dL
Creatinine	0.56	0.31 – 0.47	mg/dL
Albumin	3.63	3.8 – 5.4	g/dL
SGOT (AST)	351	10 – 50	U/L
SGPT (ALT)	211	10 – 50	U/L
GGT	10	8 – 61	U/L
Alkaline Phosphatase (ALP)	28	< 269	U/L
LDH (Lactic dehydrogenase)	492	120 – 300	U/L
Total Bilirubin	0.14	0 – 1.2	mg/dL
Direct Bilirubin	0.1	0 – 0.3	mg/dL
Sodium	144	136 – 145	mmol/L
Potassium	3.21	3.5 – 5.1	mmol/L
Chloride	108.5	98 – 107	mmol/L
Calcium	9.45	8.8 – 10.8	mg/dL
Magnesium	2.57	1.7 – 2.3	mg/dL

Coagulation Profile

Test	Result	Reference Range	Unit
aPTT	171.1	24 – 35	sn
Prothrombin Time (PT)		11.5 – 15	sn
Activated PT (PT)		70 – 120	sn
INR (PT)		0.8 – 1.2	



Results and Conclusion: Ruptured hemorrhagic liver cysts are rare, even more so in the setting of blunt trauma. However, due to its highly dangerous nature, it is important to rule out in cases of patients presenting to the emergency department with hemorrhagic fluid build-up around the liver or surrounding structures regardless of age.

Keywords: Blunt Trauma, Ruptured Hemorrhagic Hepatic Cyst, Operative Management

Pub No: PP-132

Headache in a Young Patient Presenting to the Emergency Department with a Diagnosis of Migraine

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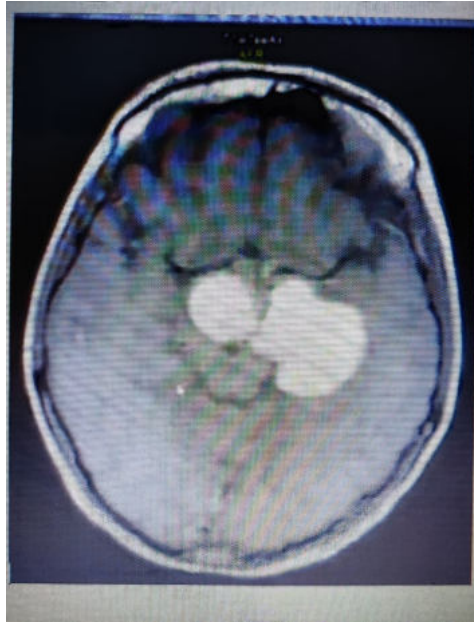
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Introduction and Purpose: Craniopharyngioma is a rare and complex tumor type that is generally seen in childhood (1). Due to its proximity to the hypothalamus and pituitary gland, it can have effects on the endocrine system and bring symptoms such as growth retardation (2). This case presentation aims to evaluate in detail the case in which the diagnosis of craniopharyngioma was made in a patient who came to the emergency department with a headache, stating that the headaches, which were occasional and relieved with painkillers before, have become more frequent. The patient mentioned having been diagnosed with migraines and attributed the increased frequency of headaches to exam stress. The patient's past medical history is unremarkable, with no neurological or endocrinological disease history in the family. However, the family is concerned about the patient's low school performance and fatigue. At the age of 15, the patient's lack of menstruation was evaluated by a gynecologist. Blood parameters were assessed, and an ultrasound was performed, which revealed normal ovaries. Apart from the diagnosis of migraines, the patient is a 15-year-old girl with no known health problems. She has been experiencing progressively worsening headaches and symptoms such as fatigue for the last six months, leading her to seek medical attention. On physical examination, the patient's height is below the appropriate normal values. Systemic examinations are normal, and the patient's laboratory results are as follows: Serum TSH: 2.9 μ IU/mL (Reference Range: 0.4 - 4.0 μ IU/mL) Serum T4: 7.8 μ g/dL (Reference Range: 4.5 - 12.5 μ g/dL) Serum prolactin: 36 ng/mL (Reference Range: 3 - 18 ng/mL)

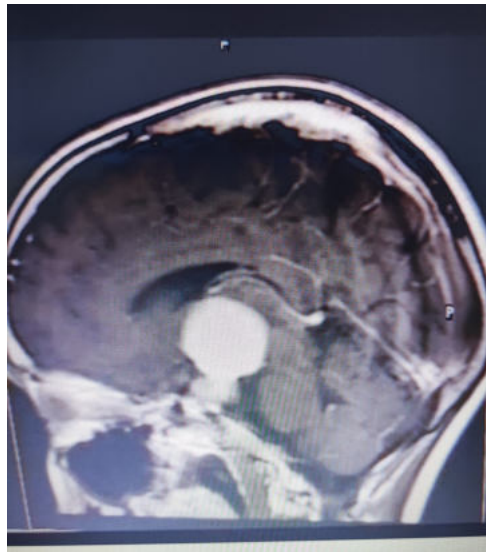
PICTURE 1-TUMOR



PICTURE 2



PICTURE 3



Materials and Methods: Clinical findings, laboratory results, and imaging findings have led to suspicion of craniopharyngioma. The patient is being managed under the care of pediatric endocrinologists and neurosurgeons (3). Surgical removal of the lesion and radiotherapy are being considered. Following surgery,

Results and Conclusion: Follow-Up and Outcome: The patient's postoperative period included one week of intensive care followed by close monitoring by pediatric endocrinologists for three weeks. After the removal of the pituitary gland, hormone replacement therapy was initiated, and nine months later, the patient resumed menstruation. However, the patient developed bilateral temporal hemianopsia following surgery (4).

PICTURE 4



BONE EPIPHYSIS LINE

Keywords: Emergency Department, Migraine, Craniopharyngioma, Tumor

Pub No: PP-133

Vena Cava Superior Syndrome Of An Oncologic Emergency

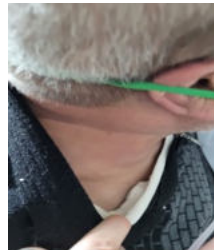
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Introduction and Purpose: It is a clinical condition that develops as a result of superior vena cava compression and is frequently seen in lymphoma and lung cancer. The most common symptoms are swelling in the face, neck and arms, dyspnea, cough and fullness in the thorax and neck veins. Patients may also present with symptoms such as dysphagia, hoarseness, chest pain, headache and dizziness. With this case, we aimed to identify patients with superior vena cava syndrome who may come to the emergency department more easily.

Materials and Methods: 72 years old male patient. Known Lung Ca and chronic heart failure are present. He is not receiving active treatment. He applied to the emergency room due to widespread complaints in his body. The general condition of the patient was poor. The patient's temperature is 36.5, pulse is 85, blood pressure is 170/100, saturation value is 95. On physical examination, there was edema on the face, neck and right arm. There was fullness in the thorax and neck veins. There was bilateral +2 pretibial edema. The patient was orthopneic and tachypneic. His laboratory results showed D-Dimer 3, but there were no pathological findings. On CT Angiography, a mass lesion of 10x7 mm in size was observed in the apical right lung. A pleural effusion measuring 7 cm on the right and 3 cm on the left was observed. There were lymphadenopathies in the mediastinum. In the ongoing process, the patient's clinic worsened and he was intubated. Internal medicine, chest, anesthesia and interventional radiology units were consulted for the patient. The patient was admitted to intensive care.

picture 1: Fullness in the chest and neck veins





picture 2: Edema in right arm.



Results and Conclusion: Superior vena cava syndrome is one of the oncological emergencies and is a disease that we can diagnose with physical examination and anamnesis when presented to the emergency room. With the case we have shared, we will be able to more easily recognize patients with superior vena cava syndrome who may come to the emergency department

Keywords: Malignancy, Superior Vena Cava, Shortness Of Breath, Emergency Medicine

Pub No: PP-134

Pulmonary artery atresia

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Introduction and Purpose: Congenital absence of a pulmonary artery is a rare condition with an estimated prevalence of 1 in 200,000. Pulmonary artery atresia is often seen in conjunction with other cardiovascular abnormalities. Isolated right pulmonary artery atresia is more common than left pulmonary artery atresia. Cardiovascular anomalies are more common in left pulmonary artery atresia. Isolated pulmonary artery atresia without cardiovascular anomalies show few or no symptoms and survive to adulthood.

Materials and Methods: A 40-year-old male patient applied to the emergency service with the complaint of coughing up blood for 2 days. After coughing, blood comes in the form of clots. The total amount of blood did not exceed one tablespoon. He had no known illness or drug use. There is active smoking. The patient's admission vitals were as follows: 97%, pulse rate: 96, blood pressure: 140/70 mm/hg, respiratory rate: 16/min. In his examination, the oropharynx was normal, respiratory sounds were normal, and no additional sound was heard. The patient's tests for hemoptysis were unremarkable. There was right pulmonary artery atresia in the thorax computed tomography (CT) angiography, and there were areas of ground glass density in the upper lobe of the right lung. The patient was evaluated by the pulmonary diseases clinic due to hemoptysis, pneumonia, and pulmonary artery atresia. Emergency situations were explained and antibiotic therapy was started and he was discharged.

Figure 1: right upper lobe ground glass

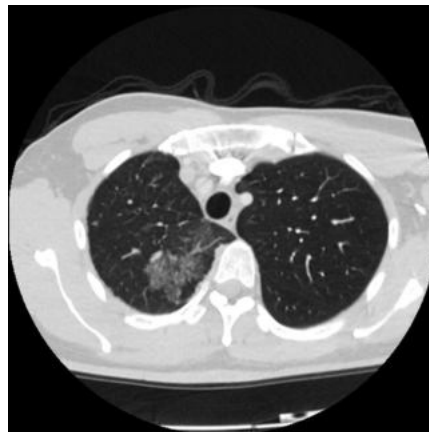


Figure 2: right pulmonary artery atresia (axial section)



Figure 3: right pulmonary artery atresia (coronal section)



Results and Conclusion: Isolated pulmonary artery atresia is often asymptomatic until adulthood. In adult patients, it may occur in patients with symptoms such as recurrent respiratory tract infection, exertional dyspnea, and hemoptysis, during diagnostic imaging or incidentally as an abnormal chest radiography finding.

Keywords: atresia, hemoptysis, pneumonia, pulmonary artery

Pub No: PP-135

Acute brachial artery embolism due to chronic atrial fibrillation

Tuğçe Açıık¹

¹Dr.Ersin Arslan Eğitim ve Araştırma Hastanesi

Introduction and Purpose: Upper extremity arterial embolisms are seen in 15-32% of cases and develop less frequently than those in the lower extremities. The source of emboli is mostly of cardiac origin (58-93%), and atrial fibrillation constitutes a large part of it. In this case report, a case of brachial artery embolism due to atrial fibrillation will be described. Our aim in this case report is to ensure that vascular occlusive causes should be considered in patients with extremity pain with acute onset, especially if there are predisposing factors, so that pathetic complications such as death and loss of extremities are not experienced, and the patients should be diagnosed as quickly as possible.

Materials and Methods: An 80-year-old male patient applied with pain in the right arm for 2 hours. The patient was previously diagnosed with atrial fibrillation and had an ischemic stroke once, and no sequelae remained. In the physical examination of the patient, there was no motor and sensory deficit in the right arm. His right extremity was slightly cold and damp. Brachial, radial, and ulnar pulses were not detected. The patient's blood pressure could not be measured in the right arm, in the left arm was 155/90 mmHg. Heart rate:87, Spo2:97. Atrial fibrillation was detected in his electrocardiogram. No abnormal findings were found in the blood tests. Right upper extremity arterial embolism was suspected and total occlusion of the right brachial artery was observed in CT angiography. The patient was consulted to cardiovascular surgery and was urgently taken to the operating room for embolectomy.

3D CT angiography of the patient



During embolectomy



Embolectomy materials



Results and Conclusion: Upper extremity arterial embolism is most commonly caused by cardiac causes and is a real emergency. It may result in 5-30% limb loss and 15-30% death. The patient may apply to the clinic with complaints of extremity pain, paralysis, and paresthesia. Findings such as pallor, coldness, and pulselessness may be detected in the physical examination. Doppler usg, CT angiography and MRI can be used in the diagnosis. If there is no contraindication, heparin can be used in medical treatment. The main treatment is surgical embolectomy.

Keywords: emboli, atrial fibrillation, brachial, pain, upper extremity

Pub No: PP-136

The first day of my period! How reliable is that statement?

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Introduction and Purpose: Abdominal pain is a common reason for emergency department visits. The origin of abdominal pain can include a wide variety of potential causes, such as gastrointestinal issues, infections, diseases of the urinary system, problems with reproductive organs, trauma, stones, or blockages. Therefore, the patient's history, physical examination, and necessary laboratory or imaging studies play a critical role in determining the correct diagnosis and appropriate treatment plan (1,2). Gynecological causes of abdominal pain may be accompanied by abnormal uterine bleeding, but abdominal pain can also be observed during the normal menstrual cycle. In this case presentation, we discuss a 24-year-old female patient who presented with right lower quadrant pain, concurrently experiencing vaginal bleeding and stating she was on the first day of her menstrual cycle. After tests, she was diagnosed with an ectopic pregnancy.

Materials and Methods: A 24-year-old female patient presented to the emergency department with right lower quadrant pain. The patient mentioned that she was on the first day of her menstrual cycle and ruled out the possibility of being pregnant. During the physical examination, sensitivity and defense in the right lower quadrant were observed, other physical examinations were normal. Laboratory tests showed elevated WBC levels ($11.49 \times 10^3/\text{mm}^3$) and decreased hemoglobin level (a drop of 1.8 g/dL). The C-reactive protein level was found within normal limits ($<0.06 \text{ mg/dL}$). The Beta hCG level was measured as 117.40 mIU/mL. Other laboratory results were normal. During the abdominal ultrasonography, perisplenic and pelvic fluid was observed, but the appendix could not be visualized. Therefore, a computed tomography scan was recommended to rule out appendicitis complications due to free fluid. The CT results showed widespread fluid inside the abdomen (Figure 1,2). The patient was diagnosed with a presumptive ectopic pregnancy and treatment was initiated in the Department of Gynecology and Obstetrics.

Figure 1



Free fluid around the liver and spleen

Figure 2



Free fluid around the uterus and in the Douglas pouch

Results and Conclusion: This case underscores the complex and rare scenarios encountered in clinical practice. Even though the patient initially dismissed the possibility of pregnancy, clinical and laboratory findings bolstered the likelihood of an ectopic pregnancy. Utilizing imaging studies was a critical step in solidifying the diagnosis and swiftly initiating treatment.

Keywords: Ectopic pregnancy, Abdominal Pain



Pub No: PP-137

What's The Intention For What's The Fate For

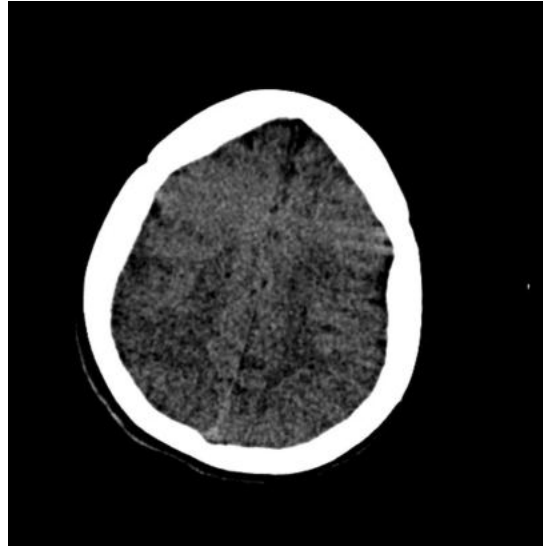
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Introduction and Purpose: Stroke includes all diseases in which an area of the brain is temporarily or permanently affected by ischemia or hemorrhage and/or the vessels supplying the brain are subjected to a pathological process. 80% of strokes are ischemic, 10-20% are hemorrhagic.

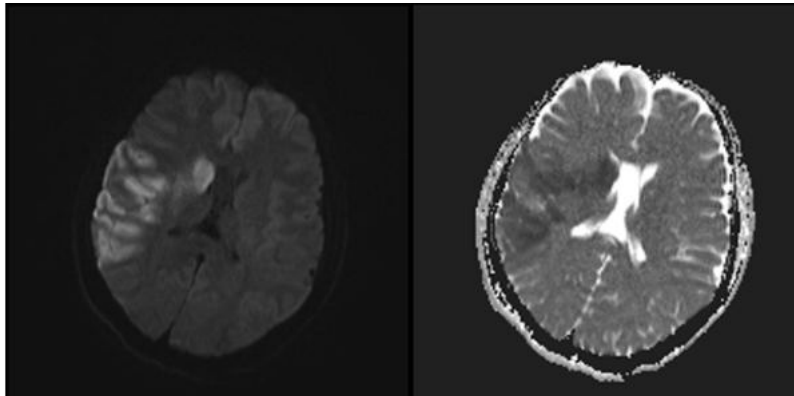
Materials and Methods: A 22-year-old female patient was consulted to our hospital's neurology clinic from an external center with complaints of inability to wake up and weakness in the left arm and leg after rhinoplasty surgery in an external center and was evaluated as acute stroke. The patient had no known systemic disease and had been using oral contraceptives for 5 months due to menstrual cycle irregularity. The neurologist came to the emergency department simultaneously with the patient and the patient was evaluated together with the neurologist. Glakow coma score was 14 (motor 6, verbal 5, ocular 3), orientation and cooperation were partial, anterior nasal tampons were present in both nasal cavities, there were no signs of meningeal irritation, no central facial paralysis, basal skin reflex was extensor on the left, motor strength examination was 5/5 in the lower and upper extremities on the right side and plegic in the left lower and upper extremities, and other system examinations were normal. Blood tests and Electrocardiography (ECG) were ordered from the patient. After the neurologist stated that they had seen brain angiography computed tomography (CT) from an external center, the patient was asked for brain CT without contrast. ECG was in normal sinus rhythm with no acute pathology and blood tests were normal. Brain CT showed hypodense appearance in the right middle cerebral artery (MCA) irrigation area and no hemorrhage was observed (Figure 1). Thrombectomy was then deemed inappropriate by the neurology clinic and the patient was asked to undergo diffusion magnetic resonance imaging (MRI). Diffusion MRI showed infarction in the right MCA irrigation area (Figure 2) and the patient was hospitalized in the neurology stroke clinic.

Figure-1



Brain CT showed hypodense appearance in the right middle cerebral artery (MCA) irrigation area and no hemorrhage was observed.

Figure-2



Diffusion MRI showed infarction in the right MCA irrigation area.

Results and Conclusion: Stroke is one of the true emergencies and requires very rapid intervention. Early diagnosis and treatment reduces mortality and morbidity.

Keywords: rhinoplasty, plegia, stroke, middle cerebral artery (MCA)



Pub No: PP-138

Foreign body in the esophagus

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Introduction and Purpose: In adults, the impact of a food (typically meat) bolus on a pre-existing esophageal stricture or ring is by far the most common cause of esophageal obstruction. Foreign body ingestion is rare in adults compared to children. Foreign body ingestion is accidental in 95 percent of cases and is usually food related (eg fish and chicken bone, toothpick, bone). About 80 to 90 percent of ingested foreign bodies pass without intervention. Between 10 and 20 percent of patients require endoscopic intervention and less than 1 percent require surgical intervention.

Materials and Methods: A 61-year-old female patient presented to the emergency service with the complaint of pain in the right chest for 2 days. The pain started after eating meat with bones 2 days ago. He had pain and stinging sensation after every meal. He had no known disease or drug use. Developing vitals are stable. No features on examination. Electrocardiogram (ECG) is in normal sinus rhythm. In the imaging performed on the patient, a hyperdense foreign body in the right lateral neighborhood of the 1/3 middle part of the esophagus and an increase in wall thickness at this level in the posterior, suspicious free air density were observed. Foreign body in the esophagus, esophageal perforation? rigid esophagoscopy was performed by the thoracic surgery clinic. The patient, whose esophageal integrity was impaired and foreign body was observed in the esophagoscopy, was hospitalized for surgical treatment.

Figure 1: Foreign body in the esophagus



Results and Conclusion: The esophagus is the most common site of obstruction in the gastrointestinal tract. Physiological narrowing of the esophagus occurs in the upper esophageal sphincter, the aortic arch, and the diaphragmatic hiatus. Foreign bodies are often seen in these narrowing areas. For this reason, patients with neck and chest pain, drooling, especially after ingestion of suspicious food such as sharp-tipped bones and fishbones, should be evaluated in terms of esophageal obstruction and perforation.

Keywords: chest pain, esophagus, foreign body



Pub No: PP-139

EVERY BONE AGES

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Introduction and Purpose: The patient with a fracture of the distal radius usually describes falling on his outstretched hand or receiving a blow to the wrist and complains of wrist pain and possibly deformity. The clinician should examine the injured extremity for swelling, deformity, and possible evidence of an open fracture. The swelling may or may not have developed at the time of application. Obvious deformities such as the classic "dinner fork" deformity associated with Colles' fractures may occur, but the limb may appear normal.

Materials and Methods: A 73-year-old female patient who fell on her hand after tripping on her foot was brought to our emergency department. She states that she tried to hold onto the chair with her hand while she was falling, but she had severe pain in her wrist. In the examination of the patient whose vitals were found naturally, the wrist was deformed and 5/10 hypoesthesia was detected on the median nerve trace. Colles' fracture was observed in the X-ray of the patient with good vascular filling.

Results and Conclusion: Distal radioulnar fractures can occur after high trauma in young people as well as after minor trauma in the elderly population. Due to the close neurovascular neighborhood around the wrist, it is important to splint the extremity, which has a deformed appearance, immediately, and to refer it to a specialist after the neurovascular examination before and after the splint is performed repeatedly.

Keywords: fracture, distal radius, radioulnar fractures, colles fracture, hand after tripping



Pub No: PP-140

A RARE CAUSE OF ILEUS IN ADULT PATIENTS: INVAGINATION

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¹ERZURUM ATATURK UNIVERSITY EMERGENCY MEDICINE DEPARTMENT

Introduction and Purpose: 26-year-old male patient with no known medical conditions presented with a 3-day history of abdominal pain and constipation. The patient, who had no gas or stools for 3 days, was in good general condition, saturation: 98%, pulse: 98%, arterial blood pressure: 98, arterial blood pressure: 98, arterial blood pressure: 98, arterial blood pressure: 128/85 mmHg, temperature: 36.9 C. On physical examination, there was tenderness in the left lower quadrant, a palpable mass in the same region, and decreased bowel sounds below the mass segment. The patient had no significant abnormalities in blood tests and invagination was observed on contrast-enhanced lower/upper abdominal CT (Figure 1). The patient was referred to general surgery and surgical resection was performed by the appropriate department.

Materials and Methods: ABDOMEN TOMOGRAPHY

Figure 1: Tomography of the abdomen: Appearance consistent with intussusception



Results and Conclusion: It should be noted that invagination, which is usually a paediatric pathology, can also be seen in adults. Delay in diagnosis and treatment may lead to life-threatening perforation. CT is a guide with a high diagnostic accuracy.

Keywords: INVAGINATION



Pub No: PP-141

Pseudoaneurysm Caused By Femoral Artery Catheterization

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Introduction and Purpose: Pseudoaneurysm is an aneurysm that includes trauma, infection, separation of the anastomotic line in vascular surgery and arterial catheterization and increased invasive procedures in recent years. It can be seen in %0.1-0.2 after angiogram and %3-5.5 after invasive procedures. Factors such as prolonged procedure, use of large size catheters, obesity, use of anticoagulants, incorrect or multiple arterial punctures increase the incidence. If femoral pseudoaneurysms are not treated, it may result in rupture, vessel thrombosis and distal embolism. In this presentation we report a case of rupture of an iliac pseudoaneurysm that occurred after cardiac catheterization.

Materials and Methods: 84-year-old male patient diagnosed with diabetes mellitus, hypertension and coronary artery disease came to ED with complaining of abdominal pain. Patient has a coronary artery angiography history 6 months ago. Vital signs was right arm BP: 110/60 mmHg left arm BP: 100/60 mmHg HR: 90 bpm. On physical examination, patient had severe pain in epigastric and umbilical area and had defence and rebound. In Laboratory tests WBC: 35.17, CRP: 1.60 creatinin : 1.51 Troponin T : 0.172 D-Dimer: 6600. In abdominal tomography was interpreted “ An aneurysmatic enlargement measuring 6 cm was observed in the right internal iliac artery and a widespread hematoma extending to the retroperitoneal area adjacent to the aneurysm was observed at this level”. Patient diagnosed with pseudoaneurysm due to cardiac catheterization and consulted to cardiovascular surgery and taken to emergent surgery.

Photo



Results and Conclusion: In treatment of iatrogenic femoral artery pseudoaneurysms, standart surgical approach, thrombin injection, compression therapy and endovascular repairment are implemented. Risk of rupture is high in pseudoaneurysms larger than 5 cm in diameter. For his reason, early surgery is recommended especially for deep and superficial femoral artery pseudoaneurysms that are larger than 5 cm and have a higher probability of rupture. In our case, pseudoaneurysm treated by emergent surgery because it was larger than 5 cm. When patients present to the emergency department with severe abdominal pain, aortic dissection must be considered in the differential diagnosis. In patients with a recent history of femoral artery intervention, it should be noted that dissection related to pseudoaneurysm can occur.

Keywords: pseudoaneurysm, femoral artery, dissection



Pub No: PP-142

Idiopathic Bilateral Avascular Necrosis: A Case Report

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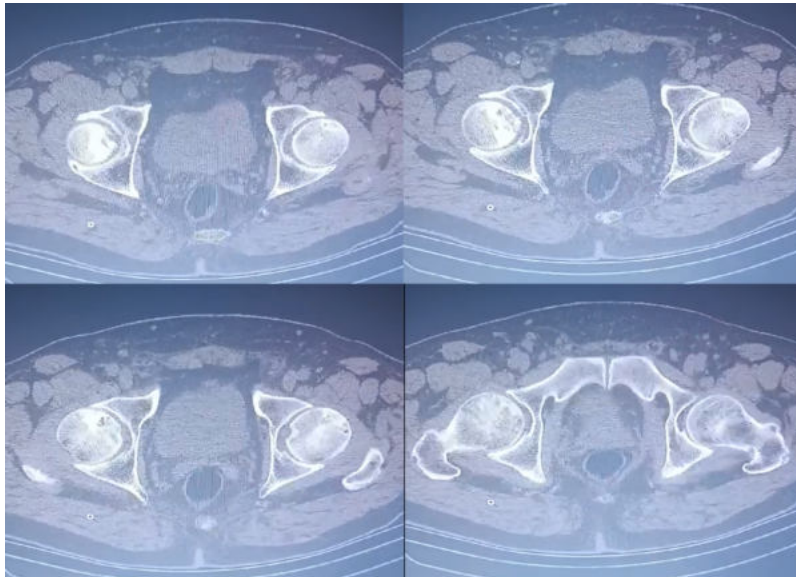
Introduction and Purpose: Femoral head avascular necrosis; It is the name given to osteonecrosis that develops in the femoral head as a result of occlusion of the vessels feeding the femoral head or insufficient blood flow to the femoral head for various reasons. Although it is most commonly seen in the femoral head, it can also develop in the small joints of the distal femur, humeral head, wrist and foot. Patients are mostly under the age of 50 and it is eight times more common in men than in women. In patients with avascular necrosis detected in one hip at the time of initial presentation, the rate of symptomatic disease development in the other hip within 5 years is 2-7.8%.

Materials and Methods: A 66-year-old male patient was admitted to our clinic with complaints of pain in both hip regions for one month. From his history, it was learned that his complaints increased with movement and standing, decreased with rest, and occasionally occurred at night, but did not go away with the painkillers he used. The patient had no characteristics such as trauma, alcohol use, or febrile illness, and had no additional complaints. On physical examination, both hip movements were painful and there was minimal limitation in hip external rotations. There was no limitation of movement, active arthritis, or increased temperature in other joints. Both hip radiographs showed sclerotic areas around the femoral head. Hip CT showed density changes consistent with avascular necrosis of both femoral heads. With these findings, the patient was diagnosed with bilateral idiopathic avascular necrosis.

X-ray of the patient's pelvis



CT imaging of the patient



Results and Conclusion: Many factors such as trauma, corticosteroid use, alcohol consumption may play a role in the development of avascular necrosis, or it may occur idiopathic without any underlying etiological factor. It should be kept in mind that hip avascular necrosis can develop unilaterally and bilaterally and can only occur without any underlying etiological factor, as in our patient.

Keywords: avascular, necrosis, bilateral

Pub No: PP-143

Overcrowding in emergency departments in the United States: A review of the evidence

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¹Trinity Health System

Introduction and Purpose: Emergency department (ED) overcrowding is a critical and growing healthcare issue in the United States. Overcrowding occurs when the demand for emergency services exceeds available resources, resulting in treatment delays, poor patient outcomes, and high levels of frustration for both patients and physicians. The problem threatens to undermine the quality, timeliness, and safety of emergency care. This abstract aims to provide a comprehensive overview of the current evidence on the causes, consequences, and potential solutions to ED overcrowding in the US. The evidence summarized is drawn from a range of literature reviews on this topic spanning the past 15 years. Examining the collective evidence on ED overcrowding is crucial for identifying effective interventions and approaches to optimize ED efficiency, enhance the patient experience, improve health outcomes, and relieve the strain on the emergency care system.

Materials and Methods: A systematic review of peer-reviewed research studies investigating the causes and consequences of, and solutions to, ED overcrowding was conducted. The search was conducted using various databases, including PubMed, MEDLINE, CINAHL, and ScienceDirect. The search was conducted from January 2006 to August 2022. A total of 4,131 studies were identified, and 162 full-text reviews were conducted. From these, 102 studies met the inclusion criteria. The majority of the studies were retrospective cohort studies, with the greatest proportion (51%) trialing or modelling potential solutions to ED overcrowding. Fourteen studies examined causes and 40 investigated consequences. Two studies looked at both causes and consequences, and two investigated causes and solutions.

Results and Conclusion: Results: The review found the boarding of admitted patients in the ED is a major contributor to overcrowding. Other factors include demand fluctuations, variability in wait times, an aging population, more complex cases, and patients with multiple conditions. Consequences of overcrowding include inadequate treatment, longer hospital stays, increased mortality, and patients leaving without evaluation. Overcrowding also increases staff burnout and turnover. Conclusion: ED overcrowding is a complex issue requiring multifaceted solutions. Improving patient flow, increasing hospital capacity, and optimizing staffing may help address the problem. Further research is essential to develop targeted, evidence-based interventions. Addressing overcrowding can improve timeliness, efficiency, patient experience, and safety in the ED.

Keywords: Emergency Department, Overcrowding, Crowding Solutions, Triage, United States



Pub No: PP-144

Ophthalmic manifestations of Rhino-Orbital Mucormycosis during the COVID-19 pandemic in a tertiary care hospital in South India- A Case Series

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Introduction and Purpose: During Coronavirus disease (COVID-19) pandemic there was a rise in the number of Rhino-Orbital Mucormycosis cases reported in India. Mucormycosis is an angioinvasive fungal disease which results in vision threatening and life threatening complications in affected patients. It's imperative that Rhino-Orbital Mucormycosis cases are diagnosed early and managed urgently to prevent visual morbidity and mortality in the affected patients. In this case series we aim to discuss the clinical profile, ophthalmic manifestations and management of 3 cases of Rhino-Orbital Mucormycosis during COVID-19 pandemic in a tertiary care hospital in South India.

Materials and Methods: In this case series we analysed 3 cases where the patients had history of reverse transcriptase polymerase chain reaction(RTPCR) confirmed COVID-19, and diagnosed as Rhino-Orbital mucormycosis in a tertiary care hospital in South India. Institutional Ethics Committee clearance was obtained with IEC Number: 569-2021 and informed consents were obtained from respective patients. A detailed history including COVID status, comorbidities especially Diabetes Mellitus, history of steroid intake was obtained. Detailed systemic as well as ocular examination was done. Mucormycosis was confirmed in all of the patients by histopathology and/ or microscopic examination. Orbital and brain imaging was done to know the extend of involvement as well as spread of the disease. All the patients underwent Endoscopic sinus surgery and received liposomal amphotericin B intravenously.

Case 1

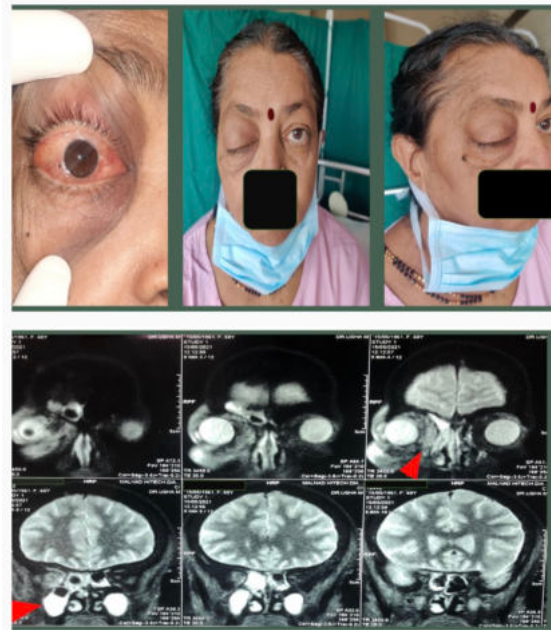


image1 showing Right eye proptosis, periorbital edema and conjunctival chemosis. Image 2 shows MRI orbit and brain coronal section with right orbital inflammation and right pansinusitis

Case 1: image 3



Image showing status post exenteration of Right eye

Case2

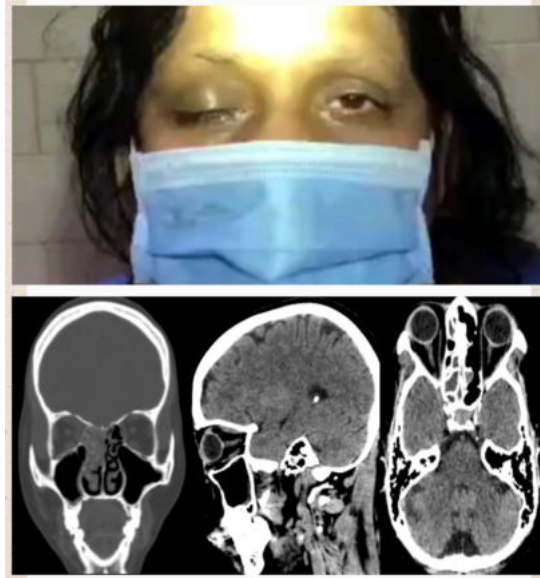


Image1 shows Right eye periorbital edema and proptosis. Image 2 shows CT brain and orbit with inflammation involving right orbital apex and right ethmoidal and sphenoidal sinusitis.

Case3



Image 1 shows bilateral mild axial proptosis (left more than right) with left head tilt. In image 2, CT angiogram of orbits and brain showing bilateral pansinusitis with orbital apex and cavernous sinus involvement.

Clinical profile

Clinical profile	case1	case2	case3
Gender	F	F	F
Lateraling	Unilateral	Unilateral	Unilateral
Diabetes mellitus	+ uncontrolled	+ uncontrolled	+ uncontrolled
HbA1C	11.9%	12.2%	9.0%
FBS	193 mg/dl	169 mg/dl	178 mg/dl
PPBS	250mg/dl	253mg/dl	202mg/dl
Other comorbidities	Hypertension	Nil	Hypertension

Demographic details and clinic profile of the patients

COVID-19 infection details

COVID-19 profile	case 1	case 2	case 3
RTPCR positivity time	1month prior	On admission	1month prior
Previous hospital admission	Yes	No	Yes
Oxygen therapy	Yes	No	No
Steroid therapy	Yes	No	Yes
COVID-19 Immunisation status	No	No	No



Details regarding COVID-19 infection and risk factors

Presenting symptoms

Clinical features	case 1	case 2	case 3
Eye involved	Right	Right	Both
Sudden diminution of vision	Yes	Yes	Yes
Ptosis	Yes	Yes	No
Extraocular movement restriction	Yes	Yes	Yes
Diplopia	No	No	Yes
Proptosis	Yes	Yes	Yes
Eye pain	Yes	Yes	Yes
Headache	No	Yes	Yes
Facial pain	No	No	Yes
Nasal discharge/epistaxis	Yes	No	No
Disorientation/altered sensorium	No	No	Yes

Clinical features of the patients at the time of presentation



Management

Management	case 1	case 2	case 3
KOH	Negative	Positive	Negative
Culture for mucor	Negative	Negative	Negative
Endoscopic sinus surgery undergone	Yes	Yes	Yes
Histopathology for Mucor	positive	positive	positive
CNS extension on brain imaging	No	No	Yes
Liposomal-AMB therapy	Yes	Yes	Yes
Orbital exenteration	Yes	No	No

Investigation and treatment



Take home message

Presentation	2 Rhino-Orbital Mucormycosis, 1 Rhino-Orbito-Cerebral Mucormycosis
Ipsilateral Pansinusitis	All cases
Risk factors	Non-immunisation for COVID-19, uncontrolled diabetes, Steroid use
Mucor confirmation	Endoscopic sinus biopsy and Histopathology
Treatment of choice	Intravenous liposomal amphotericin B
Orbital exenteration	If poor response to medical therapy and high risk of CNS spread.

Conclusion regarding risk factors, presentation and management

Results and Conclusion: All the 3 patients were RTPCR positive for COVID-19, had uncontrolled Diabetes Mellitus with high HbA1C. All were female patients with orbital apex syndrome and sudden onset severe painful diminution of vision at presentation. History of treatment of COVID-19 with intravenous steroid was present in 2 of the patients. Among the three, one patient with high risk of CNS spread and decreased response to Amphotericin B underwent orbital exenteration. MRI with contrast was the investigation of choice and histopathological confirmation by endoscopic sinus surgery was done in all.

Keywords: COVID-19, Rhino-Orbital Mucormycosis, Ophthalmic Manifestation, South India



Pub No: PP-145

Left subclavian artery stenosis and thrombus

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Introduction and Purpose: The subclavian arteries provide circulation to both upper extremities. The left subclavian artery branches directly from the aorta, while the right subclavian artery arises from a bifurcation of the right brachiocephalic artery. Subclavian stenosis is a rare clinical condition associated with serious cardiovascular complications, usually presenting with claudication and subclavian steal syndrome. Subclavian artery thrombosis is a common condition with limited diagnostic capabilities.

Materials and Methods: A 62-year-old woman was admitted with complaints of stabbing-compressive chest pain, numbness-weakness in the left arm and malaise. She had a history of coronary artery by-pass and was using ecopyrine irregularly afterwards. On admission vitals: blood pressure: 135/67mmHg pulse: 76/min respiratory rate: 18/min temperature: 36.3 C saturation: 99%. Physical examination: The general condition of the patient was good, oriented, cooperative, GKS:15. Lung sounds were bilaterally equal and natural. Rales and roncus were absent. Cardiac auscultation revealed no additional murmur. There was no pretibial edema. ECG showed normal sinus rhythm with t wave inversion in the lateral leads. When compared with his previous ECGs, it was observed that this condition was chronic. There was no change in ECGs during follow-up. The posterior-anterior chest radiograph showed the appearance of a sternal steel wire in the region compatible with the midline sternum, which was thought to be from previous CABG. No acute pathology - consolidated area was observed. Left radial and ulnar pulses were not palpable on pulse control. Subsequently, bedside USG revealed a thrombus in the left subclavian artery. Cardiovascular surgery consultation was requested and the patient was hospitalized in the ward for operation. It was learned from the operative notes that the thrombus was removed from the left subclavian artery after left brachial artery puncture and a balloon expandable stent was placed due to severe stenosis in the proximal subclavian artery. The patient did not develop any complication after follow-up and was discharged after 1 day of hospitalization.

Results and Conclusion: Subclavian artery thrombosis should be kept in mind in the differential diagnosis of all patients presenting to the emergency department with dizziness, vertigo, syncope, ataxia, nausea, pain and weakness in the arm, coldness or loss of sensation in the arm.

Keywords: subclavian artery thrombosis, subclavian artery stenosis, pulseless



Pub No: PP-146

Point-of-Care Ultrasound for Early Diagnosis of Necrotizing Fasciitis in the Emergency Department

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Introduction and Purpose: Necrotizing fasciitis is a rapidly progressive soft tissue infection associated with high mortality that can spread quickly across fascial planes leading to widespread necrosis of subcutaneous tissues. Delays in diagnosis beyond the critical early stages allow rapid progression and substantially worsen clinical outcomes including amputation, organ failure, and death. This review examines the current evidence on point-of-care ultrasound as an aid for early and accurate diagnosis of necrotizing fasciitis in the emergency department (ED) setting, where delays can be most detrimental.

Materials and Methods: A comprehensive literature search was conducted in PubMed, CINAHL, and Cochrane databases for studies published between 2010-2022 using relevant search terms including “necrotizing fasciitis,” “point-of-care ultrasound,” “POCUS,” and “emergency department.” Inclusion criteria were original studies conducted in adult ED patients that evaluated the diagnostic accuracy of point-of-care ultrasound for necrotizing fasciitis. Exclusion criteria were studies conducted in non-ED settings. Two independent reviewers screened the titles, abstracts, and full texts of retrieved records for eligibility. Data extraction was performed by two blinded reviewers using predesigned forms. Extracted data included study design, patient demographics, ultrasound techniques, diagnostic accuracy metrics, and limitations. Study quality and risk of bias were assessed using standardized tools.



Results and Conclusion: Results: The database search yielded 512 records, of which 7 studies met the inclusion criteria for final analysis (1 randomized trial, 6 cohort studies, total N=348 patients). Common point-of-care ultrasound findings associated with necrotizing fasciitis included irregular fascial thickening, fluid collections or hyperechoic foci along fascial planes, lack of fascial movement with probe pressure, and subcutaneous tissue thickening. Pooled sensitivity was 88% (95% CI 82-92%) and specificity was 93% (95% CI 89-96%). Ultrasound aided early presumptive diagnosis of necrotizing fasciitis, allowing rapid surgical intervention. Limitations were small sample sizes and reliance on clinical diagnosis as the reference standard. Conclusion: Current evidence indicates point-of-care ultrasound can aid early and accurate diagnosis of necrotizing fasciitis in the emergency department setting. By enabling rapid identification, the use of point-of-care ultrasound may lead to improved morbidity and mortality. Further high-quality research is required to better define the diagnostic accuracy and clinical impact of ultrasound for necrotizing fasciitis diagnosis.

Keywords: Necrotizing fasciitis, Point-of-care ultrasound, Diagnosis, Sensitivity and Specificity, Emergency Department



Pub No: PP-147

INVESTIGATION OF THE EFFECTIVENESS OF CT ANGIOGRAPHY IMAGING FOR THE EXTREMITY IN ADULT PATIENTS APPLIED TO THE EMERGENCY

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Introduction and Purpose: The objective of the study is to analyze the effectiveness of CT angiography in diagnosing arterial injuries in adult patients with extremity trauma in the emergency department.

Materials and Methods: The study was conducted retrospectively. Data was collected from adult patients who underwent CT angiography for extremity trauma between June 20, 2020, and June 20, 2022. Various patient parameters were collected, including age, gender, additional diseases, mechanism of trauma, blood pressure, physical examination findings, laboratory tests, presence of arterial pathology detected in CT angiography, hospitalization status, and more.

Results and Conclusion: The study included 119 patients who underwent CT angiography for extremity trauma. Among these patients, 20.2% (24) were female, and 79.8% (95) were male. 79% (94) of patients had no additional diseases, while 21% (25) had additional diseases. The distribution of additional diseases included: Hypertension (20.2%), Diabetes Mellitus (16.8%), Asthma (0.8%), Coronary Artery Disease (10.1%), Chronic Obstructive Pulmonary Disease (1.7%), and Malignancy (0.8%). The mechanisms of trauma for the patients included: Falling from a height (27.7%), Gunshot wounds (21.8%), Piercing-cutting tool injuries (31.9%), Out-of-vehicle traffic accidents (5.9%), and Motorcycle accidents (12.6%). 75.6% (90) of patients arrived at the emergency department by ambulance, while 24.4% (29) arrived outside of the ambulance. 95.8% (114) of patients did not require emergency surgery, while 4.2% (5) did. The Hard-Sign Finding rate was significantly higher in patients with CT angiography findings compared to those without ($p < 0.05$). Hospitalization rate was significantly higher in patients with CT angiography findings ($p < 0.05$). The turnover rate to the Cardiovascular Surgery (CVS) clinic was significantly higher in the group with urgent operation needs ($p < 0.05$). The rate of transfer to the Orthopedics and Traumatology clinic was significantly lower in the group with urgent operation needs ($p < 0.05$). The study concludes that the presence of Hard-Sign/Soft-Sign findings is important in assessing adult patients with extremity trauma in the emergency department. CT angiography is found to be an effective method for diagnosing arterial injuries in these patients. Algorithms based on these findings can guide the appropriate use of CT angiography, leading to reduced radiation exposure, contrast material exposure, waiting time, emergency operation time, and costs.

Keywords: Emergency Medicine, Limb Traumas, Computed Tomography Angiography.

Pub No: PP-148

A rare case: orbital mucormycosis

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Introduction and Purpose: Mucormycosis is a rapidly progressive fungal infection caused by filamentous fungi from the mucorace family.

Materials and Methods: A 65-year-old female patient was admitted to the emergency room with complaints of drooping left eyelid and limited movement in the right eye, which started three days ago. The patient did not describe any pain. In the patient's anamnesis, in addition to the comorbidities of DM and cirrhosis, it was learned that he was on the 13th day of covid+, was hospitalized for 4 days due to covid infection, and received iv piperacillin + tazobactam and 40 mg/day steroids for 5 days. Vital signs: Body temperature: 36,6 °C, Pulse rate:85 bpm, Respiration rate:24 bpm, Blood pressure:124/76 mmHg, Oxygen saturation:%97 Physical examination: Examinations were normal except for rales in the left AC basal area, ptosis in the left eye, limitation of left eye movements, and icterus in the sclera. Blood test result of the patient whose analysis showed leukocytosis (in favor of neutrophils), elevated glucose and CRP; for CT Scan showed us increased mucosal thickness in the paranasal sinuses, minimal density increase in fat planes in the pre-postseptal region adjacent to the left orbital medial and left ethmoid cellular – In Orbita-PNS CT; increased mucosal thickness in bilateral maxillary sinuses, left ethmoid cells, slight increase in density in left medial intraorbital fat planes, thickening in left preseptal area and increased density in fat planes. The patient with a known diagnosis of DM and a history of steroid use was diagnosed with Mucormycosis after obtaining ophthalmological and ENT views, she was admitted to the ward and amphotericin B treatment was started.

patient's appearance





blood tests

WBC	19.13	K/uL
NEU%	88.8	%
NEU#	17.01	K/uL
Glukoz	264	mg/dL

Results and Conclusion: Mucormycosis is a picture with a fulminant course and a high mortality risk. The most common predisposing factor is DM (60-80%), and other immunosuppressive conditions such as hematological diseases, neoplasias, chronic renal failure, antineoplastic agents, immunosuppressive treatment, corticosteroid use, organ and bone marrow transplantation, and AIDS are also included in the etiology. Mucormycosis should be kept in mind in immunosuppressed patients diagnosed with DM who apply to the Emergency Department.

Keywords: Immunosuppressed patients, Mucormycosis, Fungal infection

Pub No: PP-149

Cortical Laminar Necrosis

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Introduction and Purpose: Cortical laminar necrosis is generally seen after cerebral hypoxia, hypoglycemia, or ischemia. This case is described of laminar necrosis secondary to hypoxia developed by frequency seizures.

Materials and Methods: A 52-year-old female patient applied to the emergency department with the complaint of seizure 10 times since yesterday. He has known diagnosis of epilepsy and uses lamictal, topamax, lev-end, apoklobazam. Described as frequently whole body contraction, fixed point looking, loss of consciousness, starting last night and continuing until this morning. They applied to the emergency service when it happened. Neurological examination was normal, pupillary isocoric, no nystagmus, eye movements free in all directions, no necessary strength, no motor-sensorities deficit.

figure 1

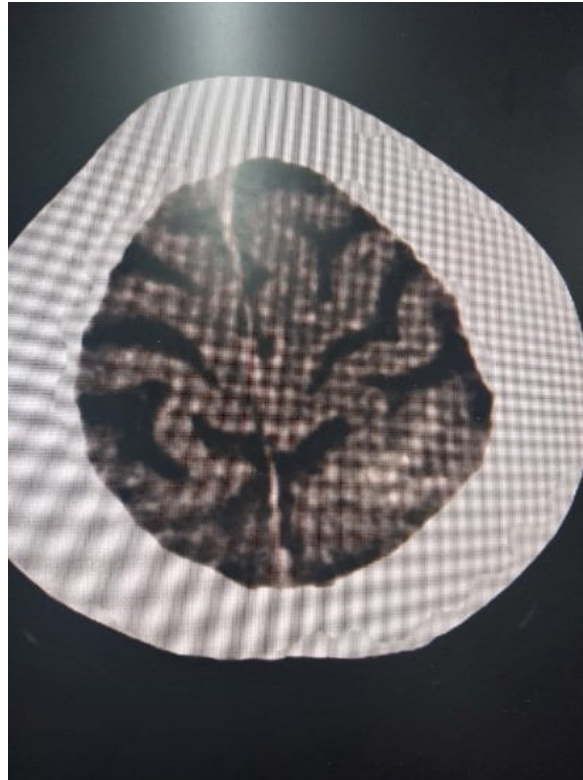
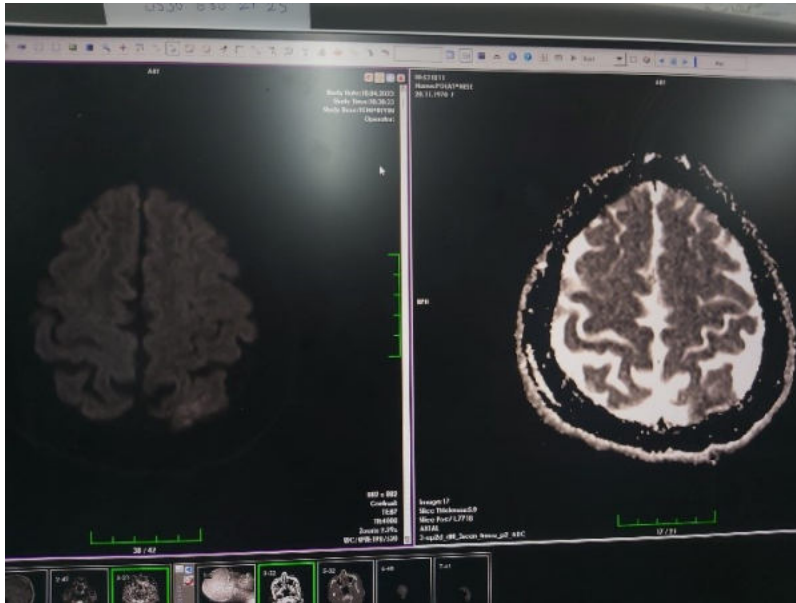


figure 2



Results and Conclusion: Cortical laminar necrosis it also looks hyperdens (figure 1), may be mixed with hemorage. Diagnosis must be supported by mri imaging (figure 2). Since hypoxia may develop in patients with frequent seizure, cortical laminar necrosis should come into mind.

Keywords: laminar necrosis, seizure, hypoxia



Pub No: PP-150

POST CPR PATIENT WITH ARREST SECONDARY TO PONS HEMORRHAGY

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Introduction and Purpose: Among primary intracerebral hemorrhages, pontine hemorrhages, which have a poor prognosis, have an important place in neurology practice. Bleeding that occurs in this region, where the most vital functional centers of the brain are located, leads to severe clinical conditions.

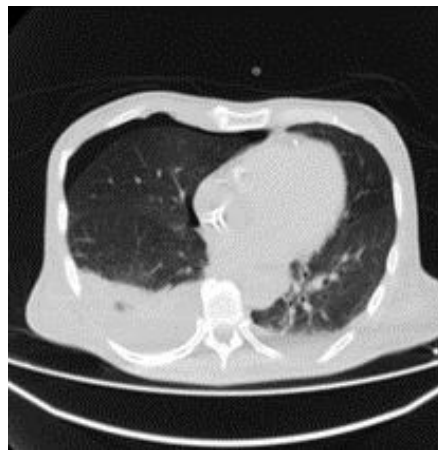
Materials and Methods: A 62-year-old male patient with a known diagnosis of hypertension, diabetes mellitus, coronary artery disease and cerebrovascular disease was brought intubated by 112 teams. According to the information received from 112 teams, the patient, who was taken into arrest, was given heart massage for approximately 10 minutes and then his pulse was taken. The patient's vitals blood pressure was 92/67 mmHg, pulse was 54 beats/min, spo2 was 86%, body temperature was 36.7. In the examination of the patient, the pupils were miotic and bilateral babinski was positive. Listening to his lungs, there was a decrease in breath sounds in the right lung. In the patient's brain CT, "A hyperdense area (hemorrhage?) of approximately 29*18 mm obliterating the 4th ventricle at the pons level was observed." and in the thorax CT, pneumothorax was observed in the right hemithorax. The patient was consulted to the neurosurgery clinic due to pontine bleeding. Emergency surgical intervention was not considered by the neurosurgery clinic due to deep-seated bleeding. The patient with pneumothorax in the right hemithorax was consulted to the thoracic surgery clinic. A chest tube was placed in the right hemithorax by the thoracic surgery clinic. The patient was consulted to the Anesthesia clinic. The patient was admitted to the Anesthesia intensive care unit.

deep-seated pontine hemorrhage



Results and Conclusion: Pons hemorrhage may progress with hypertension, bradycardia and respiratory irregularity secondary to increased intracranial pressure in patients. In our case, the patient probably had respiratory arrest secondary to pons hemorrhage and pneumothorax developed secondary to cardiopulmonary resuscitation. Early diagnosis and advanced life support are life-saving in pons hemorrhage.

pneumohemothorax in the right hemithorax



Keywords: Pons hemorrhage, post cpr



Pub No: PP-151

Prediction of polycystic ovary syndrome by the constructed associative classification algorithm

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Introduction and Purpose: Polycystic Ovary Syndrome (PCOS) is a medical condition affecting the female's reproductive system causing ano/oligoovulation, hyperandrogenism, and/or polycystic ovaries. PCOS) has been determined as one of the serious health problems among women, which affects women's fertility and leads to crucial health conditions. Hence, early diagnosis of polycystic ovary syndrome can be effective in the treatment process. Therefore, in this study, we investigated the possibility of building a model that aims to automate the diagnosis of PCOS using Associative Classification algorithms and techniques.

Materials and Methods: In this context, a dataset that consisted of 39 features ranging from metabolic, and imaging, to hormonal and biochemical parameters for 541 subjects was used. The data set is divided as 80%: 20% as training and test dataset. Model results were evaluated with accuracy, balanced accuracy, sensitivity, selectivity, positive predictive value, negative predictive value, and F1-score performance metrics. In addition, a 10-fold cross-validation method was used in the modeling phase.

Results and Conclusion: The results obtained from the performance metrics with the modeling were 90.3%, 86.8%, 76.6%, 97.0%, 92.4%, 89.5%, and 83.8% for accuracy, balanced accuracy, sensitivity, selectivity, positive predictive value, negative predictive value, and F1-score, respectively. According to the modeling results, factors that may be associated with PCOS were determined with high accuracy by the associative classification method.

Keywords: Associative classification, Polycystic Ovary Syndrome, Prognosis.

Pub No: PP-152

MANAGEMENT OF PULMONARY EMBOLISM WITH GUIDANCE

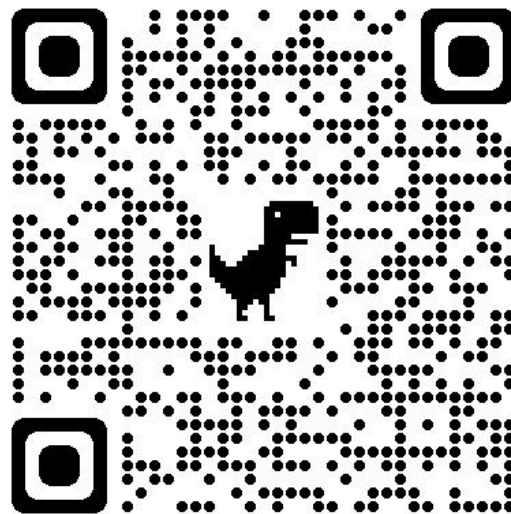
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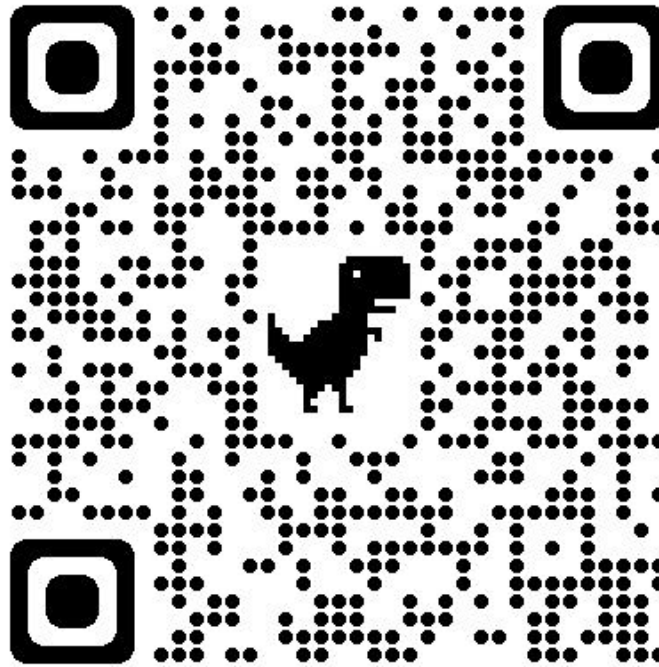
Introduction and Purpose: Pulmonary embolism (PE) is the most common cardiovascular disease seen after myocardial infarction and stroke. Although the annual incidence is reported to be around 1/1000 on average, determining the actual incidence is quite difficult due to the non-specific nature of symptoms and signs for PE. Acute PE obstructs both circulation and gas exchange. Severe PE cases often result in death primarily due to acute excessive pressure on the right ventricle. We use the Wells scoring system as a clinical prediction rule for PE. For patients with a low Wells score, the PERC criteria are used to rule out PE. In cases where PE cannot be ruled out with the PERC exclusion criteria or in patients with a moderate-risk Wells score, the diagnostic algorithm continues with D-dimer and pulmonary artery CT angiography. In patients with a high-risk Wells score for PE, the diagnosis is confirmed with pulmonary artery CT angiography. In this case presentation, we will present a patient who was managed in accordance with the PE diagnostic guidelines and eventually received a diagnosis of PE.

PERC exclusion criteria





Wells risk score



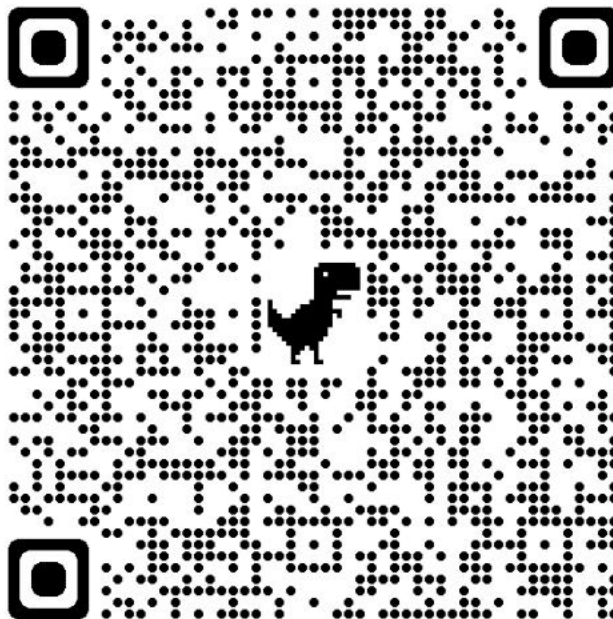
Materials and Methods: A 65-year-old woman arrived at the ER with increasing shortness of breath and palpitations, worsened by activity. Vital signs at admission were BP: 160/100 mmHg, HR: 125/min, RR: 14/min, T: 36.9°C, SPO₂: 93%. She had a history of diabetes, hypertension, and deep vein thrombosis. ECG showed sinus tachycardia (HR: 120/min). Physical exam revealed an enlarged right leg. Urgent evaluation considered acute coronary syndrome, heart failure, pneumonia, and pulmonary embolism. With a Wells score of 4.5, D-dimer was 6277 ng/dl. Creatinine was 0.79 mg/dl, GFR 78.81. Pulmonary artery CT angiography confirmed filling defects in main and segmental branches. PE diagnosis was made. Treatment began with oxygen and subcutaneous Enoxaparin 8000 IU/0.8 mL. Close monitoring followed, and the patient was admitted to the chest diseases ward

Image 1. Thrombus appearance in bilateral main pulmonary artery on tomography



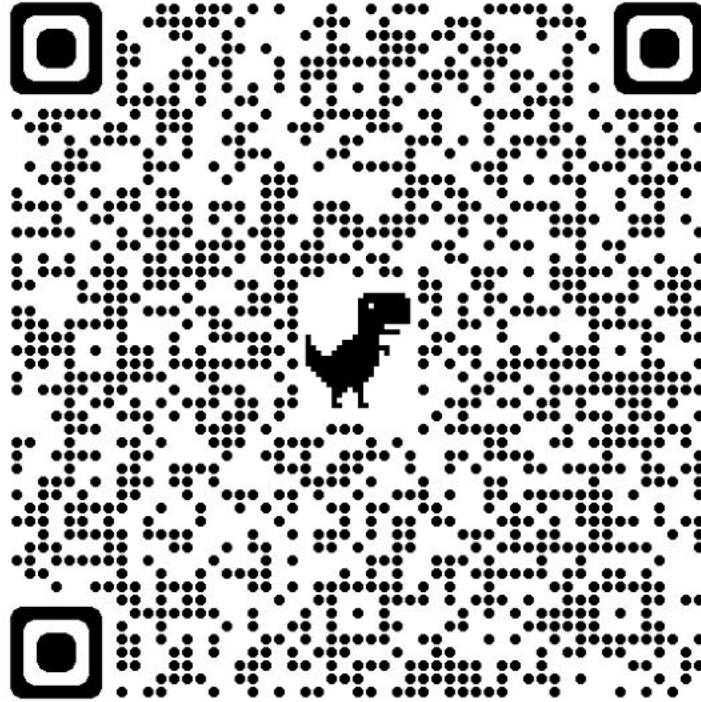
Results and Conclusion: In the routine of the emergency department, adherence to developed algorithms focused on life-threatening diagnoses, such as chest pain, shortness of breath, palpitations, guides the process of diagnosis and treatment. The management of our case in accordance with the guidelines streamlined the emergency department process and facilitated the diagnosis of pulmonary embolism.

ESC 2019 pulmonary embolism guideline hemodynamically unstable patient algorithm





ESC 2019 pulmonary embolism guide hemodynamically stable patient algorithm



Keywords: Pulmonary embolism, Wells score, ESC guidelines, Pulmonary artery CT angiography



Pub No: PP-153

Stroke and Bilateral Homonymous Hemianopsia

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Introduction and Purpose: Stroke is the leading cause of disability and the second leading cause of death worldwide. There is also a shift towards younger age groups in the overall burden of stroke, particularly in low- and middle-income countries.

Materials and Methods: A 25-year-old male patient presented with a sudden onset of right-sided numbness in the arm and leg, and weakness. In addition, there are complaints of inability to see the right side of both eyes and neck pain. The patient's complaints started 2 hours before he applied to the emergency department. The general condition of the patient was good, orientation and cooperation were complete, and his Glasgow coma scale was 15. Bilateral light reflexes are normal, pupillary isochoric. On examination of the cranial nerves, right homonymous hemianopsia is present. Muscle strength examination bilaterally 5/5. There is right-sided hemihypoesthesia. Lung sounds were normal. Patient's arrival vitals: blood pressure was 148/78 mmHg, Spo2 was 98%, heart rate was 79 beats/minute, and fever was 36.3 C. The patient has no known chronic disease, drug used and no history of allergy. The patient's routine biochemistry and hemogram parameters and INR examination were taken. ECG was seen. Brain computed tomography and diffusion MR imaging were planned. The patient's ECG was in normal sinus rhythm. No acute pathology was observed in the computerized tomography of the brain. The patient underwent diffusion MR imaging. In the imaging, areas consistent with acute/subacute diffusion restriction were detected in the left-sided temporoccipital lobe. Thereupon, the patient was consulted to the neurology department with the diagnosis of acute ischemic cerebrovascular accident. Thrombolytic therapy was given to the patient by the neurologist after necessary information was given and consent was obtained. Control brain computed tomography was seen. He was admitted to the intensive care unit without complications.

Results and Conclusion: Cerebrovascular events are frequently seen over 65 years of age. On the other hand, our patient did not have a history of chronic disease and was at a youthful age. Right-sided homonymous hemianopsia developed in our patient due to occipital lobe involvement.

Keywords: stroke, hemianopsia, homonymous

Pub No: PP-154

A transient cerebral lesion of the corpus callosum splenium: transient splenic lesion

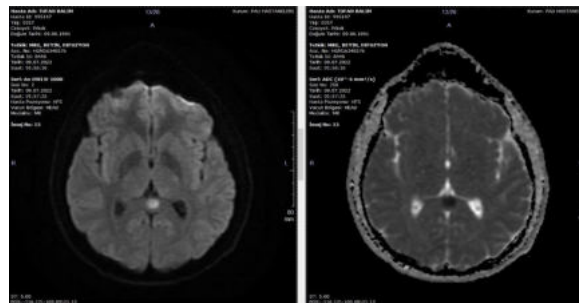
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Introduction and Purpose: The incidence of acute ischaemic cerebrovascular events in emergency departments is increasing. In some cases, the management of these patients in the emergency department may require thrombolytic or invasive interventional treatment. It is important to know the presence of transient lesions in the corpus callosum splenium in order to avoid invasive diagnostic and therapeutic procedures in these patients.

Materials and Methods: A 31-year-old male patient presented to the emergency department with complaints of difficulty speaking and organising sentences and numbness in the right side of his face, which started around noon. There is no known illness or drug use. Vital signs include blood pressure: 127/66 pulse rate: 65 Respiratory rate: 16, saturation: 98. Physical examination of the patient revealed no localising findings, no meningeal irritation, normal cranial nerve examination and competent cerebellar examination. Further investigations were performed and blood glucose: 88, ECG: normal sinus rhythm, laboratory: haemogram, biochemistry and coagulation were within normal limits. Diffusion MR was planned in the patient who had no pathology on brain tomography. Diffusion-limiting area was observed on MR at the level of the corpus callosum splenium. EEG and CT angiography were normal and the clinical picture improved over time on follow-up at the neurology service. Brain MR 4 days later showed significant regression of the diffusion-limited area.

Diffusion MR



Results and Conclusion: The aim of presenting this case is to master the diagnosis of transient splenic lesion in the emergency department, to know that this disease is a transient lesion and to avoid invasive diagnostic and treatment methods in the emergency department management.

Keywords: Corpus callosum, Transient splenic lesion, Transient splenic lesion



Pub No: PP-155

Disseminated intravascular coagulation; Failure of a patient: a case report

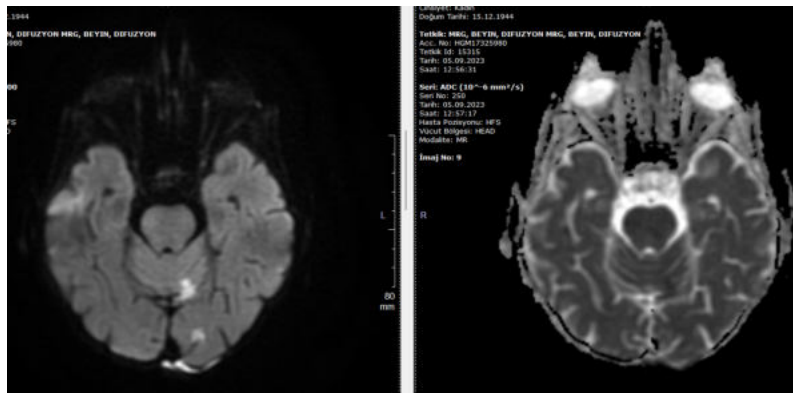
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Introduction and Purpose: Disseminated intravascular coagulation (DIC) is a rare but serious condition that causes abnormal blood clotting throughout the body's blood vessels. You may develop DIC if you have an infection or injury that affects the body's normal blood clotting process.

Materials and Methods: A 78-year-old female patient applied to our emergency department with complaints of poor general condition, decreased oral intake, and swelling in the right arm and leg for 4 days. The patient, who has had a wound with purulent discharge in the right lower abdomen for 6 months, has started to have a hemorrhagic discharge today. The GCS of the patient with known hypertension was 14 and her consciousness was blurred. Her vitals were BP:57/29mmHg,RR:24/min,fever:36.8°C,HR:100bpm,O2sat:%90. Fingertip blood test was 30 mg/dL. After the patient was given iv dextrose, there was an improvement in consciousness. There was no compliance in the neurological examination. Breath sounds were bilaterally decreased. ECG: sinus rhythm, rate:102, new T negativities in anterior leads. Urinalysis was in favor of infection. There were findings consistent with bilateral DVT on ultrasound. Bilateral multiple diffusion limitations were observed in diffusion MRI. Pleural effusion was observed in the bilateral hemithorax in Thorax CT. The patient was consulted to Neurology due to acute ischemic cerebrovascular event. The patient was consulted to Nephrology regarding the need for hemodialysis due to acute renal failure. The patient whose DIC score was 7 points, was consulted to Hematology considering sepsis-related DIC and related complications. The hypotensive patient receiving inotropic support was consulted to the intensive care unit. During the follow-ups, the patient was intubated due to the disappearance of the pupil reflex and increased respiratory rate. The patient, who was arrested after intubation, returned to spontaneous circulation after approximately 10 minutes of intervention. While the patient was receiving available treatments in the emergency department, she arrested again and was declared exitus after 30 minutes of intervention.

diffusion MRI



blood tests

Creatinine	GFH	Urea	Potassium	Calcium	Albumine	CRP	
3,8	11	113	5,99	6,88	13,2	91	
Hb	PLT	WBC	INR	PTZ	D-dimer	Fibrinogen	Troponine
6,5	19	19	1,63	19 sec	1,05	62,6	141→146

Results and Conclusion: Since most clinical treatment studies have been conducted in patients with sepsis, including patients without DIC, the application of emerging biomarkers suggestive of microthrombus formation and hyperfibrinolysis will allow for better prospective randomized controlled trials and more personalized management of DIC.

Keywords: DIC, Abnormal blood clotting, haemorrhage, sepsis, thrombosis



Pub No: PP-156

A case of neurogenic shock

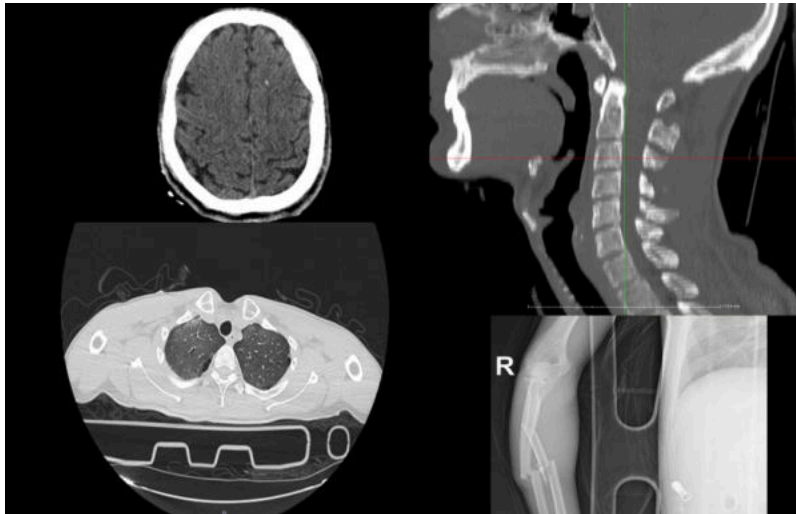
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Introduction and Purpose: Neurogenic shock is a life-threatening condition that is frequently overlooked in trauma cases. It occurs due to disruption of vasoconstrictive distribution due to vertebral trauma.

Materials and Methods: A 37 Years old male patient comes to emergency department due to traffic accident. head and neck pain is described. Vitals: TA:70/40mmHg, Heart Rate: 70bpm, RR:16, SPO2:96%. Glasgow coma scale (GCS): 15. Neurological evaluation shows trauma-related abrasions in the right upper and lower extremities. The patient describes severe pain in the right arm. There is a motor deficit in the right lower extremity. Does not respond to painful stimulus. During sensory examination, he says he can't feel it. Babinski no response. LR +/- .The patient describing pain in the neck and has tenderness over the cervical spinous processes. There is an incision in the area where pain is described in the left parietal. There is tenderness in the occipital. Breath sounds are normal. The abdomen is comfortable. Pelvis is stable. There is deformity and tenderness in the right forearm. There is no description of pain-tenderness on the vertebral column except the cervical. Since the patient was hypotensive, bolus crystalloid infusion was started. Blood transfusion preparation was made. There are no FAST findings. CBC, blood gas, electrolytes and coagulation parameters were run simultaneously from the patient. The patient was quickly scheduled for imaging. CT: Fracture line was observed in the occipital bone. A millimetric hyperdense area was observed at the vertex level in the left parietal. A fracture line was observed in the C5 vertebral body. A ground glass (contusion) area was observed in the anterior upper lobe of the right lung. Vasopressor is started to the patient who remains hypotensive despite fluid bolus. Blood gas: pH: 7.31, Lactate: 3.02, TA: 70/55mmHg, 90/60mmHg post norepinephrine. As a result of the Neurosurgery consultation, the patient is taken to emergency surgery with the diagnosis of neurogenic shock.

CT images



Results and Conclusion: Neurogenic shock is a very important condition, especially for people who have experienced cervical trauma. This case is an example of how serious consequences cervical trauma can lead to, therefore this is the reason why we presented this case.

Keywords: Neurogenic, Trauma, Shock



Pub No: PP-157

Clinical Insights into Developmental Dysplasia of the Hip: Risk Factors and Findings from a Turkish Pediatric Study

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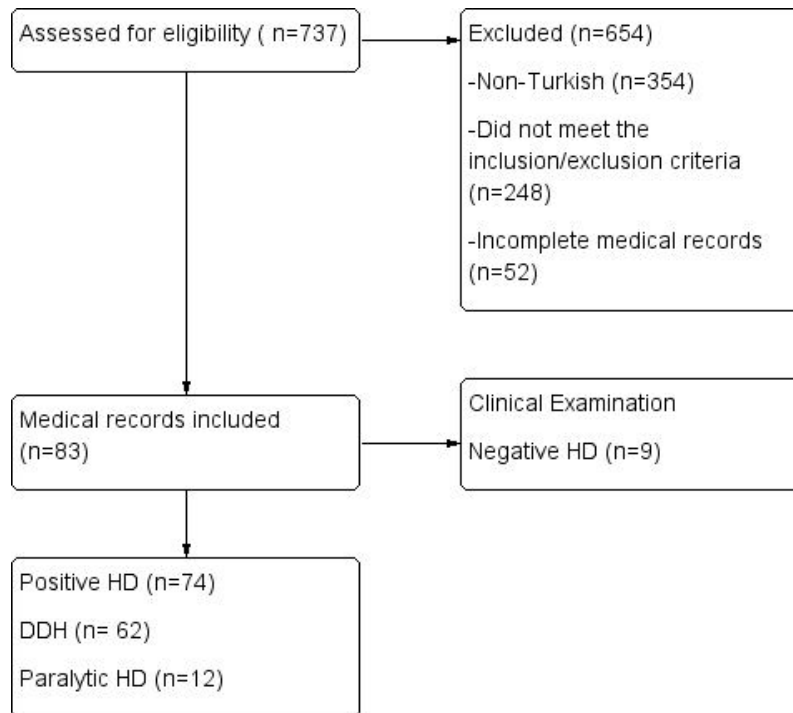
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Introduction and Purpose: Limited research exists regarding the connection between developmental dysplasia of the hip (DDH) and risk factors within the Turkish population. This study aimed to explore the potential associations between DDH and various risk factors among Turkish children.

Materials and Methods: The study involved analyzing the medical records of 83 children born in or admitted to Aksaray Training and Research Hospital, with clinical indications of hip dislocation (HD). The study delved into the relationships between DDH and risk factors such as age under 3 years, female gender, twinning, being the first-born child, C-section delivery, breech presentation, prematurity, positive family history, and the presence of associated abnormalities.

Results and Conclusion: Within the study group, HD was confirmed in 74 children (89%) as Positive HD, whereas 9 children (11%) were ruled out as Negative HD. Subsequently, 12 children (14.4%) were excluded from the initially positive cases, as their diagnosis was confirmed to be paralytic hip dislocation rather than DDH. Ultimately, DDH was verified in 62 children (74.6%). Statistical analyses using the Chi-square test (χ^2) and odds ratios (OR) revealed notable associations between DDH and positive family history, female gender, age below 3 years, and the presence of associated abnormalities. The corresponding P values and OR were 0.00 (16.5), 0.002 (3.1), 0.005 (2.6), and 0.042 (1.9) respectively. Positive family history, female gender, age under 3 years, and the presence of associated abnormalities were associated with an approximate 16-fold, 3-fold, 2.5-fold, and 2-fold increased risk of DDH respectively.

Study flow diagram



Clinical characteristics of patients

Clinical characteristics		Study group (suspicion HD)			Control group (healthy) No. (%)	
		Positive HD No. (%)		Negative HD No. (%)		All suspicion HD No. (%)
		DDH	PHD			
Number of children records		62 (74.6)	12 (14.4)	9 (11)	83 (100)	82 (100)
Gender	Male	15 (24.2)	4 (33.3)	4 (44.4)	23 (27.8)	41 (50)
	Female	47 (75.8)	8 (66.6)	5 (55.6)	60 (72.2)	41 (50)
Age groups	< 3 years	41 (66.1)	7 (58.3)	2 (22.2)	50 (60.2)	36 (43.9)
	≥ 3 years	21 (33.9)	5 (41.7)	7 (77.8)	33 (39.8)	46 (56.1)
Twinning	Single	61 (98.4)	11 (91.6)	9 (100)	81 (97.5)	80 (97.5)
	Twin	1 (1.6)	1 (8.4)	0 (0)	2 (2.5)	2 (2.5)
Birth order	1 st born	5 (8.1)	2 (16.6)	1 (11.1)	8 (9.6)	14 (17.1)
	Others	57 (91.9)	10 (83.4)	8 (88.9)	75 (90.4)	68 (82.9)

Type of delivery	NVD	52 (83.9)	8 (66.6)	8 (88.9)	68 (81.9)	51 (62.1)
	CS	10 (16.1)	4 (33.3)	1 (11.1)	15 (18.1)	31 (37.9)
Presentation	Normal	58 (93.5)	11 (91.6)	9 (100)	78 (93.9)	77 (93.9)
	Breech	4 (6.5)	1 (8.4)	0 (0)	5 (6.1)	5 (6.1)
Maturity	Full term	60 (96.8)	10 (83.4)	9 (100)	79 (95.1)	73 (89)
	Preterm	2 (3.2)	2 (16.6)	0 (0)	4 (4.9)	9 (11)
Family history	Positive	18 (29.0)	2 (16.6)	1 (11.1)	21 (25.3)	2 (2.4)
	Negative	44 (71.0)	10 (83.4)	8 (88.9)	62 (74.7)	80 (97.6)
Associated abnormality	Yes	8 (12.9)	11 (91.6)	5 (55.6)	24 (28.9)	6 (7.3)
	No	54 (87.1)	1 (8.4)	4 (44.4)	59 (71.1)	76 (92.7)
DDH affection	Unilateral	27 (43.5)	5 (41.6)	-	-	-
	Bilateral	35 (56.5)	7 (58.4)	-	-	-
DDH side	Right only	11 (17.7)	0 (0)	-	-	-
	Left only	16 (25.8)	4 (33.3)	-	-	-
	Both	35 (56.5)	8 (66.6)	-	-	-

NVD: Normal vaginal delivery; CS: Cesarean section; HD: Hip dislocation; DDH: Developmental dysplasia of the hip; PHD: Paralytic hip dislocation.

Measurements of association between DDH and risk factors

Risk factors	Chi square (χ^2) test	Risk estimate	
	p value	OR	(95% CI)
Age less than 3 years	0.005*	2.6	(1.4–5.1)
Female gender	0.002*	3.1	(1.6–6.5)
Twinning	0.46	0.4	(0.1–4.3)
1 st order children	0.11	0.4	(0.1–1.3)
Cesarean section	0.002*	0.3	(0.1–0.6)
Breech presentation	0.93	1.1	(0.3–4.1)
Prematurity	0.08	0.3	(0.1–1.3)
Positive family history	0.00*	16.5	(3.7–73.9)
Presence of associated abnormalities	0.042*	1.9	(0.7–5.8)

*Significant difference ($p \leq 0.05$). OR: Odds ratio; CI: Confidence interval.

Keywords: Developmental dysplasia of the hip, risk factors, breech, prematurity, positive family history



Pub No: PP-158

Emergency Approach in Patients with Back Stabbing

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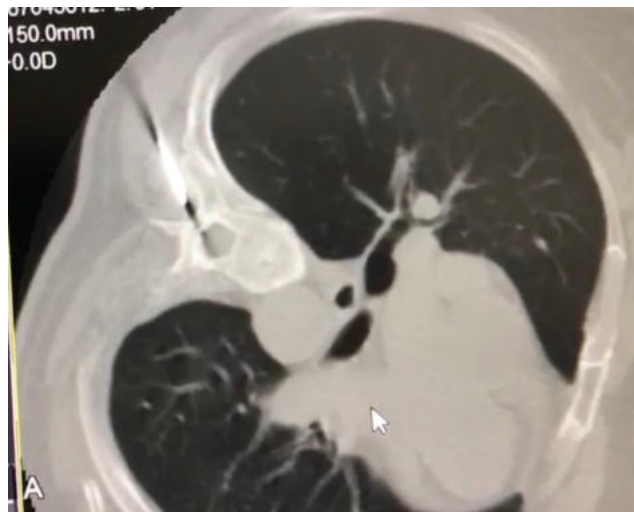
Introduction and Purpose: Emergency Approach in Patients with Back Stabbing
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INTRODUCTION: Thoracic trauma is divided into two as blunt and penetrating injuries. There is a possibility of abdominal injury in the injury of the nipples anteriorly and below the line of the lower ends of the scapula posteriorly. There is generally no correlation between the external appearance of the thoracic wall and the extent of intrathoracic injury. Because of the lack of correlation, immediate life-threatening injuries should be recognized early and treated quickly and simply if possible.

Materials and Methods: CASE: An 83-year-old male patient was admitted to the emergency department with a midline stabbing of the right scapula as a result of an argument. The patient's vital signs were found to be BP: 110/70 mmHg, Nb: 120/min, SaO₂:92, Fever: 36.5°C. The patient has a 2x2 cm blade entry hole in the midline of the 6th rib on the right scapula (picture 1). Both lungs of the patient participate in breathing equally, crepitation is taken at the blade entry site. There is no active bleeding, both upper and lower extremity pulses are clear. In pulmonary CT angiography, a defective appearance on the skin in the medial of the scapula on the right and an oblique cutting-piercing instrument entering from this level, traversing the skin-subcutaneous and muscle planes and ending in the vicinity of the T6 right spinous process posterior, were observed (Figure 2). At this level, minimal thickening was observed in the muscle planes compared to the symmetrical ones. At this level, 1-2 millimetric air values were observed in the muscle planes. Pleural effusion, hemothorax, pneumothorax were not observed. In accordance with the physical examination and examinations of the patient, the foreign body was removed and sutured in the emergency room.

picture 1



picture 2



Results and Conclusion: CONCLUSION: In our case, the blade entry hole suggested hemothorax and pneumothorax in the foreground. However, thoracic injury did not occur due to the oblique course of the blade. It is generally absent between external appearance and intrathoracic injuries in thoracic penetrating traumas.

Keywords: Penetrating injury, stab wound, thoracic trauma



Pub No: PP-159

Unilateral tongue angioedema caused by ready-made meatballs: A Case report

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Introduction and Purpose: Angioedema occurs when the permeability of capillaries in the dermis reticularis, upper respiratory tract, and gastrointestinal tract submucosal layers increases and plasma leaks into the interstitial space. In the absence of typical signs of inflammation, endogenous inflammatory elements such as histamine, bradykinin, and leukotrienes accumulate in endothelial cells, resulting in increased endothelial cell permeability and vasodilation. Angioedema is a local, non-pitting, non-pruritic, non-itchy, non-staining clinical condition that starts suddenly and heals in less than 5 days without leaving a trace. According to the World Allergy Organization, the lifetime incidence of angioedema in the population is 10-15%. It is more common in adults and women. Angioedema is divided into 3 main groups as bradykinergic, histaminergic and idiopathic. Triggers for histaminergic angioedema: Drug, food, latex and venom allergies. We wanted to present this rare case of unilateral angioedema in the tongue after the consumption of ready-made meatballs to contribute to the literature.

Materials and Methods: Case report and literature review of angioedema caused by meatball consumption.

Results and Conclusion: A 40-year-old female patient presented to the emergency department with a complaint of tongue swelling that started 12 hours ago. The patient's vitals were blood pressure: 144/82 mmHg, pulse: 95 beats/min, oxygen saturation: 95%, fever: 36.5°C. The patient had no known additional disease, history of allergy and drug use. We learned that the patient's tongue swelled after eating ready-made meatballs for dinner the night before. In the examination of the patient, edema was observed in the right half of the tongue. There was no uvula edema. No rash lesion was observed on the body. Other system examinations were normal. In the laboratory examination of the patient, hematological and biochemical parameters were found to be normal. In the emergency department, 45.5 mg of pheniramine, 40 mg of methylprednisolone and 8 mg of dexamethasone were given IV in 100 cc saline. After 6 hours of follow-up in the emergency department, the swelling in the tongue regressed and the patient was discharged. There have been case reports of unilateral tongue angioedema developing against a few angiotensin receptor blockers in the literature, but no case has been reported after consumption of ready-to-eat food.

Keywords: Emergency Service, angioedema, ready-made meatballs



Pub No: PP-160

ACUT LUNG INJURY ASSOCIATED WITH TRANSFUSION AFTER BLOOD TRANSFUSION

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Introduction and Purpose: Transfusion-induced acute lung injury (TRALI) is a condition characterized by tachypnea, tachycardia, cyanosis, shortness of breath and fever, which usually occurs within the first 6 hours after administration of plasma and plasma-rich blood products. Acute renal failure accompanied by severe hypotension and renal tubular necrosis may occur in some patients.

Materials and Methods: A seventy-seven-year-old female patient came to our side with cough, sputum, nausea and vomiting after blood transfusion. FM: TA: 155/76 mmhg, N: 120/min, S02: 96 skin and mucous membranes have a pale appearance, bilateral minimal fine ral in the basals of the lungs, pretibial edema +/+, rectal key negative. . During the lung examination, there were widespread rallies in both lungs with listening, sensitivity in the right upper quadrant and epigastric region. In laboratory values, pancytopenia, pyuria and hematuria, BUN, creatinine elevation, newly developed bilateral diffuse infiltration areas are present on the lung X-ray. TRALI is a non-cardiac pulmonary edema table in which severe dyspnea, hypoxia and bilateral diffuse infiltrations are observed on lung X-ray. The mechanism of formation of TRALI has not been clearly explained. According to the most accepted theory, alloantibodies (anti-HLA class I and II, antineutrophil antibodies) from the donor activate the recipient's neutrophils, monocytes, tissue macrophages after transfusion of plasma-containing blood products. As a result of the activation of granulocytes, capillary damage, increased permeability and the inflammatory process begin. Fluid pooling occurs in the alveolar cavity due to diffuse alveolar capillary damage. In the diagnosis, it is helpful to show anti-HLA or anti-neutrophil antibodies in the patient. It is more direct to show antibodies in the plasma taken from the blood sample held responsible.

Results and Conclusion: Accurate recognition of TRALI cases in cardiogenic therapy and the presence of differences from hypertensive pulmonary edema it is important for the reason.

Keywords: TRALI, ACUTE LUNG INJURY, TACHYPNEA, TACHYCARDIA, CYANOSIS



Pub No: PP-161

Delayed presentation in trauma cases

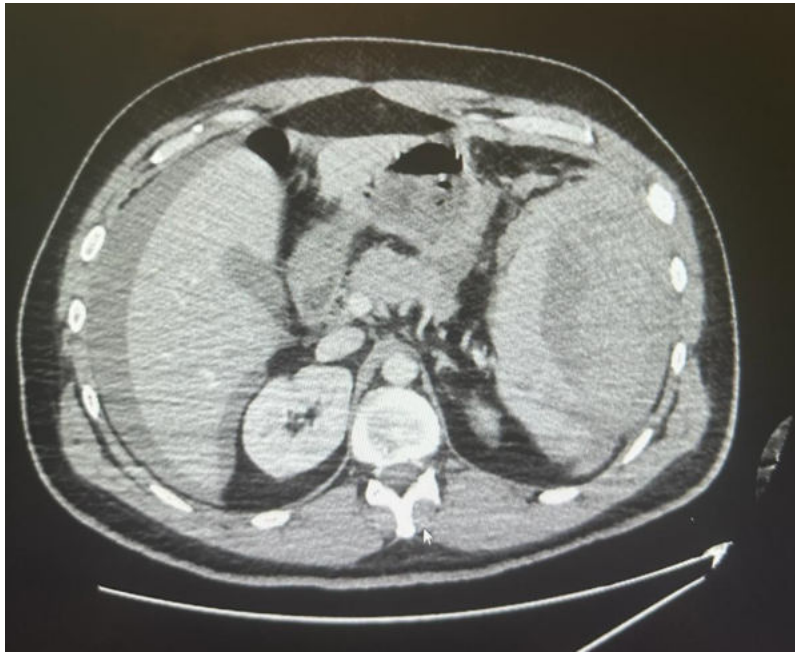
Mustafa Buğra COŞKUN¹

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Introduction and Purpose: INTRODUCTION Trauma ranks as the third leading cause of death globally, and it is the most common cause of death among individuals aged 1-44. Trauma-related mortality is classified into three groups: immediate deaths at the incident site (50% of total), deaths within a few hours post-trauma (30%), and a more extended mortality process spanning days to weeks (20%). Hemodynamic shock is the primary post-trauma cause of death. In this case presentation, we will discuss the treatment of a patient who had a delayed post-traumatic admission to the emergency department and the potential life-threatening implications of this delay.

Materials and Methods: CASE 30-year-old male arrived at the emergency department with 2-day abdominal pain. His vital signs were BP: 95/60 mmHg, HR: 100 bpm, RR: 19 breaths/min, BT: 36.0°C, and SPO2: 99%. Physical examination revealed pallor, cold skin, and a tense, tender abdomen. Further history-taking revealed that the patient had been involved in a traffic accident one week prior but had not sought medical attention as he felt fine. Laboratory tests showed pH: 7.22, PCO2: 59, HCO3: 24, Base Deficit: -3.3, Hg: 11.9, Lac: 6.1. Advanced imaging revealed a stage 3 splenic injury and widespread abdominal fluid. The patient underwent emergency splenectomy with blood product replacement and was discharged on the 4th postoperative day in stable condition.

BT image



splenic laceration and fluid in abdomen

Results and Conclusion: CONCLUSION The initial assessment and secondary evaluation are crucial for trauma patients. Vital injuries that may not be detected during the initial assessment can be identified during repeat evaluations. The spleen, despite having a relatively good blood supply, can lead to life-threatening outcomes in cases of injury. Patients with spleen injuries can either be managed with immediate surgery based on surgical classification systems or undergo close hemodynamic monitoring. As in the case of our patient with grade 3 injuries, those who develop hemodynamic instability during follow-up should be urgently referred for surgery. Trauma patients with a history of injury can benefit from rapid and effective treatment planning with careful hemodynamic monitoring.

Keywords: trauma, splenic laceration, shock

Pub No: PP-162

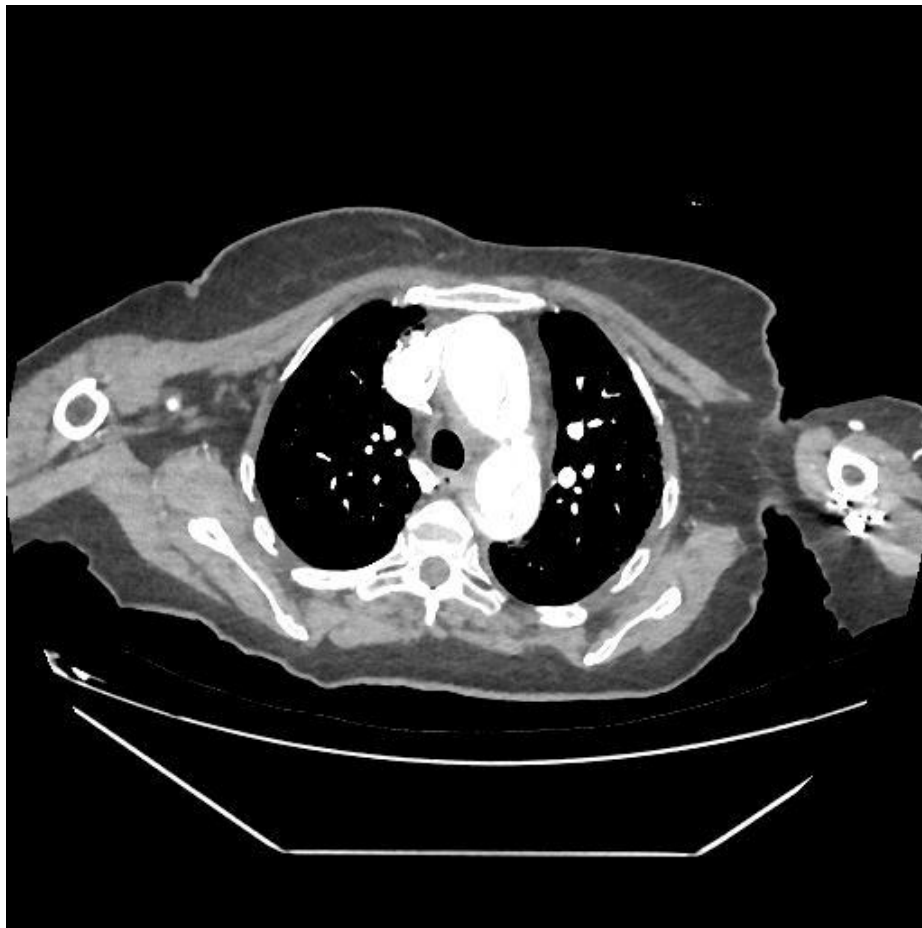
DISPATCHED AS ACUTE PANCRATITIS, DIAGNOSED OF AORTIC DISSECTION

UĞURCAN YIKILMAZ¹, TUĞBA AKTUĞ ÖZEN¹, YALÇIN GÖLCÜK¹

¹MUĞLA SITKI KOÇMAN ÜNİVERSİTESİ TIP FAKÜLTESİ ACİL TIP ANABİLİM DALI

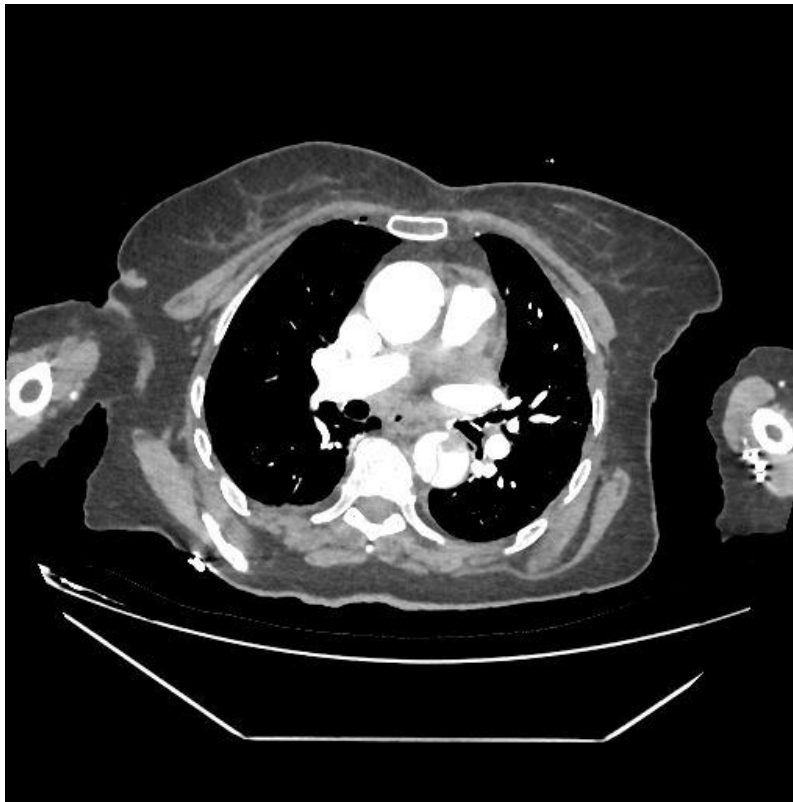
Introduction and Purpose: Emergency medicine is a medical specialty that requires a multidisciplinary approach, rapid assessment and rapid decision-making. An emergency medicine physician should also perform a rapid systemic examination in patients who come to him with a diagnosis and proceed to the conclusion as a result of his own preliminary diagnosis. In this case, we will describe our patient who was referred with a preliminary diagnosis of acute pancreatitis but still diagnosed with aortic dissection.

aortic dissection

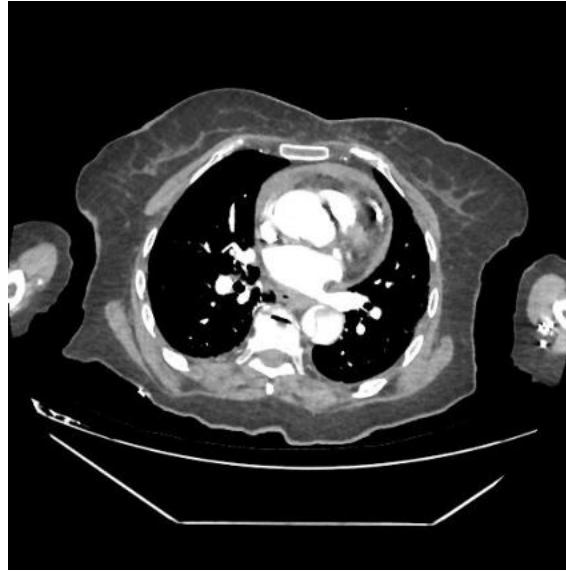


Materials and Methods: A female patient, aged 86 years, diagnosed with HT, DM, Parkinson's, was referred from an external center with the diagnosis of acute pancreatitis. The patient had dizziness and nausea. Eccentric brain imaging is normal. He was referred with the diagnosis of acute pancreatitis after metabolic acidosis was found in the blood gas obtained and amylase 750 lipase 660 was detected. TA: 87/51, spo2: 94(oh), dss 16, glucose 351, ECG sinus arrhythmia 80/min hr, gks:10 (e4v1m5) pain localized, eyes spontaneously open, verbal no answer. Extremity muscle and sensory deficits could not be evaluated. No orientation- cooperation. Bowel sounds are normoactive, there is no distension-defense-rebound in the abdomen. There is no urine coming from the bladder catheter. IV hydration with 0.9% NaCl was started. Blood gas is compatible with lactic acidosis and d-dimer 9400 came in. Thoracoabdominal angio-CT was performed with the preliminary diagnosis of aortic dissection in the patient whose lactate elevation continued despite IV hydration. Type 1 aortic dissection was detected in angio-CT. The patient was taken to emergency surgery by the cardiovascular surgeon. After the operation, which lasted for approximately 8 hours, the patient was taken to the CVS ICU with inotropic support, and cardiac arrest occurred at the 4th hour of the follow-up, and the patient died despite effective cpr and adrenaline administration.

aortic dissection



aortic dissection



aortic dissection



Results and Conclusion: In patients with unexplained lactate elevation and altered consciousness, acute aortic syndromes should be considered in the preliminary diagnosis in terms of ischemic process. Since aortic dissection can occur in different clinics depending on the level of dissection and can be fatal, emergency physicians should also be careful in terms of aortic dissection in the preliminary diagnosis.



WACEM²³

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Keywords: aortic dissection, vertigo, stomachache, lactic acidosis, pancreatitis

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Pub No: PP-163

A PATIENT WITH BILIARY COLIC WITH ABDOMINAL PAIN AFTER EATING MUSHROOM PICKLING

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Introduction and Purpose: Although there are more than 5,000 types of mushrooms in the world, approximately 100 of them are known to be toxic. Mushroom intoxications may present to us with various gastrointestinal system symptoms.

Materials and Methods: A 45-year-old female patient with a known gallbladder stone applied to an external center with complaints of epigastric pain and nausea and vomiting. The vitals of the patient, who was referred to us from an external center with a preliminary diagnosis of cholecystitis, were within the normal range when She applied to us. When the history taken from the patient was further examined, it was stated that the patient ate pickled mushrooms approximately 20 hours before her complaints started. In the patient's first blood tests, Ast was 43.8U/L, Ldh was 416U/L, and other blood tests were within the normal range. USG of the patient was reported naturally. In the control blood taken from the patient, whose complaints resolved after symptomatic treatment, Ast was measured as 105U/L, Alt was 89.1U/L, and Ldh was 295.7 U/L. The patient was evaluated as having mushroom intoxication and the poison control center was consulted. The patient, for whom n-acetyl cysteine was recommended by 114, was admitted to the emergency ICU due to fungal intoxication. NAC protocol was started to be implemented. During the follow-up, Ast 590.2 U/L, Alt 461.3 U/L, Ldh 714U/L, Ggt 714U/L were measured and silibinin, which was obtained with the guidance of the poison control center, was started with a loading dose followed by a maintenance dose. During the follow-up, silibinin continued to be given to the patient, whose Ast levels increased to 602U/L, Alt 714.4 U/L, Ldh 514.3U/L, Ggt 328.5 U/L. On the 9th day of the follow-up, the patient's tests were completely within normal range and all her symptoms regressed and he was discharged with the recommendation of a gastroenterology outpatient clinic check-up.

Results and Conclusion: A history of eating mushrooms should be questioned in all patients presenting with gastrointestinal system symptoms, especially in the summer months, even if we have another preliminary diagnosis to explain the clinic.

Keywords: mushroom intoxication, bilier colic, silibinin



Pub No: PP-164

A Complex Case of Abdominal Pain, Ileus, and Mass - A Case Report

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¹Bezmialem Vakif University

Introduction and Purpose: Acute abdominal pain can be caused by many common medical conditions, however, sometimes diagnosing the underlying illness is not so straightforward. A proportion of 24–35% of cases remain without a specific diagnosis following the primary care visit. It is important to consider the differential diagnoses correctly in patient management. Patients with Colorectal Cancer (CRC) are often analysed because of abdominal symptoms such as bowel habit changes, bloody stool, unintentional weight loss and anaemia. Approximately 10–28% of the patients with CRC present with symptoms of an acute obstruction. Especially in cancer cases, it is important how long the diagnosis is delayed.

Materials and Methods: A 53-year-old male patient presented to our emergency department with a history of abdominal pain, nausea, and diarrhea lasting for the past three months. Physical examination findings in the abdomen are tenderness in the upper left quadrant, voluntary guarding on the right side and the abdomen has a distended appearance. Due to the patient's complaints persisting for 3 months, it has been learned that he has sought care at emergency services for an extended period, receiving symptomatic treatment and being discharged without a detailed investigation previously conducted. PA chest X-ray showed no pathological signs. In abdominal tomography, A 57 mm dilatation was detected in the transverse colon at the level of the descending colon and metastasis was considered in the 8th segment of the liver.

Results and Conclusion: Abdominal pain is a common symptom encountered in clinical practice, often attributed to a wide range of etiologies. The importance of early diagnosis and intervention in such cases cannot be overstated. Delayed diagnosis may lead to complications such as bowel ischemia, perforation, or advanced cancer stages, negatively impacting the patient's prognosis and quality of life. This case underscores the significance of a comprehensive diagnostic workup and the need for a coordinated approach to address complex abdominal pathologies effectively. In conclusion, the combination of abdominal pain, ileus, and a mass should raise suspicion for a broad spectrum of pathologies, including neoplastic lesions. A systematic approach, timely intervention, and interdisciplinary teamwork are crucial in achieving favorable outcomes for patients presenting with this challenging clinical triad.

Keywords: Abdominal Pain, Ileus, Mass

Pub No: PP-165

Young lady with breathlessness

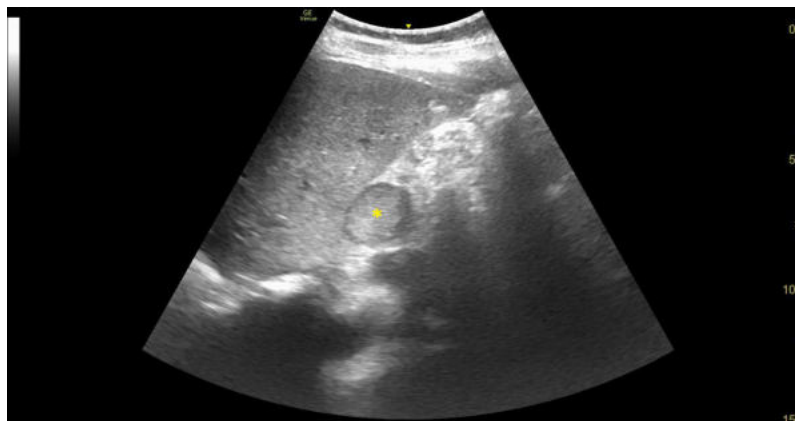
Ezhilkugan Ganessane¹, Amaravathi Uthayakumar¹, Balamurugan Nathan¹

¹JIPMER, India

Introduction and Purpose: This case highlights the importance of using point-of-care ultrasound (POCUS) in the emergency department.

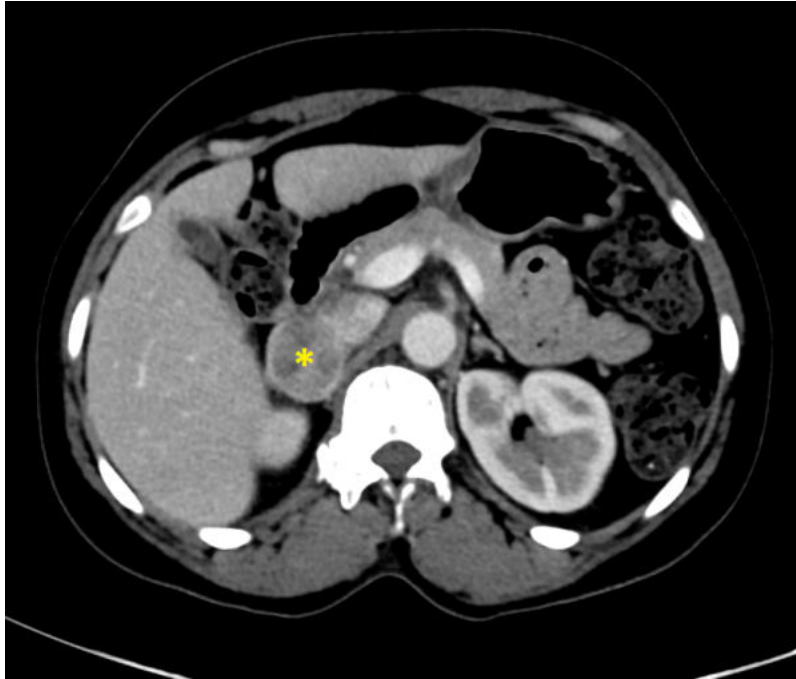
Materials and Methods: A 33-year-old female with no prior comorbidities presented to our emergency department (ED) with breathlessness for five days. She had a history of recurrent episodes of headache, giddiness, and sweating in the past three weeks. On examination, she had a pulse rate of 110, blood pressure of 110/80, respiratory rate of 28, and a room air saturation of 87%. She had elevated JVP with bilateral crepitations on examination. Her ECG showed sinus tachycardia with diffuse ST segment depression. POCUS in the ED showed global left ventricle (LV) hypokinesia with LV ejection fraction (LVEF) of 30% and bilateral B profile suggestive of acute heart failure. We initiated noninvasive ventilation and started her on heart failure medications. During her stay in ED, she had intermittent high BP recordings associated with excessive sweating and headache, which made us suspect pheochromocytoma. POCUS showed a 2.5 x 2.6 cm homogenous hypoechoic lesion with internal and peripheral vascularity in the right adrenal region (Figure 1). We ruled out renal cysts as they are usually thin-walled anechoic lesions within the renal parenchyma and show posterior enhancement. Contrast-enhanced abdomen CT showed a heterogenous soft tissue mass in the right adrenal gland showing intense enhancement in arterial and portal phases suggestive of pheochromocytoma (Figures 2 and 3). She was stabilized with medical therapy, underwent surgical resection of the tumor, and is doing better. The pathology report of the resected tumor confirmed the diagnosis of pheochromocytoma.

Figure 1



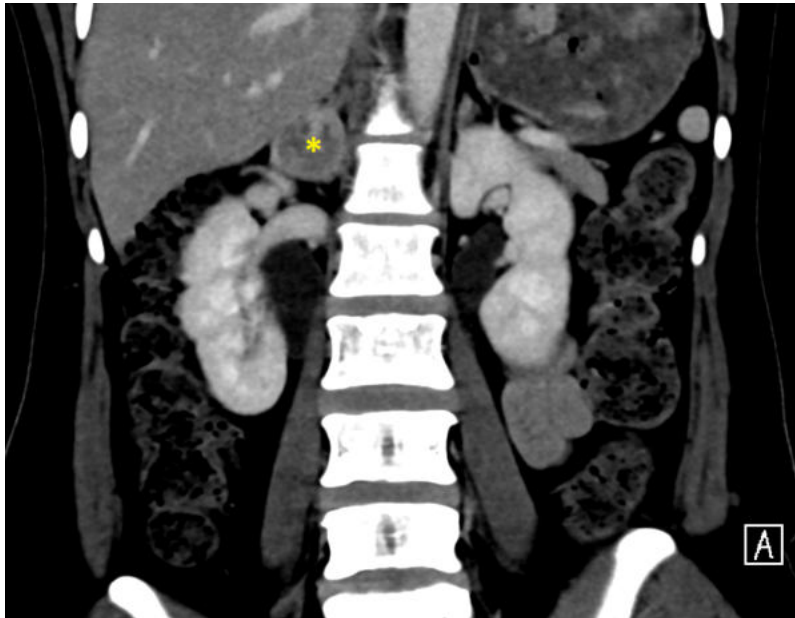
Point of care ultrasound (POCUS) image of the right upper quadrant of the abdomen in longitudinal view showing a 2.5 x 2.6 cm homogenous hypoechoic lesion with internal and peripheral vascularity in the right adrenal region (yellow asterisk)

Figure 2



Axial cuts of the arterial abdominal CT scan image showing heterogenous soft tissue mass in the right adrenal gland (yellow asterisk)

Figure 3



Coronal reconstruction of the arterial abdominal CT scan image showing heterogenous soft tissue mass in the right adrenal gland (yellow asterisk)

Results and Conclusion: Pheochromocytomas are rare catecholamine-secreting tumors arising from the adrenal medulla, which can present as hypertensive emergencies, heart failure, or stroke.¹ Episodic headache, sweating, and palpitations form the classic triad of pheochromocytoma.¹ Pheochromocytomas can result in multi-organ dysfunction like cardiomyopathies, acute kidney injury, and stroke. Hence early diagnosis and treatment will prevent irreversible myocardial remodeling and death. Alpha blockade with phentolamine is the treatment for hypertensive emergencies secondary to pheochromocytoma.³ In the ED, pheochromocytoma should be considered in the differentials of any young patient presenting with unexplained cardiomyopathy and fluctuating blood pressure.

Keywords: pheochromocytoma, adrenal mass, secondary hypertension, hypertensive emergency



Pub No: PP-166

Emergency general surgery in the geriatric population: Predicting morbidity and mortality.

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Introduction and Purpose: Numerous scoring systems have been created to predict the risk of morbidity and mortality in patients undergoing Emergency General Surgery. In this paper, we compared the different scoring systems utilised at Humanitas Research Hospital and analysed which one performed the best when assessing geriatric patients (>65 years of age). The scoring systems that were utilised were the APACHE II, ASA, ACS-NSQIP, Clinical Frailty Score and the Clavien Dindo as control.

Materials and Methods: We compiled a database consisting of all patients over the age of 65 who underwent EGS in a consecutive 24-month period between 01/01/2017 and 31/12/2018. We used the biostatistical program 'Stata Version 15' to analyse our results.

Results and Conclusion: Results: We found 213 patients who matched our inclusion criteria. Regarding death, we found that the ACS-NSQIP Death calculator performed the best with an area under the curve 0.9017 (OR 1.09, 95% CI 1.06-1.12). The APACHE II score had the lowest discriminator when predicting death. Considering short-term complications, Clavien Dindo classification score highly while both the APACHE II score and clinical frailty score produced the lowest results. Conclusion: The results obtained from our research showed that scoring systems and classifications produced different results depending on whether they were used to predict deaths or short-term complications among geriatric patients undergoing emergency general surgery.

Keywords: emergency general surgery, morbidity and mortality, scoring systems



Pub No: PP-167

Evaluation of Abdominal Pain in Elderly Patients with Communication Problems Using Algoplus and Pained Scales

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Introduction and Purpose: The aim of this study was to evaluate abdominal pain in elderly patients with communication problems using the Algoplus and Pained scales.

Materials and Methods: : This prospective observational single-center study was conducted with the participation of 256 elderly patients aged 65 years and above, who presented to the Emergency Medicine Department at Istanbul Medeniyet University Göztepe Prof. Dr. Süleyman Yalçın City Hospital. Patient data including age, gender, vital signs, education level based on the last completed school, symptoms, comorbidities, diagnosed conditions in the emergency department, medications used, mini-mental state examination score, clinical frailty score, Algoplus score, Pained pain score, and Visual Analog Scale (VAS) score were recorded using a pre-designed case data form. The mini-mental test, VAS, Algoplus, and Pained scales were administered. Statistical analysis was performed using the NCSS (Number Cruncher Statistical System) 2007 software (Kaysville, Utah, USA).

Results and Conclusion: : The study included 256 participants, of whom 57.8% were female and 42.2% were male. The mean age was determined as 79.04±8.93 years. Patients with communication problems were found to have significantly higher age, symptom severity, number of medications used, and frailty scores. The mean Pained, Algoplus and VAS score was 4.37±1.9, 2.82±0.99, 6.33±1.70 respectively. Among all cases, 60.9% were admitted. Algoplus and Pained scales were used for 72.7% of patients admitted to the intensive care unit, 47% of discharged patients, and 50% of patients admitted to other clinics. VAS, Pained, and Algoplus scores were found to be high in all groups of admitted patients. Among all participants, 16.2% underwent abdominal radiography (ABDG), 60.3% underwent computed tomography (CT), and 27.9% underwent ultrasonography (USG) imaging. Patients who underwent ABDG had significantly higher VAS, Pained, and Algoplus scores. In patients who underwent USG imaging, there was no statistically significant difference in Pained pain and Algoplus pain scores, while VAS scores were found to be significantly different compared to those not undergoing imaging. The use of the Pained scale can help identify severe pain in patients with acute pain, demonstrating its usability beyond chronic pain assessment. The Algoplus scale is suitable for emergency departments due to its effectiveness and ease of application in acute pain cases.

Keywords: Painad, VAS, geriatric pain assesment



Pub No: PP-168

Barium aspiration

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Introduction and Purpose: Pulmonary aspiration is a common event that can occur even in healthy asymptomatic individuals. Predisposing factors include low level of consciousness, swallowing disorders due to neurological deficiencies, or alterations in esophageal motility. Upper gastrointestinal series with barium swallow is commonly used in the evaluation of dysphagia. The spectrum of presentation after barium aspiration can range from incidental diagnosis in an asymptomatic individual to severe aspiration pneumonia leading to death.

Materials and Methods: A 43-year-old female with history of incompletely treated pulmonary tuberculosis 8 years ago presented with history of dysphagia to solids since 3 months and dysphagia to liquids since 20 days. She also had history of loss of appetite and loss of weight for 3 months. Upper gastrointestinal endoscopy was normal and hence barium swallow study was planned. After giving oral barium contrast, the patient aspirated the contrast. The procedure was stopped and a chest X-ray was taken (figure 1). The patient was asymptomatic following aspiration and did not develop any complications. She was later found to have left vocal cord palsy which caused her to aspirate the contrast. She was diagnosed to have laryngeal tuberculosis and was started on antitubercular treatment (ATT).

Figure 1



Chest X-ray of the patient showing aspiration of barium contrast

Results and Conclusion: Barium swallow is commonly performed in the evaluation of dysphagia and aspiration of barium contrast is rare. Since barium is inert, patients are completely asymptomatic unless when gastric contents are also aspirated along with barium resulting in chemical pneumonitis. The presence of both dysphagia and left vocal cord palsy in our patient contributed to aspiration of barium contrast. Before performing barium swallow study, risk factors in the patient for barium aspiration should be considered to avoid this rare complication. The presence of both dysphagia and left vocal cord palsy in our patient contributed to aspiration of barium contrast. Indirect laryngoscopy performed prior to barium swallow study to rule out vocal cord palsy could have possibly avoided this rare complication.

Keywords: barium aspiration, barium contrast aspiration, barium sulphate aspiration

Pub No: PP-169

3rd degree atrioventricular block

Musteba Batakli¹, Atakan Yilmaz¹, Alten Oskay¹, Mert Ozen¹, Murat Seyit¹

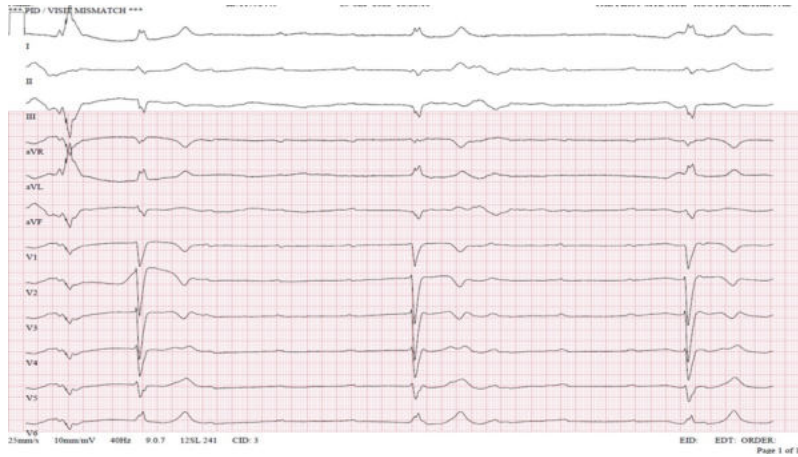
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Introduction and Purpose: Third degree atrioventricular (AV) complete block is a form of AV dissociation due to complete interruption of electrical conduction between the atrium and ventricle, in which the atria and ventricles contract independently of each other, controlled by correspondent pacemaker cells. P waves are regular among themselves and QRS waves are regular among themselves. These patients are at high risk for ventricular arrest and sudden cardiac death. Urgent cardiac monitoring, temporary pacemaker and almost always permanent pacemaker important on should be more. Although congenital structural heart disease are the leading cause in young population, it is usually acquired due to ischemic heart disease.

Materials and Methods: An 85-year-old woman was admitted to our hospital three weeks ago with a complaint of sudden onset of dizziness while picking something up from ground during breakfast. Dizziness is fasted short while sitting up right and dizziness didn't change the position of the head. One week ago, she was admitted to the neurology outpatient clinic for dizziness. Brain MRI, MR angiography and carotid venous doppler ultrasonography was performed. The patient was discharged with the recommendation of the cardiology outpatient clinic as there was no pathology in the tests. She was admitted to the emergency department because her dizziness was increasing and she had been feeling weak for two days. Known history of arrhythmia, chronic renal failure, hypertension and osteoporosis. Vitals: heart rate 35-57 beats/minute, blood pressure 85/62 mm Hg, respiration 16 breaths/minute, body temperature 36.4 °C, oxygen saturation 94% on room air. Neurologic examination was normal. Laboratory tests including hemogram, biochemistry, coagulation and troponin were ordered. Third degree AV block was detected on ECG and atropine was administered. The patient did not respond to atropine treatment and a transcutaneous pacemaker was put in place. Cardiology consultation was requested for the patient and the patient was transferred to coronary intensive care unit for temporary pacemaker implantation.



ECG



Results and Conclusion: The purpose of presenting this case is to consider cardiac events in the differential diagnosis of patients presenting with dizziness and weakness.

Keywords: Third degree AV block, atropine, pacemaker



Pub No: PP-170

METHYL ALCOHOL INTOXICATION; CASE REPORT

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Introduction and Purpose: Methyl alcohol is obtained through the distillation of harcoal. It is industrially used and legally sold, due to its solvent effect. It is cheap and easy to access when compared to ethyl alcohol, causes methyl alcohol to be used as an alcoholic beverage by unconscious sections of the society. Even a very small amount of methyl alcohol like 8-10 ml shows a toxic effect. a 1ml/kg dose is fatal. Following methyl alcohol inhalation, the clinic may be quiet until toxic metabolites occur. Therefore, we thought it is a great case to show how important the ability to take anamnesis is for medicine.

Materials and Methods: A 40-year-old male patient applied with complaints of not being able to maintain his balance and blurred vision especially in his right eye that started 1 day ago. Application vitals T:36.5 nb:80 TA:110/70 SPO2: 92. Patient was taking treatment due to alcohol-due liver-s for 3 years and still use alcohol. He has had difficulty in maintaining balance for 2 years, but he fell fall 1 day before the application. GCS: 15. The motor power was natural in all the extremities. Cerebellar examination was natural. The neck did not have strength. Light reflexes were natural in the left ey and decreased in the right eyes. examinations have been taken.

Results and Conclusion: Patients coming due to methyl alcohol intoxication mostly unconsciously applied, our patient's GCS: 15. Due to that, we didn't talk to the patient him and his history from his history. Formic acid in methyl alcohol intoxication mostly apply with complaints of visual disorders and headache in the early period. In our case, the main complaint was loss of balance and we learned that there was a visual disorder in the detailed inquiry. Due to measurement of methyl alcohol at the bedboard and in the laboratory, communication skills for clinical information and consultaneous physician and communication skills with physicians, because methyl alcohol cannot be measured mostly in emergency departments in our country it is supplied. Physicians in the emergency department should consider methyl alcohol intoxication, especially in the presence of visional disorder, headache, loss of balance or unexplained acidosis, and should improve their skills in questioning patients.

Keywords: Methyl alcohol, blurred vision, Intoxication



Pub No: PP-171

A Rare Home Accident; Chemical Burn

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Introduction and Purpose: Burns are tissue damage that result from excessive heat, radiation, sun, electricity and chemical substances. Chemicals can cause burns, dermatitis, allergic reactions, thermal burns and systemic toxicity. Chemical burns can be the result of oxidation, reduction or corrosion. The drug named ‘‘IL-33’’ is a solution containing trichloroacetic acid 9.0 gr, monochloroacetic acid 0.8gr, dichloroacetic acid 0.2 gr used in wart treatment. In this case we present 2 year old patient who applied the drug name il-33, which he found at home, to his hands and face.

Materials and Methods: A 2 year old male patient was brought to our emergency department by 112 ambulance due to burns. In the physical examination of the patient, whose general condition was good and his vitals were stable and gks:15, approximately 20x8 cm 2nd degree chemical burn starting from the left parietal region on the face and covering the left 2/3 of the frontal region and extending from the glabellar region to the left alar wing and on the dorsal side of left wrist there is a 2nd degree chemical burn area of approximately 4x3cm. The patient was given tetanus prophylaxis. Blood tests were requested. IV hydration was given according to the parkland formula. Antibiotics were started. The patient was consulted to pediatric surgery, plastic surgery and ophthalmology. Following the recommendations of the branches, the burned area was washed with plenty of SF, dressing was made with thiocilline ointment. Refresh drops and viscotears gel were given. The patient, whose blood parameters were normal, was referred to the burn unit, as he might need flaps / grafts in the future.

image 1



image 2



Results and Conclusion: Today, burns caused by chemical substances constitute 3-6% of all burns. Medicines containing corrosive substances should be stored and protected in a safe area, especially if there are small children at home. Due to the content of such wart remedies, when used outside the indication, it can cause serious damage. The first thing to do in pediatric patients with burns is to start iv hydration quickly and keep the general condition stable.

Keywords: Chemical burn, Corrosive substance, Emergency Department

Pub No: PP-172

CHILD FALL FROM TRACTOR

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¹ATATURK UNIVERSITY

Introduction and Purpose: Elbow, forearm, and wrist injuries account for more than 25 percent of all sports-related injuries. Acute injuries are usually related to falling, while chronic injuries are caused by repetitive motion.

Materials and Methods: A 13-year-old male patient was brought to the emergency department by 112 with complaints of pain and deformity in the right arm after falling from the tractor. The patient had pain in the right arm, limitation of movement and laceration on the skin. The patient's vitals were normal. The patient's imaging revealed a comminuted open fracture in the distal right humerus, a distal fracture of the right radius, and a subluxation in the right elbow joint. The patient, who was evaluated by orthopedics and cardiovascular surgery in the emergency department, was interned for an emergency operation with the diagnosis of right humerus type 4 supracondylar fracture and right radius distal frykman type 1 fracture. After the operation, he was followed up in the orthopedic service and discharged.

radius distal frykman type 1 fracture



right humerus type 4 supracondylar fracture



Results and Conclusion: Children and young adolescents with acute elbow injuries and elbow pain, especially if physical signs (deformity, swelling, focal bone tenderness, decreased range of motion, S-shape configuration) are present, careful evaluation for neurovascular injury and open fracture is important and promptly if any of these are present. Orthopedic consultation should be made. In patients with significant deformity, fixation is recommended before radiographs are taken.

Keywords: humerus type 4 supracondylar fracture, radius distal frykman type 1 fracture



Pub No: PP-173

INTERNUCLEAR OPHTHALMOPLEGIA

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Introduction and Purpose: Internuclear ophthalmoplegia (INO) is a disorder characterised by impaired eye movements caused by a lesion of the medial longitudinal fascicle. The medial longitudinal fascicle is a bilateral fibre bundle that starts from the upper part of the mesencephalon and extends to the cervical region of the medulla spinalis. It is involved in the coordinated movements of the head and eyes to maintain visual fixation. In medial longitudinal fasciculus lesion, inward gaze limitation is observed in the same side eye and nystagmus is observed in the contralateral eye. Patients may present with dizziness or diplopia or with both complaints.

Materials and Methods: In our case, a 56-year-old woman presented with dizziness and diplopia. Her complaints started approximately 12 hours ago and continued continuously. When the comorbid diseases of the patient were questioned, it was learnt that she had a history of diabetes mellitus and hypertension. At the time of presentation, the patient was conscious, coherent and orientated. Glasgow coma score was 15: 15. DIR and IDIR bilaterally were normal on examination. There was inward gaze limitation in the right eye and nystagmus in the left eye. Muscle strength was normal. Laboratory results were within normal limits. No acute pathology was found in brain computed tomography and brain diffusion magnetic resonance imaging. The patient was hospitalised in the neurology service with a prediagnosis of INO because the patient's clinic continued. On the 24th hour control diffusion magnetic resonance imaging, "acute infarct area in the right half of the mesencephalon" was detected.

Results and Conclusion: Dizziness is one of the common causes of emergency department admission. Since there may be many causes in the etiology of dizziness, vital signs, examination findings and imaging tests to be ordered if necessary gain importance in these patients. Neurological examination is important in these patients and ophthalmological examination will be guiding especially in the diagnosis of INO. Although laboratory tests and imaging tests are normal, further imaging tests and hospitalisation should be considered for patients whose symptoms persist and pathology is detected on examination.

Keywords: Internuclear ophthalmoplegia, diplopia, nystagmus, medial longitudinal fasciculus



Pub No: PP-174

The Most Mortal Chest Pain

Fatih Fırat¹, Mustafa Narin¹, Fatma Tortum¹

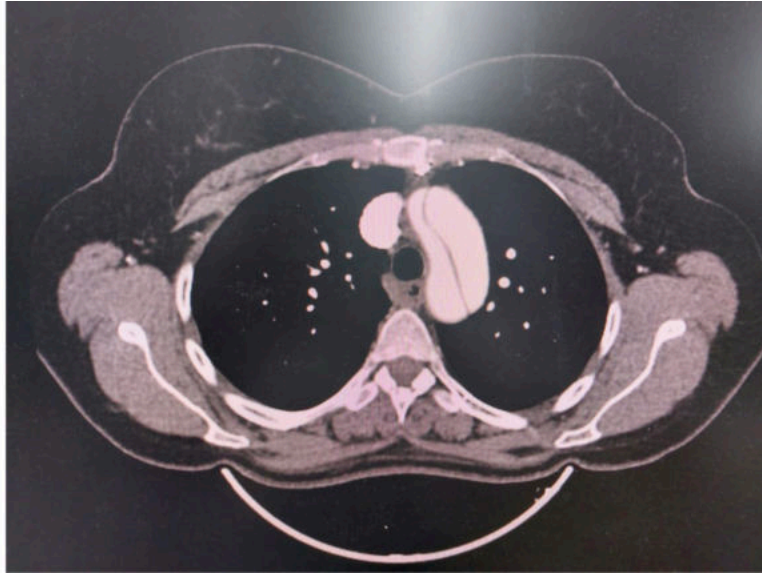
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Introduction and Purpose: Acute aortic dissection is a vascular disease that is difficult to diagnose and has a very high in-hospital mortality even if it is diagnosed. Aortic dissection is defined as the distal separation of the intima layer in the direction of blood flow as a result of a tear between the intima layer and the media layer in the aortic wall. Death from aortic dissection is caused by rupture of the pericardial proximal dissection that accelerates cardiac tamponade or bleeding into the pleural space, dissection into the aortic valve ring causing severe aortic regurgitation, and occlusion of the coronary artery ostium leading to myocardial infarction.

Materials and Methods: A 53-year-old male patient, who was coumadinized due to a known aortic valve replacement, is admitted to our emergency department with a sudden onset of ruptured chest pain followed by accompanying low back and back pain. In his vitals, right arm TA: 140/85, left arm TA: 100/60, pulse: 96/min, hr: 96% (in room air), fever: 36.7 degrees, 4 extremity pulses were clear and equal, other systemic examinations were found naturally. In our patient, whose Aortic Dissection Detection Risk Score (ADD-RS) score was found to be high, aortic dissection was detected in emergency contrast-enhanced tomography and he was operated on by cardiovascular surgery immediately.

Results and Conclusion: Because of the high risk of mortality A high suspicion is important in identifying patients with acute aortic dissection to avoid a missed or delayed diagnosis. Aortic dissection should be in the first place in our preliminary diagnosis in chest pains with risk factors that predispose to aortic dissection, such as previous aortic surgery or valve replacement.

Resim1



Picture1



Keywords: Acute aortic dissection, vascular disease



Pub No: PP-175

Acute ischemic stroke

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Introduction and Purpose: Stroke is one of the most important causes of disability and mortality in adults in all societies. With this aspect acute ischemic stroke is an important public health problem. The cornerstone of effective stroke care remains timely reperfusion therapy. Early recognition of stroke symptoms by the community and first responders prioritizes transferring the patient to an appropriate stroke center. The aim of the treatment is to provide reperfusion of the ischemic penumbra with intravenous thrombolysis and/or endovascular thrombectomy in appropriately selected patients. With these treatments, it is tried to reduce the mortality and morbidity of the disease.

Materials and Methods: A 26-year-old male patient presented to the emergency service with complaints of speech disorder, weakness on the left side, and right shift in the mouth that developed 1 hour ago. The patient with a known diagnosis of mitral valve prolapse did not use any medication. In the examination of the patient, Glasgow coma scale: 15, oriented cooperative, pupillary light reflex (direct/indirect) +++/+++, central facial paralysis on the left, left upper and lower extremity motor strength 4/5, Babinski reflex positive on the left. Atrial fibrillation is present on the electrocardiogram. The patient, who was evaluated as an acute cerebrovascular accident, had a brain without contrast computed tomography (CT) and cerebral CT angiography. Brain CT angiography showed that the right middle cerebral artery M1 segment was occluded. The patient, who was evaluated by the neurology clinic, was taken to the interventional radiology unit for endovascular treatment.

Figure 1: Right middle cerebral artery m1 segment occlusion



Results and Conclusion: Rapid recognition of acute stroke patients and early initiation of their treatment is extremely important for the mortality and morbidity of patients. In addition, identifying risk factors (such as atrial fibrillation, vascular malformation) and identifying treatable causes can reduce the frequency of the disease. Early treatment after the disease develops is life-saving.

Keywords: atrial fibrillation, stroke, thrombectomy



Pub No: PP-176

Cotton Fracture

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Introduction and Purpose: Cotton Fracture; The terminology used frequently when naming ankle fractures is called “Trimalleolar Fracture”, in fact, it is a nomenclature that does not have an anatomical counterpart. The clinical nomenclature of fractures located in the posterior of the tibia accompanying the malleoli of the tibia and fibula in the ankle is made in this way. Especially in patients over 65 years of age, these fractures can be encountered quite frequently in domestic falls, motor vehicle accidents and sports injuries. “Cotton fracture”, which is an unstable fracture, should be treated with surgical methods.

Materials and Methods: A 56-year-old male patient came to the emergency department after falling in the bathroom. On his arrival, his general condition was good, his GCS were 15, vitals were stable. In his history, he described pain in her right ankle. He had no known chronic disease and drug use. On examination, there was tenderness, swelling and deformity in the right ankle. Neurovascular examination of the patient who had no open wound was normal. External systemic examination was unremarkable. Fracture and accompanying tibiotalar dislocation were observed in the medial malleolus, lateral malleolus and posterior end of the tibia in the extremity X-ray and CT.[Figure 1-2] The patient was consulted to the Orthopedics and Traumatology Clinic. He was discharged after recovery.

Results and Conclusion: Trimalleolar fractures are unstable and require surgical fixation. Patients should be splinted so that the ankle joint is 90 degrees and should not carry weight. After detection in the emergency room, patients should be consulted with the orthopedics department.

Figure 1

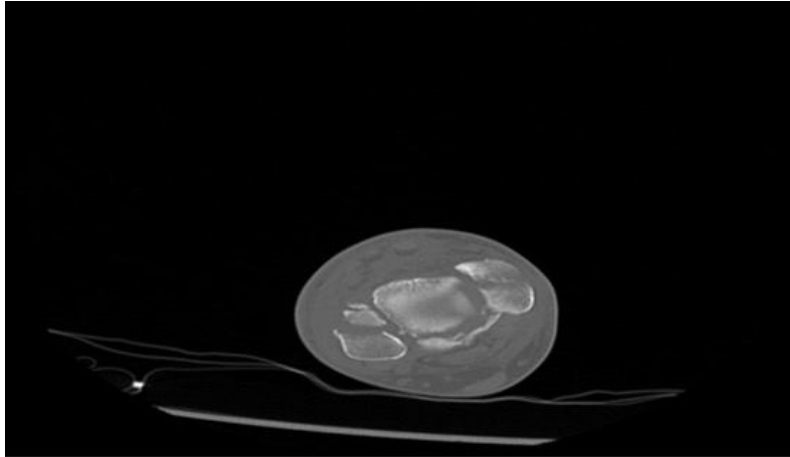
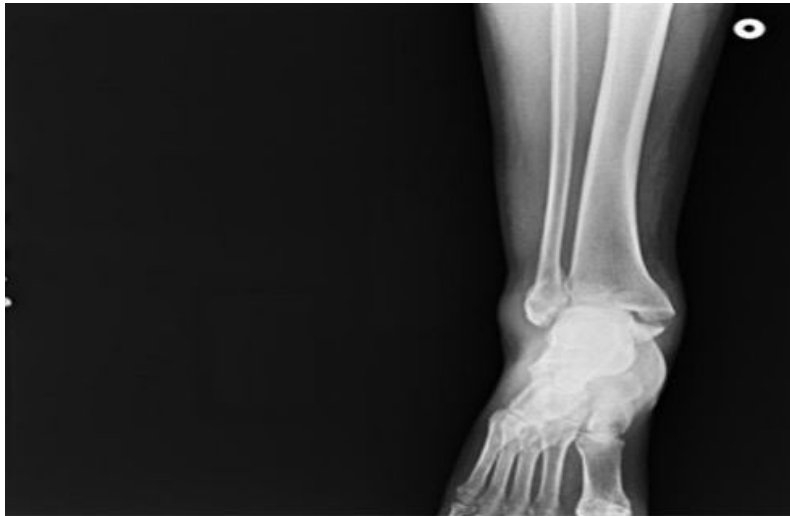


Figure 2



Keywords: Falling Malleolus Cotton



Pub No: PP-177

How safe is your emergency department? Analysis of emergency department staff's perception of safety

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¹SUNY Downstate

Introduction and Purpose: Violence against healthcare workers continues to worsen. United States Bureau of Labor Statistics data for 2018 shows that the healthcare and social services industries were 5 times more likely to suffer workplace violence related injuries than workers overall. Several states have passed laws to dissuade possible assailants.

Materials and Methods: The Workplace Violence Committee at an urban academic medical center in Brooklyn, New York sought to understand hospital staff thoughts on identifying and managing violent patients. We sent a 12-question online survey (multiple choice, multiple selection, free response) to about 200 emergency department (ED) physicians and committee members. Survey results were analyzed using descriptive statistics on categorical variables using percentages.

Results and Conclusion: Thirty-two staff members (78% ED staff) completed the survey. Active display of disruptive behavior was the most common way violent patients were identified (84%). Seventy-five percent said nurses most often identify violent patients. Patients with a history of violence in the facility and those displaying disruptive behavior were deemed potentially violent patients (94% and 97%, respectively). Word-of-mouth is the most common way that violent patients are currently flagged (81%). Ninety-seven percent agreed that identification of possible violent patients should start in triage. Sixty-five percent agreed a validated standardized behavior assessment would be helpful. Ninety-one percent of respondents believed a flag system in the electronic medical record (EMR) would best identify violent patients. A banner in the EMR was the most desired method to flag potentially violent patients (70%). Fifty-five percent reported wanting flags for disruptive behavior to carry over to future hospital visits. Sixty-one percent thought that management of violent patients should be specific to what caused them to be flagged as violent. Environmental precautions, frequent behavior score reassessment, and frequent hospital police rounding were the most agreed upon methods to manage patients flagged as violent (84%, 74%, and 71% respectively). The survey shows that violent patients are currently identified when they are actively displaying violent behavior. Respondents are interested in identifying these patients earlier and implementing a variety of mitigation efforts. Additional surveys will help further explore how to handle this pervasive problem.

Keywords: workplace, violence, identification, patients, management



Pub No: PP-178

Pulmonary Embolism

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Introduction and Purpose: Pulmonary thromboembolism is a common and sometimes fatal form of venous thromboembolism (VTE). It's clinical presentation is highly variable and often nonspecific, making diagnosis difficult. The most common presenting symptom is dyspnea, followed by chest pain, cough, and deep venous thrombosis. The overall incidence is higher in men than in women.

Materials and Methods: A 35-year-old male patient presented to the emergency department with complaints of chest pain and cough for 3 months. The pain was in the form of stinging while breathing and moving. After a long bus ride 3 months ago, her complaints started. He applied to our emergency service after his complaints increased for 2 days and a small amount of blood came from his mouth with cough. At the patient's arrival, his vitals were: saturation: 95, pulse: 92, arterial blood pressure: 105/67, fever: 36.7, ECG: Normal Sinus Ritym. Listening to lung sounds, natural, ral and rhonchi were not heard. Since the patient had a history of travel and hemoptysis, D-dimer was taken in addition to his examinations. In the tomography imaging, embolism starting from the bilateral main pulmonary artery was detected (Figure 1 and 2). The patient, who was evaluated by the pulmonary diseases clinic, was interned with the diagnosis of submassive high-risk pulmonary thromboembolism.

figure 1

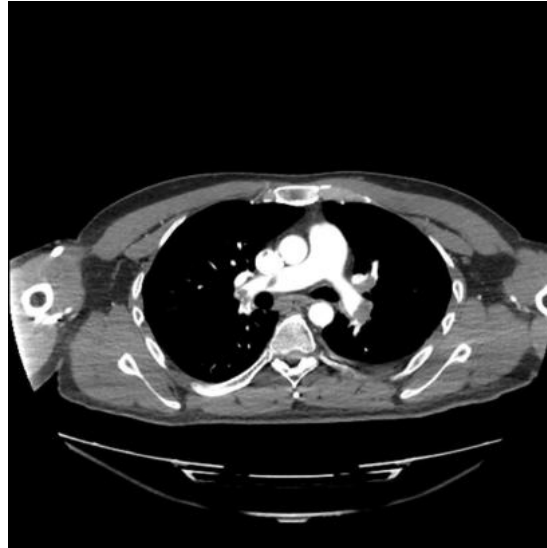
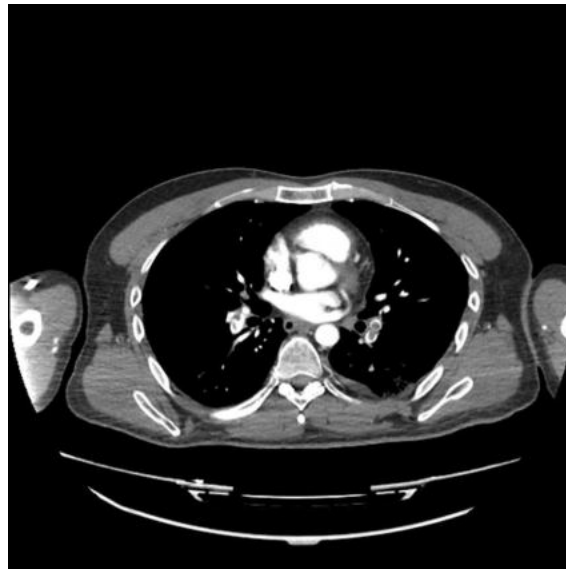


figure 2



Results and Conclusion: Pulmonary thromboembolism may present with atypical clinics. For this reason, anamnesis, vitals and examination should be evaluated in detail and patients should be evaluated in the light of appropriate algorithms in terms of pulmonary thromboembolism in the presence of suspicious clinical findings.

Keywords: pulmonary thromboembolism, cough, chest pain

Pub No: PP-179

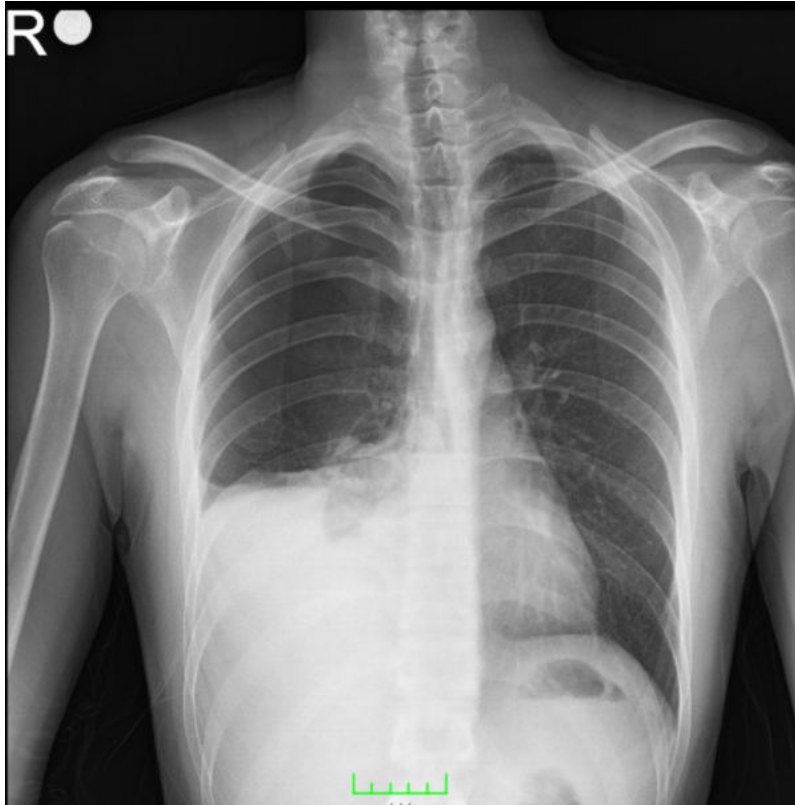
SPONTAN HEMOPNÖMOTORAKS

Habibe Kaşan¹, Seda Aslan¹

¹Fırat Üniversitesi

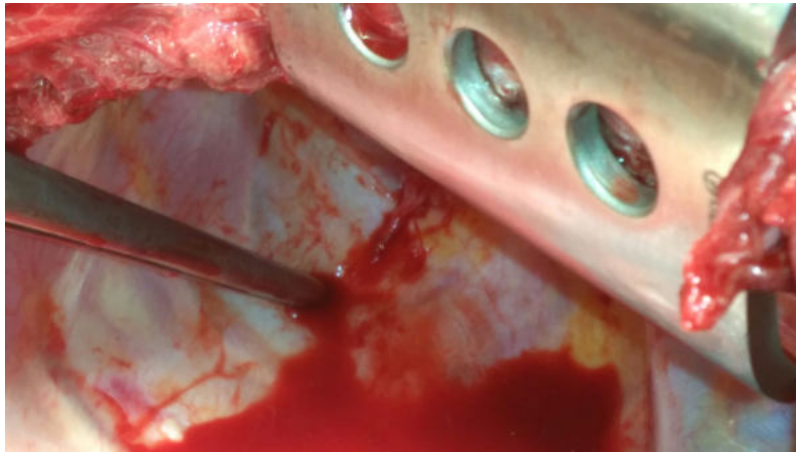
Introduction and Purpose: Spontaneous hemopneumothorax is a condition characterized by the simultaneous accumulation of air and blood in the pleural cavity. The incidence of spontaneous pneumothorax in patients is 0.5-12%. Bleeding often occurs as a result of the rupture of adhesions between the parietal and visceral pleura or the rupture of vascular bullae. It is more commonly observed in males. Patients may present with chest pain and shortness of breath, but they can also present with signs of shock such as hypotension, tachycardia, and altered consciousness due to blood loss.

1



Materials and Methods: Treatment options include tube thoracostomy, video-assisted thoracoscopic surgery (VATS), or thoracotomy.

2



Results and Conclusion: In this study, we aim to present a case of a patient who presented to the emergency department with complaints of shortness of breath and chest pain, had no abnormalities in laboratory tests, and was radiologically diagnosed with hemopneumothorax, ultimately requiring emergency surgery .

3





WACEM²³

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October, 28 - 31

Keywords: Hemopneumothorax; thoracotomy; thoracostomy

Pine Beach Belek, ANTALYA / TURKIYE

Pub No: PP-180

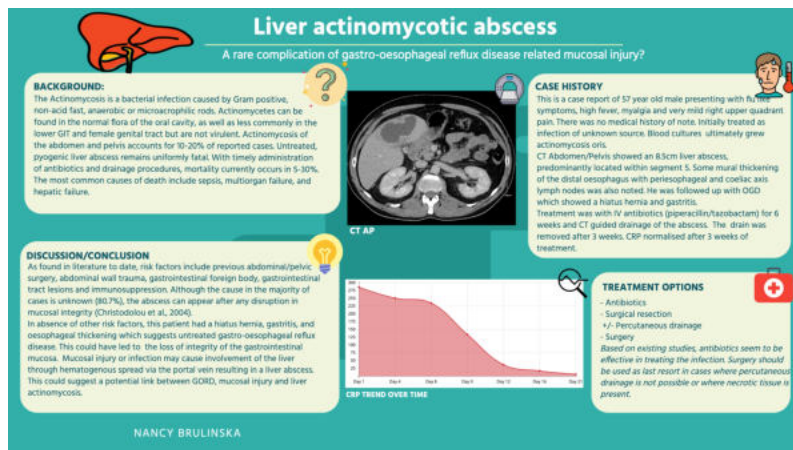
Liver actinomycotic abscess - a rare complication of gastro-oesophageal reflux disease related mucosal injury?

Nancy Brulinska¹

¹University Hospital Limerick

Introduction and Purpose: Actinomycotic bacteria can be found in the normal flora of the oral cavity, as well as less commonly in the lower GIT and female genital tract but is not virulent. Actinomycosis of the abdomen and pelvis accounts for 10-20% of reported cases. Untreated, pyogenic liver abscess remains uniformly fatal. The most common causes of death include sepsis, multiorgan failure, and hepatic failure. The aim is to highlight the potential connection between GORD, mucosal injury and actinomycotic liver abscesses.

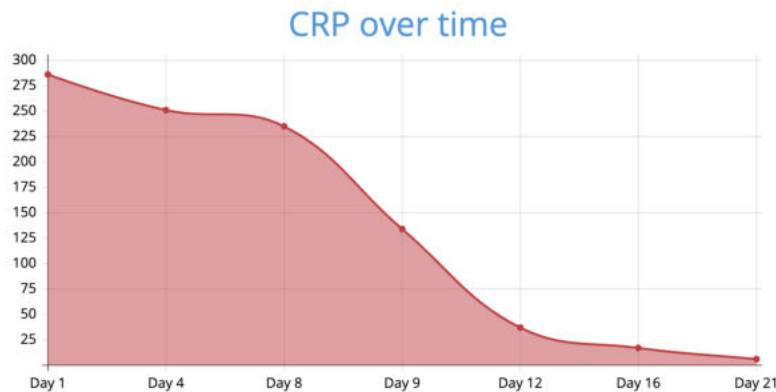
Poster



Materials and Methods: 57 year old male presenting with flu like symptoms, high fever, myalgia and mild right upper quadrant pain. There was no medical history of note. Initially treated as infection of unknown source. Blood cultures ultimately grew actinomycosis oris. CT Abdomen/Pelvis showed an 8.5cm liver abscess, predominantly located within segment 5. Some mural thickening of the distal esophagus with periesophageal and coeliac axis lymph nodes was also noted. He was followed up with OGD which showed a hiatus hernia and gastritis. Treatment was with IV antibiotics for 6 weeks and CT guided drainage of the abscess.

Results and Conclusion: Known risk factors include previous abdominal/pelvic surgery, abdominal wall trauma, gastrointestinal foreign body, gastrointestinal tract lesions and immunosuppression. Although the cause in the majority of cases is unknown (80.7%), the abscess can appear after any disruption in mucosal integrity. In absence of other risk factors, this patient had a hiatus hernia, gastritis, and esophageal thickening which suggest untreated gastro-oesophageal reflux disease. This could have led to the loss of integrity of the gastrointestinal mucosa. Mucosal injury or infection may cause involvement of the liver through hematogenous spread via the portal vein resulting in a liver abscess. This could suggest a potential link between GORD, mucosal injury and liver actinomycosis. Treatment options available comprise of antibiotics, surgical resection and percutaneous drainage, either separately or together, and can take from 1 to 6 months. Surgery is used as last resort in cases where percutaneous drainage is not possible. There are no current guidelines for therapy. From the evidence presented in this case report, there is a potential link between mucosal injury due to untreated GOD and hepatic actinomycotic abscess.

CRP trend over time



Keywords: Abscess, Actinomycotic abscess, hepatic abscess, liver abscess, mucosal injury



Pub No: PP-181

PERIENCEENCEPHALIC SUBARACHNOID HEMORRHAGE

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Introduction and Purpose: Approximately 15% of patients with subarachnoid hemorrhage have no significant lesion on initial four-vessel cerebralangiography. The vast majority are idiopathic. Possible causes include trauma, coagulopathies, intracranial artery dissection, sickle cell anemia and more frequently perimesencephalic non-aneurysmal hemorrhages.

Materials and Methods: A 41-year-old woman was admitted to the emergency department with sudden onset of severe headache. On admission, GCS 15 TA:140/70 mmhg, pulse rate:80 beats/min spO₂:96. Neurologic examination was normal and nuchal rigidity was negative. Computerized CT scan of the brain showed hemorrhages in the prepontinsisternas and perimesencephalic area. The patient was referred for DSA.

Results and Conclusion: Perimesencephalic hemorrhage of non-aneurysmal origin is a type of subarachnoid hemorrhage with typical bleeding pattern and good prognosis.

Keywords: perimesencephalic hemorrhage, headache, nuchal rigidity

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Mortal Tetanus Case in an Earthquake Victim

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Introduction and Purpose: Tetanus is an acute, potentially fatal disease caused by an exotoxin produced by *Clostridium tetani*. As a result of periodic spastic muscle contractions caused by tetanus, clinical symptoms such as trismus, nuchal rigidity, abdominal and thoracic rigidity, pharyngeal muscle contractions occur. In this case report, a case of tetanus with a short incubation period was presented in an earthquake victim.

Materials and Methods: 85-year-old male patient, weighing approximately 75 kilograms, applied to the emergency service with complaints such as clenching his teeth, inability to speak, and twitching of his hands and feet, recurring for 3 days. On inspection, difficulty in swallowing, increased secretion and the tension of facial muscles were observed, which were in attacks. Consciousness was preserved during the attack. With the preliminary diagnosis of tetanus, the patient was administered 4*500 mg metronidazole and 2 g cefazole. 5000 IU of tetanus immunoglobulin was administered. Benzodiazepine group drugs were administered during seizures. Infectious Diseases and Clinical Microbiology consultation was requested with the preliminary diagnosis of tetanus. Isolated intensive care unit admission was approved and the patient was admitted. The patient, who developed increased vasopressor and inotrope needs during the follow-up period, was transferred to the Department of Anesthesiology and Reanimation, and the patient, was accepted as exitus 7 days later.

Infected wound





Results and Conclusion: After natural disasters, at-risk groups such as pregnant women, elderly individuals may be at risk of infection after injury. In this case we encountered, vaccination was performed the day after the injury, but immunoglobulin was not administered. There is an inverse relationship between the incubation period and the severity of the disease. There is no specific laboratory finding for tetanus in the diagnosis. Wound cleaning, antimicrobial therapy and toxin neutralization are the mainstays of treatment. Vaccination status should be questioned, especially in patients presenting with dirty injuries after natural disasters, and if it is not remembered or not available, tetanus vaccine and immunoglobulin should be administered. In conclusion, although tetanus is rare, it should not be ignored, especially in injuries caused by major disasters. Early diagnosis, specific immunoglobulin therapy, as well as supportive treatment are important.

Keywords: tetanus, infectious diseases, earthquake victim



Pub No: PP-183

Subdural Hematoma

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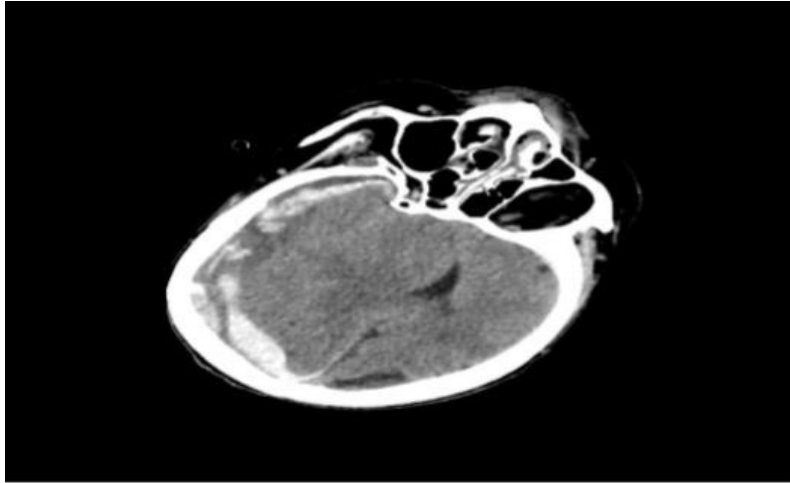
Introduction and Purpose: Subdural hematoma (SDH) is a form of intracranial hemorrhage characterized by bleeding into the space between the dural and arachnoid membranes surrounding the brain. It can be traumatic or spontaneous. It is classified as acute, subacute and chronic according to the duration of hematoma. Acute: up to 3 days Subacute: 4 days to 20 days Chronic: 21 days or more

Materials and Methods: A 71-year-old female patient was brought to us by 112 teams due to general condition deterioration and confusion. On arrival, the general condition was serious GCS 6(E2M2V2) pulse: 86/min blood pressure: 142/89mmhg saturation: 91%. There was a known diagnosis of epilepsy. Neurological examination could not be fully evaluated due to unconsciousness. There was no finding in the external systemic examination. There was a subdural hematoma (Figure 1). The patient was consulted to the Neurosurgery Clinic. The patient was admitted to the Neurosurgery Clinic

Results and Conclusion: The treatment method may vary according to the clinical condition of the patient, tomographic findings of the hematoma, age and presence of comorbid conditions. In the clinical follow-up of patients with subdural hematoma, it was determined that the hematoma formed in 60% of the patients were resolved spontaneously. The reasons for this are that intracranial pressure prevents the hematoma from growing with the compression effect, and another is that CSF washes and drains the hematoma thanks to the tear in the arachnoid membrane that occurs during trauma. Surgery is usually the treatment of choice in chronic subdural hematomas.



Figure



Keywords: Sudden Loss of Consciousness, Subdural Hematoma



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Pneumothorax due to Hydatid Cyst Rupture

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Introduction and Purpose: Pneumothorax, in its simplest definition, is the intrusion of air between pleural sheets and, accordingly, collapse of the lung. Pneumothorax is one of the important and vital diagnoses that should be considered in patients presenting to the emergency department with dyspnea and chest pain. Pneumothorax is easy, fast and inexpensive to diagnose with PAC X-ray displayed on suspicion from the anamnesis. Patients with suspected pneumothorax should have their vitals checked after quick physical examination and a chest X-ray should be requested.

Materials and Methods: A 41-year-old female patient with no known disease and no history of chronic drug use presents to the emergency department with complaints of chest pain, palpitations and shortness of breath affecting the entire right hemithorax for the last 1-2 hours. On physical examination, vitals: fever: 36.6 °C, pulse: 115 beats/min, spo2: 88%: 120/80 mmHg. lung sounds could not be heard in the right hemithorax by listening to ac sounds. Nasal oxygen was started at a rate of 4 lt/min while the patient was monitored. Complete blood count, biochemistry, troponin, blood group, INR, blood gas tests were requested from the patient. In the examinations, Hgb: 15.7 g/dl, Wbc: 9.16×10^6 troponin 23 pg/ml, crp: 12 mg/lt were seen. ECG: interpreted as sinus tachycardia. Chest x-ray: Total pneumothorax was seen in the right hemithorax. The patient was quickly taken to the critical area and consulted with the duty physician of the thoracic surgery branch. A chest tube was inserted into the patient, and she was interned to the thoracic surgery service. A cavitory lesion, which was thought to be a hydatid cyst rupture, was observed in the uncontrasted thorax CT.

Results and Conclusion: Pneumothorax is a rapidly diagnosed, treatable and vital condition in case of suspicion. Pneumothorax may be spontaneous, or it may develop due to additional underlying pathologies as in this patient. Pneumothorax should be kept in mind among the preliminary diagnoses in patients with chest pain, dyspnea and palpitation in the emergency department.

Keywords: Pneumothorax, hydatid cyst rupture, chest pain



Pub No: PP-185

SPLENIC AND HEPATIC INFARCTIONS WITHOUT INFECTIVE ENDOCARDITIS: A CASE REPORT

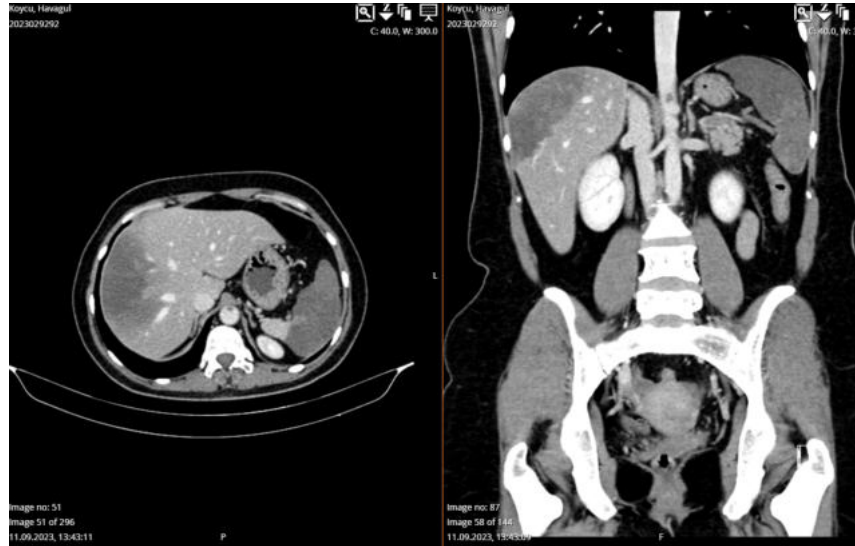
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Introduction and Purpose: Hepatic infarctions primarily occur following liver transplantation and hepatobiliary surgeries. External causes of hepatic infarction can include hepatitis, cirrhosis, polyarteritis nodosa, and sickle cell disease (1,2). Common etiologies of splenic infarction include hematologic disorders (leukemia, lymphoma), hypercoagulable states (sickle cell disease, polycythemia vera, etc.), thromboembolic disorders (atrial fibrillation, endocarditis), abdominal trauma, and pancreatitis (2,3). Co-occurrence of splenic and hepatic infarctions without infective endocarditis is rare but has been reported. This case presentation discusses a female patient who presented to the emergency department with abdominal pain following intra-articular steroid injections.

Materials and Methods: A 43-year-old female patient received five intramuscular corticosteroid injections for the treatment of lumbar disc herniation. She developed abdominal pain for five days and experienced nausea and vomiting for three days following the injections. She had no known medical conditions or medication use. Upon presentation to the emergency department, her vital signs were as follows: heart rate 68 bpm, blood pressure 127/104 mmHg, oxygen saturation 98%, and body temperature 36.5°C. Her electrocardiogram showed a sinus rhythm. Abdominal palpation revealed tenderness in the left quadrant, while inspection findings were unremarkable. Laboratory tests yielded the following results: Hemogram: WBC 18.73, HGB 10.66, HCT 32.7. Biochemistry: CRP 1.6, Direct Bilirubin 0.13, Indirect Bilirubin 0.22, AST >1843, ALT >1512, ALP 102, GGT 60, LDH 1906. Contrast-enhanced abdominal CT scans showed hypodense infarct areas in the superior mesenteric artery, splenic artery, spleen, and liver (Figure 1). The patient was referred to the surgical service and underwent splenectomy.

Figure 1



Heterogeneous Appearance Consistent with Infarction in the Spleen and Liver.

Results and Conclusion: In patients presenting with abdominal pain after a history of corticosteroid use, the possibility of liver or spleen infarctions related to thrombosis should be considered. Hepatic and splenic infarctions, which can be seen following infective endocarditis, may also cur due to various other causes such as steroid administration.

Keywords: Splenic infarct, Hepatic Infarct

Pub No: PP-186

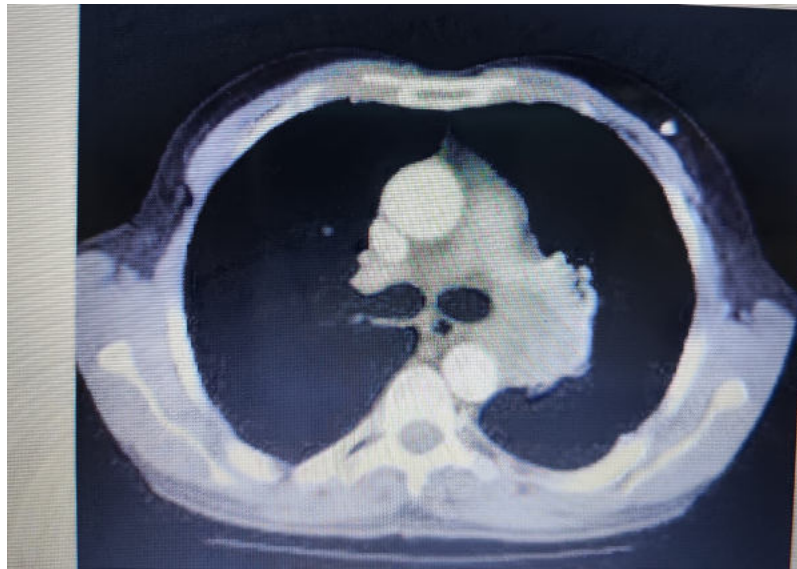
Rare incidentally diagnosed male breast cancer presenting to the emergency department

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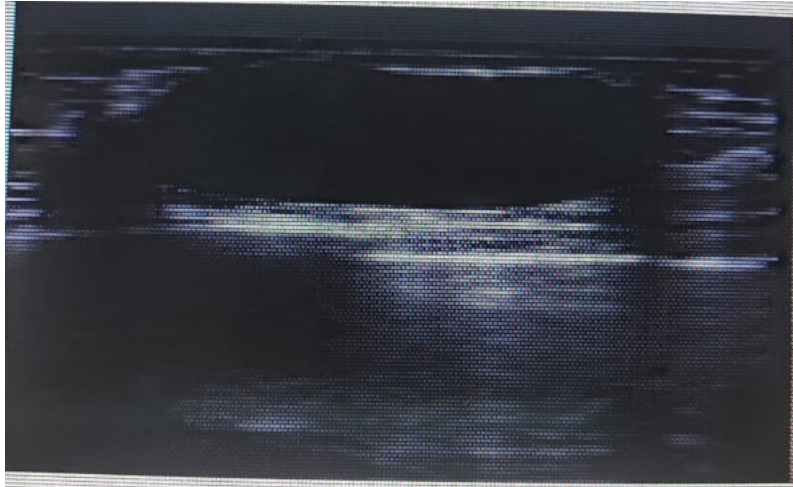
Introduction and Purpose: Male breast cancer is a rare occurrence, accounting for less than 1% of all breast cancers (1). Incidentally diagnosed male breast cancer presenting to the emergency department is even rarer. We present a case of a 52-year-old male who presented to the emergency department with complaints of a palpable mass in his left breast. Upon physical examination, a firm, non-tender mass measuring approximately 3 cm was palpable in the upper outer quadrant of the patient's left breast. A mammogram was ordered, which revealed a suspicious mass in the left breast. A subsequent ultrasound-guided biopsy confirmed the diagnosis of invasive ductal carcinoma.

PICTURE-1



Suspected Lesion Ct Image

PICTURE-2



Suspicious Lesion Ultrasonography Image

Materials and Methods: Further workup, including a CT scan and bone scan, was negative for evidence of metastasis. The patient underwent a left mastectomy with axillary lymph node dissection, and pathology showed a 2.5 cm invasive ductal carcinoma with negative margins and negative lymph nodes. The patient was referred for adjuvant radiation therapy and hormonal therapy with tamoxifen. He has been followed closely by his medical oncologist with no evidence of recurrence or metastasis to date.

Results and Conclusion: Breast cancer is a rare occurrence in men, accounting for less than 1% of all breast cancers (2). Incidentally diagnosed male breast cancer is uncommon, and presenting to the emergency department is even rarer. The most common presenting symptom in men with breast cancer is a painless palpable mass (3), as was the case in our patient. As with female breast cancer, treatment for male breast cancer typically involves surgery, radiation therapy, and systemic therapy with hormonal agents such as tamoxifen or aromatase inhibitors. However, there is a lack of data on the optimal treatment strategies for male breast cancer due to its rarity (4). Although male breast cancer is rare, it should be considered in the differential diagnosis for men presenting with a palpable breast mass. Prompt evaluation and treatment are important for better outcomes in this population (5). In conclusion, although male breast cancer is rare, it should be considered in the differential diagnosis for men presenting with a palpable breast mass (6).

Keywords: Male breast cancer, Emergency department, Invasive ductal carcinoma, Radiation therapy, Early detection



Pub No: PP-187

Organization of Medical Technicians Service in the Republic of Kazakhstan

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Introduction and Purpose: Kazakhstan has a number of problems in the field of emergency care. In Kazakhstan, the number of one ambulance brigade is 10,000 people, while one brigade in Austria and the USA serves 3,500 people, in Canada 1 ambulance serves 12,000 people and in Turkey 32,600. The difficulties of providing emergency medical care with a low population density in Kazakhstan, it is necessary to involve in this process persons without medical education who have undergone special training. The purpose of the study is to analyze the organization of the service of medical technicians in the Republic of Kazakhstan.

Materials and Methods: A search for scientific publications in evidence-based medicine databases (PubMed, GoogleScholar and CyberLeninka) and Kazakhstani legal base was carried out. The study was carried out of the project “AP14871609 “Optimizing the structure and improving the efficiency of the emergency medical service in Kazakhstan by training people without medical education (medical technicians)”.

Results and Conclusion: According to the Order of the Minister of Health of the Republic of Kazakhstan 2020, in our country, first aid can be provided by persons who do not have a medical education, who have undergone appropriate training and are trained in first aid skills. Training of entry-level medical workers in first aid skills is carried out face-to-face, in the form of theoretical and practical classes using simulation equipment. The training of employees of an organization in providing first aid to victims must be provided by the employer in accordance with the order. The training program includes algorithms for providing primary medical care for the following emergency conditions: lack of consciousness; cessation of breathing and circulation; external bleeding; foreign bodies of the upper respiratory tract; injuries to various areas of the body; burns, effects of exposure to high temperatures, thermal radiation; frostbite and other effects of exposure to low temperatures; poisoning; convulsions; bites. The organization of the service of medical technicians in the Republic of Kazakhstan requires the coverage of a large number of contingents of persons who, on duty, have contact with the population, in order to increase the efficiency of emergency medical care.

Keywords: Emergency, Medical Technicians Service, Kazakhstan



Pub No: PP-188

A rare mortal condition in the emergency department: acute mechanical valve obstruction

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Introduction and Purpose: Prosthetic valve thrombosis is an important complication with high morbidity and mortality rates. It is seen in 0.5% to 8% of mitral and aortic valve prostheses and 20% of tricuspid valve prostheses. Although inadequate anticoagulation is often the primary cause, other risk factors include endocardial fibrosis due to the surgical technique, pannus around the mechanical valve, atrial fibrillation, multiple valve replacements, ventricular dysfunction, and pregnancy.

Materials and Methods: A 46-year-old woman presented to the emergency department with increasing dyspnea for several days. We learned that she had a history of epilepsy, hypothyroidism and had undergone mechanical mitral valve replacement for mitral regurgitation about 3 weeks ago. The patient's vitals were BP: 70/50 mmHg Pulse: 145 beats/min SS: 36 Fever: 36.7 °C Sat: 76%. The patient is tachypneic dyspneic and describes orthopnea. The patient has no pretibial edema, respiratory sounds have fine rales extending to bilateral upper zones, heart sounds were heard as s1/s2 rhythmic, no mechanical heart valve sound was heard, consciousness is clear but tends to sleep, there is no additional pathology in external physical examination. Treatment was started with a prediagnosis of hypotensive cardiac overload. Vasopressor support was provided with IV hydration and IV diuretic treatment was started at the same time. Meanwhile, the patient's blood tests started to be finalised and the patient's INR value was 1.13. Bedside echocardiography showed a pericardial effusion up to 3 cm. Cardiac tamponade was considered and cardiology was consulted. Since echocardiography performed by cardiology showed that the mechanical mitral valve was not functioning and the mean-gradient was high, the patient was consulted to Cardiovascular Surgery with the diagnosis of "mechanical valve obstruction" and underwent emergency operation.

Results and Conclusion: Mechanical valve obstruction is a rare condition in the emergency department with a serious mortality rate. Valve thrombosis and dysfunction is a diagnosis that should be considered in patients presenting to the emergency department with symptoms of heart failure, especially in patients with valve replacement under inadequate anticoagulation.

Keywords: Prosthetic Valve Thrombosis, Shortness of Breath, Heart Failure, Prosthetic Valve Obstruction



Pub No: PP-189

A case of anterior spinal artery syndrome caused by abdominal aortic dissection with acute paraplegia

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Introduction and Purpose: Introduction: It is unusual that the first clinical picture of aortic dissection (AD) or aortic aneurysm (AA) is paraplegia. Anterior spinal artery syndrome (ASAS) is a rare but disastrous complication that can occur after surgical repair of AD and AA or after trauma. Herein, we report a case of sudden onset non-traumatic paraplegia who diagnosed with ASAS and was subsequently deteriorated.

Materials and Methods: Case: An 81-year-old male with known diabetes mellitus, hypertension, and coronary artery bypass graft surgery was brought to the Emergency department with a complaint of inability to walk that started this morning. His initial vitals were normal. Physical examination revealed paraplegia of the lower limbs, and absence of bilateral deep tendon reflexes in the lower extremities. Sensations of touch, vibration, and proprioception were preserved but the sensation of pain was not. Anal sphincter tonus was normal. In the light of history and physical examination, the patient was highly suspected to have an acute aortic occlusion or peripheral artery occlusive disease, so computed tomographic angiography of the abdominal aorta was performed and showed partial intramural thrombosed infrarenal fusiform aneurysm (5 centimeters in diameter), total occlusion of the right lumbar artery at the level of L3, significant stenosis of right and left common iliac artery. The patient was consulted with the cardiovascular surgeon who decided to manage the patient conservatively because of the high surgical morbidity and mortality. On the 7th day of hospitalization, his general condition suddenly deteriorated went into hypovolemic and/or neurogenic shock, and died. He was presumed to have had acute progression of the disease.

right lumbar artery occlusion

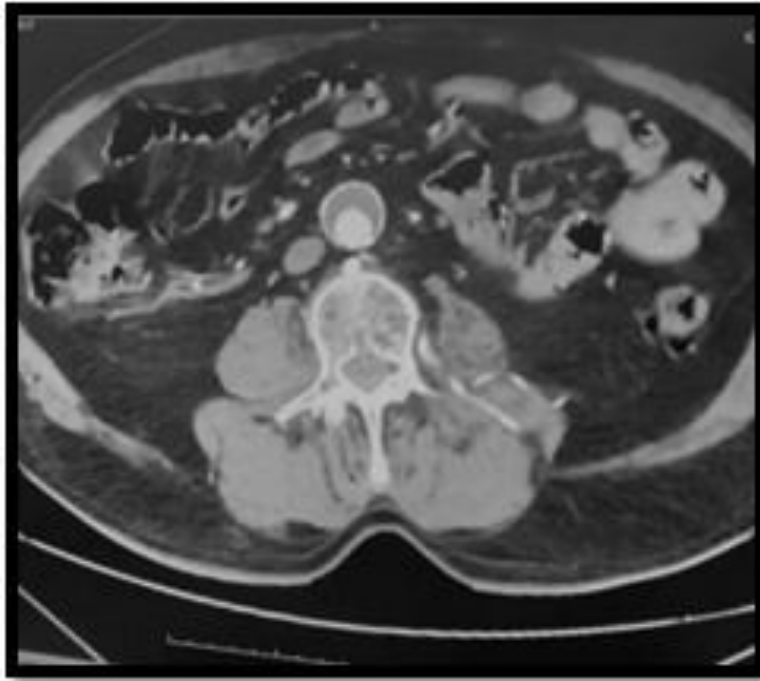


Figure 1. An axial image shows a right lumbar artery occlusion

Results and Conclusion: Conclusion: This case report highlights an uncommon presentation of ASAS. The diagnosis of ASAS can be made with fair certainty by thorough clinical examination, knowledge of neuroanatomy as well and a high index of suspicion. In case of unexplained paraplegia, sensorial assessment should be done, and ASAS should be kept in mind in case of compatible examination findings.

Keywords: Anterior spinal artery syndrome, aortic aneurysm, aortic dissection, paraplegia



Pub No: PP-190

Abdominal Pain After Multiple Chemotherapy: Neutropenic Enterocolitis

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Introduction and Purpose: Neutropenic enterocolitis is a life-threatening, necrotizing enterocolitis that primarily occurs in neutropenic patients. It is a rare clinical picture with a high mortality rate. It should be considered in neutropenic patients presenting with abdominal pain. The location of the abdominal pain depends on the location of the neutropenic colitis and is usually in the right lower quadrant. Symptoms, including fever, often occur during the third week (median 17 days) after receiving cytotoxic chemotherapy, at a time when neutropenia is at its deepest.

Abdominal pain after multiple chemotherapy: neutropenic enterocolitis



Materials and Methods: A 60-year-old female patient applied to the emergency service with the complaint of abdominal pain. According to the information obtained from the patient, she stated that her abdominal pain had been present for a few days and was gradually increasing. She stated that she had received chemotherapy 15 times due to known stomach ca. His vitals were fever: 37.8, blood pressure: 110/60, pulse: 94. In the physical examination of the patient, there was no obvious feature except severe tenderness in the abdomen. WBC in laboratory findings: 830 In the biochemical measurements of the patient with mm3, Hb: 10.3 mg/dl, platelet: 93000, glucose, AST, ALT, bilirubin, ALP, GGT, LDH, amylase, urea, creatinine and albumin were within normal limits. No pathology was detected in routine urinalysis. In the abdominal CT performed to rule out acute abdominal causes, wall thickening in the cecum and rectosigmoid colon, increase in density and striations compatible with inflammation were observed in the pericecal fatty tissue, sigmoid meso and perirectal tissue. The patient was consulted to the internal medicine clinic and hospitalized.

Results and Conclusion: Although neutropenic enterocolitis is rarely seen in the complaint of abdominal pain in neutropenic patients receiving chemotherapy, it should always be included in the preliminary diagnosis due to its high mortality.

picture1



Keywords: neutropenic, enterocolitis, chemotherapy

Pub No: PP-191

The Bermuda Triangle of The Acute Testicle Pathologies

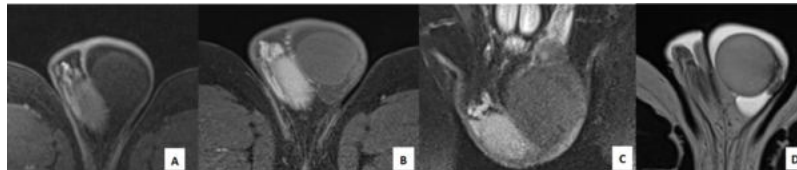
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Introduction and Purpose: It has always been challenging to differentiate testicular torsion from torsion of the appendix testis and epididymitis/orchitis in patients with acute testicular pain. Testicular torsion is defined as the sudden twisting and torsion of the spermatic cord, leading to compromised blood flow to the testis which requires urgent surgery within six hours.

Materials and Methods: A 21-year-old male patient presented to the ED with abrupt left testicular pain and severe nausea that had started that morning. In his medical history, he mentioned being diagnosed with left testicular epididymitis one year ago and experiencing intermittent testicular pain, although he had never associated it with nausea. He had no known additional medical conditions except smoking history (3 packs per year). His vital signs were stable (temp: 36.4°C, BP: 110/80 mmHg, HR: 84 beats/min, and O₂ saturation: 99%). During the physical examination, the patient appeared pale upon inspection. Palpation of the left testis indicated increased warmth, swelling, and hardness. Additionally, the patient's testicular pain did not change upon elevation (negative Prehn's sign). Abdominal examination did not reveal any guarding or rebound tenderness. An emergency ultrasound revealed a significant decrease in blood flow in the left testicle. Laboratory results were as WBC: 11.2/mm³ (predominated by 46% neutrophils), Hg: 15.2 g/dL, CRP: 2 mg/dL, Cr: 0.88 mg/dL, AFP: 1.62 IU/mL, β-hCG: <0.100 mIU/mL, and insignificant urinalysis. Following consultation with the urology, a scrotal contrast-enhanced MRI was performed, which revealed clear signs of torsion in the left testicle along with a minimal hydrocele (Figure 1). The surgical intervention was promptly conducted by urology. The operative report indicated areas of necrosis in the left testicle, and after detorsion, blood flow was successfully restored.

Figure 1



Various sequence images of the contrast-enhanced scrotal MRI (A-B-C-D).



Results and Conclusion: Testicular torsion is detected in approximately 7-30% of cases involving acute testicular pain. The course of the pain and a comprehensive physical examination (cremasteric reflex) are pivotal. Doppler ultrasonography is considered the initial diagnostic study since MRI or scintigraphy availability is low but associated symptoms can sometimes provide crucial clues. Even nausea accompanying testicular pain can serve as a remarkable risk factor for testicular torsion like this case.

Keywords: Nausea, Testicular pain, Testicular torsion



Pub No: PP-192

RECTOVAGINAL FISTULA AFTER TRAUMA

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Introduction and Purpose: Rectovaginal fistula is a disease caused by an abnormal epithelial connection between the anterior wall of the rectum and the posterior wall of the vagina. Obstetric injuries are the most common cause of rectovaginal fistulas. Other causes include inflammatory bowel disease, malignancy, radiation, trauma, previous pelvic and perineal surgery.

Materials and Methods: A 3-year-old girl was brought to the emergency department by her relatives with the complaint of fecal discharge from the vagina after she fell in the bathroom yesterday and hit her abdomen on the bucket. The patient had been having intermittent liquid stools from the vagina since yesterday. She has no known disease or congenital malformation. Her vital signs were normal. The abdomen was comfortable, there was no defense and rebound. Liquid stool was coming from the vagina. On rectal examination, no obvious defect in the rectal wall was palpated. The patient was consulted to the pediatric surgery clinic with a diagnosis of rectovaginal fistula. She was hospitalized in the pediatric surgery clinic for further investigation and treatment.

Results and Conclusion: Rectal injuries may cause high morbidity and mortality if missed at presentation. Although congenital malformations are the most common cause of rectovaginal fistula in children, trauma can also cause it. Performing rectal examination in trauma patients

Keywords: trauma, rectovaginal fistula



Pub No: PP-193

Left flank and lower back pain persisting for 10 days; aortic dissection

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Introduction and Purpose: Aortic dissection occurs when there is a tear in the intima, allowing blood to enter the media layer, separating the intimal and adventitial layers. The most common site of intimal tear is the sinotubular junction at the beginning of the ascending aorta (50-65%) and the junction of the proximal descending aorta just behind the subclavian artery (20-30%). The dissection creates a false lumen of blood that can extend distally (most common), proximally, or in both directions. Mortality increases by 1-3% for every hour that passes without a rapid diagnosis.

Materials and Methods: A patient who has been experiencing intermittent left-sided and lower back pain for the past 10 days, with an increase in pain prompting a visit to the emergency department after having blood drawn at the family doctor's office one week ago. There is no known medical history, no regular medications, and no known habits. Glasgow Coma Scale (GCS) is 15, blood pressure: 120/88 mmHg, heart rate: 93 bpm, temperature: 36.3°C, oxygen saturation: 99%, and fingerstick glucose level: 140 mg/dL. Physical examination and neurological examination are unremarkable. There is no abdominal guarding, rebound tenderness, or costovertebral angle tenderness. Breath sounds are normal bilaterally, and the straight leg raise test is positive on the left side. There is decreased pulse in the lower extremities. A bedside ultrasound (USG) is planned for the patient with decreased lower extremity pulses. Bedside USG: Suspected dissection flap was observed in the lumen of the abdominal aorta measuring 45mm*40mm. The patient was referred for CT angiography for a definitive diagnosis. CT angiography confirmed abdominal aortic dissection, and the patient was consulted with the cardiovascular surgery team. Despite the recommendation for surgery, the patient left the emergency department without permission.

Bedside USG



Results and Conclusion: Aortic dissection can present with different symptoms depending on the location of the dissection. In these patients, pulses can be absent or weak. They may present with atypical symptoms ranging from chest pain to numbness in the legs. In emergency departments, maintaining a high index of suspicion is crucial for clinicians to diagnose aortic dissection.

Keywords: Aortic dissection, Lower back pain, USG



Pub No: PP-194

Dialysis Disequilibrium Syndrome

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Introduction and Purpose: Dialysis is a treatment method based on fluid-solute exchange between the patient's blood and an appropriate dialysis solution through a semi-permeable membrane. Fluid and solute movement typically occurs from the patient's blood to the dialysate, and by removing this dialysate, the fluid-solute imbalance in the patient is brought closer to normal values. Dialysis Disequilibrium Syndrome (DDS) is secondary to the development of brain edema and is associated with the dialysis procedure. Neurological symptoms progress as cerebral edema worsens and intracranial pressure increases, and if not promptly recognized and managed, it can lead to coma and even death. Initial vomiting, headache, dizziness, agitation, orientation disturbances, confusion, muscle cramps, and tremors are frequently observed in chronic dialysis patients. They are often associated with excessive or aggressive ultrafiltration and hyper/hypotension.

Materials and Methods: A 67-year-old female patient presented to us with complaints of nausea, vomiting, and dizziness that started approximately 1 hour ago. The patient has a known diagnosis of Laryngeal Carcinoma and Chronic Renal Insufficiency. Therefore, she undergoes dialysis three times a week. On arrival, vital signs were as follows: temperature: 36.8°C, blood pressure: 110/60 mmHg, pulse: 94 bpm. Neurological examination revealed bilateral horizontal nystagmus, and abdominal examination was unremarkable with no signs of guarding or rebound tenderness. Lung auscultation was normal with no additional sounds. Laboratory findings showed the following: Blood gas pH: 7.42, pCO₂: 42.6 mmHg, HCO₃: 27.2 mmol/L, Lactate: 1.2 mmol/L, Hemogram WBC: 13.8 × 10⁹/L, Hb: 10.8 g/dL, Biochemistry Creatinine: 1.49 mg/dL, Na: 134 mmol/L, BUN: 89 mg/dL, Ca: 7.56 mg/dL, Albumin: 2.86 g/dL. The patient's PA Chest X-ray and Brain CT showed no acute pathology. The patient was consulted with Internal Medicine and Neurology clinics and was admitted to the Internal Medicine ward.

Results and Conclusion: In patients with renal insufficiency undergoing hemodialysis, to prevent DDS, low blood flow rate, short-duration dialysis, and low-efficiency dialyzer (BUN should be reduced by less than 30%) should be considered. When post-dialysis symptoms such as nausea, vomiting, headache, dizziness, muscle cramps, tremors, confusion, visual disturbances, and changes in mental status are observed, Dialysis Disequilibrium Syndrome should be considered, and greater attention should be paid to this condition.

Keywords: DIALYSIS DISEQUILIBRIUM SYNDROME, HEMODIALYSIS, POST-DIALYSIS SYMPTOMS, CONFUSION, VOMITING

Pub No: PP-195

A guiding algorithm for children with minor head trauma: PECARN

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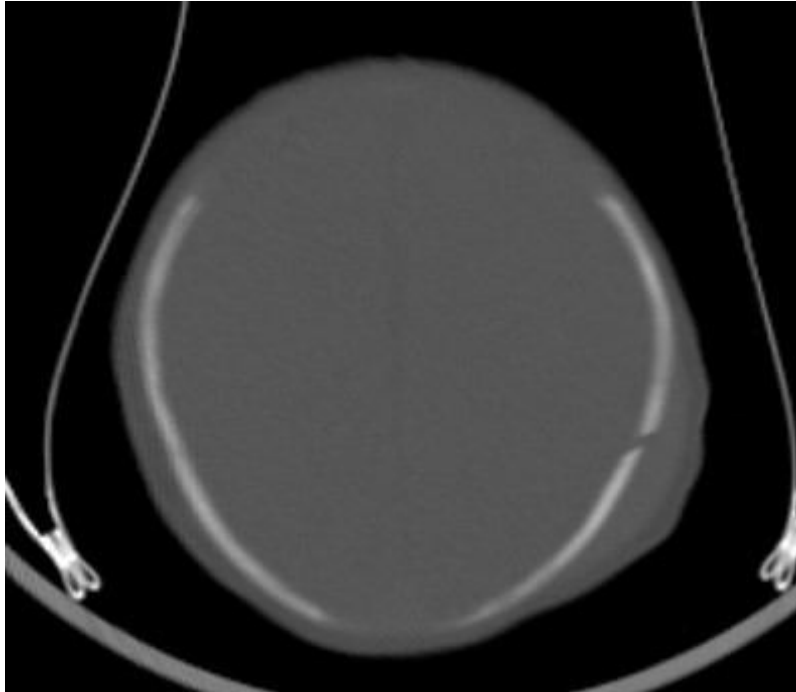
Introduction and Purpose: Children often apply to the emergency departments (ED) for head trauma. The trauma findings on neurological examination takes time due to the fact that the fontanelles and cranial sutures have not yet closed in the first two years of age. Our aim in presenting this case is to emphasize the importance of PECARN imaging rules in children with a GCS score of 14-15, admitted to the ED with minor head trauma.

Materials and Methods: The 14-day-old baby boy presented to the ED after falling from his mother's lap (about 1 meter) about half an hour earlier. His vital signs were consistent with his age. There was a 2cm-hematoma in the left parietal region of his sculp. Neurological examination was normal, modified GCS:15, four extremities were spontaneously active. According to PECARN, the patient who had no pathology on transfontanel ultrasonography, undergo brain computed tomography (CT) scan (Fig.1-2), which revealed a slight displaced fracture line in the left parietal bone at the vertex level, extending to the left coronal suture, and a cephalic hematoma of ~6.5mm thickness adjacent to the fracture line. There was no intracranial hemorrhage. The patient was admitted to neonatal intensive care unit for follow-up and was discharged after 24 hours.

Head CT image 1 of the patient



Head CT image 2 of the patient



Results and Conclusion: Head trauma is an important cause of morbidity and mortality in children with. The highest incidence is in the 0-4 age group. Minor head trauma is defined as a GCS:14-15 at the time of admission to the ED. Children <2 years-old, with blunt head injury, admitted to the ED within 24 hours, a GCS of 14-15, have other signs of consciousness change or palpable scalp fracture; If there is an occipital, parietal or temporal scalp hematoma or a loss of consciousness for >5sec or there is a mechanism of serious injury, brain CT imaging is performed taking into account the experience of the physician, the presence of more than one or a single physical finding, the worsening of the symptoms, the age of <3 months or the preference of the family. Children with the PECARN low-risk criteria are at very low risk for clinically significant traumatic brain injury requiring intervention.

Keywords: children, head trauma, PECARN, CT scan

Pub No: PP-196

Mortal And Rare Corrosive Substance: Gasoline

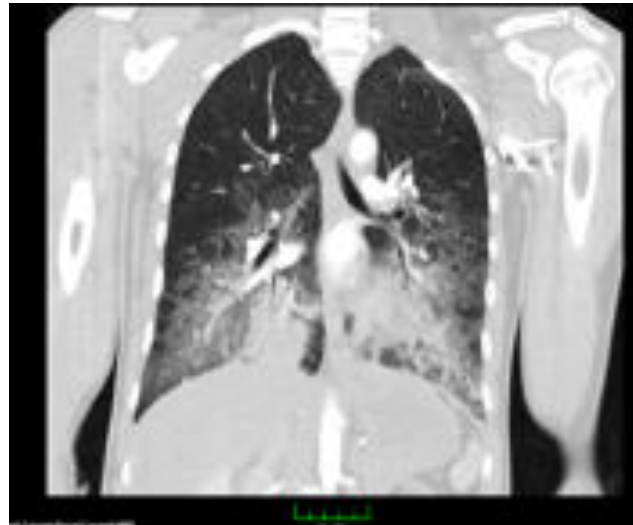
Barış Kaban¹, Levent Şahin¹

¹kafkas Üniversitesi tıp fakültesi acil tıp kliniği

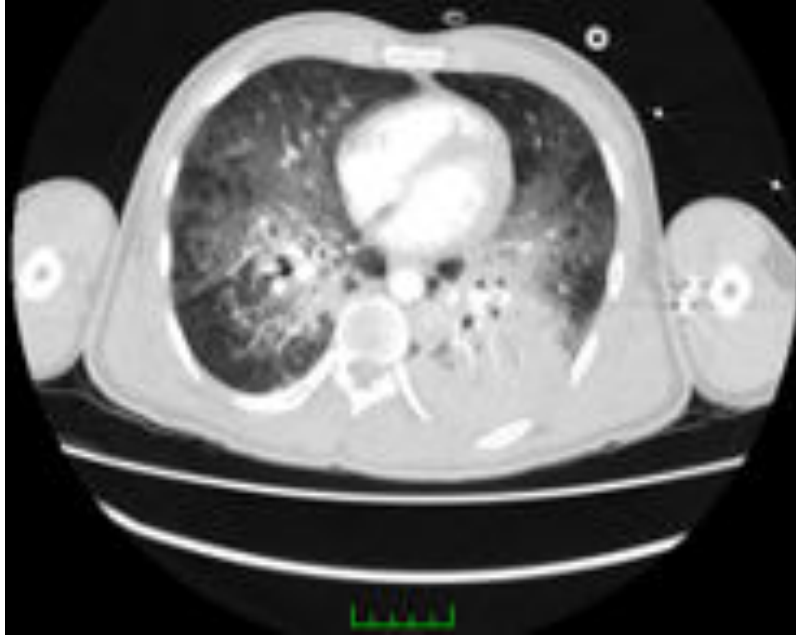
Introduction and Purpose: GİRİŞ: Koroziv madde içimiyle üst gastrointestinal sistemde hızlı, ilerleyici ciddi yanıklar meydana gelir. Bu klinik tablo koroziv özofajit olarak adlandırılır. Hasarın akut dönemi atlatılırsa iyileşme sürecinde özofagusta striktür veya malignite gelişebilir. Aspirasyon, orofarengeal veya gastrik içeriğin larenks ve alt solunum yollarına geçişine denir. Aspirasyon sonucunda başlıca iki pulmoner sendrom ortaya çıkar. Bunlardan birincisi aspirasyon pnömonisidir (Mendelson sendromu) ve steril gastrik içeriğin aspirasyonu ile oluşan akut kimyasal hasarı tanımlar. İkincisi, enfeksiyon etkenleriyle kolonize olmuş orofarengeal sekresyonun aspirasyonu ile oluşan ve enfeksiyöz bir tablo olan aspirasyon pnömonisidir.

Materials and Methods: VAKA: 21 yaşında erkek hasta ilçe devlet hastanesine başvurmadan yarım saat önce araç deposundan hortum benzeri araçla benzin aktarmaya çalışırken benzin yutmuş. Kusma ile ilçe acile getirilen hasta ileri merkeze sevk etmiş. Hasta acil servise 112 ile geldiğinde kusmaları mevcuttu. Solunumu yüzeysel olan hasta entübe edildi. İlk kan gazında ph: 7.21 laktat:7 pCO₂:59 HCO₃: 18 olan hastaya beyin ve toraks tomografi çekildi. Çekilen toraks tomografisi aspirasyon pnömonisi (Resim 1-2) ile uyumlu idi. Hasta gastrointestinal sistem için Dahiliye Kliniğine ve aspirasyon pnömonisi için Göğüs Hastalıkları Kliniğine danışılarak Anestezi ve Reanimasyon kliniğine yatırıldı. Yatışından on iki gün sonra hasta sepsis nedeniyle hasta ex olmuştur.

resim 1



resim 2



Results and Conclusion: SONUÇ: Acil servislere koroziv madde intihar amaçlı veya kazara olarak başvurmaktadır. Koroziv maddelerin akut ve geç komplikasyonlarının olduğu akılda tutmamız gerekmektedir. Nadir olarak koroziv madde yaralanmaları hayatı tehdit eden durumlara neden olabilir hatta ölümlerle sonuçlanabilir.

Keywords: pnömoni, aspirasyon, koroziv madde

Pub No: PP-197

Elbow dislocation

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Introduction and Purpose: Elbow dislocations are the second most common major joint dislocation in adults after the shoulder. Elbow dislocation can occur during home or work-related activities or athletics. Patients with elbow dislocation usually present with complaints of severe pain, general swelling, and limitation of elbow movement.. Both neurological and vascular injuries can be seen in elbow dislocations. Therefore, neurovascular injuries should be carefully evaluated.

Materials and Methods: A 21-year-old male patient applied to us with the complaint of pain in the left elbow. He fell on his left arm while playing on the carpet. He does not use any medicine for any known disease. His vital signs were stable in his examination in the emergency room. On examination, there is tenderness and limitation of movement in the left elbow. In neurovascular examination, radial and ulnar pulses were weakly palpated. There was ulna luxation on direct X-ray. The patient was rapidly reduced by applying sedoanalgesia in the emergency room. Post-reduction neurovascular examination was normal. Weakly palpable radial and ulnar pulses were normal before reduction. A long arm splint was applied to the patient. Emergency situations were explained and she was discharged with the recommendation of outpatient control.

Figure 1: left elbow dislocation



Figure 2: left elbow dislocation, after reduction



Results and Conclusion: It is necessary to be careful in terms of accompanying fractures and neurovascular injuries in elbow dislocations. It can include complications such as elbow dislocation, injury to the brachial artery and peripheral upper extremity nerves. Therefore, evaluation of pulses and motor and sensory nerve function should be performed before and after reduction or manipulation.

Keywords: elbow dislocation, elbow pain, fall



Pub No: PP-198

Diagnosis fast! and apply needle thoracostomy

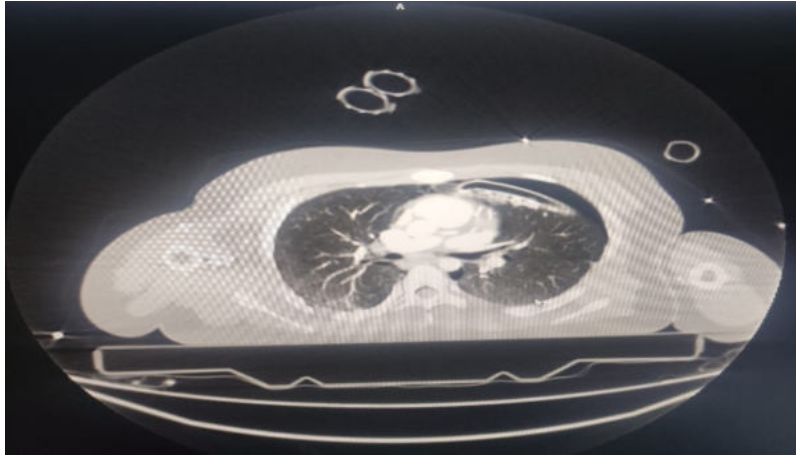
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Introduction and Purpose: Pneumothorax is an emergency pathological condition resulting in collapse of the lungs as a result of accumulation of air between the pleural and parietal lung membranes. It usually constitutes a certain part of the patients who apply to the emergency department with the complaints of shortness of breath and atypical chest pain. Although it is frequently seen after chest and neck trauma, it can also occur spontaneously. Needle thoracostomy, which is one of the first applications and rapid diagnosis in the emergency, increases the survival rate, especially in severe pneumothorax cases.

Materials and Methods: The 13-year-old male patient has no known disease and no history of drug use. He was brought to the emergency room with an emergency response ambulance as an in-vehicle traffic accident. When the patient arrived, his general condition was bad and his consciousness was closed. Saturation: 78%, pulse: 124, blood pressure: arterial: 70/50, temperature was 36.6. The patient was quickly taken to the resuscitation room and endotracheal intubation was performed. During the physical examination of the patient, whose isolated thorax was traumatized from the left side during the traffic accident, dermal abrasion on the left ribs and crepitation with palpation After the primary emergency procedures were completed and the examinations were taken, the patient was quickly sent for imaging. During imaging, cardiac arrest developed twice in the patient. The patient was resuscitated and stabilized after two resuscitations. Multiple rib fractures and pneumothorax in the left lung were observed in the imaging. (Figure 1) The patient was consulted to the thoracic surgery clinic. Resuscitation was started in the patient who developed re-arrest during the follow-up and it was decided to apply needle thoracostomy. As a result of resuscitation and needle thoracostomy, the vitals of the patient were within natural limits. The patient, who underwent thoracic tube with thoracic surgery consultation, was admitted to the thoracic surgery intensive care unit.

Figure 1



Results and Conclusion: In pneumothorax cases, especially in advanced pneumothorax cases, rapid diagnosis and necessary applications to the patient are of vital importance. One of these important applications is needle thoracostomy. The importance of needle thoracostomy was also seen in the above-mentioned case.

Keywords: Diagnosis Fast, Apply Needle Thoracostomy, traffic accident



Pub No: PP-199

A diagnosis that can't be missed without touching it: radial artery occlusion

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Introduction and Purpose: Radial artery occlusion is most often asymptomatic, there is an elevated prevalence of ischemia in patients with inadequate palmar arch blood supply.

Materials and Methods: A 42-year-old man presents to the emergency department with abdominal pain yesterday and today. He complained of burning in the epigastric region of the abdomen and intermittent right flank pain. Abdominal CT and cardiac follow-up were performed at yesterday's admission. Abdominal imaging revealed right ureterolithiasis and no cardiac pathology. The patient had a history of percutaneous coronary intervention under elective conditions about 5 days ago. The patient stated that he was very tired from frequent emergency visits and requested analgesia. The patient's vital signs were normal. Physical examination revealed minimal epigastric tenderness, right costovertebral angle tenderness and no radial pulse on the left wrist. Modified allen test was positive for radial artery occlusion and left upper extremity doppler USG was performed. The left radial artery was observed to be totally occluded up to the level of brachial bifurcation and no flow was observed on RDUS examination. On detailed investigation, it was learned that percutaneous coronary intervention was performed 5 days ago in the left radial artery. The patient was interned to the cardiovascular surgery unit and it was learned that a large amount of thrombus was removed from the left radial artery to the brachial bifurcation in the embolectomy operation.

Results and Conclusion: The aim of presenting this case is to draw attention to the critical diagnoses that may be missed if the systemic examination of patients is incomplete based on previously established diagnoses in patients presenting to emergency departments.

Keywords: Acute arterial occlusion, radial artery, physical examination

Pub No: PP-200

Ovarian cyst rupture

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Introduction and Purpose: It is commonly observed in women of reproductive age. Physiological cysts (e.g., follicular or corpus luteal cysts) or, less frequently, pathological cysts (e.g., cystadenoma, teratoma) can rupture, irritating the peritoneum. Most patients with a ruptured ovarian cyst are successfully managed with analgesics and observation.

Materials and Methods: A 21-year-old female patient presents with sudden, continuous, and equally severe abdominal pain that started 2 hours before the admission, predominantly in the lower abdomen. No gas or stool abnormalities are reported. There is no vaginal bleeding. The patient denies burning sensation, changes in urine color or odor. Vital signs on admission are as follows: Blood pressure:113/82mmHg,heart rate:94beats per minute,oxygen saturation:97%,Respiratory rate:16breaths per minute,temperature:36.8°C. There is diffuse tenderness in the abdomen. Rebound tenderness is present bilaterally in the lower quadrants. There is no tenderness at the bilateral costovertebral angles. There is no pulsatile mass or bruit in the abdomen. Upon the patient's test results, which include:White Blood Cell Count(WBC):18.95K/ul,Neutrophils(NEU):13.95K/ul,Hemoglobin(HMG):9.9 g/dl,Hematocrit(HCT):28.8%,C-Reactive Protein(CRP):8.64 mg/dl,Alanine Aminotransferase(ALT):38 IU/L, an abdominal tomography was performed on the patient. The radiological interpretation of the performed tomography is as follows: The left ovary measures 3.5x2.5cm in size. In the right adnexal area, there is an appearance suggestive of ovarian tissue, measuring 4.5x4cm in size, with a heterogeneous cystic lesion inside measuring 3.5cm in diameter. High-density (possibly indicating hemorrhagic) fluid is observed in the perihepatic (around the liver), perisplenic (around the spleen), paracolic (around the colon), and pelvic regions. In the pelvic area, there are hyperdense soft tissue appearances within free fluid areas, possibly indicating a hematoma. The patient was admitted to the obstetrics and gynecology department with a diagnosis of ovarian cyst rupture.

Results and Conclusion: The purpose of presenting this case is to emphasize the importance of always keeping the possibility of ovarian cyst rupture in mind for female patients and not overlooking it. It is important to highlight that such cases may require early diagnosis and treatment, and the importance of careful monitoring. Physicians and healthcare professionals should carefully assess the symptoms of female patients and conduct necessary tests when needed. This way, potential health issues can be detected and treated early.

Keywords: abdominal pain, over cyst, cyst rupture



Pub No: PP-201

A Case That Can Be Left Out: Anaphylaxis Presenting In The Biphasic Stage

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Introduction and Purpose: Anaphylaxis is a clinical condition that begins rapidly after contact with the sensitive antigen, causes respiratory distress, low blood pressure, skin and mucosal rashes, and can result in death. Mediators secreted in response to the antigen induce anaphylaxis. The mediator most associated with anaphylaxis is histamine. In typical anaphylaxis, symptoms begin within 30minutes of antigen exposure and resolve within 1-2hours with treatment or spontaneously. In 20% of anaphylaxis patients, symptoms appear more severely in the form of a second wave within 72hours (often in the first 8hours). This is called biphasic anaphylaxis. Rehistaminergic mechanisms are held responsible for this situation. In this case report, we aimed to draw attention to biphasic anaphylaxis, which can be left out in clinics.

Materials and Methods: A 23-year-old female patient took 1g paracetamol tablet orally due to a migraine attack at night, and epigastric pain, nausea, dizziness and weakness developed 10minutes after the intake. The patient did not apply to the hospital due to the regression of his complaints. The patient applied to our emergency department because she started to complain of nausea and dizziness 15minutes after waking up in the morning. Patient's vitals; blood pressure (BP):60/40mm/Hg, pulse:62/m, SPO2:95%. No pathological values or electrolyte disturbances were detected in the patient's blood tests; Hemoglobin:11g/dl, White Blood Cell:10900/uL, Platelet:215/uL, Glucose:89mg/dl, C-Reactive-Protein:4mg/L, Creatinine:0.64mg/dl, Urea:22mg/dl, Aspartataminotransferase:15U/L, Alanineaminotransferase:12U/L. Biphasic anaphylaxis was considered because of the patient's gastrointestinal symptoms and low blood pressure after possible antigen exposure. Symptomatic treatment was started. A dermatologist was consulted. The patient was admitted to dermatology with the diagnosis of biphasic anaphylaxis.

Results and Conclusion: Especially in cases of allergy and anaphylaxis, which emergency physicians are very familiar with, patients are often discharged after the symptoms occurring in the first phase are resolved. Biphasic anaphylaxis, which is expected to occur in 20% of patients, tends to be ignored for various reasons. Since this situation carries a serious risk of anaphylaxis, it can cause mortality in patients. Every patient who fits the criteria for anaphylaxis should be observed for at least 6-8hours in hospital.

Keywords: Anaphylaxis, Biphasic stage, Low blood pressure

Pub No: PP-202

Trigger

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Introduction and Purpose: Trigger finger is caused by inflammation and hypertrophy of the flexor tendon and tendon sheath. This narrowing at the A1 pulley level (at the metacarpal-phalangeal joint) results in pain, snapping and loss of function in the affected finger. It can also occur at A2 (proximal interphalangeal joint) or A3 (distal interphalangeal joint). It is also called stenosing tenosynovitis. It is usually caused by a repetitive movement or regular forceful use of the fingers. The treatment of trigger finger disease can basically be divided into non-surgical treatments and surgical treatment. Non-operative treatments mainly include rest, finger splints, exercise, medication and steroid injections.

Materials and Methods: A 26-year-old male patient presented with the complaint of a bent right index finger (2nd finger of the right hand) after playing darts one hour ago (Figure-1). There was no history of any known disease. On admission, vital signs were normal and stable. On physical examination, the 2nd finger of the right hand was flexed at the proximal interphalangeal joint and there was tenderness in the finger. After straightening the finger, the patient could bend the finger again but could not straighten it again. A 2-way hand radiograph was requested from the patient. No fracture was observed on the radiographs (Figure-2). The patient was informed about trigger finger, finger splint was applied, non-steroidal anti-inflammatory drugs were prescribed and the patient was discharged with a recommendation for orthopedic outpatient clinic control.

Figure-1



Figure-2



Results and Conclusion: Trigger finger is an orthopedic disorder that can usually be diagnosed by physical examination and most of them can be treated with conservative approaches. In these cases, it is useful to evaluate with direct radiographic imaging to rule out a possible fracture. Cases without fracture can be discharged with the recommendation of orthopedic outpatient clinic control with an appropriately made finger splint after informing the patient, while cases with fracture should be consulted to the orthopedic clinic.

Keywords: trigger finger, finger trauma, stenosing tenosynovitis



Pub No: PP-203

Isolated superior mezenfer arter dissection

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Introduction and Purpose: Superior mesenteric dissection may be part of aortic dissection or may be observed in isolation. Pain can mimic gastritis starting after meals. In this case, we talked about the mesenteric artery dissection we caught in the further examination of the patient with chronic gastritis.

Materials and Methods: 54-year-old male patient applied to the emergency room with complaints of pain in the epigastric region. There is no feature in the non-chronic gastritis resume. His pain started 2 hours ago, he used ppi, but he applied to the emergency room because there was no regression in his pain. Appearance at clinic agitated. TA:180/70 mm/Hg Nbz:70 beats/min SpO2:97% Fever:36.6 °C There is no evidence of defense and rebound with epigastric sensitivity present in the abdomen during the physical examination; there is no mass that is addressed. Distal pulses are open. Other system inspections are usual. ECG was taken. Normal sinus rhythm was observed. Considering his age, his routine blood, including cardiac, was taken. Symptomatic treatment was started in the patient with gastritis. The patient, whose symptoms did not regress without significant changes in ecg follow-up, was first given a narcotic analgesic after ppi. At the end of 2 hours, a thoracic-abdominal angio CT was planned for the patient, whose symptoms did not regress despite all treatment, to be seen that creatinine was within the usual limits. The Bt report was interpreted as dissection causing subtotal occlusion in the lumen along the segment of approximately 5 cm from the superior mesenteric dislocation level; accordingly, it was operated by general surgery with the diagnosis of Mesenteric Ischemia.

abdominal angio CT



Results and Conclusion: We need to bring to mind many serious diagnoses, including acute coronary syndrome, in patients admitted to the emergency room with epigastric pain. Isolated mesenteric dissection is one of them. Since it is not associated with aortic dissection, it may not show similar clinical findings except pain. One of the causes of mesenteric ischemia may appear with clinical pictures similar to thrombotic ischemia.

Keywords: superior mesentery artery, dissection, mesentery ischemia



Pub No: PP-204

One of the rare cases found in the emergency department: Delayed Hemolytic transfusion Reaction

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Introduction and Purpose: Transfusion of blood and its components is an appropriate and effective way to fill the hematologic deficit; however, it is vital to consider its complications.

Materials and Methods: A 67-year-old female patient was admitted with complaints of rash that started in the lower extremities and spread to the whole body gradually increasing for 3 days, shortness of breath for 1 day and deterioration in general condition. There is a known history of thalassemia carrier, paraplegia after neurosurgery operation and desmoid tumor. The patient is immobile due to paraplegia. 4 days ago, 2 units of ES were given in the Hematology Outpatient Clinic. There is a history of fever at home. Blood pressure: 85/50 mmHg, Pulse: 137 Fever: 36°C Respiratory rate: 30 Oxygen saturation: 78%. On physical examination; general condition is poor, orientation-cooperation is weak, there is no nuchal rigidity. GCS: E3M6V4 Respiratory sounds decreased bilaterally, no rales, no rhonchi, abdomen comfortable, no defense, no rebound, no pretibial edema. Blood tests: The patient had leukocytosis and elevated creatinine, liver function tests, CRP and d-dimer values. ECG was in normal sinus rhythm and no pathology was detected in abdominal-thorax tomography. Delayed hemolytic transfusion reaction was considered and the patient was hospitalized.

Results and Conclusion: The aim of presenting this case is to know that blood transfusion reactions may also occur in the late period in patients with a history of blood transfusion admitted to the emergency department and to emphasize the importance of managing the treatment of these patients.

Keywords: Hemolytic transfusion reaction, Blood transfusion, Hematologic deficit



Pub No: PP-205

PATIENT FALL FROM THE ELEVATOR GAP

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Introduction and Purpose: Limb trauma represents one of the most common injury patterns seen in emergency medicine and surgical practice. The etiology of limb injuries ranges from falls and motor vehicle collisions to blast and fragmentation injuries.

Materials and Methods: A 47-year-old male patient was brought to the emergency room with the complaint of pain in the feet due to falling into the elevator shaft on the 112 side. The patient had pain in the right chest, right heel and left knee. An inflatable splint was applied to the right lower extremity by 112. The patient's vitals were normal. The patient's imaging revealed a fracture in the right 6th rib, a nondisplaced Schatzker fracture type 1 in the left tibia and a fracture of the right calcaneus. He was hospitalized with an emergency operation planned by Orthopedics and Traumatology, who was consulted with Thoracic Surgery and Orthopedics and Traumatology clinics.

calcaneus fracture



Results and Conclusion: Initial resuscitation, diagnostic evaluation and management of trauma patients with blunt or penetrating trauma; life-threatening injuries take precedence over extremity injury. A brief lower extremity examination is performed during the initial trauma assessment (primary examination), but should be repeated when life-threatening injuries are addressed. The lower extremity assessment should be structured to evaluate the four functional components of the extremity (nerve, vessel, bone, soft tissue). Injury to three of these four elements creates a "crushed limb". Plain radiographs should be taken to evaluate for limb fracture in patients with limb deformity, point tenderness, ecchymosis, deep laceration, near-joint laceration, or joint laxity.

Keywords: Schatzker fracture type 1, Limb trauma, calcaneus fracture



Pub No: PP-206

The Use of Ultrasound-Guided Nerve Blocks in the Management of Acute Pain in Neurocritical Care Patients with Traumatic Brain Injury: A Literature Review

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Introduction and Purpose: Traumatic brain injury (TBI) is a common cause of acute pain in neurocritical care patients. Local nerve blocks have been proposed as a non-invasive tool for the management of acute pain in these patients. The aim of this literature review is to evaluate the effectiveness and safety of ultrasound-guided nerve blocks in the management of acute pain in neurocritical care patients with TBI.

Materials and Methods: A systematic review of peer-reviewed research studies investigating the use of ultrasound-guided nerve blocks in the management of acute pain in neurocritical care patients with TBI was conducted. The search was conducted using various databases, including PubMed, MEDLINE, CINAHL, and ScienceDirect. The search was conducted from January 2006 to August 2022. A total of 8 studies were identified, and 4 full-text reviews were conducted. From these, 2 studies met the inclusion criteria. The studies were retrospective cohort studies, with a total of 78 patients included. The effectiveness and safety of ultrasound-guided nerve blocks for the management of acute pain in neurocritical care patients with TBI were evaluated.

Results and Conclusion: Results: The literature review identified that ultrasound-guided nerve blocks are effective and safe for the management of acute pain in neurocritical care patients with TBI. The studies found that ultrasound-guided nerve blocks provided significant pain relief and improved patient outcomes. The studies also found that ultrasound-guided nerve blocks were associated with minimal adverse effects. Conclusion: Ultrasound-guided nerve blocks are a non-invasive tool that is effective and safe for the management of acute pain in neurocritical care patients with TBI. Ultrasound-guided nerve blocks provide significant pain relief and improve patient outcomes, while being associated with minimal adverse effects. The use of ultrasound-guided nerve blocks in the management of acute pain in neurocritical care patients with TBI can aid in the early detection and management of pain, potentially improving patient outcomes. Further research is needed to evaluate the cost-effectiveness and feasibility of implementing ultrasound-guided nerve blocks in the management of acute pain in neurocritical care patients with TBI.

Keywords: Ultrasound-guided nerve blocks, Neurocritical Care, Traumatic Brain Injury, Pain Management, Acute Pain



Pub No: PP-207

Liver actinomycotic abscess - a rare complication of gastro-oesophageal reflux disease related mucosal injury?

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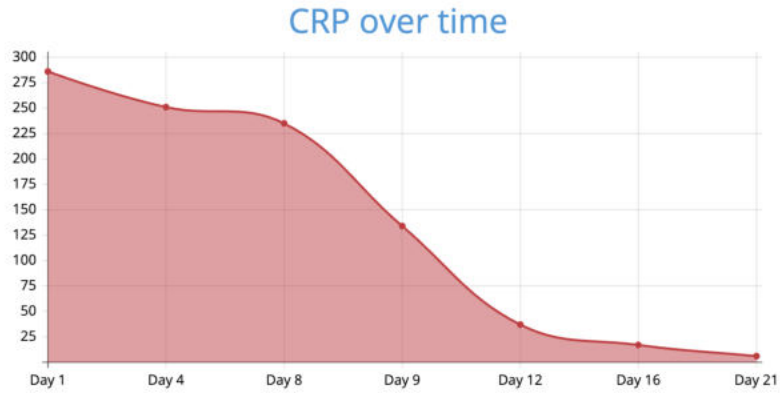
Introduction and Purpose: Actinomycotic bacteria can be found in the normal flora of the oral cavity, as well as less commonly in the lower GIT and female genital tract but is not virulent. Actinomycosis of the abdomen and pelvis accounts for 10-20% of reported cases. Untreated, pyogenic liver abscess remains uniformly fatal. The most common causes of death include sepsis, multiorgan failure, and hepatic failure. The aim is to highlight the potential connection between GORD, mucosal injury and actinomycotic liver abscesses.

Materials and Methods: 57 year old male presenting with flu like symptoms, high fever, myalgia and mild right upper quadrant pain. There was no medical history of note. Initially treated as infection of unknown source. Blood cultures ultimately grew actinomycosis oris. CT Abdomen/Pelvis showed an 8.5cm liver abscess, predominantly located within segment 5. Some mural thickening of the distal oesophagus with periesophageal and coeliac axis lymph nodes was also noted. He was followed up with OGD which showed a hiatus hernia and gastritis. Treatment was with IV antibiotics for 6 weeks and CT guided drainage of the abscess.

Results and Conclusion: Known risk factors include previous abdominal/pelvic surgery, abdominal wall trauma, gastrointestinal foreign body, gastrointestinal tract lesions and immunosuppression. Although the cause in the majority of cases is unknown (80.7%), the abscess can appear after any disruption in mucosal integrity. In absence of other risk factors, this patient had a hiatus hernia, gastritis, and oesophageal thickening which suggest untreated gastro-oesophageal reflux disease. This could have led to the loss of integrity of the gastrointestinal mucosa. Mucosal injury or infection may cause involvement of the liver through hematogenous spread via the portal vein resulting in a liver abscess. This could suggest a potential link between GORD, mucosal injury and liver actinomycosis. Treatment options available comprise of antibiotics, surgical resection and percutaneous drainage, either separately or together, and can take from 1 to 6 months. Surgery is used as last resort in cases where percutaneous drainage is not possible. There are no current guidelines for therapy. From the evidence presented in this case report, there is a potential link between mucosal injury due to untreated GORD and hepatic actinomycotic abscess.



CRP trend over time



Keywords: Actinomycotic abscess, mucosal injury, Abscess, hepatic abscess, liver abscess



Pub No: PP-208

Every Eye Trauma Must Be Carefully Assessed

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Introduction and Purpose: The condition that develops as a result of deterioration of epithelial integrity, often due to external physical effects (branch, dust, contact lens, finger, nail, etc.), is defined as corneal abrasion. Corneal injuries are among the most common ophthalmic injuries. Corneal perforations increase in proportion to previous ophthalmic surgeries and comorbid diseases. Globe perforations secondary to blunt traumas have a worse prognosis in terms of visual impairment than perforations secondary to penetrating traumas.

Materials and Methods: Our 65-year-old male patient applied to the emergency department due to a branch injury to his right eye 2 hours ago. He had a known history of cataract operation and one antihypertensive use due to hypertension. In his examination, hyphema in the right eye in the right eye, a decrease in the comparative intraglobular pressure compared to the left and a decrease in visual acuity were detected.

Results and Conclusion: Visual examination, palpation of intraglobular pressure and direct examination for corneal foreign body in patients admitted to the emergency department after penetrating trauma to the eye should be performed meticulously in order to determine the indication for urgent consultation for eye diseases of patients, and early consultation is important for the treatment and palliation of such patients.

Keywords: Corneal perforation, Hyphema, Blunt traumas



Pub No: PP-209

Implementation of a CT Cone Beam Pathway for Suspected Scaphoid Fractures in the Emergency Department

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¹Mater Misericordiae University Hospital

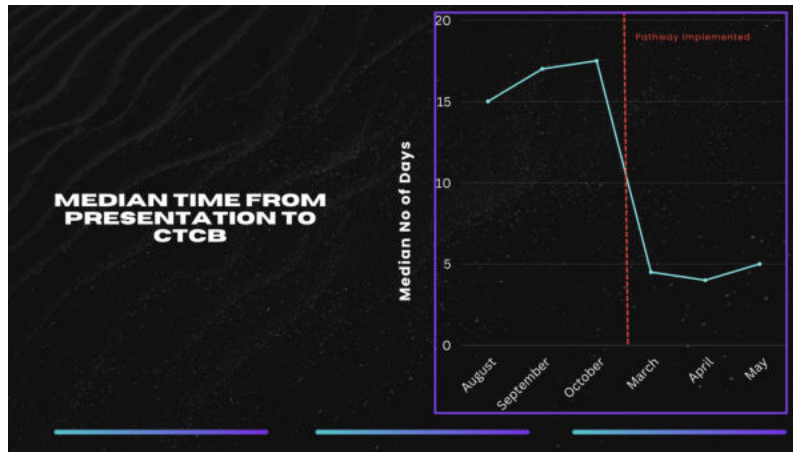
Introduction and Purpose: Wrist injuries are a very common presentation to the ED. Scaphoid fractures comprise approximately 50-70% of carpal bone fractures but can be difficult to detect on initial plain film. Delayed diagnosis can lead to a high-rate of non-union, AVN and CRPS. CT Cone Beam (CTCB) has been shown in the literature to be an effective method for diagnosing scaphoid fractures with a sensitivity of 100% and specificity of 97% in some studies. The previous pathway in our institution involved referral for assessment +/- CTCB in our Orthopaedic Fracture Clinic. We developed a new EM-led pathway where outpatient CTCB was ordered at initial assessment and onward referrals to orthopaedics made depending on the results.

Materials and Methods: We designed a clinical management pathway for suspected scaphoid fractures within the ED. An initial three-month audit of current management of these patients was performed between 1st August 2022 and 31st October 2022 (Cycle 1) and reviewed from 1st March 2023 to 31st May 2023. Implementation of the pathway took place in February 2023. A list of patients who underwent CT Cone Beam Wrist/ Scaphoid/ Hand performed for the indication "suspected scaphoid fracture or carpal bone fracture" in the hospital ordered by either Emergency Medicine or Orthopaedics was obtained and screened.

Results and Conclusion: 54 patients met criteria in cycle 1. The number of CTCBs performed in the hospital for this clinical indication increased to 111 by cycle 2 after implementation of our pathway. 90% of these had been ordered by orthopaedics initially via fracture clinic appointments whereas 96% were organised by Emergency Medicine staff. A decrease in median time from presentation to CTCB was noted from 17 to 4.5 days. 42% had incidental findings on their CTCB. We successfully implemented a clinical pathway that reduced waiting times for patients with suspected scaphoid fractures for further dedicated imaging. This also streamlines patient flow and management, reduces prolonged unnecessary immobilisation for patients and reduces the burden on orthopaedic fracture clinic.



Reduction in Median Time from Presentation to CT Cone Beam after Pathway Implementation



Median times (days) between presentation and CT Cone Beam completion over the course of each month included on graph. Significant reduction noted after pathway implementation exceeding international standards of repeat imaging between 10-14 days.

Keywords: Hand Trauma, Scaphoid Fractures, CT Cone Beam, Carpal Bone Fractures



Pub No: PP-210

The Association between Tobacco Smoking and Education/Stress Levels: Causation or Correlation?

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¹Bezmialem Vakif University

Introduction and Purpose: Tobacco smoking is one of the biggest public health threats the world has ever faced, and it is the leading cause of preventable death. Smoking is a complex behavior that has complicated dynamics such as stress and education. They both play an important role on tobacco smoking. This study was designed to survey the effects of education and stress levels on tobacco smoking. Our aim was to evaluate the association between tobacco usage and education/stress levels; to find out whether or not they affect each other and if so, how.

Materials and Methods: A total of 216 participants were chosen randomly amongst Bezmialem Vakif University students, faculty members and their acquaintances. A modified version of Fagerström Nicotine Addiction Test and Perceived Stress Scale were used to measure the nicotine addiction of smokers, and stress levels of the participants.

Results and Conclusion: A statistically significant difference was found when smoking and education levels, smoking and being a health-related worker, being a health-related worker and stress were compared. Smoking habit is found to be decreasing to an extent which is Master's Degree (25.6%), and increasing afterwards with Doctorate (63.6%). Smoking habit is found to be less in health-related workers (31.1%) than non-health related workers (55.5%). Being a health-related worker is found to be more stressful than being a non-health related worker. No statistically significant difference was found when smoking and stress, education levels and stress were compared. Heavy smokers had a higher stress score than average smokers, and average smokers had a higher stress score than light smokers. It's found out that smoking in fact decreases with education till a certain degree, but it increases afterwards with higher levels of education. It's deduced that smoking behavior has no direct link with perceived stress, nonetheless it's observed that mean and median of stress score gets proportionally higher as the addiction level of the smokers gets higher. This contradiction could be the result of subjectivity of perceived stress. Further research is needed in order to fully understand the complex effects of education and stress levels on smoking behavior.

POSTER.

THE ASSOCIATION BETWEEN TOBACCO SMOKING AND EDUCATION/STRESS LEVELS: CAUSATION OR CORRELATION?

Stu. Dr. Cem Küçükylmaz¹, Associate professor Bahadır Taşlıdere²

¹Bezmalem Vakıf University, Faculty of Medicine, İstanbul, Turkey

²Bezmalem Vakıf University, Faculty of Medicine, Department of Emergency Medicine, İstanbul, Turkey.

INTRODUCTION

Tobacco smoking is one of the biggest public health threats the world has ever faced, and it is the leading cause of preventable death.

Smoking is a complex behavior that has complicated dynamics such as stress and education. They both play an important role on tobacco smoking.

This study was designed to survey the effects of education and stress levels on tobacco smoking. Our aim was to evaluate the association between tobacco usage and education/stress levels; to find out whether or not they affect each other and if so, how.

KEY WORDS Tobacco smoking, education, perceived stress.



Figure 1: Tobacco Free Initiative - World No Tobacco Day - 2019 - Campaign Materials

MATERIALS / METHOD

A total of 216 participants were chosen randomly amongst Bezmalem Vakif University students, faculty members and their acquaintances.

A modified version of Fagerström Nicotine Addiction Test and Perceived Stress Scale were used to measure the nicotine addiction of smokers, and stress levels of the participants. Survey was done online via Google Forms.

Statistical analysis was done on collected data using SPSS 25. The level of significance in the study was taken as p<0.05.

DATA

- 145 were female (67.1%) and 71 were male (32.9%).
- Mean age of the participants were 34.4±7 (18 - 80).
- 94 were smoker (43.5%) and 122 were non-smoker (56.5%).
- 14 (6.5%) were graduated from high school only, 11 (5.1%) had associate's degree, 90 (41.7%) had bachelor's degree, 90 (41.7%) had master's degrees, and 11 (5.1%) had doctoral degree.
- 110 (51.1%) were health-related worker and 106 (48.9%) were non-health related worker.
- Non-smokers had a mean of -0.25±9.728 points in perceived stress scale, while the smokers had a mean of -0.37±9.585 points. (Higher point means higher level of perceived stress.)

REFERENCES

1. Fagerström Test for Nicotine Dependence (FTND) - U.S. FDA (The Current Good Manufacturing Practices).
2. Perceived Stress Scale - New Hampshire - NH Department of Transportation Services.
3. Tobacco: World Health Organization - World Health Organization.
4. Oh, S. P., & J. A. J. (2019). P. S. M. (2019). The Relationship between Cigarette Smoking and Education-Related Expectations for Longevity. *Perceived Educational Stress: American Journal of Public Health, U.S. National Library of Medicine.*

RESULTS

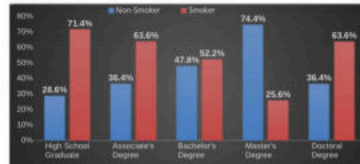


Figure 2: Non-Smoker Percentages (Blue) vs. Smoker Percentages (Red) for each Education Level

A statistically significant difference was found when smoking and education levels, smoking and being a health-related worker, being a health-related worker and stress were compared. (Respectively, p<0.001, p<0.001, p<0.017)

- Smoking habit is found to be decreasing to an extent which is Master's Degree (25.6%), and increasing afterwards with Doctorate (63.6%). (see fig. 2)
- Smoking habit is found to be less in health-related workers (31.1%) than non-health related workers (55.5%).
- Being a health-related worker is found to be more stressful (mean of 1.28±0.929 points) than being a non-health related worker (mean of -1.83±0.907 points).

No statistically significant difference was found when smoking and stress, education levels and stress were compared. (Respectively, p>0.05, p>0.05)

- Heavy smokers had a higher stress score than average smokers, and

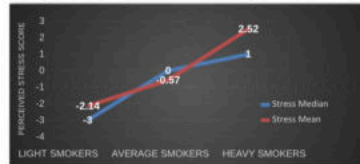


Figure 3: Perceived Stress Scores (in mean and median) for each Nicotine Addiction Level

CONCLUSION / DISCUSSION

In previous studies smoking was found to be associated with stress and poor education levels. In our study,

- It's found out that smoking in fact decreases with education till a certain degree, but it increases afterwards with higher levels of education.
- It's deduced that smoking behavior has no direct link with perceived stress, nonetheless it's observed that mean and median of stress gets proportionally higher as the addiction level of the smokers gets higher. This contradiction could be the result of subjectivity of perceived stress.

Further research is needed in order to fully understand the complex effects of education and stress levels on smoking behavior.

Keywords: Tobacco smoking, Education, Perceived stress



Pub No: PP-211

A Life-Threatening And Rare Clinical Presentation: Aneurysmal Subarachnoid Hemorrhage And Its Management In The Adult Emergency Department

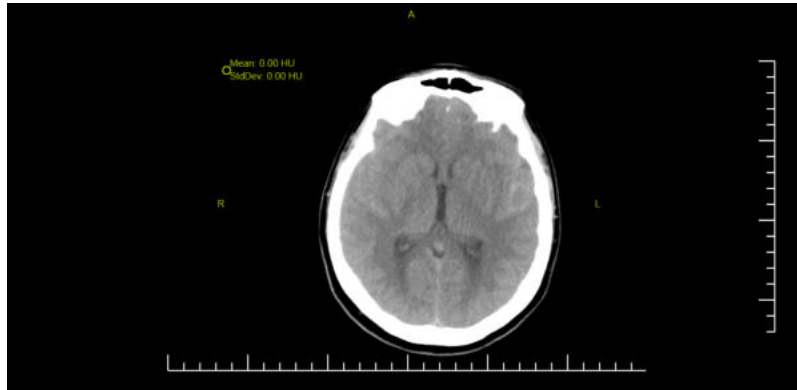
Ayşe Dındaş¹, Hüseyin Sevil¹, Sema Can¹, Abdurrahman Yılmaz¹

¹Uşak Training and Research Hospital

Introduction and Purpose: Aneurysmal subarachnoid hemorrhage (aSAH) management guidelines published in May 2023, Aneurysmal SAH is a serious threat to global public health. Although aSAH is a rare disease, it only requires high clinical suspicion for its diagnosis. Our case aims at the importance of further investigation in the presence of high clinical suspicion.

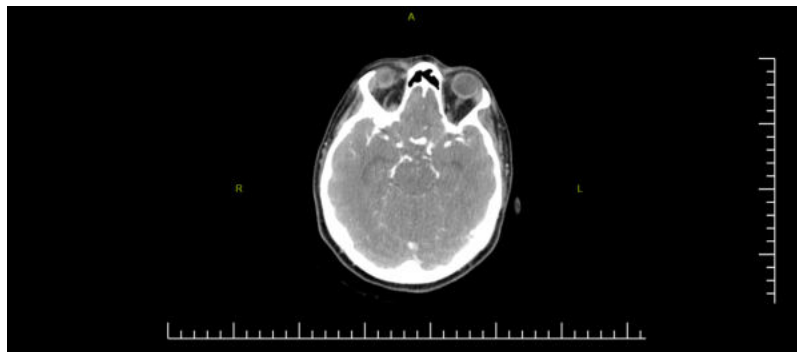
Materials and Methods: A 33-years-old female patient was brought to the emergency department with the severe headache and vomiting. Vitals were stable. There is no lateralizing findings on physical examination. Routine laboratory was normal. Additional examination was planned for the patient who had a new onset of severe, non-traumatic, headache reaching maximum severity within 1 hour, and limitation in neck flexion during the examination, as Ottawa met the SAH rules. Suspicious hyperdense appearances in terms of subarachnoid hemorrhage products were observed at the level of bilateral sylvian fissures. Contrast enhanced brain tomography angiography (CTA) was planned because it was highly suspected that the underlying cause was aneurysm. The patient's blood pressure (BP) was monitored. Antiepileptic and antiedema treatment was started for the patient, and a brain surgery specialist was consulted. There is an aneurysm appearance with a diameter of 6 mm in the anterior communicating artery site. The patient with aneurysmal SAH was referred to an external center within the first 24 hours for surgical or endovascular treatment of the ruptured aneurysm to improve outcome.

1. Cranial CT



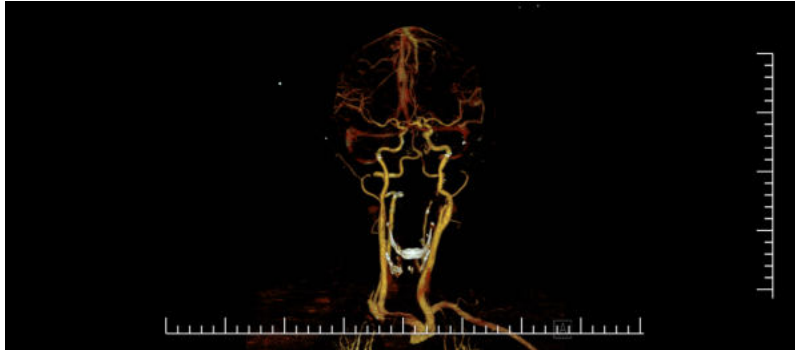
In non-contrast brain tomography (CT) imaging: Suspicious hyperdense appearances in terms of subarachnoid hemorrhage products were observed at the level of bilateral sylvian fissures.

Contrasted Cranial CT



There is an aneurysm appearance with a diameter of 6 mm in the anterior communicating artery site.

Three Dimentional CT Angiography



There is an aneurysm appearance with a diameter of 6 mm in the anterior communicating artery site.

Results and Conclusion: It seems reasonable to apply the Ottawa Rule for aSAH when evaluating patients with headaches. If SAH is diagnosed in brain CT, CTA should be taken for aneurysmal source investigation. If an aneurysm is not seen in CTA but suspicion is high, DSA should be performed. DSA is also useful for evaluating treatment modalities when the aneurysm is seen on CTA.

Keywords: aneurysm, headache, subarachnoid hemorrhage

Pub No: PP-212

EXAMINING THE AWARENESS LEVELS OF PATIENTS AND THEIR RELATIVES ABOUT PATIENT RIGHTS

Demet Kaplan¹¹Malatya Education and Research Hospital

Introduction and Purpose: Patient rights were first formalized in the world with the Lisbon Wisdom in 1981 since 1972. patient in Turkish; “Benefiting from health services”, right assessment means “Compliance with the law, justice; Law, justice, or dropout, something as "earnings". This research was planned about the patient with information formula, on the basis of selection among patients and their relatives, and completely on a voluntary basis, in Malatya Training and Research Hospital, dated 17.01.2022-30.01.2022. The data collection tool was created from the articles related to patient rights in the patient right sregulation numbered 2014/32.

EXAMINATION OF THE AWARENESS LEVELS OF PATIENTS

1.INTRODUCTION	2.METHOD	3.FINDINGS	4.RESULT
1.1-Definition of Patient and Patient Right:	2.1. Purpose of the Research	Table 1. Demographic data of participants	
1.2-History of Patient Rights	2.2. Type of Research	Table 2. Arithmetic mean and standard deviation of substances	
1.3-History and Development of Patient Rights in Turkey:	2.3. Universe and Sample	Table 3. T-test results by sex	
1.4. Related Studies	2.4. Data Collection Tool	Table 4. T-test results by marital status	
	2.5. Analysis of data	Table 5. Results of analysis of variance by age	



		groups	
		Table 6. Analysis of variance by educational status results	
		Table 7. Results of analysis of variance by colleague	

Materials and Methods: METHOD 22.1. Purpose of the Research The study was conducted to determine the awareness levels of patients and their relatives about patient rights.2.2. Type of Research This research was carried out by descriptive screening method from quantitative research techniques.2.3. Universe and Sample The universe of the study is Malatya Training and Research Hospital. Everyone in the universe was tried to be reached and questionnaires were sent to all units in the hospital in the last two weeks of January 2022. The number of surveys from all units was 200. Therefore, 200 volunteer patients or patient relatives participated in the study and the data were calculated on 192 people. 2.4. Data Collection ToolAs a data collection tool, a 17-item questionnaire consisting of the articles related to patient rights in the second, third, fifth and seventh sections of the patient rights regulation 2014/32 was used. 2.5. Analysis of data before the data were analyzed, incomplete and erroneous questionnaires were removed and adjustments were made.

Results and Conclusion: RESULTAs the level of education on patient rights increases, awareness also increases. In this sense, the orientation of both patients and hospital employees to higher levels of education may be important in terms of patient rights.

Keywords: patient, patient rights, patient rights unit

Pub No: PP-213

SIGMOID VOLVULUS

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¹Erzincan Mengücek Gazi Education and Research Hospital Emergency Service

Introduction and Purpose: Volvulus refers to the torsion of a part of the digestive tract that often leads to intestinal obstruction. Sigmoid colon and cecum are the most common sites of volvulus. Sigmoid volvulus occurs when an air-filled ring of the sigmoid colon rotates around the mesentery. Mortality and morbidity are further increased in the case of intestinal gangrene.

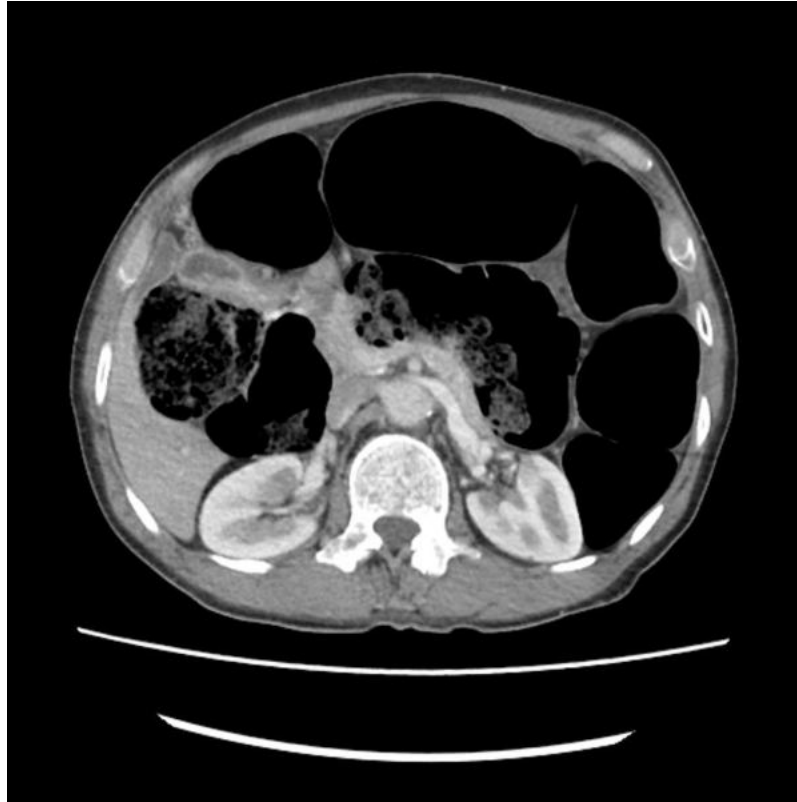
Materials and Methods: A 61-year-old male patient presented to the emergency department with stomach pain, bloating, nausea, and vomiting. The patient has no known chronic disease. No pathology was observed in the vitals of the patient. In the physical examination of the patient, there was widespread tenderness in the abdomen. No pathology was observed in the patient's electrocardiography and blood values. In the abdominal tomography of the patient, the left lower quadrant sigmoid colon, sigmoid colon mesentery and vascular structure were compatible with the swirl sign and marked dilatation in the proximal colonic loops. (Figure 1) (Figure 2).

Figure 1



Sigmoid Volvulus

Figure 2



Sigmoid Volvulus

Results and Conclusion: If the symptoms of patients presenting to the emergency department with abdominal pain are accompanied by nausea, vomiting, and changes in bowel pattern, volvulus should be included in our differential diagnosis.. In this case, we wanted to remind you of a disease that we can encounter both clinically and visually in emergency services.

Keywords: Emergency, Constipation, Stomach Ache, Volvulus

Pub No: PP-214

MY MOTHER CAN'T SHUT HIS JAW!

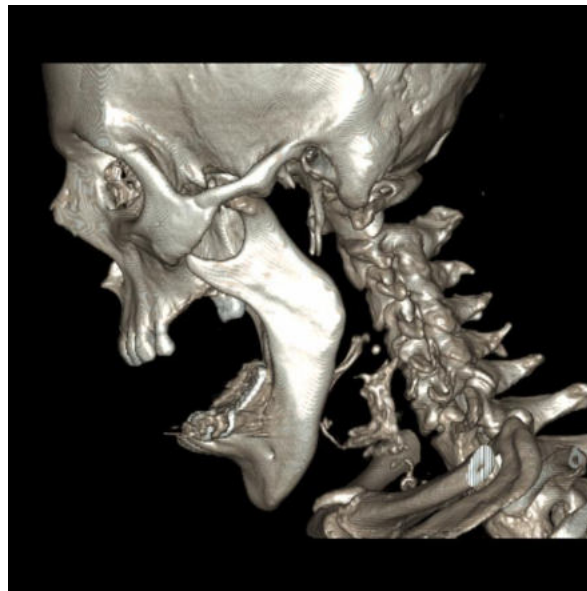
Öznur NERGİZ AVCI¹, İbrahim ÖZLÜ¹

¹ATATURK UNIVERSITY

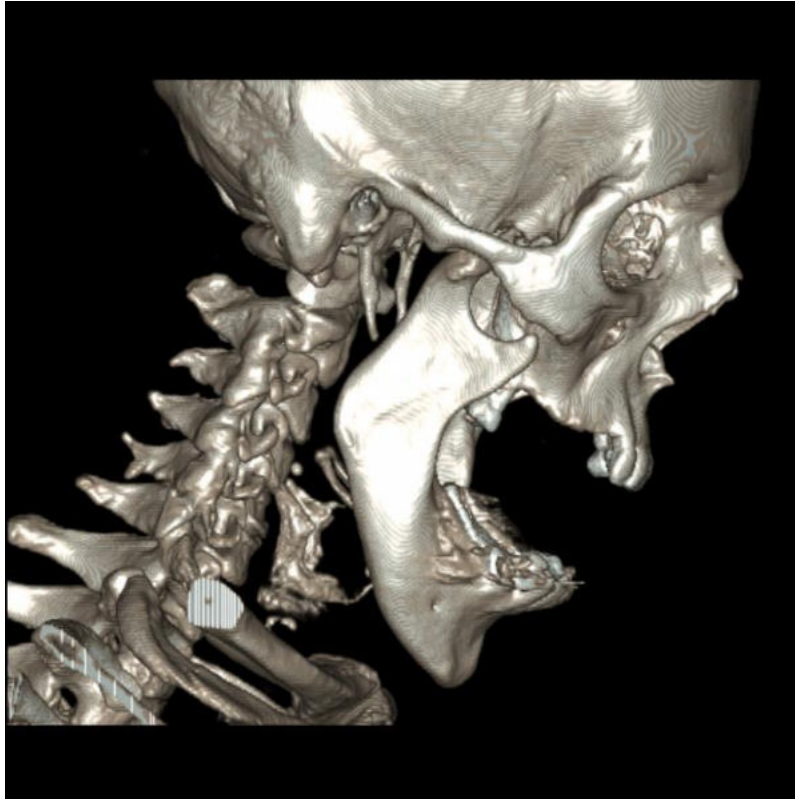
Introduction and Purpose: The temporomandibular joint (TMJ) is a bicondylar joint between the temporal bone and the condyle of the mandible. It is the only movable joint of the head. Dislocation of the TMJ is caused by an imbalance or structural defect in neuromuscular function. The most common is anterior dislocation. TMJ dislocations can be unilateral or bilateral. Bilateral TMJ dislocation is rare. In this case, what we want to examine is bilateral TMJ dislocation.

Materials and Methods: A 53-year-old female patient was brought to the emergency department by her relatives with the complaint of inability to close her mouth after yawning. It was noticed that the patient had limited jaw movements and could not close his jaw. The patient's vitals were normal. Bilateral temporomandibular joint dislocation was detected in the imaging of the patient. In the emergency room, the jaw was surgically reduced. He was discharged with an elastic bandage.

TMJ dislocations



TMJ dislocations



Results and Conclusion: The history of situations such as excessive yawning, laughing, vomiting, forced opening of the mouth during seizure, tooth extraction may give us a clue about TMJ dislocation. In addition, the diagnosis of TMJ dislocation should be kept in mind in patients who present to the emergency department with the complaints of sudden inability to close their mouth and jaw pain.

Keywords: The temporomandibular joint, TMJ dislocations



Pub No: PP-215

DEVELOPING INTRACRANIAL HYPOTENSION AFTER SPINAL ANESTHESIA

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Introduction and Purpose: Introduction : Intracranial hypotension (IH) is an uncommon, benign, and usually self-limiting condition caused by low cerebrospinal fluid (CSF) pressure, usually due to CSF leakage. The dominant clinical finding is an orthostatic headache. Other common clinical features include fever, nausea, vomiting, and tinnitus. [1] Here we report a case of intracranial hypotension that was occurred after spinal anesthesia.

Materials and Methods: Case report : A 34 years old male patient with no significant past medical history only we learned that he had nephrolithiasis surgery with spinal anesthesia 10 days ago, he presented to our emergency clinic with headache. This postural headache was persistent over next 10 days following which it changed character and became continuous. The headache worsened significantly when sitting up or standing up, and reduced on lying down; he had no other neurological symptoms, except for headache and mild dizziness. On examination in the emergency room he was conscious and oriented. He had no papilledema and her visual acuity and visual field were normal. There was no facial asymmetry. There was no problem motor and sensory examination. He was investigated with a CT scan of the head; this showed no acute pathology. After that MR imaging of the brain was done. This also showed no acute neuropathology. We consulted to neurology. They thought, that was caused by intracranial hypotension which occurred after spinal anesthesia. The patient was referred to the neurology service with a pre-diagnosis intracranial hypotension. After 2 days follow up, the complaints regressed and that headache was almost completely healed. With these results, the patient was prescribed and discharged with outpatient control.

Results and Conclusion: Conclusion : After all; Intracranial hypotension is one of the rare complications of spinal anesthesia. We are of the opinion that definitive bed rest, hydration, caffeine and theophylline are effective treatment methods in the treatment of non-resistant intracranial hypotension.

Keywords: Intracranial Hypotension, Headache



Pub No: PP-216

A RARE SPINAL INJURY: THORACOLUMBAR DISLOCATION

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Introduction and Purpose: Spinal injuries account for approximately 3% of all trauma cases and most of these injuries affect the thoracolumbar region, although thoracolumbar dislocations are much rarer. Thoracic and lumbar spine dislocations (AO Type C injuries) lead to translational and rotational instability of the spinal column due to high energy traumas. In this case report we presented a rare case of thoracolumbar dislocation that was admitted to the emergency department after an out-of-the-vehicle accident causing neurological deficit.

Materials and Methods: A 34-year-old male patient was brought to our emergency department 2 hours after the traffic accident in which he collided with another vehicle while he was driving a utility vehicle. The patient's main complaints were weakness and loss of sensation in his bilateral lower extremities. On physical exam, the patient was conscious and cooperative. Vital signs were stable. Breath sounds in the left lung were decreased from the basal to the middle zone and there were bilateral rales. There was tenderness in the left lower quadrant of the abdomen without defence or rebound. In his neurological exam, the muscle strength in his upper extremities was 5/5 but he was found to be paraplegic in lower extremities. In laboratory examination, complete blood count and routine biochemical markers were normal. The computerized tomography imaging showed subgaleal hematoma on the left parietooccipital region, displaced fractures on 11-12th ribs on right side and 1st rib posterior region and 6-12th ribs on left side (Fig.1), hemothorax on left side adjacent to the rib fractures reaching 3.5 cm and minimal pneumothorax (Fig.2), a grade one splenic laceration of 14x9 mm in size on the middle zone posterior subcapsular area (Fig.3) and hemorrhage in posterior pararenal region with a thickness up to 18 mm. In spinal axes, L1 vertebral body was observed as clearly dislocated to the left and posterior side and appeared to be obliterating the spinal canal (Fig.4-5). Displaced fractures were observed in the left transverse processes of L1-L2, T9-T10 vertebrae and in the spinous processes of T12 and L1 vertebrae.

Results and Conclusion: All patients presenting to the emergency department after trauma should be evaluated carefully for spinal injuries regardless of neurological deficit presentation.

Keywords: spinal injury, thoracolumbar dislocation



Pub No: PP-217

PENETRATING INJURY CASE: FOREIGN BODY IN THORACIC WALL

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Introduction and Purpose: Although blunt traumas constitute the majority of thoracic traumas, the proportion of penetrating traumas is increasing. Although foreign bodies in the pleura and chest wall are rare every patient with penetrating injury should be investigated for foreign bodies. Penetrating chest trauma usually leads to hemothorax, pneumothorax and cardiovascular damage and requires emergency intervention. In this article, the clinical and radiological findings and treatment process of a case with penetrating chest wall injury, which was diagnosed as a result of late symptoms, are presented.

Materials and Methods: A 4-year-old male patient was admitted to the emergency department with a left cervical laceration after a door glass fell on him 2 weeks ago. Wound care was admitted and the patient was discharged. They re-applied to the emergency department due to the swelling under the incision, which increased day by day. Physical examination revealed swelling on the left clavicle. Lung sounds were natural. Vital signs were stable. X-ray of the patient showed a radio opaque foreign body with oblique course near the midline of the left clavicle. On computed tomography, a hyperdense foreign body was observed on the left, at the mid-level of the clavicle, anterior to the clavicle, within the pectoral muscle, oriented from superior to inferior, from lateral to medial, approximately 5 cm long and 6x10 mm in axial size. At the proximal end of the foreign body, a soft tissue compatible with a hematoma with a diameter of approximately 1.5 cm was observed in the supraclavicular area. The foreign body was anterior to the subclavian artery and vein though there was no evidence of injury to the vascular structures. The patient was admitted to the pediatric surgery service and underwent surgery.

Results and Conclusion: As a result, in cases of penetrating thoracic trauma, a detailed physical examination of the patients should be performed carefully and a posterior-anterior chest radiography should be taken. Radiological imaging and additional investigations should then be performed. Foreign bodies detected in the chest area or chest wall should be removed under operating room conditions.

Keywords: foreign body, penetrating trauma



Pub No: PP-218

Spontaneous passage of an ingested razor blade through the gastrointestinal tract

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Introduction and Purpose: Foreign body ingestion in the upper gastrointestinal system (GIS) is less common in adults but still carries significant risks (1). It's rarer in adults, often seen in chronic alcoholics, those with epilepsy, psychiatric disorders, or intellectual disabilities (2). Around 95% of swallowed foreign objects naturally pass from the stomach to the intestines without symptoms, while the rest require medical attention. Treatment choice depends on object characteristics and stomach retention duration (3). This presentation covers clinical and radiological findings, as well as the follow-up and treatment of an adult patient who ingested a potentially sharp metal object, possibly a razor blade.

Materials and Methods: A 46-year-old male inmate, in detention, arrived at our emergency department after intentionally swallowing a razor blade. He had a medical history of chronic hepatitis B infection and epilepsy. The patient had no active complaints, with a Glasgow Coma Scale (GCS) score of 15, and showed no abnormalities during abdominal examination. Admission and follow-up blood tests were within normal ranges.. Direct abdominal X-ray and abdominal computed tomography (CT) scans revealed the radiopaque object (possibly a razor blade) initially located in the pylorus and subsequently in the duodenum (Figure1,2). The patient was consulted with gastroenterology and general surgery. Upper GI endoscopy revealed antral lacerations, edema, and duodenal passage difficulty. In the suspected area of the third portion of the duodenum, where the endoscope could not reach but was believed to be accessible with forceps, a sharp foreign body (possibly a razor blade) was visualized. Due to the inability to remove the foreign body endoscopically, the patient was admitted for observation. Repeat direct abdominal X-rays on the following day did not show the radiopaque object (Figure 3). Subsequent rectosigmoidoscopy failed to detect the foreign body. The patient, thought to have naturally passed it, was discharged after consulting with psychiatry and receiving recommendations.

Results and Conclusion: Foreign body ingestion, especially sharp metal objects like razor blades, presents challenges in emergency medicine. Patients may show symptoms ranging from mild discomfort to severe issues like bleeding, perforation, or obstruction. Some cases may involve deliberate self-harm, requiring rapid assessment and intervention for better outcomes.

Keywords: Razor blade, ingestion, passage, foreign body



Pub No: PP-219

An Unusual Mechanism of Cervical Dislocation and Spinal Trauma

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Introduction and Purpose: Traumas, which are a significant cause of mortality and morbidity, particularly among the young, are common in construction workers. The incidence of traumatic spinal cord injuries (SCI) varies by country. The most frequent causes of traumatic SCI include motor vehicle accidents, falls, violence (especially gunshot injuries), and sports-related accidents. SCI is most commonly caused by vertebral column damage. This article presents a case of isolated cervical trauma caused by a cement bag falling on the cervical region.

Materials and Methods: A 45-year-old male patient was brought to our emergency department after a 25-kilogram cement bag fell on his cervical area about three hours ago while he was working in construction. The patient complained of neck pain, arm weakness and numbness, and leg immobility. Aside from being bradycardic (pulse: 50 beats/minute) at the time of admission, the patient's vital signs were stable, and there was no known condition in his medical history. His Glasgow Coma Scale (GCS) score was 15, his physical examination indicated paraplegia, anesthesia below the T6 level, bilateral wrist flexion and extension movements of 3/5, and bilateral hand fingers of 1/5. The patient's complete blood count, biochemistry, complete urinalysis, blood gas, and coagulation tests were all normal. Cervical computed tomography (CT) showed a C7-T1 dislocation (Figure 1). Regarding vascular damage, the neck CT angiography (CTA) was normal (Figure 2). Due to cervical spinal trauma, the patient was referred to neurosurgery and was immediately started on methylprednisolone treatment via intravenous (IV) bolus and infusion. The neurosurgeon performed emergency surgery on the patient and then transferred him to the intensive care unit for postoperative monitoring and treatment.

Results and Conclusion: The prognosis of spinal cord injuries is primarily determined by the neurological status at the time of presentation and the time between surgical decompression and stabilization. Considering the effect of the time between emergency department admission and surgery on prognosis in patients with isolated cervical trauma, completing diagnostic examinations as soon as possible and initiating antiedema treatment immediately is crucial for an optimal emergency clinical approach.

Keywords: Cervical dislocation, spinal cord injury



Pub No: PP-220

THE IMPORTANCE OF ANAMNESIS IN ATYPICAL PULMONARY EMBOLI CASES

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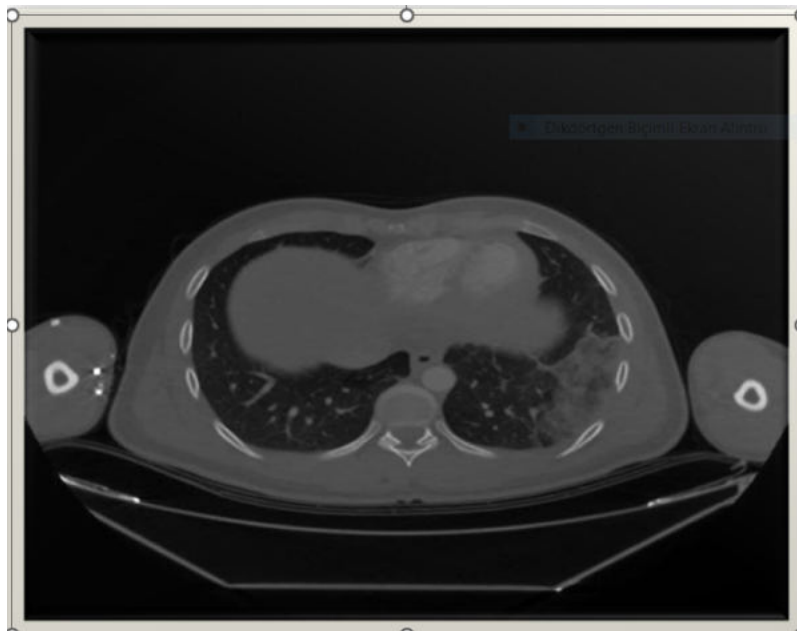
Introduction and Purpose: Pulmonary embolism is a very common cardiovascular emergency and carries a serious potential for death. Since 10% of pulmonary embolism cases result in death within the first hour, early diagnosis of embolism is very important in patients presenting to the emergency department with atypical findings. In this presentation, we tried to present a case of pulmonary embolism that we detected in addition to seizure-like spasms and back pain, which are among the complaints we frequently encounter in our emergency department

Materials and Methods: 24-year-old male patient applied to the emergency department with complaints of back pain and stiffness in the whole body, which started 1 week ago. The patient, who applied to an external center with the complaint of pain in the right leg that started 10 days ago and decreased over time, stated that the complaint of back pain and cramps in the whole body started on the third day following the pain in the right leg. The patient, who had no previous history of the disease, reported that he could not achieve results despite applying to different centers more than ten times with the same complaints. In the detailed anamnesis, it was learned that the father had a history of PE 10 years ago, the brother had DVT after splinting due to lower extremity fracture 2 years ago, and the cousin had DVT 5 years ago. ECG is in normal sinus rhythm, arterial blood pressure is 130/90 mmHg, pulse is 95, saturation is 95. The temperature was 36.7 °C. The neurological examination was normal, and there was tenderness in the posterior distal part of the left hemithorax. No pathological sound was heard during pulmonary auscultation.

HAMPTON HUMP



Pulmonary embolism



Results and Conclusion: DVT and PE embolism due to hereditary defects should be kept in mind in young patients with low WELLS scores. It has been observed in this case that pulmonary embolism is not connected to known clinics but may occur in different clinics. The importance of anamnesis for emergency room doctors has been proven once again with this case.



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Keywords: Protein S deficiency, Pulmonary embolism, Back pain and cramps, Hampton hump)

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Pub No: PP-221

PTOSIS AFTER SNAKE BITE: A CASE REPORT

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Introduction and Purpose: Snake bites in the world result in severe morbidity and mortality. Snake venom has cardiotoxic, neurotoxic, myotoxic, nephrotoxic and hematoxic properties. . In this article, a patient who developed ptosis, a neurotoxic finding in a patient who applied to our clinic after exposure to snake bite, was discussed in the light of the literature.

Materials and Methods: Our case, a 34-year-old female patient, was admitted to our clinic within about 1 hour with the complaint of snake bite from the 4cm proximal of her right ankle while working in the garden. The patient, who was conscious, agitated and restless, complained of nausea, vomiting and abdominal pain. On physical examination, the patient was hypotensive, tachycardic and had subfebrile fever. The patient was conscious of GCS 15. In the right lower extremity, there were 3 tooth marks in the medial area 4 cm proximal to the right ankle. In the examinations taken from the patient, there was no feature other than high creatine value. The patient is in the emergency department; tetanus prophylaxis, steroid, empirical antibiotic and antivenom treatments were applied. The patient complained of blurred vision after 4 hours of follow-up. At the 12th hour of the patient, while the blurred vision continued, ptosis developed in the control physical examination and the edematous area in the calf was necrosed. The patient was treated with antivenom again. In follow-up of the patient on the 3rd day, 1 more ampoule of anti-venom was applied due to the continuation of ptosis and calf necrosis and edema. Kidney function tests fell within the normal reference range. The patient, whose all symptoms regressed and the clinic improved, was discharged on the 6th day with healing.

Results and Conclusion: Local and systemic complications are often observed in snake bite cases. In the case we are talking about, hypotension, cellulitis at the wound site, ptosis, thrombocytopenia and acute renal failure developed. Ptosis and ophthalmoplegia are rare symptoms due to neurotoxins in snake venom and are anti-venom indications.

Keywords: Snake bite, Snake venom, ptosis



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MILLER FISHER SYNDROME: A CASE REPORT

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Introduction and Purpose: Guillain-Barre syndrome (GBS) is a leading disease in the causes of acute paralytic neuropathy. Miller Fisher syndrome is an acute idiopathic disease characterized by ataxia, areflexia and external ophthalmoplegia triad and is considered a variant of Guillain-Barre syndrome. In this article, a patient who was admitted to the emergency department of our hospital with complaints of unstable walking, weakness in legs, difficulty in speaking, blurred and double vision is presented.

Materials and Methods: 44-year-old female patient with dizziness, slurred speech and loss of balance starting 3 days ago; the last day, she was admitted to our emergency department due to the development of complaints of inability to stand on her feet, weakness in the legs and strabismus. On physical examination in emergency room she was conscious and oriented. The view in all directions is restricted; Total ophthalmoparesis and diplopia were present. The gag reflex was hypoactive. On neurological examination, left upper extremity proximal distal 3/5, right upper extremity proximal 4/5, distal 4/5, bilateral lower extremity proximal 4/5 distal 4/5, foot dorsiflexion plantar flexions 5/5 deep tendon reflexes could not be obtained. Central imaging and blood tests revealed no acute pathology. The EMG was within normal limits in terms of polyneuropathy. GBS was first considered in the patient. The patient had ophthalmoparesis and was evaluated as Miller-Fisher syndrome, which is subtype, and consulted with neurology. The patient was admitted to the neurology intensive care unit. It was learned that the patient, whose symptoms regressed after IVIG treatment, was discharged.

Results and Conclusion: Miller-Fisher syndrome is an acute idiopathic disease characterized by ataxia, areflexia and the triad of external ophthalmoplegia. In addition to these findings; diplopia, ptosis, mydriasis, limitation in eye movements, especially in outward viewing, ataxia, inability to take deep tendon reflexes, preservation of muscle strength, diffuse hypoesthesia, dysmetria, dysdiadokinesis can be detected on physical examination. Our case is important in terms of emphasizing the importance of clinical diagnosis with history and examination findings in the diagnosis of Miller-Fisher syndrome.

Keywords: Guillain-barre syndrome, Miller-Fisher syndrome, Ophthalmoplegia



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MENINGITIDIS FOLLOWING DENTAL PROCEDURE

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Introduction and Purpose: Odontogenic infections caused by dental caries and periodontal diseases are common. Local consequences may be seen in some patients, systemic complications in others. A patient who developed meningitis after a dental procedure is presented in this article.

Materials and Methods: A 53-year-old female patient presented to our emergency department with complaints of right-sided facial swelling, right-sided oral deviation, and headache for five days. The patient had a history of dental filling procedure due to tooth decay two weeks ago. On physical examination, right-sided ptosis, negative direct and indirect light reflex were found. Right-sided peripheral facial palsy and hypoesthesia were present. Laboratory analysis showed WBC 19,000/uL, neutrophils 15,800/uL, glucose 423 mg/dL, sodium 134 mEq/L, and CRP 141 mg/dL. Blood gas showed pH 7.4 and bicarbonate 20 mmol/L. Urinalysis showed positive ketones. The patient's maxillofacial computerized tomography showed thickening, especially on the left, at the base of the maxillary sinus. Contrast-enhanced cranial MRI showed signal enhancement compatible with edema in the right eye orbital muscles and signal enhancement in the 5-7-8th cranial nerves supporting the infectious process. Secondary cranial nerve palsy was suspected in the patient and the patient was admitted to the neurology department for treatment. Orbital cellulitis developed during the patient's follow-up and microorganisms were found in the CSF culture. Antibiotic treatment was given with the diagnosis of meningitis. The patient developed sepsis during intensive care follow-up and died due to multiple organ failure.

Results and Conclusion: Meningitis is a disease that is becoming less common than in previous years. The most common cause is bacterial infection. Surgically-related causes include cranial procedures, but oral cavity procedures are also a risk factor. Neurological complaints are one of the most common reasons for emergency department visits. The possibility of central nervous system infection developing in patients with neurological symptoms after dental procedures should be kept in mind.

Keywords: dental procedure, Meningitidis, cranial nerve palsy



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Spinal Epidural Hemorrhage due to simple trauma in a patient with Ankylosing Spondylitis.

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Introduction and Purpose: Bleeding occurring in the spinal canal; It may be epidural, shed, in the subarachnoid space or within the spinal cord. The source of bleeding is most often spinal aneurysms, spinal cord tumors or anticoagulant therapy. Rarely; It can also develop secondary to trauma, systemic inflammatory diseases such as Systemic Lupus Erythematosus (SLE) and Ankylosing Spondylitis (AS). AS; It is a disease characterized by chronic inflammation of the spine and sacroiliac joints. The frequency of traumatic vertebral fracture and epidural spinal hemorrhage in patients with AS is higher than in the normal population. The reason for this is osteoporosis and rigidity of the spine developing secondary to AS.

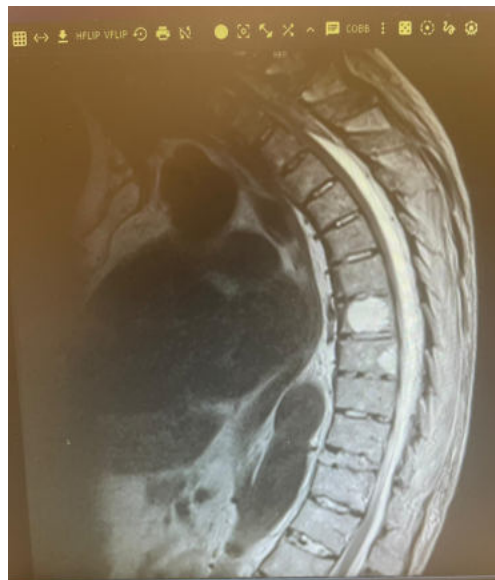
Materials and Methods: A 70-year-old male patient was brought to the emergency service yellow area by 112 with the complaint of not being able to walk and feeling both legs as a result of slipping and falling in the bathroom. When the patient arrived, his vitals were stable. Consciousness was clear, oriented and cooperative. The muscle strength of the patient, who had no chronic disease other than the diagnosis of Ankylosing spondylitis in his medical history, was 5/5 in the upper extremities and 0/5 bilaterally in the lower extremities. Babinski bilateral indifference. While DTRs were normal active in the upper extremity, they could not be detected in the lower extremity. The only thing detected in the patient's brain, cervical and thoracolumbar CT scans were spinous process fractures at C4, C5, C6. Spinal epidural hemorrhage extending from T4 to T11 was noted in the brain, cervical and thoracolumbar MRI of the patient. The patient was taken into emergency surgery by the neurosurgeon.

photo 1



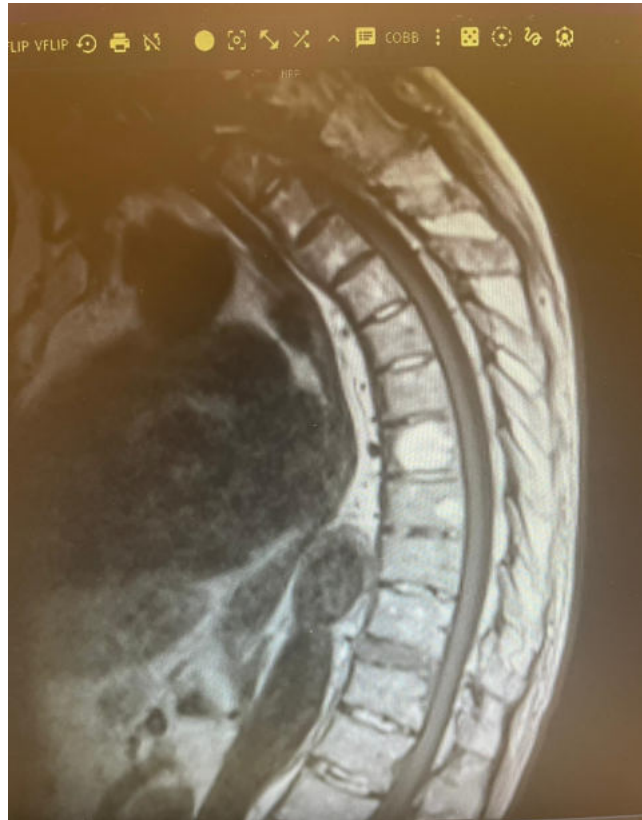
C4,C5,C6 Spinous vertebra fracture

photo 2



thoracic spine Mr

photo 3



thoracic spine Mr

Results and Conclusion: In patients with AS; Even in simple traumas, Spinal Epidural Hemorrhage (SEH) can be seen due to minor spinal fractures. SEH is a pathology that is rarely seen in emergency department admissions, but has high mortality and morbidity when diagnosis is delayed. MRI is the most important imaging method that facilitates diagnosis. In patients with Ankylosing Spondylitis exposed to trauma, SEH should be considered and the choice of MRI should not be delayed.

Keywords: Spinal Epidural Hemorrhage, Ankylosing Spondylitis, Trauma